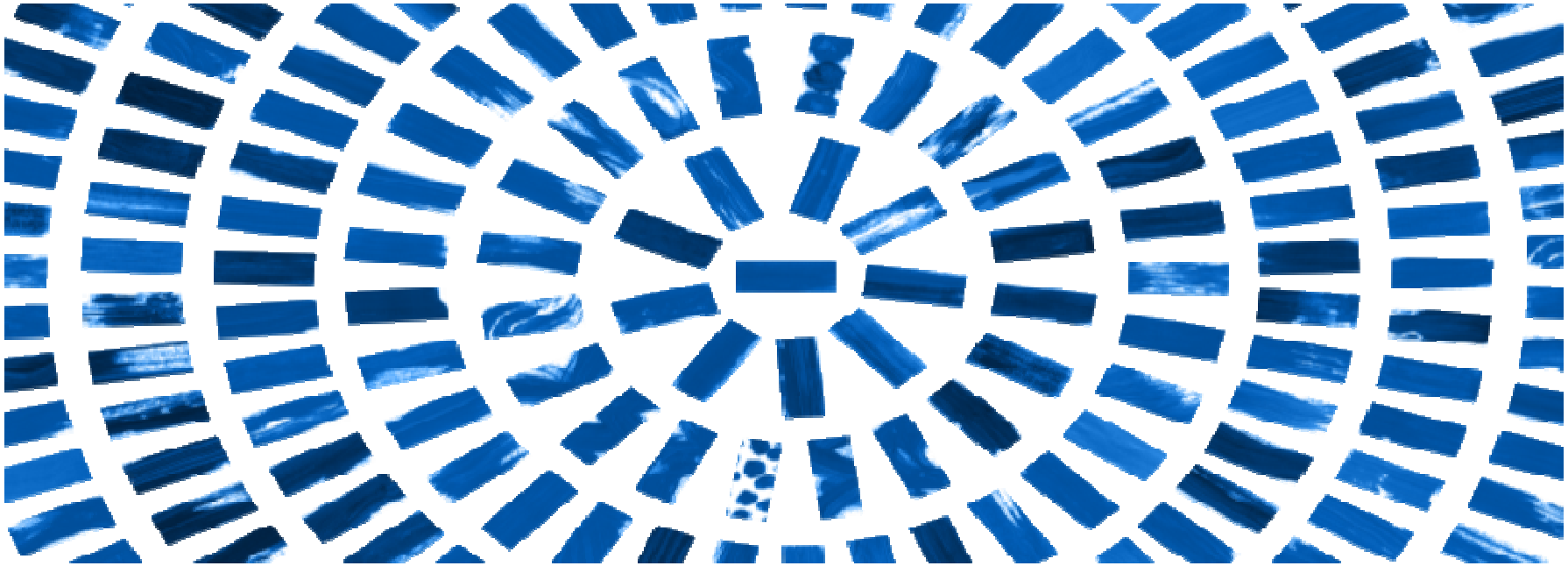
NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview



August 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 August 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	↓	L, F
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	↑	
Improving Resources		
Surplus/(deficit) against plan (monthly)	↑	
Financial sustainabiility and efficienceis delivered over time (monthly)	↑	
Capital spend against plan (monthly)	↓	
Total pay costs	↑	

Metric	Change from last month	Variation/ Assurance
Improving Care		
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	↓	H, F
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	↓	F
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↑	?
% service users clinically ready for discharge	↓	
Registered substantive staff in post mental health and learning disabilities services	↑	
Registered substantive staff in neighbourhood teams	↓	

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	↑	

Quality		
Metric	**Change from last month**	**Variation/ Assurance**
Complaints - Number of responses provided within six months of the date a complaint received	↓	
% of feedback with staff attitude as an issue	↓	
% of prone restraint with duration of 3 minutes or less	↑	
% of staff receiving supervision within policy guidance	↓	
Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement	↑	

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, L
Total bed days of Children and Younger People under 18 in adult inpatient wards	↔	?
Total number of Children and Younger People under 18 in adult inpatient wards	↑	?
Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	↑	?
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↓	?
Virtual ward occupancy	↓	
Community services waiting list	↓	

Care Groups

Children and Families

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↓	H F
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)	↓	?
% Complaints with staff attitude as an issue	↓	

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	H F
Reducing restrictive physical interventions training compliance	↑	?
% of clients clinically ready for discharge	↓	?
Sickness rate (Monthly)	↓	?
% bed occupancy	↓	
% Complaints with staff attitude as an issue	↓	

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	H F
% of clients clinically ready for discharge	↑	H 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	↓	?
% of staff receiving supervision within policy guidance	↓	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	H F
% Complaints with staff attitude as an issue	↓	

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	↓	?
Sickness rate (Monthly)	↓	L ?

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. 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 work 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 August 2024, disability was at 46.1%, sexual orientation 57.8% and postcode was 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 Trust's Equality, Inclusion, and Involvement Committee monitor this work.

• 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 are available 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, usage in August was 124 days, this remains under the local trajectory of 155 days used based on 5 people being placed out of area. This includes people from other areas outside the Trust footprint. The need for 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. 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. There were 5 people placed in out of area beds as at 31st August 24.

• Linked to bed capacity, there was an increase in the number of people who are clinically ready for discharge during August, reporting 4.9%. This has an impact on flow and bed capacity as well as individuals' recovery. 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. Particular hotspot areas can be seen within learning disabilities and older people mental health services – further detail can be seen within the ward breakdown in the Care group section of the report.

• It is important that hearing loss is identified quickly to support a child's development including their language skills and cognitive pathways. Despite ongoing development work, the 6 weeks to a diagnostic appointment target is still not being achieved and in August only 97 out of 211 children (46%) received a diagnostic appointment within 6 weeks against a national threshold of 99%. All were offered an appointment within 13 weeks. Whilst choice of appointment date and family holiday time for patients has impacted the performance in August, staff absence significantly reduced the capacity for clinics, with only one audiologist providing clinics during August. Work had already taken place to recruit bank audiology staff and they are available to work from the end of September which increases the clinic capacity.

Quality continued

Care planning and risk assessments

• For risk assessments, August data shows a slight deterioration in performance from the previous month for inpatient services and community services. For inpatient services, all service users have a risk assessment and 114 out of 124 were completed within 24 hours. For community services 33 people out of 162 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 this is now being monitored against.

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.
• Neurodevelopment waits remain a concern. This is in keeping with the national picture and forms part of the system wide work.
The number of referrals has increased significantly over recent months. The shift in demand between providers can be related to the Right to Choose pathways. Between August 2023 and February 2024 less families chose Trust child and adolescent mental health services (CAMHS) as other providers had shorter waiting lists. This led to increased waits for other providers and waits for the Trust reduced. Families are now predominantly choosing the shorter wait for CAMHS which has resulted in the large increase in referrals. August data also includes a batch of backlog referrals from the third sector provider.
• Improvement work on waiting list times in community learning disability services has led to an overall improvement although remains below trajectory. Performance in August was 82%. 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. This leads to lengthy waits.

Patient Safety Indicators

95% of incidents reported in August 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 257 in August from 195 reported in July. Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month remain 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.
• No prone restraints lasting 3 minutes or more were reported during August. However, an overall increase in restraints has been noted, with 14 incidents of prone under 3 minutes. The majority of these incidents occurred on our Psychiatric Intensive Care Unit (PICU) wards where high levels of acuity have been reported. The circumstances where prone is used will be influenced by the level of concern during the incident.
• There were 6 information governance personal data breaches during August. 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 August was 53 compared to 50 incidents in July. The current rate of inpatient falls in August 2024 is 4.07 per 1000 bed days. Although we continue to be below the national average for inpatient falls of 6.3 per 1000 bed days, all falls incidents are reviewed regularly by the Trust wide falls coordinator to ascertain any themes or actions required. Actions have been put in place to further reduce the risk of falls.
• The number of responses provided within six months of the date a complaint remains under the Trust threshold of 100% and 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 supervision remaining above target in August of 82.8%, noting that this is a preliminary figure as when data is refreshed supervision numbers are increased as evidenced by the finalised data in July, which has increased from 83.7% to 84.9%. Supervision means that staff have had access to a supportive conversation about their practice.

• The Trust had 32 violence and aggression incidents against staff on mental health wards involving race during August, which represents a reduction from July (49) but the focus on further reduction remains. 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. Further detail can be seen in the Strategic Objectives section of the report.

• For the year to date, we have had 203.7 new starters and 144.9 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 August 2024, our Trust growth rate has increased slightly to 1.5% (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 August has decreased to 8% and continues to remain under threshold. This is the lowest rate reported since April 2023. This 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, staff are working in substantive teams and more service users will receive consistent care from staff that know them.

• Overall sickness has decreased this month to 5.1% Hotspots continue to be managed.

• The appraisal rate has increased slightly from last month to 86.7%. 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.

• All areas of the Trust continue to report under threshold and targeted work is taking place supported by the people directorate. In September, the forensic care group held an appraisal ‘power hour’ session for appraisers with learning and development to support further understanding of the appraisal process from appraisal completion through to performance reporting. To understand and address all issues. The benefits from this should be seen in the September data and learning shared across the Trust.

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

• Reducing Restrictive Physical Interventions (RRPI) remains below threshold and has increased to 75.8%. 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.

• 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 particularly so in the psychiatric intensive care units. Continued high occupancy levels contribute to increased acuity as more people with high levels of distress are admitted. Capacity to meet demand for beds remains challenging.
• The need for additional staff to manage acuity has led to continued use of temporary staffing, primarily bank. Throughout August 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 was one patient under 18 years old in an adult bed for a total of five nights during August. 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.

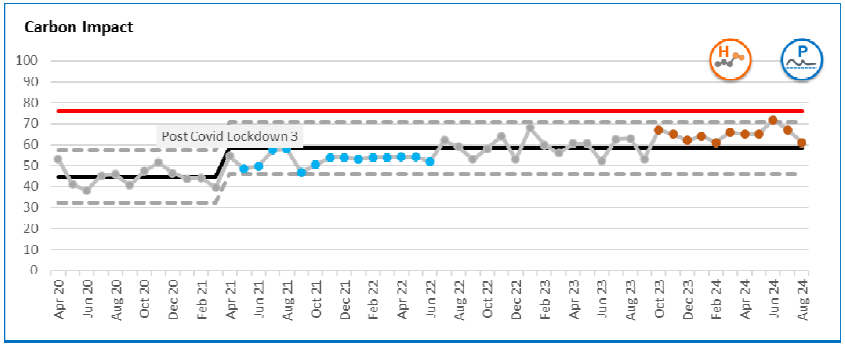
Finance

• The Trust financial target for 2024 / 25 is breakeven. For the year to date a position of £1.8m deficit has been reported. August's deficit of £0.3m was higher than plan. The core Trust reported a deficit of £0.1m which was an improvement from the previous run rate. In part this is due to the impact of corrective actions especially on areas of premium pay.
• There was sustained reduction in agency spend in 2023 / 24. The run rate increased (not to historical levels) up to July and has reduced slightly in August 2024. Spend is £47k less than last month and similar to spend in June 2024. The adult secure provider collaborative spend in month was £84k.
• The Trust cash position has continued to reduce in August. This is due to the overall financial position, accrued income (which is expected to be reduced in September), and capital expenditure. This includes £3.5m paid in month as a deposit of the asset purchase.
• Performance against the Better Payment Practice Code is 99%, ensuring all valid invoices have been paid within 30 days of receipt.
• The Trust has seen a reduction in pay costs in August but does remains above the average monthly pay target. Positive reductions have been reported on premium rates of pay however a number of service lines continue to utilise more whole time equivalent staff than planned.

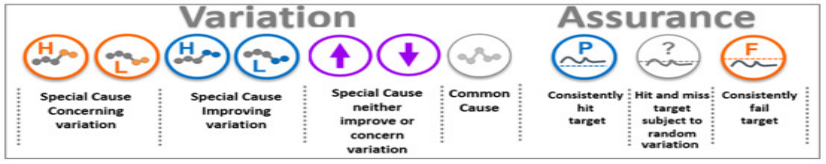
Improving health

Metrics	Threshold	Jun-24	Jul-24	Aug-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	228 - All staff (16.5%) 99 - excl medics (8.3%)	232 - All staff (16.8%) 101 - excl medics (8.5%)	240 - All staff (17.1%) 105 - excl medics (8.7%)		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%	96.4%	96.3%	95.9%		
Percentage of service users who have had their equality data recorded - disability	50%	47.6%	47.1%	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 2024. 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		59.7%	58.6%	57.8%		
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	71.9% Service	81.7% Service		
	Policy - 95%	97.8% Policy	97.8% Policy	97.8% Policy		
Completion of equality mandatory training	>=80%	96.7%	95.6%	97.1%		
Number of job start/work retention outcomes during month by individual placement and support service	Trend monitor	19	12	13		A single client could have multiple job starts
Number of new people accessing Individual placement and support service during month	Trend monitor	31	40	42		First contact and work started on vocational profile. Average number of new people per month for the period Feb 24 - Aug 24 is 42. The decrease in June related to reduced throughput in the service meaning reducing capacity to take on new cases.
Carbon Impact (tonnes CO2e) - business miles	76	72	67	61		Data showing the carbon impact of staff travel / business miles. In August, staff travel contributed 61 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%	68.7%	Due December 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.



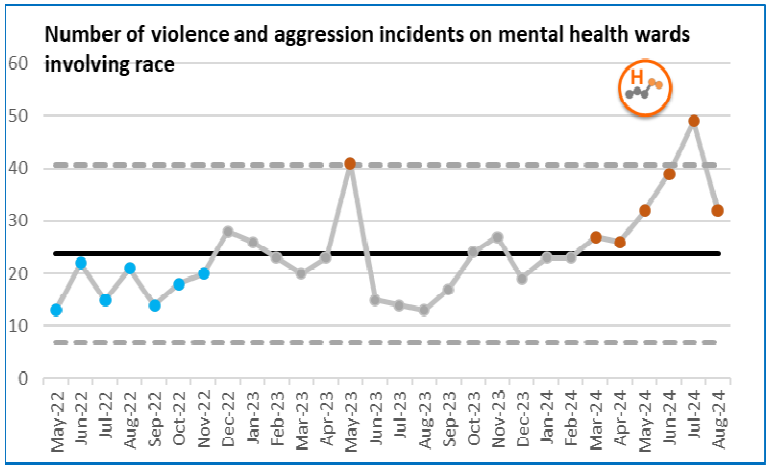
Improve Care

Metrics	Threshold	Jun-24	Jul-24	Aug-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%*	94.1%	93.1%	*91.9%*	H, F	August data shows a slight deterioration in performance from the previous month within inpatient services and community services. Within inpatient services, all service users have a risk assessment with 114 service users having had a risk assessment within 24 hours,10 service users had a completed risk assessment but this was outside the 24 hours. For community services 33 out of 162 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 number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		76.5%	85.0%	*77.8%*	F	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. Data for August is provisional and will be refreshed in next months report.
% Service users on care programme approach with a plan of care developed collaboratively	85%	95.4%	96.2%	96.3%	P	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	1105	1099	1105		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 whole time equivalent 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	162	160	158		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	39	49	32	H	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)	June - 150 July - 155 Aug - 155	114	111	124	L, F	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 72 days over the past 6 months from an average of 99 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. Data includes all out of area regardless of commissioner.
% service users clinically ready for discharge	<=3.5%	2.7%	3.8%	4.9%		Performance in month has deteriorated slightly and remains above threshold. There are still a significant number of people who are delayed which may impact on performance in future months. We are continuing to experience pressures linked to patients being medically fit for discharge but who are subsequently delayed. We are working with systems partners at place to develop crisis provision including safe places to stay away from home, and exploring and optimising all community solutions to get people home as soon as they are ready – utilising roles such as discharge coordinators, and improving links with homeless services and housing providers.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	526	417	224		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. The number of referrals has increased significantly over the last few months. This is due to the Right to Choose pathways. When referrals are screened and deemed clinically appropriate for assessment families are offered the choice of provider, between August 2023 and February 2024 very few families were choosing our Child and Adolescent mental health services (CAMHS) as the other providers had shorter waiting lists. However, these providers now also have long waiting lists and ours has the shorted wait times by a considerable margin. This means families are currently predominantly choosing our CAMHS resulting in a large increase in referrals. The large increase in August 2024 is due to a backlog of screened referrals from Northpoint being sent over in a large batch.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	641	672	634		

Improve Care Continued

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance	Notes
Learning Disability (LD) - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Improvement trajectory: July/Aug/Sep 86% Oct/Nov 88% Dec onwards 90%	86% 43/50	79% 48/61	82% 53/65		This remains a key concern and actions are underway as part of the improving access priority programme. Where waits breached 18 weeks (12 in total in August) 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. Increased annual leave during this period has seen some additional breaches. We are prioritising planning and allocating people before 18 weeks. This has worked well in Wakefield and other localities will be adopting this process.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	89.0%	91.2%	91.0%		
Community health services two hour urgent response standard	70%	89.9%	92.0%	91.8%		
Referral to assessment within 2 weeks (external referrals)	75%	92.3%	90.9%	92.2%		

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

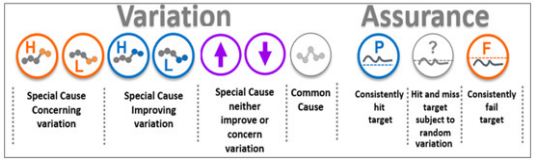


The chart shows that as at August 2024 due to the continued increasing number of violence and aggression incidents against staff on mental health wards involving race, we remain in a period of special cause concerning variation.

The Trust Race Forward and race, equality and cultural heritage (REACH) networks have been working to highlight the need for more accurate recording of Datix hate (Race) incidents so that a true picture of the impact of these incidents can be seen by the organisation.

The Race Forward group within the Trust has identified a need to undertake a proactive review of Race related hate incidents within the organisation in order to support front line practitioners and leaders to understand clearly their roles and duties when supporting those victim to hate incidents and to empower victims to know what to expect from the organisation in these situations.

Through recent work within the Trust, we have identified that there is under reporting therefore when we have undertaken the foundations for the improvement work around the response to Race hate incidents, we are expecting spikes in reporting. The Trust should see these as a positive as previous surveys undertaken and soft intelligence tells us that many incidents have gone unreported.



Improve resources

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (Cumulative)	Breakeven	(£892k)	(£1,513k)	(£1,813k)		The Trust financial target for 2024 / 25 is breakeven. For the year to date a position of £1.8m deficit has been reported. August's deficit of £0.3m was higher than plan. The core Trust reported a deficit of £0.1m which was an improvement from the previous run rate. In part this is due to the impact of corrective actions especially on areas of premium pay.
Capital spend against plan (Cumulative)	£8.1m	£1,182k	£1,656k	£1,674k		The Trust capital allocation for 2024 / 25 is £8.1m. Expenditure, for the year to date, is £1.6m which, overall, is in line with plan. Previous months have been ahead of plan. This is due to the near completion of the seclusion room schemes and additional VAT reclaims.
Agency spend managed within the overall workforce (Monthly)	3.5% £6.7m	£508k	£550k	£507k		There was sustained reduction in agency spend in 2023 / 24. The run rate increased (not to historical levels) up to July and has reduced slightly in August 2024. Spend is £47k less than last month and similar to spend in June 2024. The adult secure provider collaborative spend in month was £84k.
Financial sustainability and efficiencies delivered over time (monthly)	£22m	£1,368k	£1,366k	£1,758k		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)	£21,739	£21,751	£21,567		Expenditure is less than the previous month but remains above the average monthly pay target. Positive reductions have been reported on premium rates of pay however a number of service lines continue to utilise more WTE than planned.
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 2024 with a spike in incidents occurring during May 2024. 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%	98.8%	95.0%	96.0%		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 2023 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	Jun-24	Jul-24	Aug-24	Variation/ Assurance	Notes
Turnover external (rolling 12 months)	>12% - 13%<	9.4%	9.7%	8.0%		Turnover contnues to reduce. This has been a consistent drop since October 23. This can be linked to work undertaken on cost efficiencies including internal vacancy recruitment panel establishment and recruitment freeze in other Trusts which are resulting in less opportunities being available.
Registered workforce growth	0% 2024/25	1.5%				This measures the difference between the number of full time equivalent staff at end of March 2024 compared to the number of full time equivalent staff at end of the reporting period.
Sickness absence - YTD	<=5%	5.0%	4.9%	5.0%		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%	84.4%	85.0%	86.7%		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%	83.5%	84.9%	82.8%		As part of the review of the supervision of the workforce policy, an improvement programme is underway to use the learning from the Forensic care group to increase uptake and recording of supervision within the clinical workforce. This includes making further changes to the systems and reporting practice. (Band 4 and above, all supervision) July data has been refreshed.
Mandatory training - Cardiopulmonary resuscitation	80%	80.3%	80.2%	80.7%		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%	72.8%	74.9%	75.8%		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%	90.8%	91.1%	90.8%		Threshold increased from >=80% in June 24.
Mandatory training - Information governance (IG)	95%	95.5%	95.7%	95.5%		

Quality Headlines

Section	KPI	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	TBC	79.9%	73.3%	75.6%	86.0%	84.6%	84.5%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	18% (4/22)	17% (4/23)	21% (5/24)	6% (1/18)	0% (0/11)	32% (7/22)	1
	Complaints - Number of responses provided within six months of the date a complaint received [16]	100%	66.7% (8/12)	72.7% (8/11)	77% (17/22)	50% (2/4)	81% (13/16)	66% (6/9)	
Service User Experience	Friends and Family Test - Mental Health	84%	92%	92%	92%	91%	92%	93%	1
	Friends and Family Test - Community	95%	97%	97%	97%	96%	98%	97%	1
Quality	Number of compliments received	N/A	6	12	26	7	65	92	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	18	12	14	8	7	10	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	0	0	0	1	0	1	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%	95.4%	95.3%	95.2%	95.4%	96.2%	96.2%	1
	Number of Information Governance breaches [3]	<12	5	8	11	9	5	6	2
	% of inpatients clinically ready for discharge	3.5%	2.5%	2.3%	2.1%	2.7%	3.8%	4.9%	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 - Jul/Aug 80%, Sept 82.5%, Oct 85%, Nov 87.5% Dec 90%, Jan 92.5% Feb 95%*	91.7%	92.7%	94.4%	94.1%	93.1%	*91.9%*	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		79.2%	78.5%	68.1%	76.5%	85.0%	*77.8%*	2
	Total number of reported incidents	Trend monitor	1450	1415	1484	1299	1479	1399	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	35	25	34	25	22	34	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	1	0	1	5	8	3	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	1	0	1	1	1	0	
	Safer staff fill rates	90%	128.5%	130.8%	130.0%	132.5%	132.4%	131.3%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	101.6%	107.1%	105.2%	101.8%	101.4%	98.6%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Trend monitor	42	28	41	24	41	39	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	0	1	2	1	1	1	0	
	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%	92.3% (12/13)	100% (17/17)	95% (20/21)	100% (5/5)	72.7% (8/11)	100% (14/14)	1
	Number of Falls (inpatients)	Trend monitor	45	41	39	63	50	53	
	Number of restraint incidents	Trend monitor	188	256	226	153	195	257	
	% of staff receiving supervision within policy guidance [15]	80%	76.3%	78.0%	81.7%	83.5%	84.9%	82.8%	2
	Potential under-reporting of patient safety incidents								
	% people dying in a place of their choosing [14]	80%	94.1%	100.0%	81.8%	90.6%	87.9%	87.5%	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 August.
• The overall number of restraint incidents in August was 257 which is within acceptable range although it is an increase on previous 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 were no instances reported in August, which is the first time this year.
• Clinically ready for discharge (previously delayed transfers of care) - This has increased to 4.9% and remains above threshold. There are still a significant number of people who are delayed which may impact on performance in future months and further detail regarding hotpost areas can be seen in the care group and ward level section of this report.
• Number of Falls (inpatients) - All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required. In August there were 53 inpatient fall incidents. Actions have been put in place to further reduce the risk. Further detail is provided in the relevant section of this report.
• The Trust achieved 100% of prone restraints incidents having a duration of 3 minutes or less during August, this related to 14 incidents in total. See Reducing Restrictive Physical Interventions (RRPI) section for further information.
• Number of restraint incidents increased in August and is the highest numbe reported year to date. 48 of these incidents were attributed to Ward 19 where there have been a number of complex service users with cognitive problems which involved the need for increased levels of direct nursing care which often resulted in aggressive behaviours which susequently required restraint.

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 'Plan, do, study, act'.
• 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 the learning and development team to create a crib sheet on how to find and complete level 2 training.

Patient Safety Partners (PSP)
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.

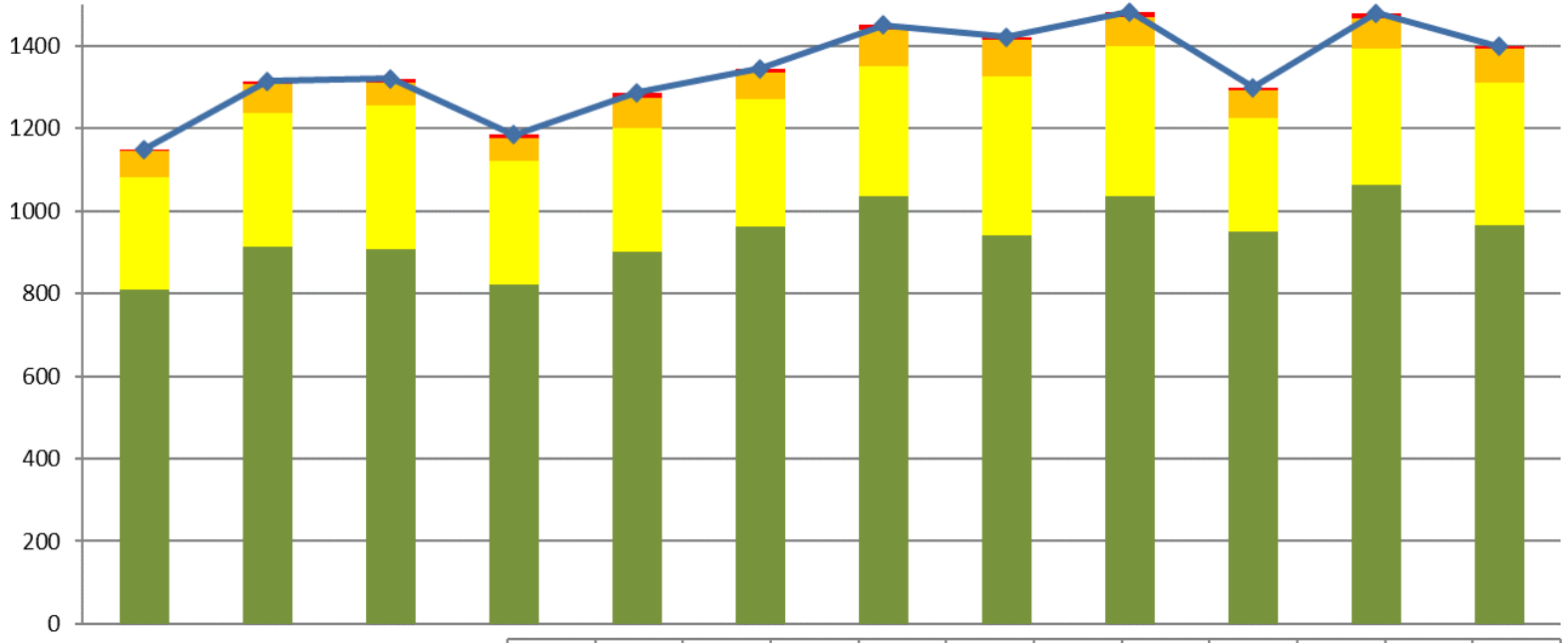
Duty of Candour
Developed datix dashboard for care groups to review and monitor the potential safety incidents and duty of candour, this includes correctly any inaccuracies.

Safety First

Summary of Incidents

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

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



	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Red (should not be compared with SIs)	3	8	9	9	14	10	12	9	13	8	12	7
Amber	65	69	56	54	73	65	90	88	71	65	74	82
Yellow	272	324	349	301	300	309	313	384	362	275	331	346
Green	810	914	907	821	900	961	1036	941	1037	951	1062	964
Total	1150	1315	1321	1185	1287	1345	1451	1422	1483	1299	1479	1399

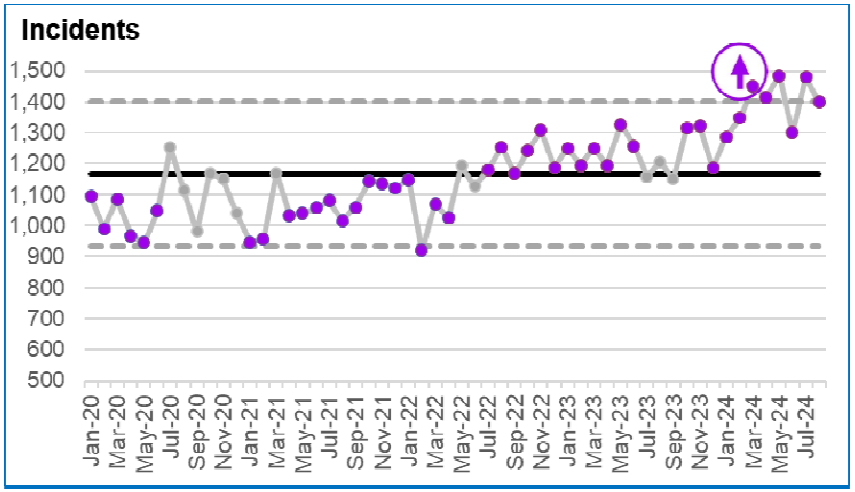
Safety First cont…

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

Breakdown of incidents in August 2024
34 moderate harm incidents:
The most common incidents were pressure ulcers.

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

Incidents



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

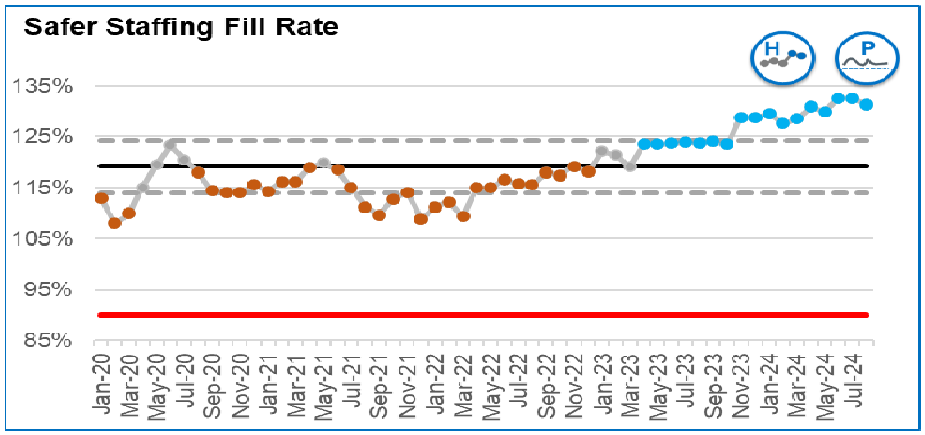
The learning library has been developed as a way to gather and share examples of learning from experience.
Further examples can be found on the SWYPFT intranet page.

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

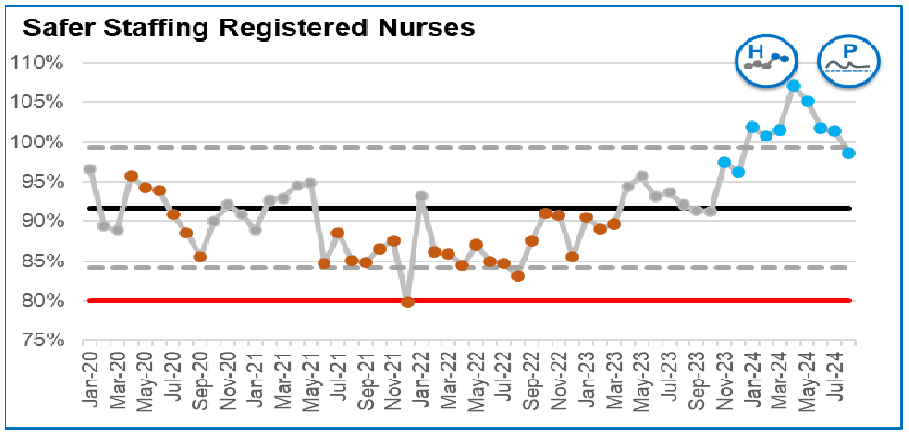
Patient Safety Alerts

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

Safer Staffing Inpatients



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

- There was a demand increase in August, which has historically been due to staff taking annual leave through school holidays and we would expect this to reduce in September.
- Increase in demand due to acuity impacts upon overall fill rate due to the additional shifts requested
- Within the flexible staffing pool there were a total of 61 more shift requests, however the overall fill rate decreased 0.7% to 92.9%.
- Historically August has always been a high demand month for flexible staffing.
- Interestingly following the successful recruitment campaigns for band 5s we have received 209 less requests this August in comparison with 2024.
- Several of our recruited registered nursing staff await their registration with NMC, therefore won't be reflected within RN establishment numbers
- There was a decrease in the fill rates of Adult and Older Peoples of 2% to 143% whilst Barnsley Integrated Services also decreased by 8% to 106%. Forensic increased by 2% to 116% overall fill rate.
- We continue to scrutinise flexible staffing usage in our temporary staffing scrutiny and e-rostering groups.
- An agreement has been reached within the collaborative bank space regarding training that will allow for more engagement across the trusts.
- We have stopped registering any new agency healthcare assistants staff onto our systems which is in line with the reduction of agency spending.
- A consultation is imminent from NHSE looking at stopping all agency engagement with bands 2,3 and 4.
- The impact of ending overtime for registered nurse staffing may be impacting upon vacant shifts being filled- this is being monitored by the safer staffing specialist advisor
- 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 1.1% to 131.3%. The day fill rate for registered nurses decreased by 2.8% to 95.7%. Four wards, Hepworth, Appleton and Priestley within the Forensic Care Group and Ward 18 within the Adult and Older Peoples Care Group, fell below the 90% registered nurse day fill rate which was an increase of two ward from July. They were supported through local escalation plans.
- In August one ward, an increase of one, fell below the 90% overall fill rate threshold and that was Priestley ward within the Forensic Care Group which had 89.3%.

Safer Staffing Inpatients cont…

Registered Nurses Days
There was a decrease of 2.8% in overall registered Day fill rates to 95.7% in August compared with the previous month.

Registered Nurses Nights
There was a decrease of 0.5% in overall registered Night fill rates to 115.9% in August compared with the previous month.

Overall Registered Rate: In August the overall registered fill rate decreased by 2.8% to 98.6%.
Overall Fill Rate: 131.3% (a decrease of 1.1% on the previous month)

Registered day rate	Jun-24	Jul-24	Aug-24
Adults and Older People	100%	98%	98%
Barnsley Integrated Services	123%	132%	118%
Forensic and LD	97%	92%	88%
Overall shift fill rate	**100%**	**98%**	**96%**

Registered night rate	Jun-24	Jul-24	Aug-24
Adults and Older People	112%	116%	115%
Barnsley Integrated Services	108%	103%	104%
Forensic and LD	117%	118%	120%
Overall shift fill rate	**114%**	**116%**	**116%**

Overall Fill Rate	Jun-24	Jul-24	Aug-24
Adults and Older People	144%	145%	143%
Barnsley Integrated Services	115%	114%	106%
Forensic and LD	117%	114%	116%
Grand total	**132%**	**132%**	**131%**

• Bank staff filled 79.27% (a decrease of 0.1% on the previous month) of registered nurse requests for flexible staffing and 82.05% (a decrease of 1.04% on the previous month) of healthcare assistant requests.
• Agency staff filled 4.91% (a decrease of 0.78% on the previous month) of registered nurse requests for flexible staffing and 12.47% (an increase of 1.41% on the previous month) of healthcare assistant requests.

Information Governance (IG)

Six personal data breaches were reported during August 2024, which is only slightly higher than the number reported during July and continues to be one of the lowest so far during the current financial year.

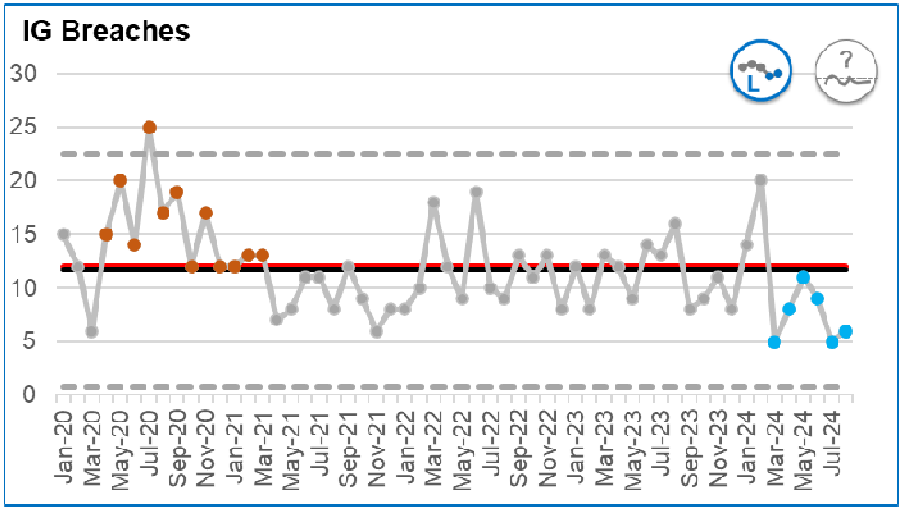
Information disclosed in error continues to be the highest reported category. Breaches during August were due to:
- Emails sent to the wrong recipient
- Letters sent to the wrong recipient

A record keeping incident was reported when incorrect data was added to health record, leading to a health professional visiting the wrong person.. A data loss incident was reported when a paper list of appointments was unsecured and lost in a public area. Apologies have been given and duty of candour undertaken as appropriate.

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.

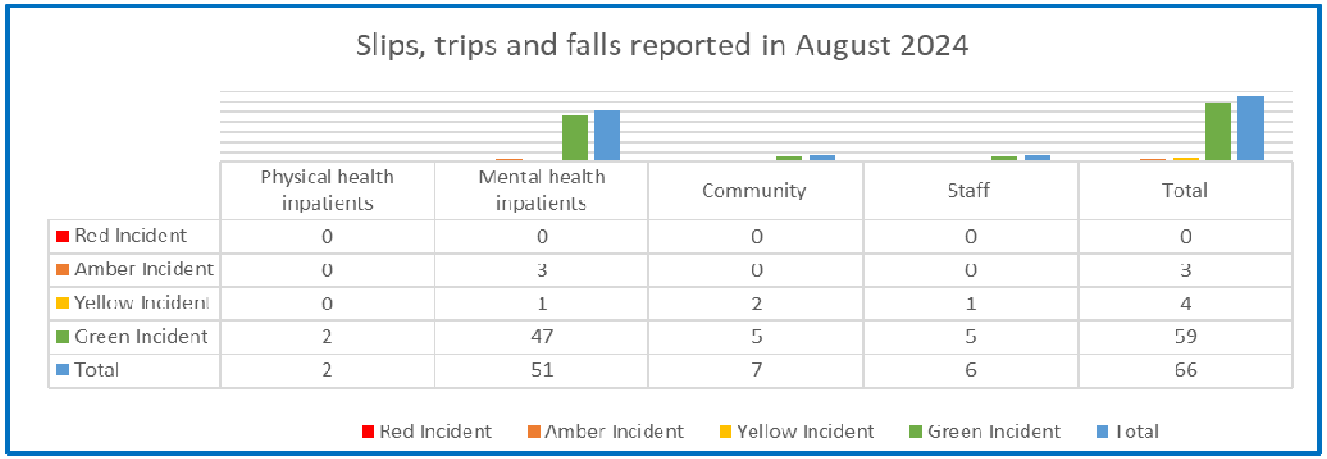
There are currently no open complaints with the Information Commissioner's Office.

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



Trustwide Falls

In August 2024, a total of 66 slips, trips and falls were reported. 53 of these were in inpatient wards.
The current rate of inpatient falls in August 2024 is 4.07 per 1000 bed days. We continue to be 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	0	0	0	0	0
Amber Incident	0	3	0	0	3
Yellow Incident	0	1	2	1	4
Green Incident	2	47	5	5	59
Total	2	51	7	6	66

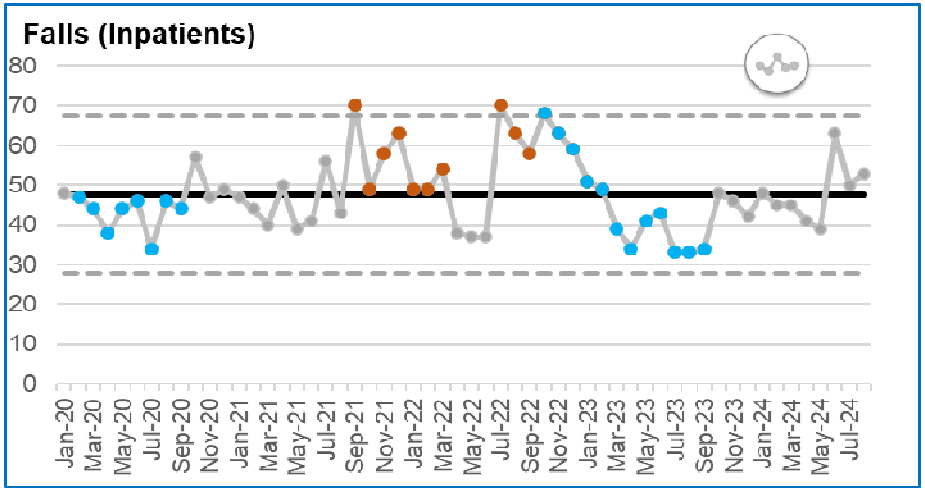
- Staff are maintaining good quality falls assessments and interventions, with clear evidence of multidisciplinary and in-depth reviews of complex physical and mental health needs.
- Post Falls Protocol completion has averaged 93% this month, with a continued good response from staff
- 94% of patients had a good quality falls risk screen (FRAT-18) completed within 24hrs of admission, 2 patient records (4%) had a completed FRAT-18 within 3 days of admission. One (2%) patient record showed a very good physiotherapy assessment and care plan, but no FRAT-18 completed

Incident Grading
No red incidents.
Amber: A total of 3 (4.5%) incidents were reported. One patient >70yrs rolled out of bed and fractured their hip. Two patients <65yrs have received fractures following a fall. One fracture requiring no surgical intervention.
Yellow: A total of 4 (6%) reported incidents with minimal injury. One was a member of staff who missed their chair and hurt their hip, two reports were linked to patients at home, and one inpatient requiring complex intervention/support.
Green: A total 59 (89.5%) reported incidents events had low or no harm recorded. Two (4%) of these reported patient falls occurred when not on the ward, for example on leave at home.

Inpatient falls had a high correlation with:
- Falls linked with developing physical illness such as Covid-19, viral infection and urinary tract infection
- There has been a small increase in patients having repeated falls. This has been linked to previous alcohol use and brain injury, complex physical and mental health needs
- 16 patients (31%) have a diagnosed dementia or cognitive change. 15 (94%) of these patients had a recognised physical health or deconditioning need
- 31 falls (61%) of inpatient falls occurred for patients <65yrs
  - With 20 of those falls (64%) occurring for patients <50yrs of age. These were falls reported at home, post seizure, whilst exercising, general slips and trips
  - 21 (68%) had no physical health or mobility needs reported, many times appears linked with general slips and trips, or bending down and reaching forward
- 27 falls (53%) for patients known to have reduced physical health and deconditioning

Falls (Inpatient)

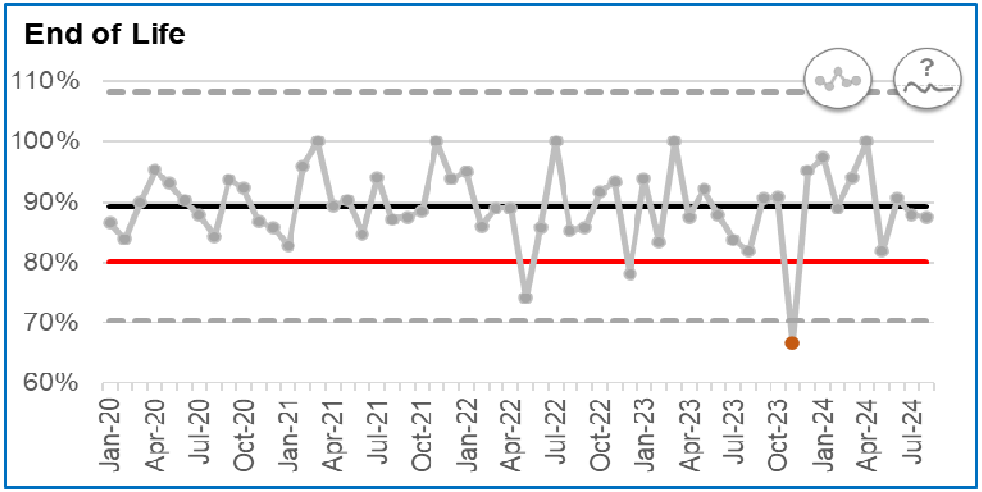
The total number of inpatient falls was 53 in August.



The SPC chart above shows that in August 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 87.5% in August. 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 August 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

- 97% would recommend physical health services
- 93% would recommend mental health services

	Target	June	July	August
Mental health community	85%	95% (232)	93% (277)	96% (245)
Mental health inpatient	85%	76% (55)	90% (58)	89% (104)
Learning Disabilities	85%	88% (17)	95% (19)	86% (14)
ASD/ ADHD	85%	100% (3)	95% (21)	100% (32)
CAMHS	75%	88% (32)	94% (31)	97% (32)
Forensic	60%	100% (3)	79% (34)	83% (59)
Mental health overall	84%*	**91% (344)**	**92% (440)**	**93% (491)**
Barnsley Physical Health	95%	**96% (297)**	**98% (306)**	**97% (263)**
Trustwide	**85%**	**93% (641)**	**95% (801)**	**94% (757)**

** weighted for 2023/24*

	Top three positive themes	Top three negative themes
Trustwide	1. Staff	1. Staff
	2. Communication	2. Admission and discharge
	3. Access & Waiting times	3. Communication
Physical Health	1. Staff	1. Staff
	2. Communication	2. Clinical Treatment
	3. Access & Waiting times	3. Communication
Mental Health	1. Staff	1. Staff
	2. Communication	2. Admission and discharge
	3. Patient Care	3. Access & Waiting times

Satisfaction across all service lines has increased except for Barnsley general ops and learning disabilities. However, numbers of responses for learning disabilities remain low.

All service lines remain above target.

ADHD services continue to see an increase in FFT responses and satisfaction.

CAMHS satisfaction has continued to increase for the last three months.

There was a significate increase number of FFT returns for mental health inpatients as they promoted their patient experience survey in August.

Safeguarding

Safeguarding Adults:
In August 2024 there were 33 Datix categorised as safeguarding adults, 15 were categorised as green, 16 were categorised as yellow, there were two amber incidents and no red Datix. The most common subcategories of these were neglect, psychological/emotional abuse and domestic abuse.

In addition to the safeguarding adults Datix, there were 22 sexual safety Datix; 14 green incidents, eight yellow and no amber or red incidents.

Safeguarding Children:
In August 2024 there were 23 Datix submissions categorised as Safeguarding Children. One was classed as an amber incident , six were classed as a yellow incident and 16 were classed as green incidents. This is a slight increase from previous months. The most common subcategories of these were neglect and sexual abuse. All appropriate actions taken, including updating care plans, risk assessments, referrals to local authority and police.

Complaints

• All complaints are acknowledged within 3 working days.
• All complainants where the complaint is not completed within the six month timeframe are aware and a new timeframe is agreed with them so complainants are aware of any delay
• Complaints responded to within six months has increased considerably over the last 18 months and continues to be a focus area
• Where complaints breech the six month timeframe for completion there is active focus on identifying the reason for a delay and this is acted upon appropriately.
• A new dashboard will allow for easy monitoring of targets and identification of improvement
• In August there were 22 new formal complaint received into the Trust and this is consistent with previous months
• In August there were 7 complaints where values and behaviours (staff) were identified as a theme. This is higher than previous months. The majority of these were within the mental health care group and further detail has been shared with the Care Group.
• Complaint themes are categorised in line with NHS digital requirements and values and behaviours (staff) includes (but is not limited to) attitude, breach of confidentiality, rudeness, safeguarding

Infection Prevention Control (IPC)

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

Outbreaks - August 2024
• Two Covid-19 outbreaks occured on inpatient wards.
• Sadly, in July 2024, there was a patient death (related to inpatient older persons ward) with Healthcare Associated Infection (HCAI) definite hospital onset and Covid-19 cited on part 1 of the death certificate. Using PSIRF principles, appropriate scrutiny, reporting, reviewing and investigations procedure is followed.

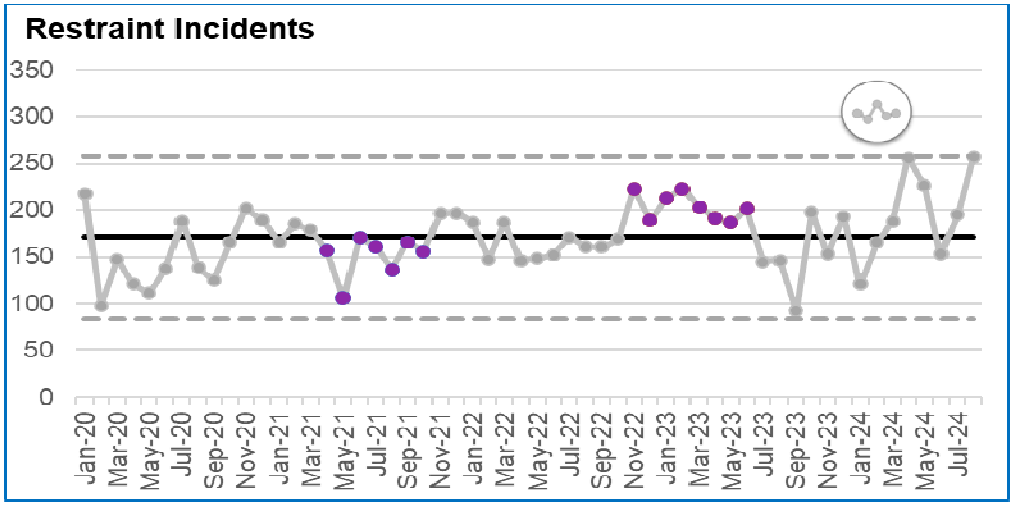
Reducing Restrictive Physical Intervention (RRPI)

• There were 257 reported incidents of reducing restrictive physical interventions used in August 2024 this was an increase of 62 (31.7%) from July 2024 that stood at 195. 48 of these incidents were attributed to Ward 19 where there have been a number of complex service users with cognitive problems which involved the need for increased levels of direct nursing care which often resulted in aggressive behaviours which susequently required restraint.
• In August 2024 prone restraint (those remaining in prone position and not rolled immediately) was reported 14 times an increase of 3 (27.2%) from July 2024 that stood at 11.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	168	45.5%
Seated	70	19.0%
Safety Pod	45	12.2%
Side	18	4.9%
Prone descent then immediately rolled to other position side/back	15	4.1%
Prone descent then remained in chest down position	14	3.8%
Supine - held on their back, regardless of surface	13	3.5%
Kneeling	12	3.3%
Restricted escort	12	3.3%
Service User placed self in prone and staff immediately let go or rolled	2	0.5%

Team Using Prone Restraint	Aug-24
Walton PICU	5
Melton PICU, Barnsley	3
Stanley Ward, Wakefield	3
Beamshaw Ward - Barnsley	1
Bronte Ward, Newton Lodge, Forensic	1
Elmdale Ward, The Dales, Calderdale	1

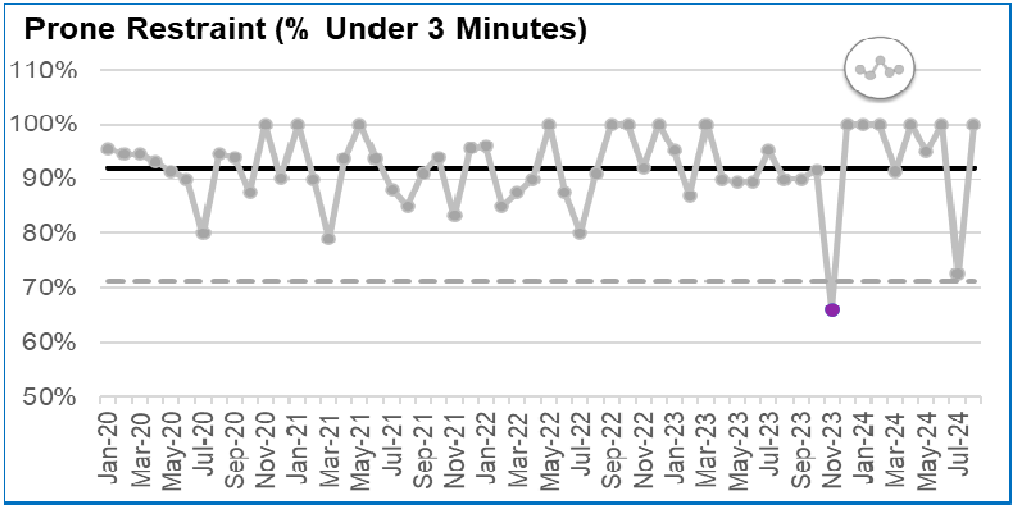
Duration of Prone Restraint	Aug-24
0 - 1 minute	11
1 - 2 minutes	3

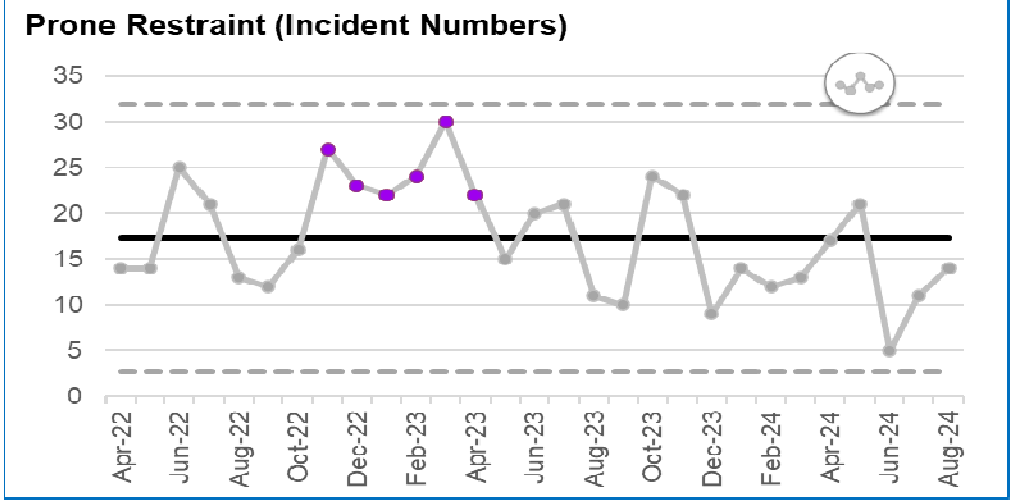


This SPC chart shows that in August 2024 we remain in a period of common cause variation (no concern).

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 increased in August 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	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Establishment	Improving Resources	Well Led	-	5422.1	5469.4	5451.0	5459.1	5461.6	5451.4
Contracted Staff In Post (Ledger)			-	4605.2	4655.9	4682.4	4673.6	4688.2	4720.5
Vacancies			-	817.0	813.5	768.8	785.5	773.3	730.9
Turnover external (12 months rolling)			>12% - <13%	11.0%	10.0%	9.9%	9.4%	9.7%	8.0%
Starters			-	38.3	56.4	36.2	34.8	39.0	37.4
Leavers			-	37.7	20.2	33.0	27.2	23.1	41.4
International Nurse Starters in Month			-	0	0	0	0	0	0
% Bank Fill Rates - Registered Nurses			-	68.3%	67.9%	75.1%	79.3%	79.3%	79.3%
% Bank Fill Rates - Health Care Assistants			-	85.2%	84.7%	86.7%	87.0%	83.1%	82.1%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)			-	92.6%	92.0%	93.4%	94.1%	93.6%	92.9%
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) *			-	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%)	240 - All staff (17.1%) 105 - excl medics (8.7%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			-	953 (70.0%)	971 (70.3%)	984 (70.5%)	958 (71.4%)	984 (71.1%)	996 (70.9%)
Sickness absence - YTD			<=5% from June 24 was <=4.8%	5.0%	4.8%	5.0%	5.0%	4.9%	5.0%
Sickness absence - Month				4.4%	3.6%	4.7%	4.8%	5.2%	5.1%
Employees with long term sickness over 12 months			-	0	0	0	4	0	1
Appraisals - rolling 12 months			Jun 24 - 89% Jul 24 - 91% Aug 24 - 93% Sep 24 onwards 95%	84.2%	87.4%	87.1%	84.4%	85.0%	86.7%
Employee Relations - Suspensions (over 90 days)			-	3	1	2	1	1	1
Mandatory Training - TOTAL	Improving Care		>=80%	91.9%	92.5%	93.0%	92.6%	93.0%	93.2%
Mandatory Training - Reducing Restrictive Practice Interventions				73.0%	68.3%	74.0%	72.8%	74.9%	75.8%
Mandatory Training - Cardiopulmonary Resuscitation				77.8%	79.4%	80.7%	80.3%	80.2%	80.7%
Mandatory Training - Clinical Risk				92.5%	96.6%	93.8%	93.3%	94.2%	95.2%
Mandatory Training - Display Screen Equipment				96.4%	97.4%	97.1%	97.1%	97.3%	97.6%
Mandatory Training - Equality & Diversity				95.4%	95.8%	96.6%	96.7%	97.2%	97.0%
Mandatory Training - Fire Safety			>=85% (from June 24)	89.2%	90.4%	91.1%	90.8%	91.1%	90.8%
Mandatory Training - Food Safety			>=80%	90.2%	90.2%	90.8%	91.1%	90.9%	91.0%
Mandatory Training - Freedom To Speak Up (FTSU)				95.6%	95.8%	95.9%	95.9%	96.1%	96.3%
Mandatory Training - Infection Control & Hand Hygiene				92.8%	93.3%	94.5%	94.3%	94.9%	94.6%
Mandatory Training - Information Governance (Data Security)			>=95%	91.5%	92.8%	97.1%	95.5%	95.7%	95.5%
Mandatory Training - Moving & Handling			>=80%	97.6%	97.8%	97.9%	97.7%	97.6%	97.9%
Mandatory Training - Nat Early Warning Score 2 (New S2)				94.1%	95.7%	94.5%	94.8%	95.2%	96.1%
Mandatory Training - Mental Capacity Act/Dols				99.4%	99.6%	91.2%	90.2%	90.6%	90.7%
Mandatory Training - Mental Health Act				89.1%	89.6%	88.6%	87.7%	88.0%	88.4%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				74.4%	78.7%	83.2%	86.0%	87.6%	89.0%
Mandatory Training - Prevent			>=80%	92.6%	93.3%	94.5%	94.7%	95.1%	95.0%
Mandatory Training - Safeguarding Adults				88.2%	88.8%	89.6%	89.4%	88.8%	89.2%
Mandatory Training - Safeguarding Children				93.3%	94.1%	95.1%	95.2%	95.4%	95.5%

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 increase in our staff in post in August 24, which is increased our net growth to 1.5%

Vacancies
• Our vacancies have decreased slightly this month. This aligns with our slight increase in our staff in post
• The recruitment dashboard shows live vacancies on NHS jobs. This has increased considerably over the previous month ~130 full time equivalent - 215 full time equivalent currently being recruited at any time. These applicants are at various stages of the recruitment process. The increase is within Barnsley NTS Pathways for Rehabilitation Support Workers and Therapy assistants. Although this is not yet reflected this month, it is expected that the Staff in Post will increase significantly in September / October as the applicants become employees. Further work is being planned in to understand the increase and cross reference this against the vacancy recruitment panel.

Turnover
• Turnover is consistently reducing and currently at 8%. This has been a consistent drop since October 23.
• The assumption made for the drop is as a result of cost efficiencies and recruitment freeze in other Trusts which are resulting in less opportunities being available (Further analysis is required for this).

Stability
• The stability rate remains static at 91.6%

Sickness (Overall)
• Overall sickness has decreased this month to 5.0%. This is mainly due to the reduction in short term sickness.
• People business partners are working with the operational management team to review the sickness.
• Further detail can be seen in the Care Group section of this report relating to hotspot areas and reasons for sickness absence.
• The availability of 'Live' sickness data is now being used by the people business partner to support the reduction in sickness

Appraisal Compliance

• The Learning and Development (L&D) 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.

• Targeted actions with Forensics include:

• Undertaking an analysis/comparison of locally kept information in Forensics (their own spreadsheet) compared to what we have recorded on Workpal – this has highlighted any updates needed on the system e.g. correct supervisors/re-setting of Workpal to ensure accounts are active etc. It has also highlighted a number of staff who have had an appraisal with their manager but the information hadn't been uploaded onto Workpal (various reasons).

• Supporting the care group to upload historical appraisals onto the Workpal system so they are correctly recorded and tracked on the trust dashboard. We've also given a strong message that all future appraisals must be recorded in a timely manner on Workpal so that the information feeds through to the trust dashboard.

• We've also set up an appraisal "power hour" which is taking place 24th September – We've booked a working space for managers to come along and record any appraisals they have completed (including uploading/scanning any paper documents) with members of the L&D team on hand to deal with any queries and provide support with uploading etc.

If the "power hour" approach is successful it can be replicated for all care groups.

Training Compliance

• Our average year to date figure of 93.0% remains the same as our average year to date figure for last year, 93.0%.

• Reducing restrictive physical intervention (RRPI) training has shown an increase in compliance to 77.7% (July 75.8%) 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.

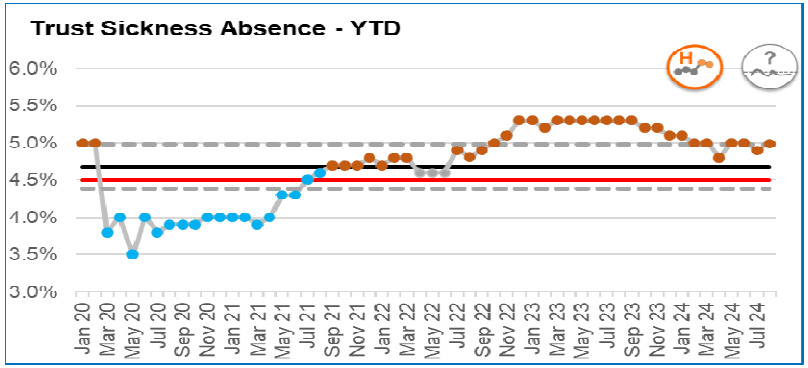
• Actions taken to support RRPI compliance

- Proactive planning of training courses to ensure those most out of date/non-compliant are prioritised for training.
- Additional venue obtained and fitted with RRPI training equipment to enable courses to run concurrently
- Recent recruitment to the RRPI team who are now at full current establishment.
- Use of E-rostering to support teams in ensuring that there are appropriately trained individuals on shift at any given time
- Regular training needs analysis undertaken
- Managers notified of non-attendance
- Timescale for staff being able to cancel their place reduced to enable more time to reallocate the place
- RRPI team running concurrent courses, for example two training teams are established to offer concurrent training courses which provides increased access to courses

• From June 24 the RRPI team have been able to offer concurrent training courses due to the increase in resources

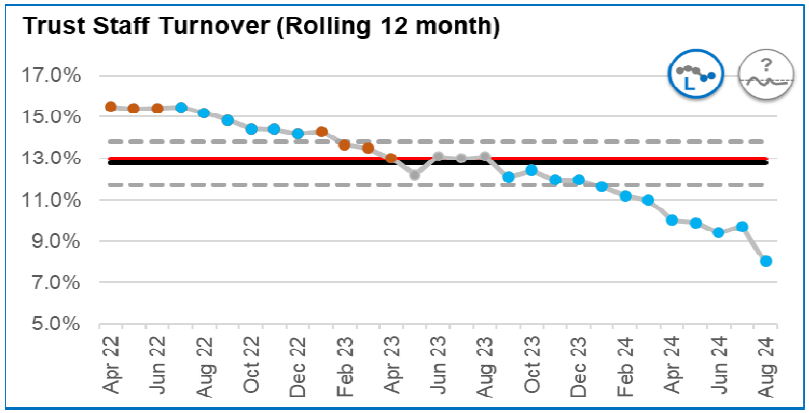
- 7 additional refresher courses (increase of 140 training places)
- 3 additional breakaways (increase 32 places and place based)
- Bespoke training sessions for Newhaven to support the Trust restraint reduction strategy on the use of prone restraint which has demonstrated a significant reduction in prone restraint from seclusion exit for this ward.
- Predicated trajectory subject to all places being utilised as allocated indicates that our overall Trust figure should be above 80% compliance by 31st October 2024.

Statistical process control charts

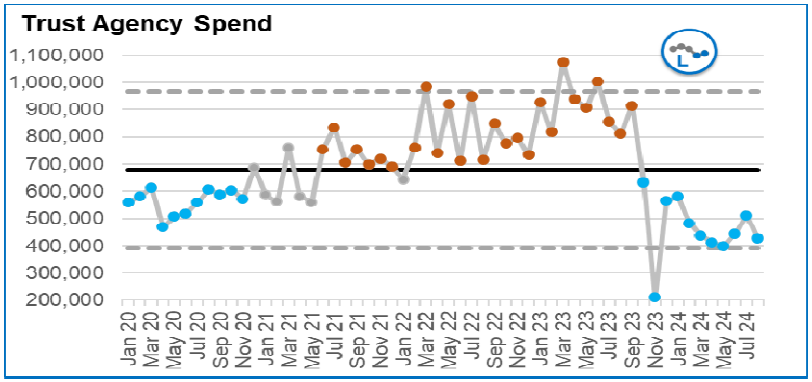


The SPC chart shows that in August 2024 we remain in a period of special cause concerning variation (something is happening and this should be investigated). See Finance Appendix for further information.

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



The SPC chart shows that in August 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 August 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 : 25/09/2024 12:56:20

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	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 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	187	66	75	85	104	74	138	119	62	114	111	124
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	P	H	86.4%	85.7%	86.1%	89.7%	81.6%	93.2%	94.1%	87.5%	90.3%	92.7%	91.4 %	85.7%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		51.6%	52.7%	51.6%	54.5%	50.2%	53.9%	52.9%	52.3%	52.6%	51.1%	50.9 %	51.0%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	99.9%	100%	100%	99.7%	99.8%	99.9%	99.9%	100.0 %	100.0%	99.9%	99.7 %	99.5%
M6	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	F	L	74.4%	73.8%	62.8%	64%	55.6%	68.9%	65.8%	51.8%	68.5%	66.8%	66.0 %	46.0%
M7	72 hour follow-up from psychiatric in-patient care		80%	?	H	88.6%	90.8%	89.0%	91.2%	88.7%	92%	87.5%	94.6%	89.8%	89%	91.2 %	91.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		8	2	9	23	30	28	8	29	13	1	5	5
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		2	1	1	1	1	1	2	1	2	1	3	1
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.3%	99.0%	98.8%	98.6%	98.8%	98.7%	99.0%	99.3%	98.9%	98.7%	99.3 %	99.4%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P		100%	99.9%	99.8%	99.8%	100%	100%	99.8%	100%	100%	100%	100%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		100%	100%	100%	75%	100%	66.7%	100%	N/A	100%	100%	50%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?		96.6%	91.7%	93.5%	88.6%	97.1%	97.3%	97.2%	97.5%	94.1%	96.6%	100%	86.7%
M15	Data Quality Maturity Index		95%	P	H	99.3%	99.5%	99.5%	99.5%	99.5%	99.4%	99.4%	99.3%	99.5%	99.5%	99.4 %	99.5%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		99.0%	99.1%	99.4%	99.2%	99.7%	99.4%	98.6%	99.0%	98.9%	99.8%	99.1 %	99.3%

National Metrics

Data as of : 25/09/2024 12:56:20

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					21.6%	21.9%	18.4%	20.2%	21.7%	18.1%	16.2%	17.4%	25%	28.6%	24.5%	23.5%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			97.2%	97.8%	98.2%	97.7%	97.7%	97.3%	96.4%	97.5%	96.6%	96.3%	96.9%	97.0%
M34	% Clients in settled accommodation	⚠	60%			84.3%	84.8%	85%	84.5%	84.6%	84.2%	83.5%	83.4%	83.5%	83.2%	83.5%	83.6%
M35	% Clients in employment	⚠	10%			12.6%	12.2%	12.3%	12.6%	13.2%	13.0%	13.5%	13.0%	13.2%	13.0%	12.6%	12.7%
M41	Completion of a valid NHS number		99%			99.6%	99.6%	99.7%	99.7%	99.8%	99.7%	99.7%	99.9%	99.9%	99.9%	99.5%	100.0 %
M42	Completion of ethnicity coding for all service users		90%			99.4%	99.5%	99.4%	99.4%	99.4%	96.9%	100.0 %	99.5%	99.5%	99.4%	100.0 %	99.4%
M43	Community health services two hour urgent response standard		70%			88.6%	88.1%	87.4%	85.3%	86.2%	87.8%	88.3%	92.8%	89.6%	89.9%	92.0%	91.7%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500			1656	1726	1844	1303	1700	1559	1336	1661	1589	1618	1963	1579
M47	Virtual ward occupancy		80%			60%	57.5%	78.8%	64.3%	81.4%	95.7%	101%	82.7%	94.3%	81.4%	91.4%	70%
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					14554	14588	14582	14398	14469	14386	14289	14128	14106	13993	13935	13767
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months					11072	11172	11239	11062	11143	11080	11058	10932	11008	10957	10936	10710
M171	% Admissions gate kept by crisis resolution teams		95%			99.1%	100%	97.9%	100%	98.1%	98.8%	95.7%	98.8%	98.1%	95.6%	97.4%	97.9%
M178	Talking Therapies - Reliable Recovery					48.4%	49.4%	48.6%	51.0%	47.5%	50.7%	50.4%	50.4%	50.3%	48.5%	47.8%	49.8%
M179	Talking Therapies - Reliable Improvement					64.6%	66.4%	66.6%	64.3%	66.8%	69.4%	64.6%	69.7%	68.0%	69.3%	66.2%	69.1%
M181	Women Accessing Specialist Community Perinatal Mental Health Services					1199	1221	1203	1177	1203	1214	1188	1209	1221	1216	1232	1228
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)					10	6	3	4	7	7	6	5	3	4	4	6
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			1940	1716	1867	1383	1811	1843	1745	1822	1967	1789	2061	1845
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment					599	667	650	485	597	631	486	604	571	527	554	543
M188	Community services waiting list, over 52 weeks					39	45	29	18	9	9	5	4	2	5	2	0

National Metrics

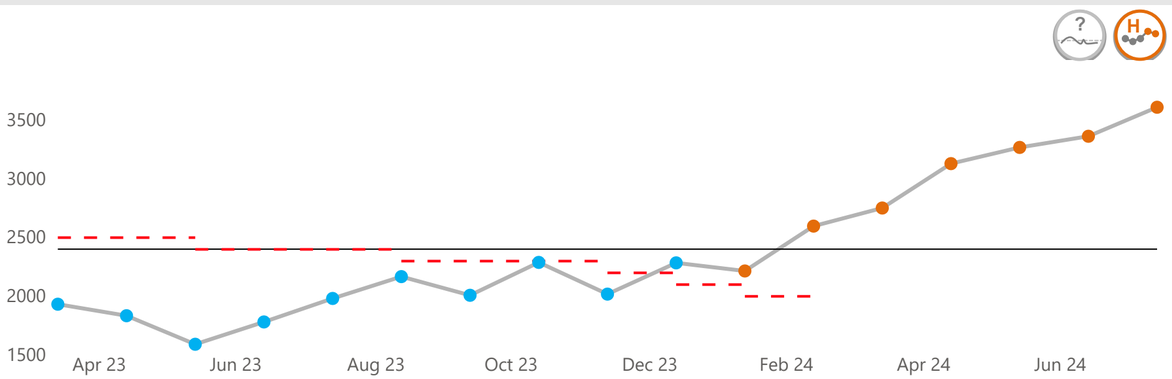
Data as of : 26/09/2024 16:09:45

NHS South West Yorkshire Partnership NHS Foundation Trust

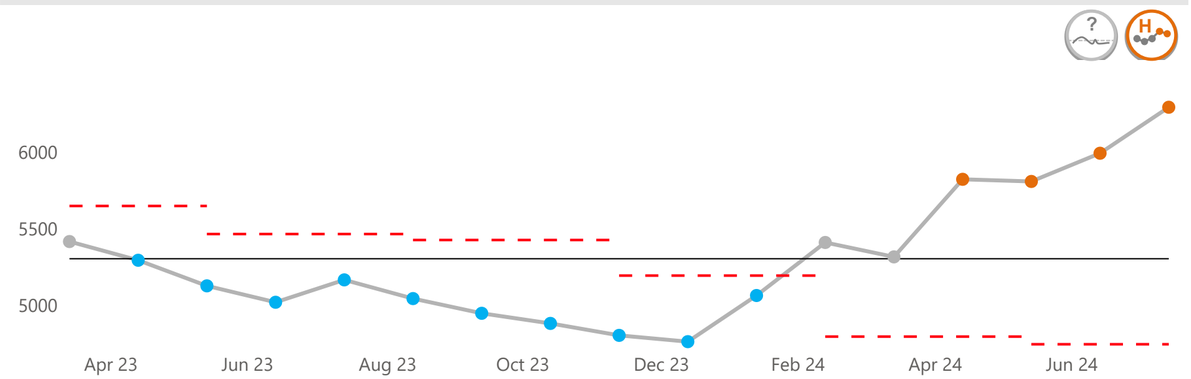
The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

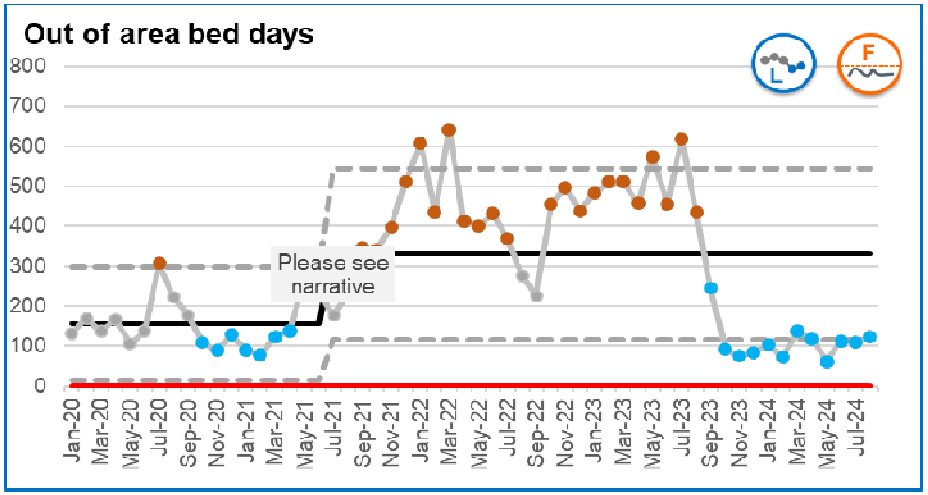
• The percentage of service users waiting for a diagnostic appointment (paediatric audiology) within 6 weeks decreased to 46.0% in August, this continues to remain below the national threshold of 99%. The service has been impacted by staff sickness-absence since late July. We continue to explore options and introduce changes to increase hearing testing capacity and have now appointed a trained audiologist to the service on a temporary basis via our Trust Bank. 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 August 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 routine cases who access NICE concordant treatment within four weeks is 86.7% in August - this only relates to four service users who were not seen in time. The urgent access to treatment measure has increased in August to 100%, which is above the 95% threshold.
• During August, there was one service user aged under 18 years placed in adult inpatient ward for a 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.
• Eating Disorders - Four breaches during the month. Three were due to family choosing a later appointment despite being offered an earlier appointment. One breached the standard by one day due to availability of appointments.
• Virtual Ward - During late July / early August onboarding to the Acute Respiratory Infection pathway was paused due respiratory consultant cover to the pathway. Mid to late august onboarding for respiratory re-commenced, however respiratory continues to be an area of focus in terms of an action plan with the acute trust to increase onboarding. Frailty occupancy remained high throughout most of August (commencing above occupancy and then between 80-100%), however towards the end of August and into early September onboarding did fall below the 80% occupancy rate. This reduction in referral activity was something mirrored across other trusts and in other pathways such as intermediate care and acute admissions for frailty patients. The September position from Week 2 is significantly improved with activity about the 80% occupancy rate; however noting there will be some staffing pressures across partners which we are monitoring in terms of impact on capacity / occupancy.

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



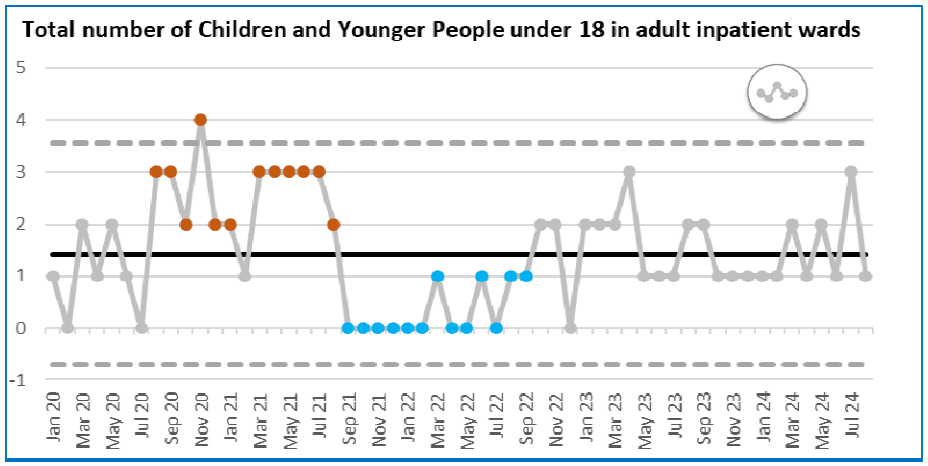
M48 - Community services waiting list





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



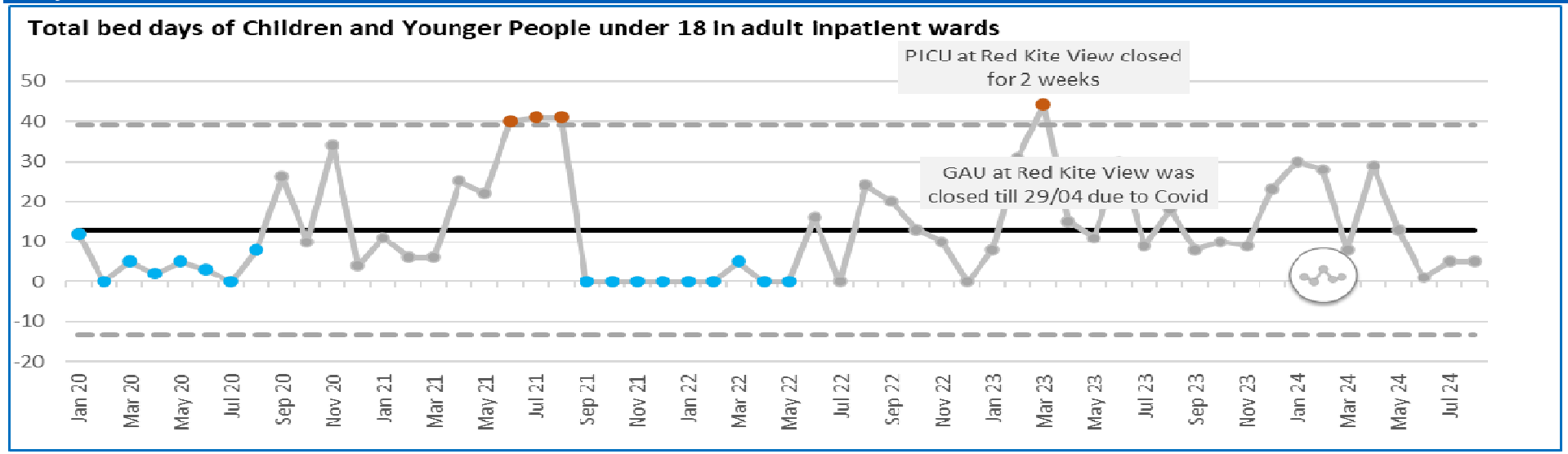
Although there has been an increase in the number of people aged under 18 admitted to an inpatient ward in August 2024, the SPC chart shows us that this is still within common cause variation (no concern) when we compare it to the range of admissions we have had in the past. An analysis of the number 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 August the following data quality issue has been identified in the reporting:

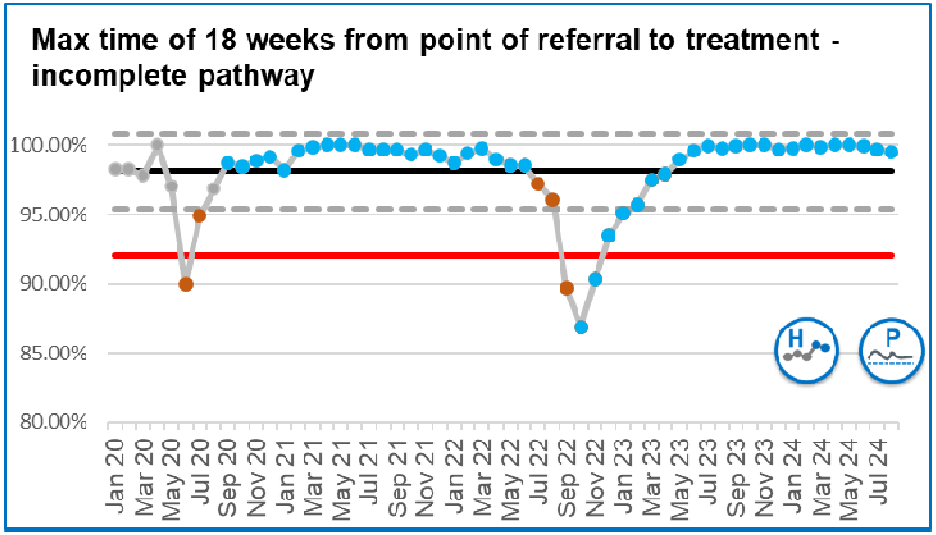
- The reporting for employment and accommodation shows 18.9% of records have missing employment and/or accommodation status with a further 1.5% that have an unknown employment status and 1.1% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

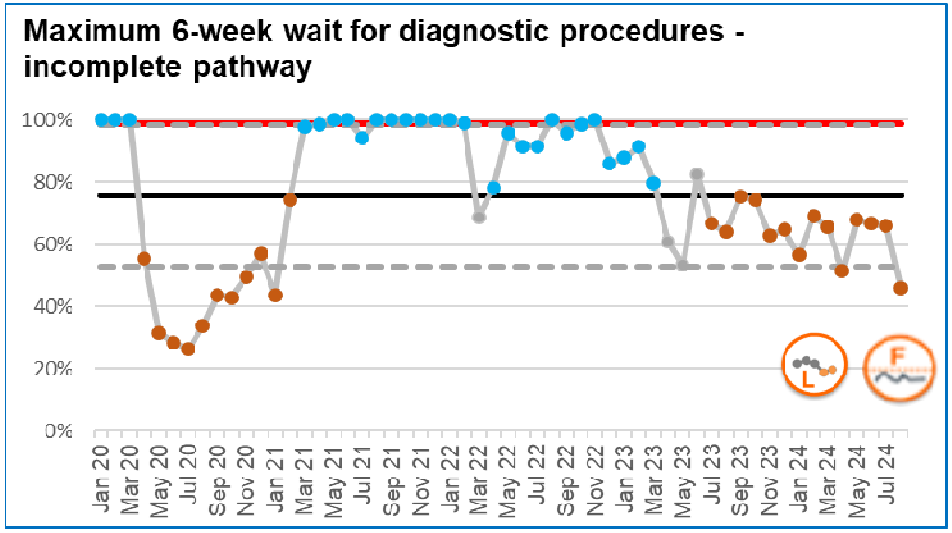
Analysis



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

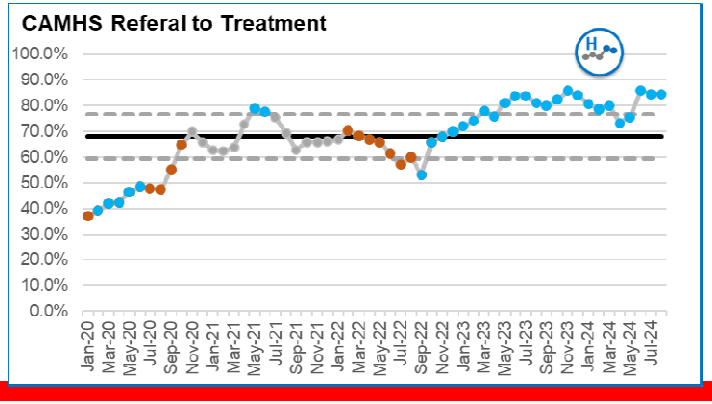
Headlines

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 particularly in Kirklees especially since the additional capacity stopped at the end of March 2024, this is further compounded by vacancies in the team, the service are seeking partners to support delivery of the contracted assessments.

Children and Families

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance
% Appraisal rate	>=95%	85.0%	83.6%	82.7%	
% Complaints with staff attitude as an issue	< 20%	0% (0/4)	0% (0/2)	0% (0/2)	
% of staff receiving supervision within policy guidance	80%	78.5%	82.7%	84.9%	
CAMHS - Crisis Response 4 hours	N/A	91.9%	97.9%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.0%	81.2%	80.3%	
Eating Disorder - Routine clock stops	95%	96.6%	100.0%	86.2%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	50.0%	100.0%	
Maximum 6 week wait for diagnostic procedures	99%	66.7%	66.3%	46.0%	
Information Governance training compliance	>=95%	98.3%	97.9%	97.3%	
Reducing restrictive physical interventions training compliance	>=80%	67.4%	69.0%	73.9%	
Sickness rate (Monthly)	5.0%	3.8%	3.8%	4.0%	

**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 August 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 has been a further dip in performance for appraisals, this continues to be a cause for concern given that performance had declined over recent months despite action plans being in place. Teams are working hard to address the performance issues however manager vacancies, annual leave and changes are impacting on appraisals and supervision and access to training courses which align to staff availability are impacting on improvement. Supervision data for September looks improved and is expected to continue improving.
- There has been a further decline in the Paediatric Audiology performance, the service has been impacted by staff sickness-absence since late July with 1 of the 2 trained audiologists on long-term sickness leave. This has resulted in a lack of progress being made towards the 6-week referral to treatment target. The number of people on the waiting list has remained relatively stable, but our longer waits have increased slightly. We continue to explore options and introduce changes to increase hearing testing capacity and have now appointed a trained audiologist to the service on a temporary basis via our Trust Bank who has started clinical work in September 2024. It is anticipated that a further trained audiologist will also join the service via our Trust Bank within October 2024.
- Eating disorder performance (routine) for August has shown a decline, this is due to patient and family circumstances in Kirklees and Wakefield where they have requested later appointments due to family holidays or other commitments. All cases are risk assessed for the appropriateness of these delays and impact on patient safety and wellbeing.
- Waiting numbers for autistic spectrum condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. This is further impacted by staff vacancies. This has been recorded on the risk register. The service are seeking partners to support delivery of the contracted assessments.

Advise

- Data quality for the recording of sexual orientation and disability is lower than expected and lower than the Trust average. The care group will explore this further and develop an action plan to improve this.
- Paediatric Audiology, have now received our draft formal feedback from the ICB following their site visit to us in May 2024. The report is consistent with the feedback received verbally on the day of the visit, with a recommendation made to increase the level of audiology staffing capacity to an "acceptable level". Demand and Capacity modelling of the service is being revisited with new data now being added. This will take account of changes that have occurred within the speciality and service, including referrals that are made to 'rule out hearing problems' from neurodiversity pathways and the children's speech and language therapy service. It will also take account of changes in clinical practice, including a shift away from surgical interventions and towards the provision of hearing aids. We are now in the process of developing a business case to request additional funding to support the staffing capacity that is required.
- 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

- There have been positive improvements in the number of staff accessing reducing restrictive physical interventions training. This is expected to continue.
- The number of staff receiving supervision continues to rise and is now achieving performance expectations.
- The overall sickness rates for the care group remain within the expected targets, however we do know Barnsley CAMHS is an outlier due to Covid and other seasonal illnesses impacting on their performance.
- There have been no complaints with staff attitude this month, there is ongoing work to look at how complaints feedback is captured, used for learning.
- Mandatory training performance for the care group has been sustained with all courses now meeting the desired compliance rates except for reducing restrictive physical intervention training.
- The services continue to work well with partners and within each place. Services are showing innovation, creativity and positive approaches to managing waits, and providing a positive experience to children, young people and their families despite vacancies and service pressures.

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 and is now above threshold, significant hotspots remain 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.
Inpatient services 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 August 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	Jun-24	Jul-24	Aug-24	Variation/ Assurance
% Appraisal rate	>=95%	84.1%	85.1%	85.1%	
% Assessed within 14 days of referral (Routine)	75%	92.3%	90.9%	92.2%	
% Assessed within 4 hours (Crisis)	90%	95.5%	97.3%	100.0%	
% Complaints with staff attitude as an issue	< 20%	0% 0/5	0% 0/3	30% 3/10	
% of staff receiving supervision within policy guidance	80%	81.3%	82.1%	79.2%	
% service users followed up within 72 hours of discharge from inpatient care	80%	89.0%	91.2%	91.0%	
% Service Users on CPA with a formal review within the previous 12 months	95%	95.9%	96.4%	96.4%	
% Treated within 6 weeks of assessment (routine)	70%	92.2%	97.7%	95.9%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.3%	75.5%	77.2%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	76.5%	85.0%	*77.8%*	
Information Governance training compliance	>=95%	96.5%	96.3%	95.4%	
Reducing restrictive physical interventions training compliance	>=80%	67.7%	71.8%	73.8%	
Sickness rate (Monthly)	5.0%	5.1%	5.7%	4.4%	

Mental Health Inpatient

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance
% Appraisal rate	>=95%	87.2%	93.9%	94.7%	
% bed occupancy	85%	90.0%	90.1%	91.6%	
% Complaints with staff attitude as an issue	< 20%	25% 1/4	0% 0/4	50% 4/8	
% of staff receiving supervision within policy guidance	80%	93.2%	93.8%	90.2%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.8%	83.8%	85.5%	
% of clients clinically ready for discharge	3.5%	2.7%	4.3%	5.8%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	94.1%	93.1%	*91.9%*	
Inappropriate Out of Area Bed days	155 (Aug)	114	111	124	
Information Governance training compliance	>=95%	97.5%	96.8%	96.3%	
Physical Violence (Patient on Patient)	Trend Monitor	25	16	29	
Physical Violence (Patient on Staff)	Trend Monitor	56	59	70	
Reducing restrictive physical interventions training compliance	>=80%	74.1%	77.8%	79.5%	
Restraint incidents	Trend Monitor	100	120	*167*	
Safer staffing (Overall)	90%	143.7%	144.9%	142.9%	
Safer staffing (Registered)	80%	104.2%	104.8%	104.0%	
Sickness rate (Monthly)	5.0%	4.9%	5.8%	6.9%	

Alert/Action

- Acute wards have continued to manage high levels of acuity and particularly so in the psychiatric intensive care units.
- 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 has been an increase in people who are clinically ready for discharge but are delayed, particularly on our Older People's wards. This is an area of focus as part of the priority programme work.
- Workforce challenges have led to continued use of temporary staffing, primarily bank. Throughout August acute wards have worked above establishment. This is being closely monitored by senior managers.
- 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.
- 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. 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 88.4%.
- 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 physical interventions specialist advisors and includes an in-depth review of all prone restraint incidents for learning.

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 August is 52.85% for Kirklees and 51.05% 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, we continue to meet the access standard for assessed within 14 days of referral in all localities.
• Care Programme Approach (CPA) review performance is above target in Barnsley, Calderdale, Kirklees and Wakefield. 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 Intervention (RRPI) 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 August with further improvement expected.
• 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 97.89% of admissions shown as gatekept for August to our adult acute beds.
• The care group is performing well in 72 hour follow up for people discharged into the community at 91.3% for August.
• 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 12 breaches out of 65 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	Jun-24	Jul-24	Aug-24	Variation/ Assurance
% Appraisal rate	>=95%	87.5%	84.5%	78.8%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/4)	0% (0/4)	
% of staff receiving supervision within policy guidance	80%	87.2%	81.1%	78.0%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	50.0%	56.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.0%	82.5%	81.9%	
% of clients clinically ready for discharge	3.5%	97.5%	100.0%	88.6%	
Information Governance (IG) training compliance	>=95%	92.3%	93.0%	94.8%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Improvement trajectory: July/Aug/Sep 86% Oct/Nov 88% Dec onwards 90%	86.0%	79.0%	81.5%	

LD, ADHD & ASD

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	12	19	24	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	76.1%	75.9%	75.0%	
Safer staffing (Overall)	90%	154.7%	152.6%	166.8%	
Safer staffing (Registered)	80%	126.7%	118.5%	132.5%	
Sickness rate (Monthly)	5.0%	2.4%	3.8%	4.4%	
Restraint incidents	Trend Monitor	26	24	*26*	

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

Alert/Action

- Friend & Family Test – 100%↑
- West Yorkshire integrated care board neuro diversity project – Work ongoing across West Yorkshire with no significant developments to report.
- Appraisal 97% - high levels of appraisal and supervision.
- ADHD – national shortage of medication is having a direct impact on the service as primary care often refer people back into the service for an alternative prescription. Additionally people need support as the shortage leads to distress.

Advise

ADHD PATHWAY
- Referral rate remains high with waiting lists continuing to grow. Service typically receives 275 referrals per month, and can accommodate approximately 47 assessments per month.
- Bespoke developments have been locally agreed in Wakefield and Kirklees to address the growing waiting list.

Autism
- Referral rates remain high although there are minimum waits across Barnsley, Kirklees and Wakefield (26 adults currently waiting from these areas, and 96% of those have been waiting less than 12 weeks).
- The Calderdale pathway is different due to the launch of the Any Qualified Provider Model for Neurodiversity in May 2023. This service currently has 164 people waiting for assessment.
- Barnsley commissioners have invested this Service to provide a 17+ Pathway for 20 young people. Community Paediatrics in Barnsley – 13 referrals have already been seen sooner than if they had remained with children's services.
- Collaborative efforts are underway to expand this 17+ pathway across the Trust in alignment with SWYPFT CAMHS Teams, a proposal has been shared and we await a response.
- The legacy waiting list inherited from Bradford District Care Trust continues to reduce as planned.

Assure

- All key performance indicator targets met.
- Relationship with Bradford working very well.
- Excellent levels of supervision and appraisal.
- Low level of vacancies.

Learning disability services:

Alert/Action

Learning Disability
• Appraisal performance remains a focus plans are in place to ensure compliance across the Care Group. Current compliance is 74.8%. Appraisal and supervision figures reduced during August, plans are in place to address the shortfall.

Community
• Waiting Lists – Work on the waiting lists continues to progress with 14 days screening achieving 100% across all localities. There has been a reduction in long waits for Autism assessments following the training of additional staff. Longer waits are being experienced in speech and language therapy communication assessments and psychology.

Assessment & Treatment Unit (ATU)
• The service has 5 service users on the ward, 4 of those are clinically ready for discharge. This has been escalated. The reasons for the delays centres around the lack of highly specialist bespoke placements in the community.

Advise

Learning Disability
• 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
• Kirklees community service has been successful in a bid that will support the develop-ment of resources to increase awareness of the affects of cancer in people with a learning disability.
• ADHD business case has been updated and resubmitted to commissioners.
• Commissioners continue to advise the service of the lack of crisis accommodation for short term intervention across the SWYPFT footprint.
• % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks - Increased annual leave during this period has seen some additional breaches. We are prioritising planning and allocating people before 18 weeks. This has worked well in Wakefield and other localities will be adopting this process.

Assessment & Treatment Unit (ATU)
• The lack of suitable community providers continues to impact on flow through the ATU.

Assure

• Friends and Family Test 86%
• Data Quality remains good.

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. Recruitment is underway but the service will need to continue to supplement trained staff shifts with untrained staff until the new posts are filled.

Barnsley Physical Health and Wellbeing

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance
% Appraisal rate	>=95%	90.7%	86.0%	89.0%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/0)	50% (1/2)	
% people dying in a place of their choosing	80%	90.6%	87.9%	87.5%	
% of staff receiving supervision within policy guidance	80%	82.7%	86.0%	82.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.7%	81.9%	83.7%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%	

Barnsley Physical Health and Wellbeing

Metrics	Threshold	Jun-24	Jul-24	Aug-24	Variation/ Assurance
Information Governance (IG) training compliance	>=95%	97.2%	96.1%	95.0%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.9%	99.7%	99.5%	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	75.4%	100.0%	100.0%	
Safer staffing (Overall)	90%	115.1%	114.4%	106.4%	
Safer staffing (Registered)	80%	118.3%	122.2%	113.5%	
Sickness rate (Monthly)	5.0%	4.9%	4.7%	5.0%	

**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 to achieve compliancy. Significant work has taken place with Finance and Contracting colleagues and a paper re safe staffing requirements was agreed at Extended Management Team (EMT) meeting. Recruitment now in process. We will need to continue to supplement trained staff shifts with untrained staff until the new posts are filled.
- Musculoskeletal and neuro rehabilitation physiotherapy services located at 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. Working with estates to explore longer term options.

Advise

- Appraisals - many of our 42 service lines are at 100%. As a care group we have seen a slight increase as at end of August to 89%, current figure as of 24th Sept is 91.9%
- Difficulties recruiting to vacant posts in Supportive Care at Home (SC@H); internal service review to take place if no applicants by end of September 2024.
- There are two formal complaints for August, one relates to staff attitude. This complaint is currently awaiting consent from the complainant and once this has been received it will be reviewed with the service and a response provided.
- Virtual Ward - During late July / early August onboarding to the ARI pathway was paused due respiratory consultant cover to the pathway. Mid to late august onboarding for respiratory re-commenced, however respiratory continues to be an area of focus in terms of an action plan with the acute trust to increase onboarding.
- Frailty occupancy remained high throughout most of August (commencing above occupancy and then between 80-100%), however towards the end of August and into early September onboarding did fall below the 80% occupancy rate. This reduction in referral activity was something mirrored across other trusts and in other pathways such as intermediate care and acute admissions for frailty patients. The September position from week 2 is significantly improved with activity about the 80% occupancy rate; however noting there will be some staffing pressures across partners which we are monitoring in terms of impact on capacity / occupancy.

Assure

- Staff receiving supervision - continues to receive focus with a drive to improve recording. A slight decrease has been seen from July to August at 84.6% compliancy, this is linked to increased annual leave
- Urgent Community Response Service 2-hour target is 91.8% as at end of August 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) – 99.53% as at August 2024.
- Friends and Family Test (FFT) 97% of people would recommend community services.
- Zero Area for Improvement to report for Aug 2024, for pressure sores.
- Cardiopulmonary resuscitation training – maintains compliance at 83.7% for August.

To note: Resus Lead has advised that the process for cardiopulmonary resuscitation training recording is that they send the signature sheets to the learning and development (L&D) team. 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.

- Our clinical lead for Neighbourhood Nursing Services has been awarded QNI (Queen's Nurse Institute) status.
- A number of our services have had Quality & Safety Walkaround visits with very positive feedback – Biomechanics in Podiatry, Tissue Viability, Stroke Rehabilitation Unit (SRU) and Neurological Rehabilitation Unit (NRU).
- Additional funding to increase capacity in our Intermediate Care Service has been confirmed and recruitment is now in process and roles advertised. This is a significant investment, particularly in the current financial climate, and equates to over 39 whole time equivalent new posts.

Forensic Care Group

Headlines

The monthly sickness rate has deteriorated in August - hotspot areas can be seen in the ward level breakdown of the report. 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	Jun-24	Jul-24	Aug-24	Variation/ Assurance
% Appraisal rate	>=95%	77.2%	74.6%	77.6%	
% Bed occupancy	90%	88.5%	88.1%	88.6%	
% Complaints with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	95.5%	89.6%	86.5%	
% Service Users on CPA with a formal review within the previous 12 months	95%	97.9%	98.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.0%	85.7%	88.9%	
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.7%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	N/A	
Information Governance (IG) training compliance	>=95%	95.0%	94.5%	96.0%	
Physical Violence (Patient on Patient)	Trend Monitor	6	3	7	
Physical Violence (Patient on Staff)	Trend Monitor	11	12	9	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	74.3%	78.3%	76.9%	
Restraint incidents	Trend Monitor	25	35	*32*	
Safer staffing (Overall)	90%	108.7%	106.0%	106.0%	
Safer staffing (Registered)	80%	102.7%	100.2%	98.6%	
Sickness rate (Monthly)	5.4%	5.1%	4.9%	5.7%	

Alert/Action

- Bed Occupancy – Newton Lodge 87.81%↑, Bretton 93.55%↓, Newhaven 81.25%. Underoccupancy in medium secure largely due to empty beds within learning disability services and women's services where there are no waiting lists.
- Sickness absence – remains a focus of attention across the service with year to date data indicating Newton Lodge 4.9%↑, Bretton Centre 7.3% and Newhaven 2.8%↑.
- Seclusion – work to the new seclusion room is complete and service users have returned back to Appleton Ward from Gaskell.

Advise

- The West Yorkshire Provider Collaborative continue to develop future intentions for the Women's pathways and Community Services. The service has met with the Commissioning Hub following two earlier bed modelling workshops to discuss the development of proposals for bed modelling across West Yorkshire in the future.
- Mandatory training overall compliance: (Newton Lodge – 92%, Bretton – 91%, Newhaven –93%)
  - Whilst performance is still mainly good, all areas show a slight decrease, this relates to annual leave over summer and high levels of acuity during August. Hotspots in RRPI across the service remain (Newton Lodge 73.9%, Bretton 74%, Newhaven 72.5%)
  - The service is taken action to further understand the reduction in performance in order to take appropriate remedial actions.
  - The Bretton Centre is focussing on improving information governance training compliance.
- Appraisal – the service is being supported with a dedicated piece of work to improve appraisal performance, supported by the People Business Partner to ensure that local data is transferred onto Workpal to reflect actual appraisal numbers. The service carried out an 'appraisal power hour' where everyone involved focussed on data and appraisal performance. Results will be seen in September data onwards.
- Turnover – significantly reduced over the last 12 month period, which promotes a more stable workforce and better consistency of care. Newton Lodge 8.8%, Bretton Centre 12.1%, Newhaven 6.1%.
- Patients waiting for high secure care are currently receiving care in seclusion. The current trajectory for high secure beds indicates that this situation is likely to last several months. This causes pressure within the secure estate across West Yorkshire and conversely means that the patients are experiencing a higher level of restriction by being nursed in long term seclusion for their safety and the safety of others in medium secure.

Assure

- High levels of data quality across the care group.
- 100% compliance for HCR20 (historical clinical risk management) being completed within 3 months of admission.
- 25 Hours of meaningful activity is 100%.
- 12 month care programme approach reviews 100%↑
- Friends and family test is 83%
- Clinical supervision exceeds the 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 maintained with eleven wards achieving the 95% target and another three wards being above 90% compliance with outstanding appraisals scheduled.
• Elmdale remain under target at 85.7% which is impacted by high levels of sickness absence. All outstanding appraisals are scheduled for completion by end of September.
• Clark appraisal compliance dropped in August to 86.4% but focused work has been undertaken to address this and compliance in September has improved to 95.2%.
• Willow's significant drop in compliance from 100% to 70% is a consequence of a high level of sickness absence, including management team absence. Plans are in place to address but recording is impacted by appraiser/appraisee alignment issues on WorkPal.
• Currently unable to manually exclude for long term sickness leading to a delay in exclusion and therefore inaccurate reporting. Work is in progress to address systems issues.

Sickness

• Reduction on Walton and Lyndhurst but still above threshold mainly due to short term sickness.
• Beamshaw, Clark, Melton, Elmdale, and Ward 19 (male) have sickness rates at 7% and above due to a mixture of both long term and short-term sickness.
• A number of wards remain significantly above threshold:
    • Ward 18 at 13.6% is due to long term sickness, a proportion of which relates to a recent serious incident. 3 staff have returned to work in September.
    • Willow at 16.3% have 4 staff with long term sickness but no trends. 1 staff member returned from long term sickness in August, but short-term sickness has also impacted.
    • Poplars at 19.7% continue to have 5 staff with long term sickness, 2 of which have returned to work in September. Short term sickness has also impacted but again, no trends.
• Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision

• 16 wards above 80% compliance target with 11 of these at 100%.
• Elmdale is below compliance (61.5%) impacted by increased sickness absence in August. Targeted work has been undertaken to improve performance with all staff requiring supervision booked to have it throughout September.

Mandatory Training

Information Governance (IG)

• Melton, Willow, Enfield Down and Ward 19 (male) remain under compliance and a targeted approach continues to be taken with oversight from the service managers.
• Crofton compliance had dropped below 95% in August. Focussed intervention by the ward manager has led to September compliance of 96.7%.

Cardio Pulmonary Resuscitation (CPR)

• 14 wards remain above the CPR training compliance threshold.
• Crofton 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 maintain an active overview of compliance and monitor through the weekly quality and performance oversight meeting.

Reducing Restrictive Physical Intervention (RRPI)

• Nostell has dropped below target for Reducing Restrictive Practice Interventions (RRPI) training in August.
• Walton, Ashdale, Crofton, Poplars, Willow, Ward 19 (male and female), Enfield Down and Lyndhurst remain below RRPI training target.
• Staff with outstanding training are either booked on or on the waiting list which should positively impact compliance by December. The service has collaborated with RRPI leads to request training priority for Walton as a PICU.
• 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.

Fire Safety

• Ward 19 (female) and Enfield Down are under the 85% compliance threshold. Staff are being booked onto face-to-face fire safety training sessions and the Senior Leadership Team will take an active overview of compliance and monitor through the weekly quality and performance oversight meeting.

Inpatients - Mental Health - Working Age Adults

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

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)
• Poplars CRFD has significantly increased to 35.2%. This is reflective of a number of service users awaiting placements with 2 potential discharges planned for late September.
• Willow (24.2%) and Beechdale (16.3%) CRFD has also increased, again linked to service users awaiting placements.
• Beamshaw, Nostell, Elmdale, Enfield Down and Lyndhurst have a small number of service users with complex needs who are awaiting placement.
• Across all wards the multi-disciplinary team continue to collaborate to progress pathways as timely as possible.

FIRM Risk assessments
• Percentage compliance is significantly impacted by the small number of admissions. Ashdale had 2 beaches in August. Clark, Stanley, Ward 18, Crofton and Poplars each had 1 breach in August. A deep dive is conducted for each breach to identify learning and inform improvement.
• At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed.

Physical violence – (Patient on Patient)
• 32 incidents of patient-on-patient physical violence throughout August.
• Service users are supported on an individual basis by staff teams and risks are managed through individual care planning. Appropriate safeguarding actions taken by ward teams, including liaison with trust safeguarding specialist advisors.

Physical violence – (Patient on Staff)
• Increased incidents on Ward 19 (17) and Poplars (12) are linked to a small number of service users with dementia presentations and aggressive behaviours during personal cares.
• Staff involved are supported by ward leadership teams including both managerial and clinical supervision.

Prone restraint incidents
• Higher incidence on Stanley, Ward 18 and Elmdale is reflective of current patient population and the presentation and risk profile of service users.
• Very high incidence on Ward 19 (47 restraint incidents) is again linked to a small number of service users with dementia presentations requiring the use of restraint during personal cares due to increased aggressive behaviours. Specific care plans are in place to support risk management.

Physical violence incidents
• 14 incidents of prone restraint in August, five of which were on Walton. All occurred on the working age adult (WAA) inpatient wards and were under 3 minutes duration. This represents 14% of all WAA restraint incidents during August.
• Reflective of individual service user presentation and high risks of violence and aggression.
• The main reason for prone restraint use was seclusion exit and the secondary reason was 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

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	65.4%	91.7%	95.8%
Sickness	5.0%	7.7%	11.1%	10.4%
Supervision	80%	75.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.7%	96.6%	96.4%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	86.2%	82.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	70.0%	82.8%	92.9%
Fire Safety training compliance	>=85%	93.3%	96.6%	96.4%
Bed occupancy	85%	109.0%	118.0%	121.7%
Safer staffing (Overall)	90%	127.6%	155.6%	143.1%
Safer staffing (Registered)	80%	124.4%	121.3%	121.7%
% of clients clinically ready for discharge	3.5%	1.0%	12.4%	14.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	1	1	1
Restraint incidents	Trend Monitor	2	2	*4*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	2	20	17

Clark Suite Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	90.0%	90.5%	86.4%
Sickness	5.0%	4.9%	6.0%	7.7%
Supervision	80%	100.0%	100.0%	91.7%
Information Governance training compliance	>=95%	95.7%	91.7%	95.8%
Reducing restrictive physical interventions training compliance	>=80%	87.0%	83.3%	95.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	95.7%	95.8%	91.7%
Fire Safety training compliance	>=85%	100.0%	91.7%	91.7%
Bed occupancy	85%	88.8%	83.9%	84.3%
Safer staffing (Overall)	90%	128.6%	123.4%	142.8%
Safer staffing (Registered)	80%	97.8%	95.8%	93.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	86.7%	*85.7%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	1	1
Restraint incidents	Trend Monitor	5	5	*3*
Prone Restraint incidents	Trend Monitor	0	1	*0*
Unfilled Shifts	Trend Monitor	9	33	32

Melton Suite Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	83.3%	92.0%	95.8%
Sickness	5.0%	9.1%	5.8%	7.0%
Supervision	80%	84.6%	100.0%	100.0%
Information Governance training compliance	>=95%	96.0%	92.3%	92.0%
Reducing restrictive physical interventions training compliance	>=80%	88.0%	88.5%	92.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.0%	80.8%	80.0%
Fire Safety training compliance	>=85%	100.0%	96.2%	96.0%
Bed occupancy	85%	102.8%	103.8%	109.1%
Safer staffing (Overall)	90%	198.2%	174.1%	131.5%
Safer staffing (Registered)	80%	95.3%	96.4%	97.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	75.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	2	2
Physical Violence (Patient on Staff)	Trend Monitor	6	0	5
Restraint incidents	Trend Monitor	6	3	*9*
Prone Restraint incidents	Trend Monitor	0	0	*2*
Unfilled Shifts	Trend Monitor	5	6	16

Nostell Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	92.6%	96.2%	96.2%
Sickness	5.0%	4.1%	3.3%	4.4%
Supervision	80%	100.0%	93.8%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	96.7%
Reducing restrictive physical interventions training compliance	>=80%	76.7%	82.8%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	96.7%	100.0%	100.0%
Fire Safety training compliance	>=85%	100.0%	96.7%	100.0%
Bed occupancy	85%	95.5%	89.3%	86.2%
Safer staffing (Overall)	90%	174.2%	175.6%	180.5%
Safer staffing (Registered)	80%	97.2%	104.7%	98.7%
% of clients clinically ready for discharge	3.5%	0.0%	3.2%	5.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	2	0
Physical Violence (Patient on Staff)	Trend Monitor	3	3	2
Restraint incidents	Trend Monitor	10	13	*15*
Prone Restraint incidents	Trend Monitor	1	0	*1*
Unfilled Shifts	Trend Monitor	9	38	17

Inpatients - Mental Health - Working Age Adults

Stanley Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	91.3%	100.0%	95.7%
Sickness	5.0%	2.5%	1.5%	2.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.2%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	96.2%	92.6%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.1%	85.2%	88.5%
Fire Safety training compliance	>=85%	92.3%	92.6%	88.5%
Bed occupancy	85%	101.2%	105.6%	111.4%
Safer staffing (Overall)	90%	135.6%	170.2%	152.2%
Safer staffing (Registered)	80%	111.5%	109.0%	105.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.1%	3.4%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	92.9%	100.0%	*94.4%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	5
Physical Violence (Patient on Staff)	Trend Monitor	0	1	4
Restraint incidents	Trend Monitor	2	4	*15*
Prone Restraint incidents	Trend Monitor	1	1	*3*
Unfilled Shifts	Trend Monitor	16	26	19

Walton Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	90.6%	90.6%	90.6%
Sickness	5.0%	6.5%	5.1%	2.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	97.4%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	70.3%	73.0%	75.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.1%	86.5%	86.5%
Fire Safety training compliance	>=85%	86.8%	89.5%	89.5%
Bed occupancy	85%	102.1%	99.3%	103.7%
Safer staffing (Overall)	90%	145.9%	142.7%	145.8%
Safer staffing (Registered)	80%	101.1%	102.0%	95.0%
% of clients clinically ready for discharge	3.5%	1.1%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	10	3	5
Restraint incidents	Trend Monitor	15	7	*12*
Prone Restraint incidents	Trend Monitor	2	4	*5*
Unfilled Shifts	Trend Monitor	15	20	16

Ashdale Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	100.0%	96.8%	100.0%
Sickness	5.0%	4.8%	1.4%	1.4%
Supervision	80%	100.0%	93.8%	81.3%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	71.0%	72.7%	76.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	64.5%	87.9%	82.4%
Fire Safety training compliance	>=85%	96.8%	93.9%	91.2%
Bed occupancy	85%	98.3%	99.2%	99.9%
Safer staffing (Overall)	90%	116.4%	114.4%	113.4%
Safer staffing (Registered)	80%	102.6%	106.3%	98.4%
% of clients clinically ready for discharge	3.5%	2.5%	4.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	93.8%	88.9%	*86.7%*
Physical Violence (Patient on Patient)	Trend Monitor	11	0	4
Physical Violence (Patient on Staff)	Trend Monitor	3	7	8
Restraint incidents	Trend Monitor	7	8	*5*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	1	12	12

Ward 18 Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	75.0%	92.3%	96.0%
Sickness	5.0%	5.2%	13.5%	13.6%
Supervision	80%	100.0%	88.9%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	78.1%	86.7%	86.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.1%	83.3%	80.0%
Fire Safety training compliance	>=85%	90.6%	93.3%	90.0%
Bed occupancy	85%	99.9%	95.1%	100.0%
Safer staffing (Overall)	90%	110.6%	116.5%	127.1%
Safer staffing (Registered)	80%	84.0%	92.3%	83.5%
% of clients clinically ready for discharge	3.5%	0.0%	1.2%	0.7%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	95.0%	*86.7%*
Physical Violence (Patient on Patient)	Trend Monitor	1	3	5
Physical Violence (Patient on Staff)	Trend Monitor	3	8	2
Restraint incidents	Trend Monitor	14	17	*11*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	8	24	11

Inpatients - Mental Health - Working Age Adults

Elmdale Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	76.2%	86.4%	85.7%
Sickness	5.0%	7.7%	8.1%	10.7%
Supervision	80%	100.0%	91.7%	61.5%
Information Governance training compliance	>=95%	100.0%	100.0%	96.7%
Reducing restrictive physical interventions training compliance	>=80%	74.1%	75.9%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.9%	96.4%	100.0%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	99.3%	98.3%	93.0%
Safer staffing (Overall)	90%	124.7%	130.6%	125.9%
Safer staffing (Registered)	80%	89.9%	85.3%	93.0%
% of clients clinically ready for discharge	3.5%	5.8%	8.3%	8.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	93.8%	90.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	2	5	3
Physical Violence (Patient on Staff)	Trend Monitor	5	3	7
Restraint incidents	Trend Monitor	5	15	*23*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	2	9	8

Inpatients - Mental Health - Older People Services

Crofton Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	91.3%	95.5%	95.5%
Sickness	5.0%	7.8%	11.0%	6.4%
Supervision	80%	100.0%	100.0%	92.9%
Information Governance training compliance	>=95%	100.0%	100.0%	93.8%
Reducing restrictive physical interventions training compliance	>=80%	70.4%	73.1%	73.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.2%	84.6%	76.7%
Fire Safety training compliance	>=85%	96.4%	96.4%	87.5%
Bed occupancy	85%	87.1%	97.4%	94.0%
Safer staffing (Overall)	90%	184.1%	167.3%	160.3%
Safer staffing (Registered)	80%	150.8%	153.2%	156.4%
% 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%	77.8%	83.3%	*83.3%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Trend Monitor	2	0	1
Restraint incidents	Trend Monitor	3	3	*2*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	44	17	33

Poplars CUE Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	100.0%	100.0%	100.0%
Sickness	5.0%	9.2%	16.8%	19.7%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.7%	96.3%	96.7%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	76.0%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	68.0%	75.0%
Fire Safety training compliance	>=85%	86.7%	96.3%	96.7%
Bed occupancy	85%	71.1%	69.0%	71.2%
Safer staffing (Overall)	90%	221.9%	240.3%	246.5%
Safer staffing (Registered)	80%	119.3%	117.7%	127.9%
% of clients clinically ready for discharge	3.5%	9.3%	9.0%	35.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	50.0%	*0.0%*
Physical Violence (Patient on Patient)	Trend Monitor	8	3	0
Physical Violence (Patient on Staff)	Trend Monitor	10	9	12
Restraint incidents	Trend Monitor	16	11	*16*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	62	36	48

Inpatients - Mental Health - Older People Services

Willow Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	100.0%	100.0%	70.6%
Sickness	5.0%	13.3%	15.7%	16.3%
Supervision	80%	100.0%	90.0%	90.0%
Information Governance training compliance	>=95%	95.5%	91.7%	88.0%
Reducing restrictive physical interventions training compliance	>=80%	72.7%	75.0%	72.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.9%	91.7%	92.0%
Fire Safety training compliance	>=85%	90.9%	91.7%	96.0%
Bed occupancy	85%	103.0%	89.7%	97.4%
Safer staffing (Overall)	90%	284.0%	216.0%	220.7%
Safer staffing (Registered)	80%	115.1%	136.3%	122.0%
% of clients clinically ready for discharge	3.5%	0.0%	5.7%	24.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	4	0
Restraint incidents	Trend Monitor	4	9	*2*
Prone Restraint incidents	Trend Monitor	0	1	*0*
Unfilled Shifts	Trend Monitor	42	13	30

Beechdale Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	96.2%	96.0%	100.0%
Sickness	5.0%	1.4%	3.9%	4.9%
Supervision	80%	91.7%	100.0%	100.0%
Information Governance training compliance	>=95%	96.4%	96.4%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	78.6%	80.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.6%	77.8%	80.0%
Fire Safety training compliance	>=85%	96.4%	96.4%	96.2%
Bed occupancy	85%	86.3%	93.8%	96.6%
Safer staffing (Overall)	90%	139.4%	157.4%	160.2%
Safer staffing (Registered)	80%	100.3%	96.7%	118.3%
% of clients clinically ready for discharge	3.5%	6.4%	1.7%	16.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	0	2
Physical Violence (Patient on Staff)	Trend Monitor	1	3	2
Restraint incidents	Trend Monitor	3	6	*2*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	8	23	6

Ward 19 - Male Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	93.8%	94.1%	100.0%
Sickness	5.0%	6.9%	9.4%	7.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	95.8%	92.6%	92.3%
Reducing restrictive physical interventions training compliance	>=80%	58.3%	70.4%	76.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	92.6%	92.3%
Fire Safety training compliance	>=85%	91.7%	92.6%	92.3%
Bed occupancy	85%	99.1%	94.8%	98.5%
Safer staffing (Overall)	90%	141.7%	132.9%	111.8%
Safer staffing (Registered)	80%	102.3%	98.8%	92.2%
% of clients clinically ready for discharge	3.5%	1.3%	5.9%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	50.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	1	4
Physical Violence (Patient on Staff)	Trend Monitor	5	13	17
Restraint incidents	Trend Monitor	8	17	*48*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	4	1	5

Ward 19 - Female Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	100.0%	94.4%	94.1%
Sickness	5.0%	1.6%	5.5%	4.6%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	95.7%	95.2%
Reducing restrictive physical interventions training compliance	>=80%	60.9%	65.2%	66.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.4%	86.4%	85.0%
Fire Safety training compliance	>=85%	82.6%	78.3%	76.2%
Bed occupancy	85%	87.8%	94.6%	96.1%
Safer staffing (Overall)	90%	91.6%	102.6%	123.8%
Safer staffing (Registered)	80%	118.4%	113.2%	108.5%
% of clients clinically ready for discharge	3.5%	5.6%	5.4%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	1	4
Physical Violence (Patient on Staff)	Trend Monitor	5	13	17
Restraint incidents	Trend Monitor	8	17	*48*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	10	3	4

Inpatients - Mental Health - Rehab

Enfield Down Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	86.7%	91.1%	93.6%
Sickness	5.0%	2.5%	2.8%	4.3%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	98.1%	90.2%	88.5%
Reducing restrictive physical interventions training compliance	>=80%	70.6%	72.0%	74.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	74.5%	67.4%	61.7%
Fire Safety training compliance	>=85%	88.5%	84.3%	78.8%
Bed occupancy	Trend Monitor	56.1%	55.5%	53.7%
Safer staffing (Overall)	90%	96.3%	97.4%	96.7%
Safer staffing (Registered)	80%	94.6%	92.3%	95.4%
% of clients clinically ready for discharge	3.5%	5.3%	5.3%	5.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	2	3	1
Restraint incidents	Trend Monitor	0	0	*1*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	8	0

Lyndhurst Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	95.7%	100.0%	100.0%
Sickness	5.0%	7.3%	9.4%	6.2%
Supervision	80%	93.8%	93.8%	93.8%
Information Governance training compliance	>=95%	96.4%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	57.1%	65.5%	73.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.1%	89.7%	83.3%
Fire Safety training compliance	>=85%	92.9%	93.1%	90.0%
Bed occupancy	Trend Monitor	67.4%	64.1%	66.6%
Safer staffing (Overall)	90%	93.8%	94.4%	95.2%
Safer staffing (Registered)	80%	91.4%	87.6%	90.8%
% of clients clinically ready for discharge	3.5%	0.0%	9.4%	9.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	5	0

Inpatients - Forensic - Medium Secure

Ward Level Headlines - Forensics
Performance for all wards is being addressed through regular meetings with ward managers and the general manager. Appraisals remain the key focus for the service with support from the the people business partner. There are interventions planned which will support the service acheive compliance.

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, Waterton and Bronte being hotspots with this largely being due to long term sickness. All other wards are below Trust thresholds 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 a drop in performance, the service is exploring reasons for this. An emerging theme appears to be an increase in staff unable to complete the course and requiring extra input. 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 has been one prone restraint in medium secure but it did not last more than 3 minutes.

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 is outstanding on Sandal but showing an improving trajectory with all other low secure wards acheiving. Reducing Restrictive Practice compliance is aceived on Thornhill, Sandal remains unchanged, Newhaven non compliant but improved and Ryburn has slightly reduced. Plans are in place to address the shortfalls.
• 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 compliant across Newhaven, Sandal and Ryburn but Thornhill has experienced a significant drop in compliance and the service is trying to understand the reasons for this prior to developing a plan to improve. Appraisals are compliant on Thornhill and Newhaven with Ryburn demonstrating improvement. Sandal has remained unchanged but due to the acuity and complexity on the ward supervision has been prioritised to support staff.
• There were 2 prone restraints on Thornhill & Newhaven. None of these prone restraints lasted longer than 3 minutes.

Appleton Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	81.0%	59.1%	69.6%
Sickness	5.4%	6.1%	3.1%	2.5%
Supervision	80%	100.0%	85.7%	92.9%
Information Governance training compliance	>=95%	100.0%	100.0%	95.8%
Reducing restrictive physical interventions training compliance	>=80%	81.8%	95.7%	91.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.6%	87.5%	83.3%
Fire Safety training compliance	>=85%	95.5%	95.7%	95.8%
Bed occupancy	90%	49.6%	50.8%	54.4%
Safer staffing (Overall)	90%	99.4%	93.4%	93.7%
Safer staffing (Registered)	80%	103.9%	96.9%	98.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	1	1	1
Physical Violence (Patient on Staff)	Trend Monitor	3	1	3
Restraint incidents	Trend Monitor	6	13	*20*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	0	0

Bronte Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	62.5%	58.8%	93.8%
Sickness	5.4%	10.6%	14.2%	15.1%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	90.9%	90.9%
Reducing restrictive physical interventions training compliance	>=80%	72.7%	72.7%	72.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	95.5%	100.0%	90.9%
Fire Safety training compliance	>=85%	100.0%	100.0%	90.9%
Bed occupancy	90%	100.0%	87.6%	98.6%
Safer staffing (Overall)	90%	104.1%	101.8%	100.6%
Safer staffing (Registered)	80%	108.6%	111.0%	98.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	2
Physical Violence (Patient on Staff)	Trend Monitor	1	1	2
Restraint incidents	Trend Monitor	3	0	*4*
Prone Restraint incidents	Trend Monitor	1	0	*1*
Unfilled Shifts	Trend Monitor	1	1	3

Chippendale Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	83.3%	77.3%	85.7%
Sickness	5.4%	1.7%	3.9%	5.8%
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%	76.7%	85.2%	74.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.7%	85.2%	88.9%
Fire Safety training compliance	>=85%	90.0%	88.9%	85.2%
Bed occupancy	90%	98.9%	100.0%	100.0%
Safer staffing (Overall)	90%	146.6%	144.4%	146.4%
Safer staffing (Registered)	80%	139.3%	136.6%	117.4%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	3	1
Restraint incidents	Trend Monitor	4	2	*1*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	3	7	4

Hepworth Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	92.0%	92.3%	92.3%
Sickness	5.4%	1.8%	3.3%	2.6%
Supervision	80%	93.3%	93.8%	87.5%
Information Governance training compliance	>=95%	100.0%	100.0%	96.8%
Reducing restrictive physical interventions training compliance	>=80%	82.1%	79.3%	74.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.9%	92.9%	90.0%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	90%	86.0%	90.8%	94.0%
Safer staffing (Overall)	90%	96.2%	95.6%	96.6%
Safer staffing (Registered)	80%	74.0%	75.6%	74.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	8.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	1	2	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	3	0

Inpatients - Forensic - Medium Secure

Johnson Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	87.5%	93.3%	96.6%
Sickness	5.4%	1.1%	3.3%	3.9%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	94.3%	90.9%	90.6%
Reducing restrictive physical interventions training compliance	>=80%	85.7%	87.9%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.6%	93.9%	93.8%
Fire Safety training compliance	>=85%	91.4%	90.9%	87.5%
Bed occupancy	90%	73.3%	73.3%	73.3%
Safer staffing (Overall)	90%	122.9%	121.7%	120.8%
Safer staffing (Registered)	80%	101.8%	99.2%	99.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	2	0
Restraint incidents	Trend Monitor	2	3	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	3	9	4

Priestley Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	70.0%	73.7%	70.0%
Sickness	5.4%	8.3%	10.2%	10.3%
Supervision	80%	90.9%	75.0%	66.7%
Information Governance training compliance	>=95%	87.0%	87.0%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	59.1%	59.1%	58.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.3%	77.3%	91.7%
Fire Safety training compliance	>=85%	91.3%	91.3%	88.0%
Bed occupancy	90%	92.2%	94.1%	94.1%
Safer staffing (Overall)	90%	94.0%	92.2%	89.3%
Safer staffing (Registered)	80%	96.6%	92.6%	88.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	1	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	2	0

Waterton Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	40.0%	40.9%	33.3%
Sickness	5.4%	7.6%	4.2%	10.1%
Supervision	80%	100.0%	10.0%	20.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	72.7%	76.0%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.8%	92.0%	95.7%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	90%	97.3%	93.1%	91.7%
Safer staffing (Overall)	90%	120.5%	120.2%	124.9%
Safer staffing (Registered)	80%	102.6%	103.3%	98.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	2
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	2	7	7

Inpatients - Forensic - Low Secure

Thornhill Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	90.9%	90.9%	100.0%
Sickness	5.4%	5.1%	4.5%	0.6%
Supervision	80%	100.0%	100.0%	69.2%
Information Governance training compliance	>=95%	84.6%	92.3%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	76.9%	80.8%	92.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	96.2%	96.2%	100.0%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	96.7%	92.7%	86.5%
Safer staffing (Overall)	90%	100.2%	97.1%	99.0%
Safer staffing (Registered)	80%	92.5%	98.3%	97.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	1
Restraint incidents	Trend Monitor	0	0	*1*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	7	7	2

Sandal Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	81.0%	72.7%	72.7%
Sickness	5.4%	6.3%	5.9%	6.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.6%	96.6%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	65.5%	75.9%	75.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.4%	75.9%	79.3%
Fire Safety training compliance	>=85%	96.6%	100.0%	100.0%
Bed occupancy	85%	89.4%	99.8%	97.4%
Safer staffing (Overall)	90%	105.8%	99.5%	102.0%
Safer staffing (Registered)	80%	114.8%	104.5%	99.9%
% 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	0	0	2
Physical Violence (Patient on Staff)	Trend Monitor	0	3	0
Restraint incidents	Trend Monitor	1	6	*2*
Prone Restraint incidents	Trend Monitor	0	2	*0*
Unfilled Shifts	Trend Monitor	2	3	0

Inpatients - Forensic - Low Secure

Ryburn Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	60.0%	72.7%	88.9%
Sickness	5.4%	15.3%	11.0%	11.3%
Supervision	80%	80.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.0%	91.7%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	80.0%	75.0%	63.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	60.0%	66.7%	90.9%
Fire Safety training compliance	>=85%	80.0%	75.0%	81.8%
Bed occupancy	85%	91.9%	90.3%	100.0%
Safer staffing (Overall)	90%	100.3%	99.3%	99.3%
Safer staffing (Registered)	80%	100.0%	97.2%	99.9%
% 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	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	1	0

Newhaven Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	96.0%	95.8%	95.7%
Sickness	5.4%	3.5%	2.6%	2.8%
Supervision	80%	100.0%	100.0%	95.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	65.5%	72.4%	76.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	89.7%	86.2%	93.3%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	81.3%	81.3%	81.3%
Safer staffing (Overall)	90%	124.9%	123.9%	117.7%
Safer staffing (Registered)	80%	108.3%	103.4%	105.7%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	3	2	0
Physical Violence (Patient on Staff)	Trend Monitor	6	4	2
Restraint incidents	Trend Monitor	8	8	*3*
Prone Restraint incidents	Trend Monitor	0	0	*1*
Unfilled Shifts	Trend Monitor	5	5	9

Inpatients - Non-Mental Health

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

• **Appraisal rate:**
Neurological Rehabilitation Unit (NRU) rate is showing an increase for August at 82.4%.
Stroke Rehabilitation Unit (SRU) rate has seen a slight decrease at 83.6% for August, however as of 24th Sept the position is 91.4%.

• **Sickness:**
NRU – sickness has improved slightly for August and is now at 5.5%. This is being managed via HR processes and sickness reviews.
SRU – sickness is at 8.2% The unit continues to have some LTS which management are aware is likely to continue for an extended period due to nature of illness.

• **Supervision:**
NRU figures continue to maintain compliancy at 85.7% for August with a further increase to 88.2% showing as of 24th September.
SRU figures for August have seen a significant increase to 89.7%, with a further increase to 93.8% showing as of 24th September.

• **Information Governance:**
SRU – shows an increase this month to 93.9%.

• **Cardiopulmonary resuscitation (CPR):**
SRU – a slight decrease to 72.6% in August.
NRU – a slight decrease to 79.5% in August.
Staff booked to attend CPR training over the coming weeks.
To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to the learning and development team. These are inputted by the learning and development team 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	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	75.8%	76.5%	82.4%
Sickness	5.0%	5.9%	5.9%	5.5%
Supervision	80%	52.9%	90.5%	85.7%
Information Governance training compliance	>=95%	100.0%	100.0%	97.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.9%	83.3%	79.5%
Fire Safety training compliance	>=85%	100.0%	94.6%	97.8%
Bed occupancy (Barnsley Commissioned beds only)	80%	52.8%	64.2%	57.0%
Safer staffing (Overall)	90%	126.9%	120.6%	115.7%
Safer staffing (Registered)	80%	117.5%	117.7%	116.2%
% 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	0	0	0
Unfilled Shifts	Trend Monitor	0	1	0

Stroke Rehabilitation Unit (SRU)

Metrics	Threshold	Jun-24	Jul-24	Aug-24
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	89.7%	86.0%	82.1%
Sickness	5.0%	7.3%	7.1%	8.2%
Supervision	80%	74.3%	69.7%	89.7%
Information Governance training compliance	>=95%	87.7%	86.6%	93.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.0%	73.0%	72.6%
Fire Safety training compliance	>=85%	86.2%	80.6%	86.4%
Bed occupancy	80%	99.2%	96.5%	95.7%
Safer staffing (Overall)	90%	106.2%	109.7%	99.2%
Safer staffing (Registered)	80%	119.0%	126.2%	111.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Unfilled Shifts	Trend Monitor	0	0	0

Inpatients - Mental Health - Learning Disability

Headlines

• Supervision remains above threshold at 80% in August.
• Cardiopulmonary resuscitation & reducing restrictve physical intervention training are both compliant.
• Focused attention on information governance training to achieve compliance has worked well with August at 97.4%, acheiving threshold.
• 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**	**Jun-24**	**Jul-24**	**Aug-24**
Appraisal rate	Jun 24 89% Jul 24 91% Aug 24 93%	94.4%	91.9%	91.4%
Sickness	5.0%	3.0%	5.1%	3.6%
Supervision	80%	100.0%	85.7%	80.0%
Information Governance training compliance	>=95%	84.6%	92.1%	97.4%
Reducing restrictive physical interventions training compliance	>=80%	81.1%	85.7%	86.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.1%	82.9%	83.3%
Fire Safety training compliance	>=85%	84.6%	84.2%	89.7%
Bed occupancy	N/A	50.0%	50.0%	56.5%
Safer staffing (Overall)	90%	154.7%	152.6%	166.8%
Safer staffing (Registered)	80%	126.7%	118.5%	132.5%
% of clients clinically ready for discharge	3.5%	97.5%	100.0%	88.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	*0.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	12	19	23
Restraint incidents	Trend Monitor	26	24	*26*
Prone Restraint incidents	Trend Monitor	*0*	0	*0*
Unfilled Shifts	Trend Monitor	0	11	0

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 with/in agreed timescales
A	Needs additional action to stay on track and/or on schedule
R	Not on track and/or at risk of not delivering within agreed timescales. Requires review
B	Completed

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving health	Address inequalities involvement and equality in each of our places with our partners	Work continues with partners in each of our four places to address inequalities. We have identified health inequalities as one of our leadership priorities to improve quality going forward. We have several people applying to undertake additional development and become health inequality ambassadors.	
Improving care	Transform our Older People inpatient services	Joint Health Overview and Scrutiny Committee held in August. Stakeholder Workshop to consider findings of consultation held in late August. This formally closed the consultation period. The programme has now moved into recommendation and the decision-making process, going into governance with recommendations from early October through to November.	
	Improve our mental health services so they are more responsive, inclusive, and timely	**Improving Access to Care Programme** Data gathering to support understanding – QI step 2 of improvement for both core psychology and for memory services waits and support for those whom waiting projects continues. Data collection plans are in place, engagement with service staff in each locality commenced and literature searches undertaken to support benchmarking and understanding of waiting lists for mental health services in other organisations. Commenced work on involving service users and carers in projects including work on process for connecting people and coworking with carers network. Updates and shared learning continue to be provided from Barnsley Alliance musculoskeletal waiting well waiting fairly project and from learning disability services reducing waits activity. **Care Closer to Home (CC2H) Programme** Work continuing to sustain the reduction in out of area admissions including engagement with integrated care boards regarding areas of pressure/safe spaces Met with Colleagues from Leeds & York Partnership trust as a peer quality check. Planning peer review event with Humber teaching trust Continuing to plan for service user and carer experience feedback Progressing work with intensive home based treatment teams to streamline pathways and processes within each locality Planning further staff engagement events Quality improvement stocktake, and summary of achievements, end of year report submitted to the improving mental health oversight group Agreed 2024/25 work programme priorities **Inpatient MH Improvement Programme** Ongoing development of Therapeutic Inpatient care improvement plan with leads/timescales, work aligned to Culture of Care improvement programme Discharge oversight plan refreshed with updated actions. Key workstreams for continued focus from Sept 24 have been agreed and leads being identified Culture of care programme - - all 3 pilot wards have identified lead and project team (plus one ward in Forensic services) - 2nd Quality Improvement coaching session held on 19.08.24 - Planning commencement of completion of NHSE benchmarking tool with pilot wards - Planning & implementation of reducing restrictive physical interventions and trauma informed quality improvement projects to commence in September 2024 Draft staff engagement strategy proposal developed, and implementation planned. Mental health inpatient preceptorship training receiving exceptionally well received feedback. Full evaluation in August 2024. Outcomes dashboard – usage of dashboard being monitored and further training to be rolled out. Quality and performance oversight meeting now embedded within inpatient services. Quality improvement stocktake, and summary of achievements, end of year report submitted to Improving mental health oversight group Priorities for working group reviewed and revised for Sept 24 onwards. Improvement measures are being developed in line with these updated priorities. **Community Transformation (Mental Health)** The progress and achievements of the Community Mental Health Transformation Priority Programme were presented to the executive management team in August and the recommendations agreed. The next steps of operationalising this work have commenced, the governance of which will be provided through the Adults and Older Peoples mental health care group, with continued alignment into the improving mental health oversight group for escalation of issues.	

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 SystmOne for testing. Final staff engagement is underway with drop-in sessions completed in August and September. Check and challenge sessions have been completed with care groups leads and service users to test the new care plan during September and feedback is being collated. A set of proposed new measures have been developed alongside care groups and PB&I colleagues. Presentations to Operational Management Group, Executive Management Team and Quality and Safety Committee have been completed during September 2024. A go live launch date has been set for 22nd October. **Personalised care (moving on from Care Programme Approach)** The progress and achievements of the Personalised care (moving on from Care Programme Approach) Priority Programme were presented to the executive management team in August and the recommendations agreed. The next steps of operationalising this work have commenced, the governance of which will be provided through the Adults and Older Peoples Mental Health Care Group, with continued alignment into the Improving Mental Health Oversight Group for escalation of issues.	
Improving use of resources	Spend money wisely and increase value	**Value for money** Built in savings (£22m) continue to be behind plan at the end of August. Current position was shared with the executive management team on 12th Sept and Operational Management Group (OMG) on 18th Sept. Whilst pay costs continue to be the biggest driver of this variance due to current worked whole time equivalent exceeding those planned, we continue to see a positive impact from stopping pay premiums with overtime payments down to £13k for August (£164k in June). Identification of new schemes remains key to improving the shortfall and help secure the overall financial position. An initial Key Lines of Enquiry (KLOE) list has been drafted and shared with OMG members. Each scheme will be reviewed at the weekly value for money meetings chaired by chief operating officer and attended by director of services and other execs. Director of finance also now joining this forum. For those schemes proposed to be taken forward, quality impact assessments will be undertaken to ensure approval to proceed, leads identified and resource allocated to progress. Smaller schemes additional to plan continue to be identified and progressed, with indicative provisional savings being identified. Annual planning rounds are due to commence in October and Value for Money initiatives will form part of discussions across all directorates and services. The draft report has been received from 360 audit; this is being reviewed for accuracy and comment	
	Make digital improvements	**Digital Dictation** Deployment to service one (Barnsley Memory Service) completed during July and deployment to service two (Adult ADHD and Autism) during August has also been completed. Deployment to service three (Drury Lane) is scheduled for 31st September and the test with Trust personal assistants is scheduled during October. Learning from an evaluation of deployment to the first four areas will be completed during October before Trust wide implementation. The deployment plan for services from October onwards was signed off by the Project Board in July 2024.	
Great place to work	People Directorate – Delivery of People Promise	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)	(£1.8m)	£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 £1.8m deficit has been reported. This is £1.7m worse than plan. The run rate is improved compared to previous months but remains adverse to plan. This is, in part, due to corrective actions already taken and we are continually assessing, and taking, further steps to ensure delivery of the financial target.
2	Agency Spend	£2.5m	£5.4m	Agency expenditure run rate had been increasing in the first four months of 2024 / 25 following the significant reductions reported during 2024 / 25. Spend reduced in August to £507k which is £43k less than the previous month. The provider collaborative spend in month was £84k.
3	Financial sustainability and efficiencies	£6.9m	£18.8m	The Trust financial sustainability programme for 2024 / 25 has a target of £22.0m 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	£57.3m	£54.4m	The Trust cash position has continued to reduce in August. This is due to the overall financial position, accrued income (which is expected to be reduced in September), and capital expenditure. This includes £3.5m paid in month as a deposit of the asset purchase.
5	Capital	£1.6m	£8.1m	The Trust capital allocation for 2024 / 25 is £8.1m. Expenditure, for the year to date, is £1,574k which is in line with plan. This is a small reduction in spend to date due to VAT reclaims received in month.
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.

NHS
South West Yorkshire Partnership
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Finance Report

Month 5 (2024 / 25)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators

Key Performance Indicator		Year to date	Forecast 2024 / 25	Narrative
1	Surplus / (Deficit)	(£1.8m)	£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 £1.8m deficit has been reported. This is £1.7m worse than plan. The run rate is improved compared to previous months but remains adverse to plan. This is, in part, due to corrective actions already taken and we are continually assessing, and taking, further steps to ensure delivery of the financial target.
2	Agency Spend	£2.5m	£5.4m	Agency expenditure run rate had been increasing in the first four months of 2024 / 25 following the significant reductions reported during 2024 / 25. Spend reduced in August to £507k which is £43k less than the previous month. The provider collaborative spend in month was £84k.
3	Financial sustainability and efficiencies	£6.9m	£18.8m	The Trust financial sustainability programme for 2024 / 25 has a target of £22.0m 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	£57.3m	£54.4m	The Trust cash position has continued to reduce in August. This is due to the overall financial position, accrued income (which is expected to be reduced in September), and capital expenditure. This includes £3.5m paid in month as a deposit of the asset purchase.
5	Capital	£1.6m	£8.1m	The Trust capital allocation for 2024 / 25 is £8.1m. Expenditure, for the year to date, is £1,574k which is in line with plan. This is a small reduction in spend to date due to VAT reclaims received in month.
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.

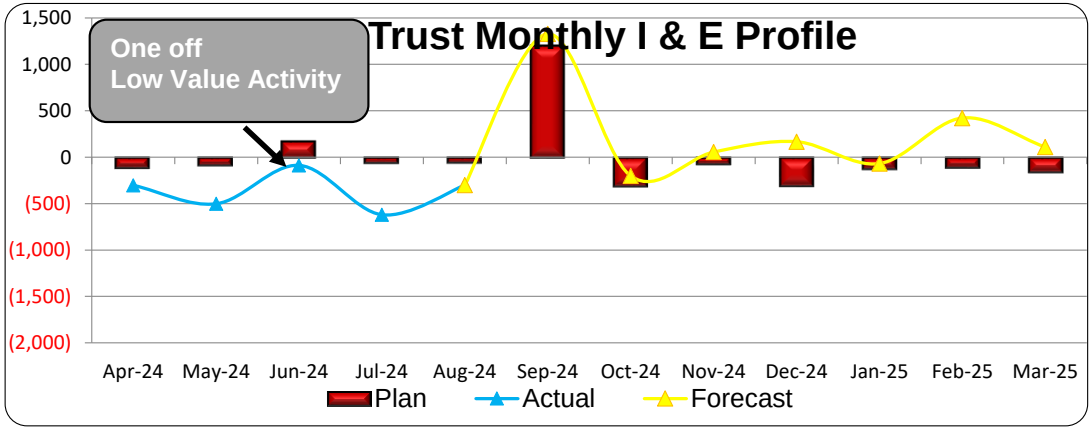
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

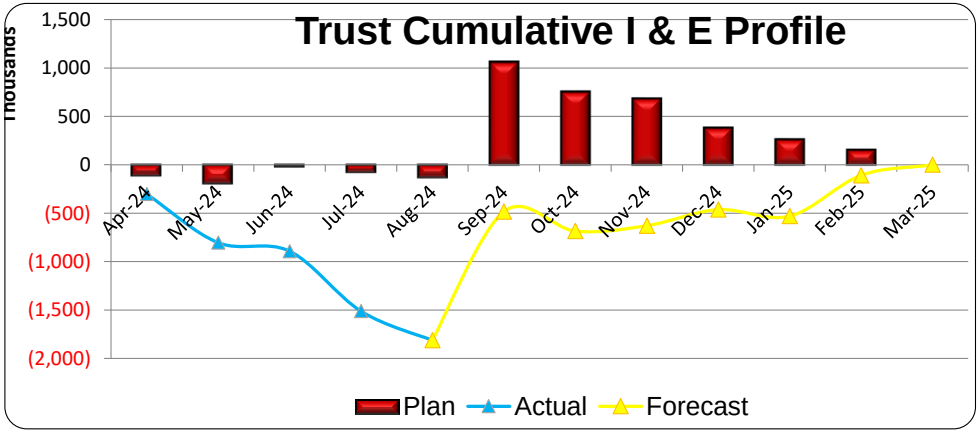
2.0 Income & Expenditure Position 2024 / 25

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					34,258	33,981	(277)	170,934	170,628	(306)	407,687	406,776	(910)
Other Operating Revenue					1,335	1,421	86	6,076	6,425	349	15,519	15,920	401
Total Revenue					**35,593**	**35,402**	**(192)**	**177,010**	**177,054**	**44**	**423,206**	**422,696**	**(510)**
Pay Costs	5,028	5,127	99	2.0%	(21,636)	(21,567)	70	(107,524)	(108,897)	(1,373)	(258,161)	(259,343)	(1,182)
Non Pay Costs					(13,605)	(13,714)	(108)	(67,570)	(67,945)	(375)	(160,164)	(158,183)	1,981
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	**5,028**	**5,127**	**99**	**2.0%**	**(35,242)**	**(35,281)**	**(39)**	**(175,094)**	**(176,821)**	**(1,726)**	**(418,324)**	**(417,504)**	**820**
EBITDA	**5,028**	**5,127**	**99**	**2.0%**	**351**	**121**	**(230)**	**1,915**	**233**	**(1,683)**	**4,882**	**5,192**	**311**
Depreciation					(526)	(530)	(5)	(2,629)	(2,638)	(9)	(6,304)	(6,345)	(41)
PDC Paid					(179)	(220)	(41)	(895)	(1,100)	(205)	(2,148)	(2,640)	(492)
Interest Received					300	329	30	1,480	1,692	212	3,570	3,792	222
Surplus / (Deficit) - ICB performance measure	**5,028**	**5,127**	**99**	**2.0%**	**(54)**	**(300)**	**(246)**	**(128)**	**(1,813)**	**(1,685)**	**(0)**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	0	(44)	(44)	0	(94)	(94)	0
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,028**	**5,127**	**99**	**2.0%**	**(63)**	**(309)**	**(246)**	**(172)**	**(1,856)**	**(1,685)**	**(94)**	**(94)**	**0**





Income & Expenditure Position 2024 / 25

The consolidated financial position is a year to date deficit of £1.8m. This is £1.7m behind plan.
In August 2024 this is a deficit of £0.3m which is £0.2m 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)	4,993	5,092	100	2.0%	5	(61)	(66)	241	(1,184)	(1,425)	(93)	(4,882)	(4,790)
Provider Collaboratives	23	34	12	51.8%	3	(198)	(201)	14	(379)	(392)	33	(1,300)	(1,333)
Budgets held centrally	12	0	(12)	100.0%	(62)	(40)	21	(383)	(250)	133	59	6,182	6,123
Total - Consolidated position (ICB performance measure)	**5,028**	**5,127**	**99**	**2.0%**	**(54)**	**(300)**	**(246)**	**(128)**	**(1,813)**	**(1,685)**	**(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. There are however operational pressures, resulting in financial overspends, in all of the provider collaboratives, which need to be managed as part of the total target delivery.

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

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.

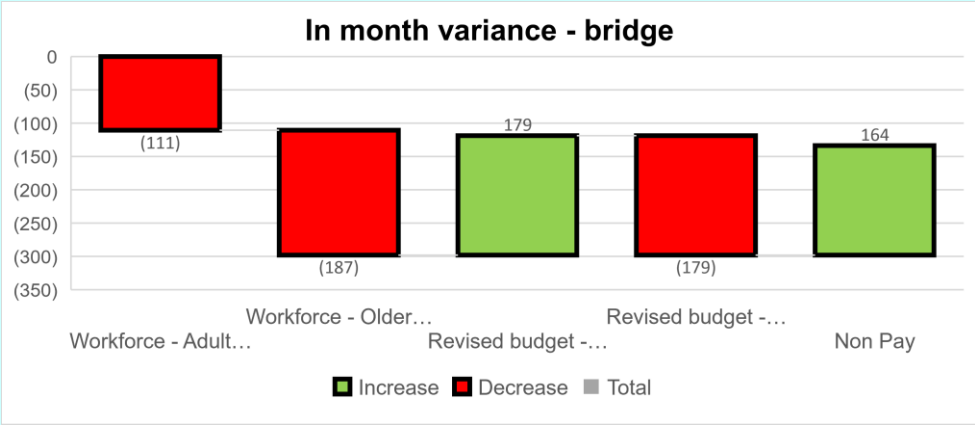
To confirm that the individual analysis within the report highlights the Trust only values.

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					25,127	24,805	(323)	125,392	124,837	(555)	300,103	298,772	(1,331)
Other Operating Revenue					1,278	1,306	28	5,757	5,866	108	13,727	13,911	185
Total Revenue					**26,405**	**26,110**	**(295)**	**131,149**	**130,702**	**(447)**	**313,830**	**312,683**	**(1,146)**
Pay Costs	4,993	5,092	100	2.0%	(21,406)	(21,275)	131	(106,370)	(107,591)	(1,221)	(255,391)	(257,814)	(2,423)
Non Pay Costs					(4,590)	(4,476)	114	(22,494)	(22,271)	223	(53,650)	(54,581)	(931)
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	**4,993**	**5,092**	**100**	**2.0%**	**(25,995)**	**(25,751)**	**245**	**(128,865)**	**(129,841)**	**(976)**	**(309,041)**	**(312,373)**	**(3,333)**
EBITDA	**4,993**	**5,092**	**100**	**2.0%**	**410**	**360**	**(50)**	**2,285**	**862**	**(1,423)**	**4,789**	**310**	**(4,479)**
Depreciation					(526)	(530)	(5)	(2,629)	(2,638)	(9)	(6,304)	(6,345)	(41)
PDC Paid					(179)	(220)	(41)	(895)	(1,100)	(205)	(2,148)	(2,640)	(492)
Interest Received					300	329	30	1,480	1,692	212	3,570	3,792	222
Surplus / (Deficit) - ICB performance measure	**4,993**	**5,092**	**100**	**2.0%**	**5**	**(61)**	**(66)**	**241**	**(1,184)**	**(1,425)**	**(93)**	**(4,882)**	**(4,790)**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	0	(44)	(44)	0	(94)	(94)	0
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,993**	**5,092**	**100**	**2.0%**	**(4)**	**(70)**	**(66)**	**198**	**(1,227)**	**(1,425)**	**(187)**	**(4,976)**	**(4,790)**

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
Operational pressures resulting in workforce utilisation greater than plan - adult inpatient	(111)
Operational pressures resulting in workforce utilisation greater than plan - older people inpatient	(187)
Specialty Doctor pay award. Paid in month. Less than estimate	179
Income - revised estimate for specialty doctor pay award	(179)
Non pay expenditure better than plan - drugs, establishment, purchase of healthcare	164

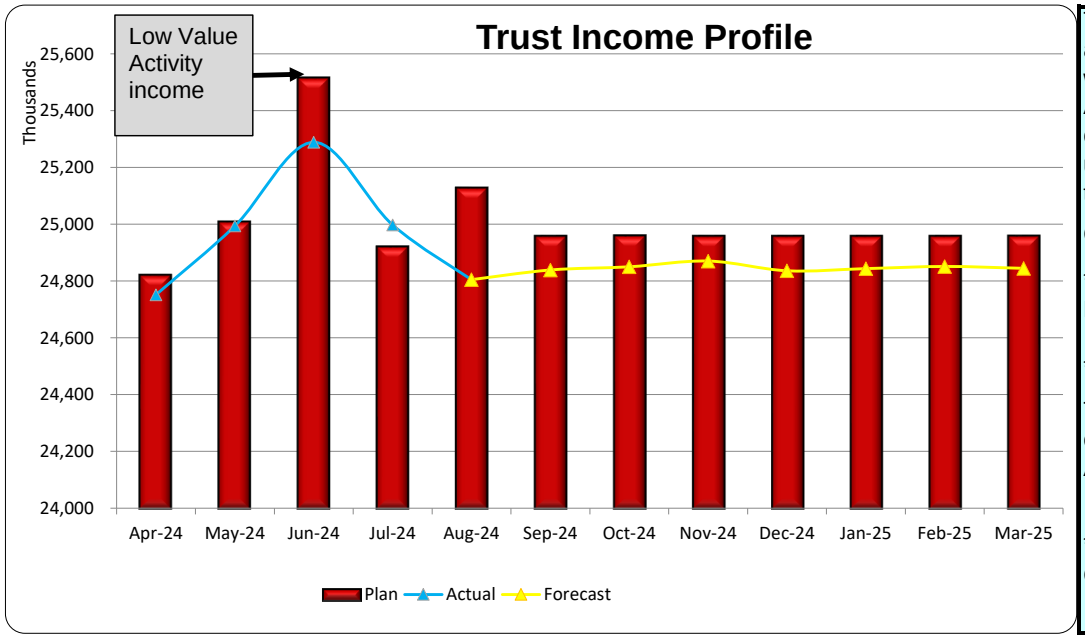


2.1 Income Information

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	21,144	21,177	21,177	21,177	21,177	21,177	21,177	21,192	**254,701**	254,734	(33)
Specialist Commissioner	**34,541**	2,943	2,962	2,974	2,947	2,956	2,955	2,955	2,955	2,955	2,955	2,955	2,955	**35,469**	35,469	0
Local Authority	**5,799**	378	400	371	398	377	381	392	413	378	386	393	385	**4,653**	5,059	(406)
Partnerships	**6,748**	205	219	191	218	207	205	205	205	205	205	205	205	**2,479**	2,971	(492)
Other Contract Income	**1,454**	131	220	37	135	121	120	120	120	120	120	120	106	**1,470**	1,869	(399)
Total	**293,862**	**24,752**	**24,994**	**25,289**	**24,997**	**24,805**	**24,839**	**24,850**	**24,870**	**24,836**	**24,844**	**24,851**	**24,845**	**298,772**	**300,103**	**(1,331)**
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	9,176	9,214	8,846	8,841	8,846	8,828	8,812	8,826	**108,004**		
Total	**293,862**	**33,870**	**34,155**	**34,439**	**34,183**	**33,981**	**34,052**	**33,696**	**33,711**	**33,682**	**33,672**	**33,664**	**33,671**	**406,776**		



The income budget has increased in August 2024. This takes account of the Specialty Doctor pay award funding which, in line with guidance, fully funds increased costs being incurred. The Agenda For Change (noted as 5.5% as opposed to the 2.1% currently included), and any junior doctor, pay award will be updated when the position is confirmed. Current suggested timescales are October 2024.

Other variances are due to a number of key services:

* Partnership - Youth Offenders Contract £492k
Reimbursement based on actual costs incurred

* Yorkshire Smokefree - Payment by results £310k & £71k

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

* Additional Roles Reimbursement Posts £286k
Offset by reduced pay costs. Recharged on staff in post

2.2 Pay Information

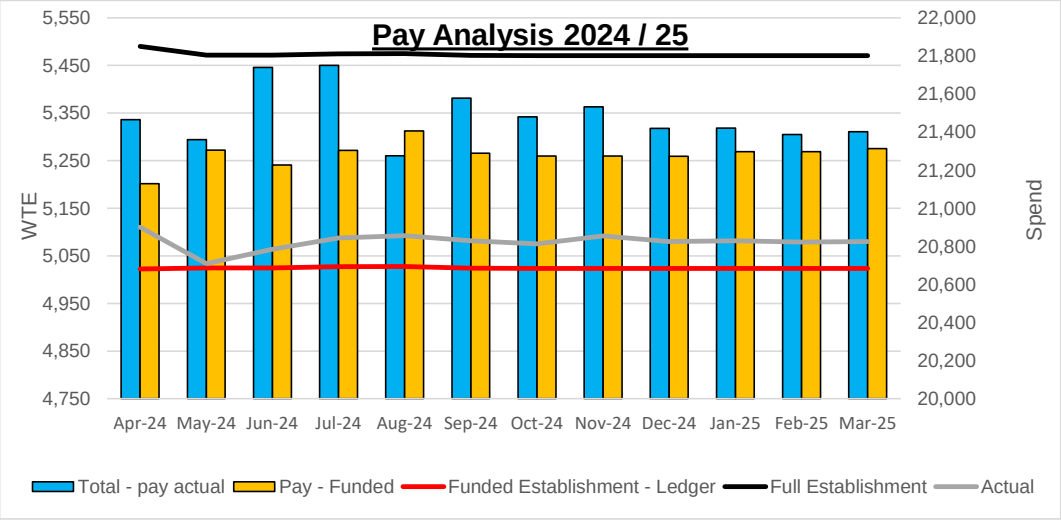
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	19,075	19,521	19,461	19,568	19,517	19,561	19,571	19,577	**233,453**
Bank & Locum	1,955	1,581	1,673	1,738	1,771	1,635	1,633	1,611	1,563	1,529	1,499	1,502	**19,689**
Agency	413	400	444	510	429	423	388	354	340	331	317	324	**4,671**
Total	**21,466**	**21,360**	**21,739**	**21,751**	**21,275**	**21,579**	**21,481**	**21,532**	**21,420**	**21,421**	**21,387**	**21,402**	**257,814**
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%	8.3%	7.6%	7.6%	7.5%	7.3%	7.1%	7.0%	7.0%	7.6%
Agency as % (in month)	1.9%	1.9%	2.0%	2.3%	2.0%	2.0%	1.8%	1.6%	1.6%	1.5%	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	4,565	4,618	4,619	4,642	4,641	4,652	4,656	4,658	**4,614**
Bank & Locum	474	401	411	435	456	401	399	395	384	375	367	367	**405**
Agency	62	59	62	74	71	62	57	55	55	55	55	55	**60**
Total	**5,110**	**5,034**	**5,064**	**5,087**	**5,092**	**5,082**	**5,075**	**5,092**	**5,080**	**5,082**	**5,079**	**5,080**	**5,080**
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**



The total Trust workforce has continued to increase with a further 5 worked WTE when compared to the prior month. Overall this 262 more WTE than the same period last year. The trend, as per previous months, is a reduction in substantive worked WTE. Whilst there will have been starters and leavers the biggest impact is from the reduction in overtime payments as a result of Trust action.

Overtime costs have reduced further from £64k to £13k in month (was £164k in June 2024). Actions are expected to maintain at this level and target remaining areas.

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

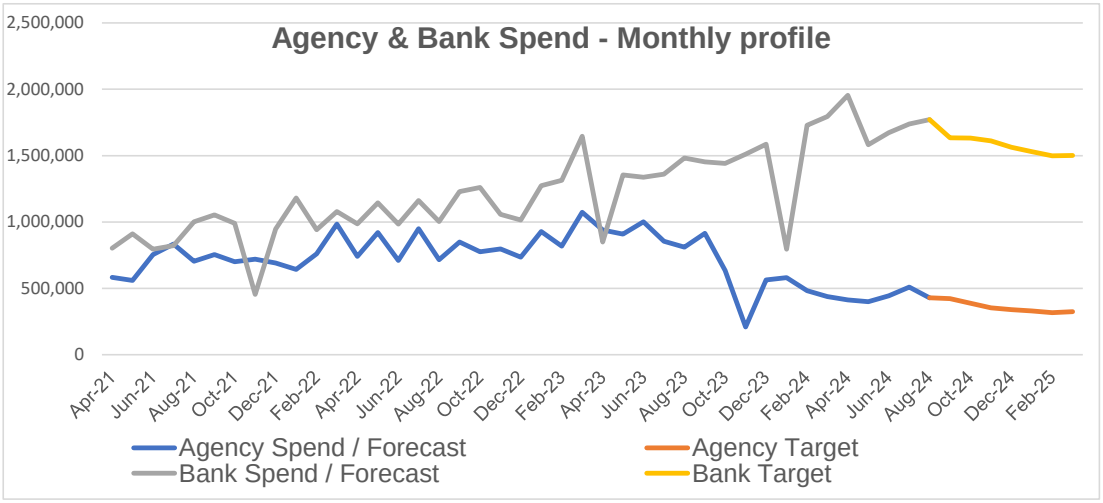
The underlying assumption is that this reduction has led to the increased bank costs and worked WTE. However this is also impacted by other factors including changes in sickness levels, operational pressures etc.

2.2 Temporary Staffing Focus

Trust spend in August 2024:
Agency £429k
Bank £1,771k

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	749	221	**970**
Other Medical	539	286	**826**
Reg Nursing	173	2,013	**2,186**
UnReg Nursing	510	5,372	**5,882**
Other Clinical	160	333	**492**
A & C	71	492	**563**
Other	(5)	0	**(5)**
Total	**2,196**	**8,718**	**10,914**
Lead Provider Collaborative	288	1	**289**
Budgets held centrally	(8)	0	**(8)**
Total	**2,477**	**8,719**	**11,196**

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 analysis is presented to the Trust temporary staffing scrutiny and management group. This highlights a reduction in agency spend in month, compared to the increasing run rate reported in the first four months of 2024 / 25, and a continuation of the bank increasing run rate. As shown in the graph above the financial modelling identifies reducing run rates as a result of actions being taken.

In terms of NHS England agency controls the Trust continues to have a number of areas outside of the control parameters. This includes the use of off framework agency (relating to specific care of an individual within the provider collaboratives) and also has two instances of non-clinical agency staff. One relates to a defined time limited project and the second is for catering assistants, to ensure service provision, whilst recruitment continues. Breaches of NHS capped rates continue to be reported to NHS England.

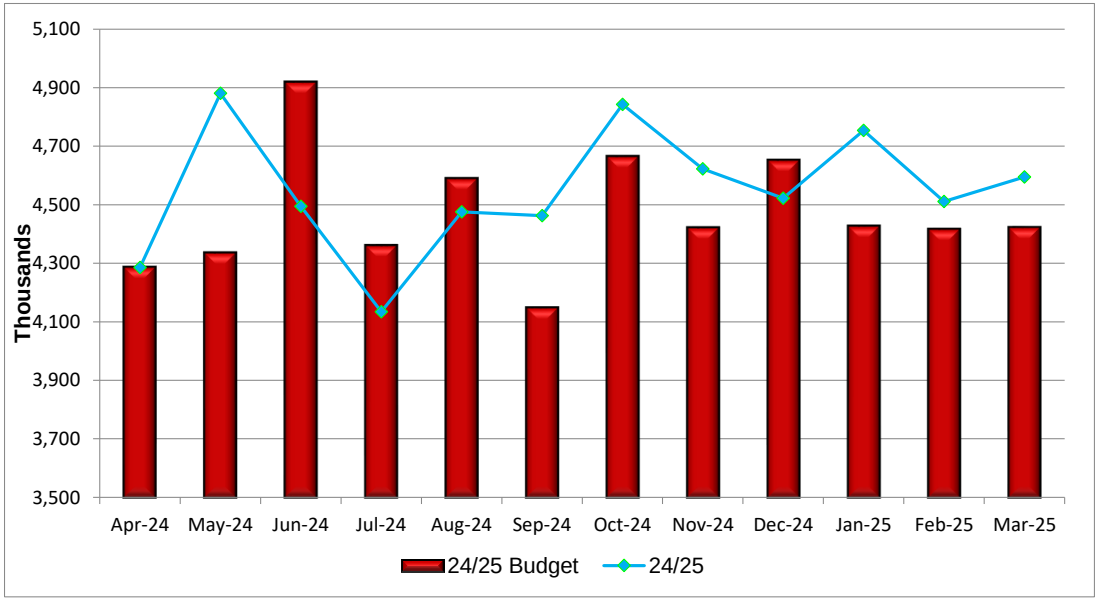
Bank spend has continued to rise. The impact of other actions, such as the significant reduction of overtime spend or changes in the level of sickness, continues to be triangulated with this increase. Spend remains primarily within inpatient environments and is across adult inpatient, older people and 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	4,476	4,463	4,843	4,623	4,522	4,754	4,511	4,595	**54,581**
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	1,831	1,684	(147)	
Establishment	4,129	4,267	138	
Lease & Property Rental	3,691	3,687	(4)	
Premises (inc. rates)	2,125	2,083	(42)	
Utilities	1,062	1,060	(2)	
Purchase of Healthcare	2,668	2,455	(214)	
Travel & vehicles	2,268	2,224	(45)	
Supplies & Services	3,262	3,300	37	
Training & Education	360	317	(43)	
Clinical Negligence & Insurance	485	487	2	
Other non pay	612	709	96	
Total	**22,494**	**22,271**	**(223)**	
Total Excl OOA and Drugs	**17,995**	**18,133**	**138**	



Key Messages

Whilst non pay expenditure has increased in August this has remained less than budget and, as such, continues to help offset the financial pressures within the overall financial position.

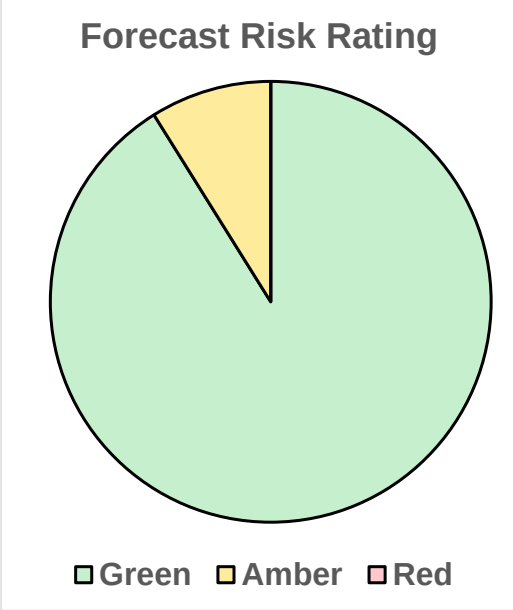
Overall expenditure has increased by £341k. £162k relates to one off project costs (mainly within the other non pay heading) associated with the Trust asset purchase included in the capital position. This is fully funded by income from NHS England. Other areas of increased spend include utilities (£86k) and purchase of healthcare (£53k). The latter includes out of area placements in PICU beds which, whilst increased, continue to be managed within plan.

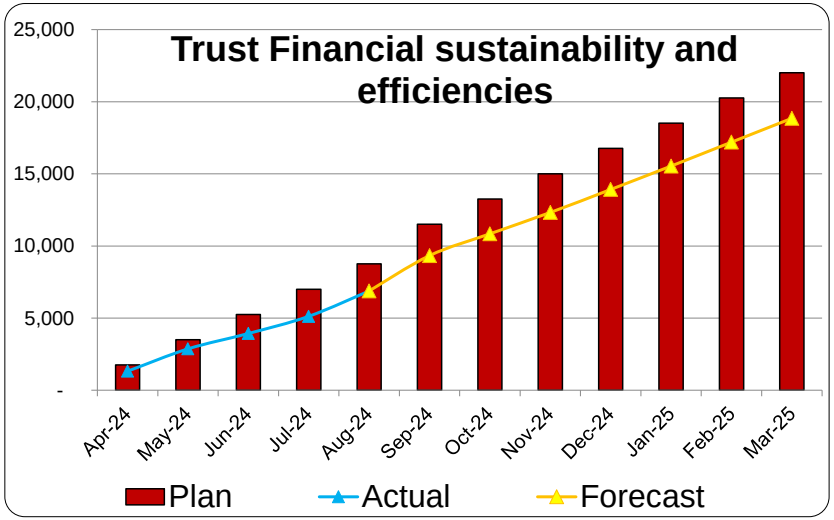
3.0 Value for Money, Financial sustainability and efficiency

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		5,195	125	2,947	12,468	9,486		
Non pay - Impact of workforce optimisation		175	177		420	406		
Out of area placements		1,196	1,509		2,871	1,509	1,675	
Non pay - digital		103	78		246	179		
Non pay - Estates		208	163	22	500	428		
Non pay - medicines optimisation		200	0		480			0
Non Pay - other		0	73		0	167		
Procurement		104	0		250		0	
Provider Collaboratives		475	475		1,140	1,140		
Income - contribution, FYE		1,099	1,311		3,638	3,860		
Total		**8,755**	**3,911**	**2,969**	**22,013**	**17,175**	**1,675**	**0**
Recurrent		4,310	3,911		10,345	7,288	1,675	0
Non Recurrent		4,445		2,969	11,668	9,887		





The Trust value for money programme target for 2024 / 25 is £22,013k. 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 there has been positive delivery on a number of premium rate schemes including overtime and bank 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	170,830	1
Current Assets			
Inventories & Work in Progress	179	179	
NHS Trade Receivables (Debtors)	1,072	778	
Non NHS Trade Receivables (Debtors)	344	1,254	
Prepayments	3,491	5,743	
Accrued Income	1,062	4,028	2
Cash and Cash Equivalents	69,199	57,343	Pg 15
Total Current Assets	**75,347**	**69,326**	
Current Liabilities			
Trade Payables (Creditors)	(12,728)	(5,268)	3
Capital Payables (Creditors)	(1,392)	(324)	
Tax, NI, Pension Payables, PDC	(8,469)	(8,235)	
Accruals	(13,966)	(18,774)	4
Deferred Income	(409)	(1,463)	5
Other Liabilities (IFRS 16 / leases)	(51,040)	(52,699)	1
Total Current Liabilities	**(88,004)**	**(86,763)**	
Net Current Assets/Liabilities	**(12,657)**	**(17,437)**	
Total Assets less Current Liabilities	**155,161**	**153,392**	
Provisions for Liabilities	(3,510)	(3,597)	
Total Net Assets/(Liabilities)	**151,651**	**149,795**	
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	83,524	
Total Taxpayers' Equity	**151,651**	**149,795**	

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

1. The value of assets continue to rise each month with capital expenditure greater than the depreciation charges against those assets. The value of lease / rental costs have increased in year which are ofset by an increase in liaiblities.

2. Accrued income is traditionally low at year end. This is been reviewed regularly to ensure all income has been invoiced and received. The value has increased by £253k but it is expected this will reduce in month 6 as quarter end invoices are raised. Invoices which have been raised are generally paid; debtors remain low.

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.

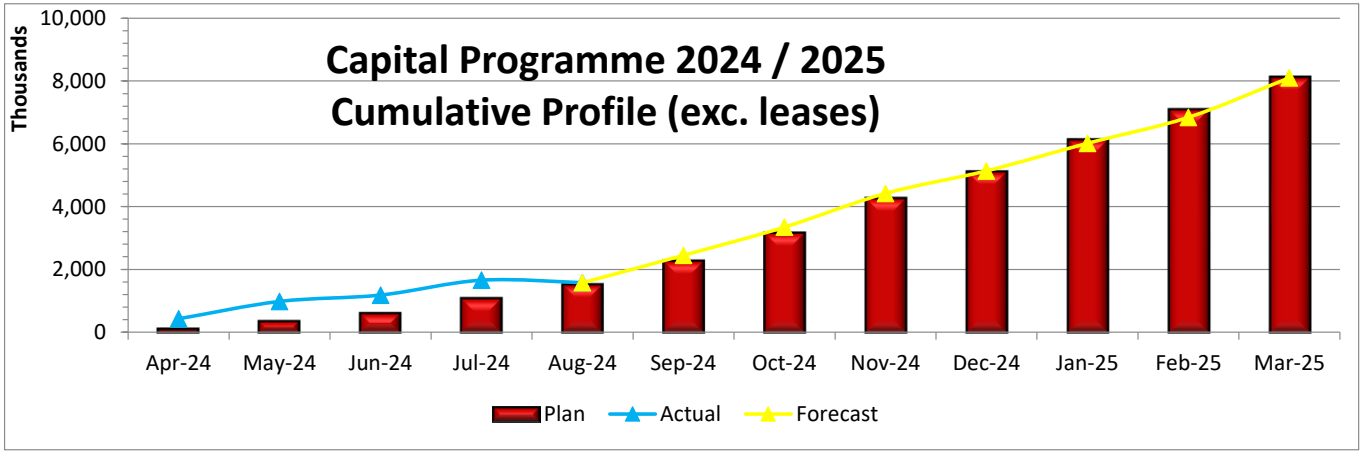
4. The value of accruals have continued to increase with a £2,346k movement since last month. A deep dive is being conducted on all accruals.

5. Deferred income remains relatively low and have reduced a further £433k in month.

A bridge of cash movements is shown on page 15.

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	460	994	534	1,000	0
Anti-ligature Doors	1,000	370	256	(114)	1,000	0
Maintenance (Minor) Capital						
Clinical Improvement	311	72	141	69	348	37
Safety	302	120	57	(63)	335	33
Sustainability / Carbon Neutral	510	0	4	4	510	0
Backlog	360	90	16	(74)	404	44
Equipment	41	10	46	36	88	47
Other	193	85	(114)	(199)	86	(107)
IM & T	1,470	243	98	(145)	1,470	0
Contingency	219	0	0	0	163	(55)
Staff Costs	200	83	76	(7)	200	0
TOTALS	**8,104**	**1,533**	**1,574**	**41**	**8,104**	**(0)**
Lease Impact (IFRS 16)	5,910	4,055	4,216	161	5,910	0
Asset Purchase	0	0	3,500	3,500	35,000	35,000
New lease						
TOTALS	**14,014**	**5,588**	**9,290**	**3,702**	**49,014**	**35,000**



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. A further £22k has been added following additional income from a previous capital disposal (overage).

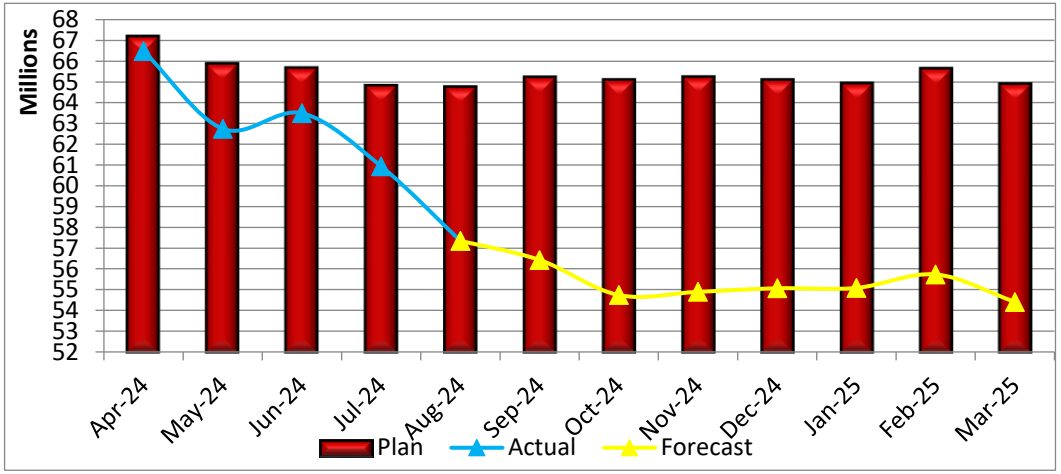
Year to date spend is broadly in line with plan. This had been ahead earlier in the year primarily due to the profile of the seclusion rooms scheme. This is currently £534k ahead of plan.

This is partially offset by underspends, against plan, on other minor schemes and IM & T.

Whilst IFRS 16 (leases) allocations have been set at an ICB level they have not yet been agreed at indiviudal Trust level. As such this remains presented below the line here.

Following a request from NHS England the Trust have developed a case to safeguard the provision of 112 adult secure beds within the region. The capital element of this case, which involves an asset purchase, is reported here. To date a deposit has been paid.

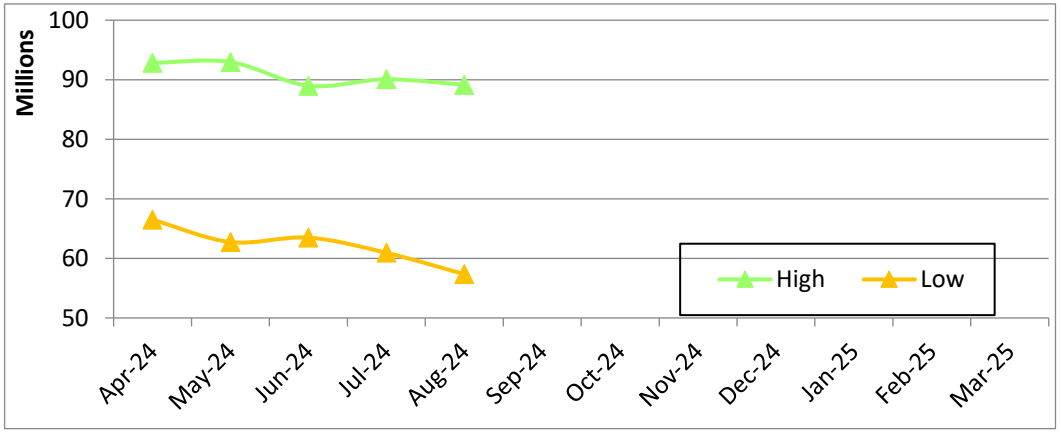
4.2 Cash Flow & Cash Flow Forecast 2024 / 2025



Cash balances continue to reduce

The Trust cash position has continued to reduce in recent months. This is due to the overall financial position, outstanding income which is being chased, capital spend more than plan and depreciation and, in August, a £3.5m deposit paid for the asset purchase.

	Plan £k	Actual £k	Variance £k
Opening Balance	71,353	69,199	
Closing Balance	64,751	57,343	(7,407)



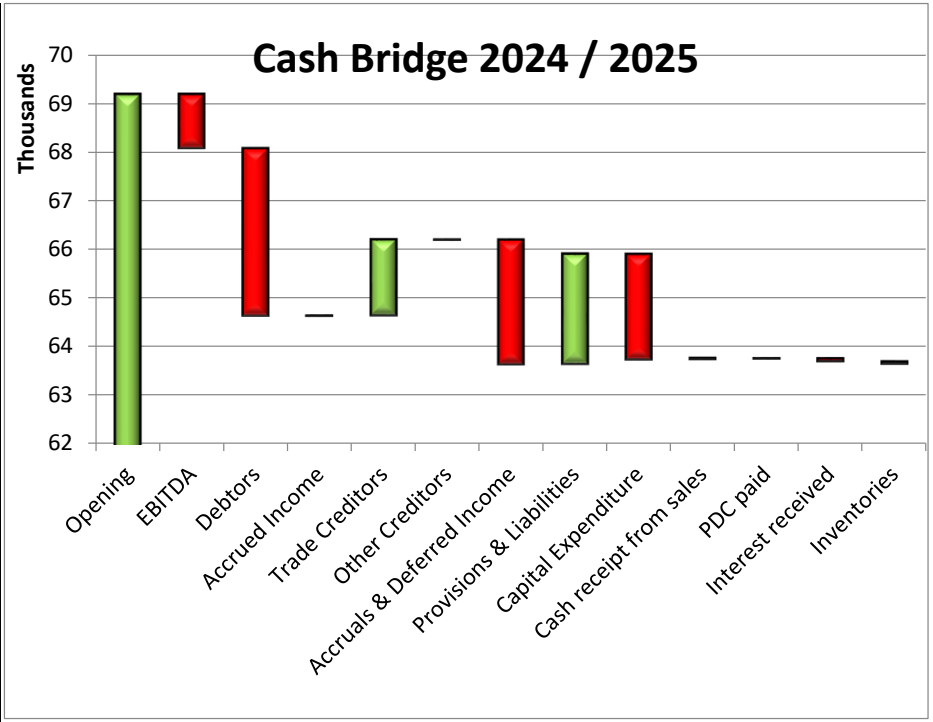
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £89.1m
The lowest balance is: £57.3m

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)	5,135	4,022	(1,113)	
Movement in working capital:				
Inventories & Work in Progress	52	0	(52)	
Receivables (Debtors)	180	(3,268)	(3,448)	
Trade Payables (Creditors)	(4,500)	(2,933)	1,567	
Accruals & Deferred income	0	(2,566)	(2,566)	
Provisions & Liabilities	(1,130)	1,141	2,271	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,970)	(6,142)	(2,172)	
Cash receipts from asset sales	0	22	22	
Leases	(4,120)	(3,824)	296	
PDC Dividends paid	0	0	0	
PDC Dividends received	0		0	
Interest (paid)/ received	1,751	1,692	(59)	
Closing Balances	**64,751**	**57,343**	**(7,407)**	



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.

The main headlines are picked out on the previous page.

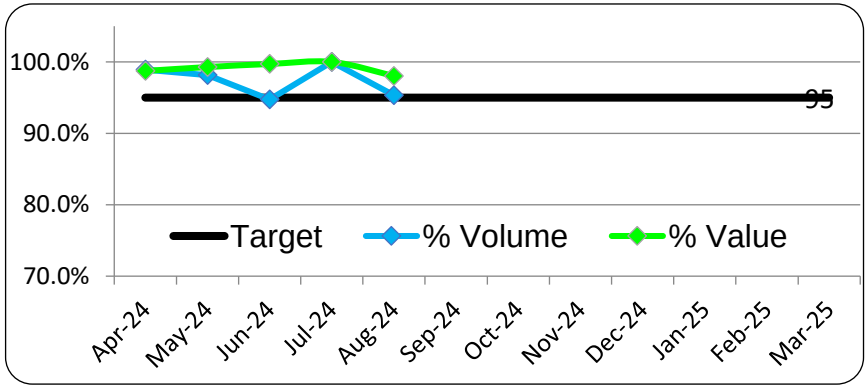
5.0 Better Payment Practice Code

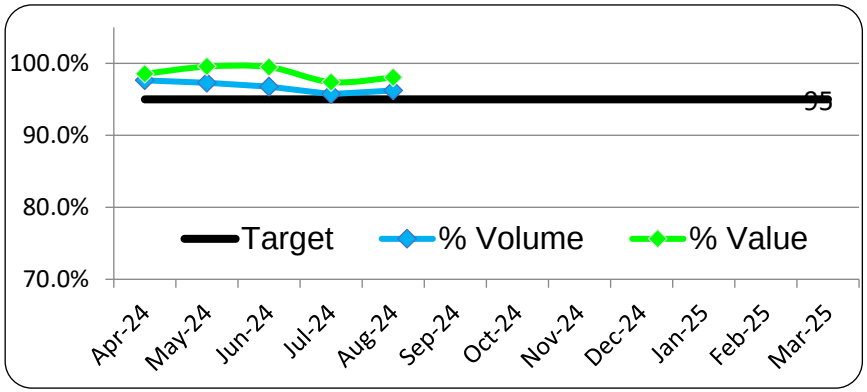
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	95%	98%
Cumulative Year to Date	98%	99%

Non NHS	Number %	Value %
In Month	96%	98%
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 (£)
22-Aug-24	NHS Recharge	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600031672	945,308
02-Aug-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5582	850,000
13-Aug-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000058384	755,727
22-Aug-24	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	204708	626,238
27-Aug-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS49	450,000
01-Aug-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009258	404,030
22-Aug-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5597	319,000
27-Aug-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS26	270,000
08-Aug-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Four	4400001831	233,646
12-Aug-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 287	217,894
09-Aug-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS047INV	151,170
01-Aug-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009254	148,651
02-Aug-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5580	138,458
27-Aug-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5605	133,992
09-Aug-24	Utilities	Trustwide	Virgin Media Business Ltd	446518001	125,874
28-Aug-24	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	TOW03526	114,231
21-Aug-24	Professional Fees	Trustwide	Deloitte Llp	8005047195	100,000
19-Aug-24	Computer Software	Trustwide	Datix Ltd	INRLDUK002016	98,503
15-Aug-24	Computer Services	Trustwide	Daisy Corporate Services	3I531421	90,250
15-Aug-24	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710180067	86,650
15-Aug-24	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	327237	79,320
01-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000785	75,685
01-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000787	72,757
14-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000849	71,399
01-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000784	71,287
01-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000783	70,016
15-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000866	69,210
01-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000786	65,611
14-Aug-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000848	65,169
21-Aug-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34000990	56,000

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
07-Aug-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC027INV	54,677
16-Aug-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020073216	48,180
29-Aug-24	NHS Recharge	Forensics	Sheffield Childrens NHS Foundation Trust	2400005116	43,280
06-Aug-24	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90140425	40,746
21-Aug-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34000280	40,212
22-Aug-24	Consultancy	Trustwide	Meridian Productivity Ltd	201101	40,000
06-Aug-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001220EPC	38,584
23-Aug-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400005228	36,922
23-Aug-24	Utilities	Trustwide	Vodafone Ltd	106500547	36,276
23-Aug-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400005228	36,250
05-Aug-24	Purchase of Healthcare	Trustwide	Touchstone-Leeds	SINV20240071	35,382
23-Aug-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400005228	33,467
07-Aug-24	Purchase of Healthcare	Kirklees	Cygnet Nw Ltd	BUR0360348	30,721
16-Aug-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020017331	28,863
23-Aug-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400005228	28,735
09-Aug-24	Legal Fees	Trustwide	Hill Dickinson Llp	10602212	27,814
29-Aug-24	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	34000579	26,763
30-Aug-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	THO05403	26,433
15-Aug-24	Purchase of Healthcare	Kirklees	Nouvita Ltd	11961	26,350
23-Aug-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400005228	26,086
29-Aug-24	Rent	Kirklees	Bradbury Investments Ltd	1892	25,530

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

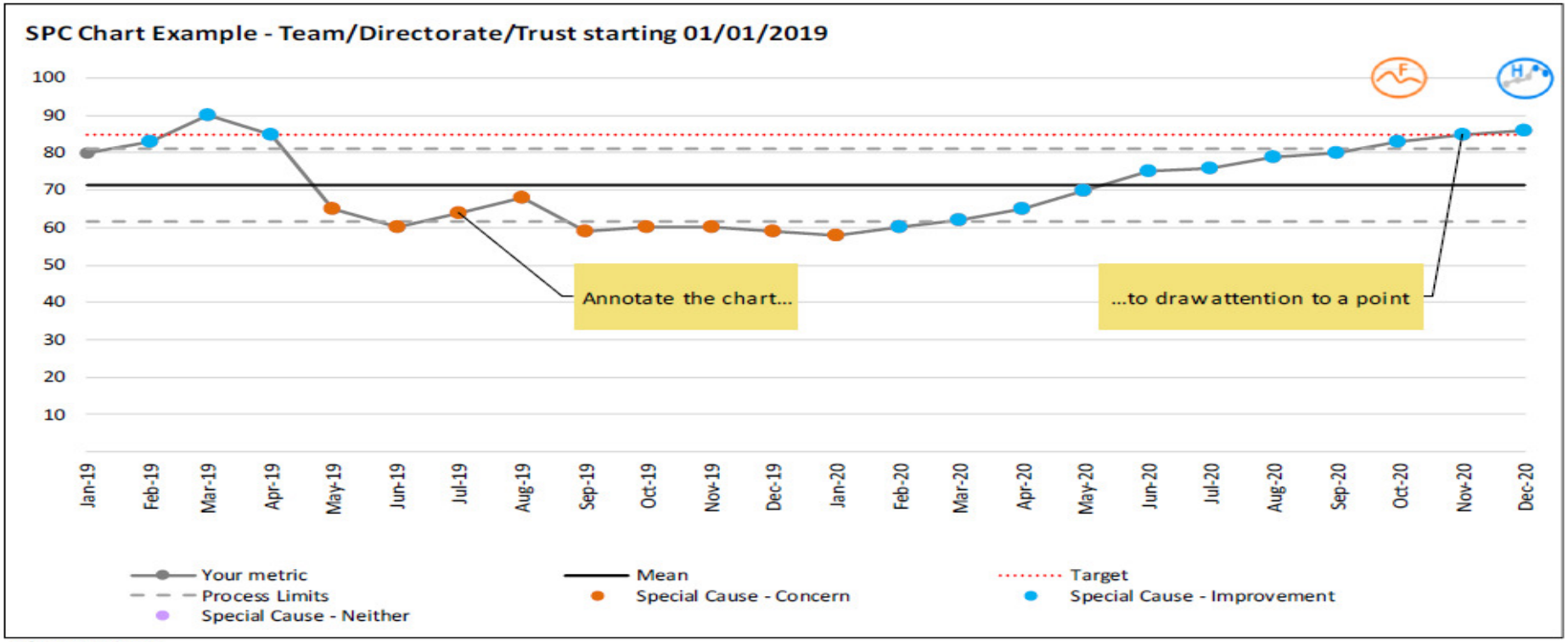
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

Appendix 3 - Guardian of Safe Working

Quarterly Report Q1

Distribution of Trainee Doctors within SWYPFT

Recruitment to core training posts in psychiatry remains good and the trust is in discussion about accommodating more trainees in the future given the positive news about an increase in training numbers across the region. There have been fewer gaps in the February and April rotations. Calderdale and Barnsley have been worst affected. The trust has recruited locum appointment for service (LAS) doctors which have filled the core trainees and general practitioner gaps and a foundation year 1 (FY1) vacancy in Barnsley. In addition, there are international fellows supporting some of these services. The trust continues to support a number of less than full-time (LTFT) Trainees, with almost a third of trainees working LTFT.

Exception Reports (ERs - with regard to working hours)

There have been few ERs completed in the Trust since the introduction of the new contract. There were three in this quarter, two were completed by an FY2 (Dewsbury), who had stayed late due to acuity on the ward and TOIL (Time off in Lieu) was agreed. The third was completed by an FY2 (Dewsbury), due to higher workload during non-resident on-call and again TOIL was agreed. A fourth ER was completed in error.

Fines - There were none within this reporting period.

Work schedule reviews - There were no reviews required.

Rota gaps and cover arrangements

The tables below detail rota gaps by area and how these have been covered. Overall, the numbers of gaps have been slightly higher in comparison to the last quarter, with Barnsley continuing to have the highest proportion of gaps this quarter, of which, nearly half of the gaps relate to Specialty Doctor (SD) vacancies, as SDs take part in the 1st on-call rota in Barnsley. Such gaps are often covered by international fellows, but they are not usually placed on an on-call rota when they first join the trust. The other factors causing gaps included maternity leave, Illness, occupational health recommendations for trainees to come off the rota and gaps due to trainees being LTFT. Junior doctor strikes also had an impact (12 gaps over the 4 days of industrial action). The Trust's medical bank has been working well with rota coordinators and the trainees themselves working hard to ensure that nearly all the vacant slots on first tier rotas were filled by the Trust Bank, with just one episode when a senior doctor had to act down due to last minute sickness.

Gaps by Rota April/May/June '24

Rota	Number (%) of Rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	69 (38%)	69 (100%)	0	0	0
Calderdale 1st	55 (30%)	55 (100%)	0	0	0
Kirklees 1st	14 (15%)	14 (100%)	0	0	0
Wakefield 1st	31 (15%)	30 (97%)	0	0	1 (3%)
Total 1st	169 (27%)	168 (99%)	0	0	1 (1%)
Wakefield 2nd	28 (31%)	0	0	28 (100%)	0

Costs of Rota Cover April/May/June '24

1st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Cost attributed directly to COVID-19	Agency Hours (Costs)
Barnsley	69 (636)	£24,660	£0	0
Calderdale	55 (505.75)	£22,758	£0	0
Kirklees	14 (256)	£8,960	£0	0
Wakefield	31 (316.5)	£14,212.50	£0	0
Total	169 (1714.25)	£70,591.25	£0	0

Appendix 3 - Guardian of Safe Working

Quarterly Report Q1

Issues and Actions

Junior Doctors Forum (JDF) – continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. We have now returned to these being held face-to-face, including the most recent JDF in May. Once again, the importance of using ERs was stressed, especially as evidence, if there has been an increase in workload. A plan is in place for an audit of time spent in the Psychiatry placement following changes to the Barnsley F1 on-call rota in the acute trust. There are ongoing discussions with the acute trust and training programme director, to increase the amount of time the trainees spend in their Psychiatry placement. A number of other issues relating to on-call were discussed and where possible, actions put in place to make things easier for trainees. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the Associate Medical Director for Postgraduate Medical Education.

Trust Processes to Provide Trainees with Work Schedules and Rotas in a Timely Way – The most frequent concerns raised by trainees relate to delays in receiving their rotas, whereby the trust is not complying with good rostering guidance. There has been an acknowledgement that our systems are fragmented and need redesign. This has been compounded by the loss of experienced medical staffing personnel. An options appraisal is being prepared to look at creating a more joined up, centralised offer for recruitment, rota co-ordination and ongoing support. Currently the system involves staff from medical staffing, medical education and rota coordinators, who work and are managed separately, causing significant issues when individual staff leave or are off-sick.

Foundation Doctor Rota – For some time, concerns have been raised about the workload for trainees in Wakefield during on-call shifts, especially at weekends. With the increase in foundation doctor numbers, the creation of an additional rota was considered feasible. In addition, this would offer Foundation Year 1 doctors out of hours experience. There was widespread support for this following consultation with trainees. Unfortunately, sickness and vacancies affecting medical staffing and rota coordinators prevented this from going ahead from August 2024. It is hoped to revisit this in the next 12 months.

Education and support – The guardian will continue to work closely with the associate medical director for postgraduate medical education to improve trainees experience and to support clinical supervisors. The guardian will continue to encourage trainees to use exception reporting, both at induction sessions and through the Junior Doctors Forum. The medical directorate business manager, the postgraduate medical education lead, the associate medical director for medical education, the guardian of safe working and the college tutors continue to meet frequently to coordinate the trust's support of trainees.