NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

September 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 September 2024.

The Trust has recently undertaken a refresh of its Strategy and as a result has identified three new strategic aims: We will live our values, We will be the best we can be, We will be ambitious. A deployment plan has been developed to ensure that our strategy is fully embedded into the way we work moving forward. We will identify how and when the areas will be achieved along with the person responsible for the delivery. Work is currently taking place to identify how we will measure progress against these aims and the integrated performance report will be updated as this work progresses. In the interim, we will continue to report against the previous Trust 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 includes metrics contained within the NHS England oversight framework, operational planning guidance and NHS standard contract 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
Improving Resources		
Surplus/(deficit) against plan (monthly)	↑	
Capital spend against plan (Cumulative)	↓	
Total pay costs	↓	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	↓	

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	↑	
Mandatory training - Information governance (IG)	↓	

Metric	Change from last month	Variation/ Assurance
Quality		
Complaints - Number of responses provided within six months of the date a complaint received	↑	
% of feedback with staff attitude as an issue	↓	
C Diff avoidable cases	↓	
E. Coli bloodstream infection rate	↓	

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

Metric	Change from last month	Variation/ Assurance
National metrics		
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 - % 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	↑	
Reducing restrictive physical interventions training compliance	↑	

Mental Health Community

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

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
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	↑	
% of clients clinically ready for discharge	↑	
Information Governance training compliance	↓	
Reducing restrictive physical interventions training compliance	↑	
% of staff receiving supervision within policy guidance	↓	
% Complaints with staff attitude as an issue	↓	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% Complaints with staff attitude as an issue	↑	
Sickness rate (Monthly)	↓	

Forensic

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Information Governance (IG) training compliance	↓	
Reducing restrictive physical interventions (RRPI) training compliance	↓	
Sickness rate (Monthly)	↑	
% Complaints with staff attitude as an issue	↓	

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 95.4% against a target of 90%. For the Trust derived indicators, as of September 2024, disability was at 45%, sexual orientation 56.9% and postcode was at 99.6%. 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 which is being led by the health intelligence lead and is due for completion by 31st March 2025.

• 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 September was 138 days, this remains under the local trajectory of 150 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 4 people placed in out of area beds as at 30th September 24.

• Linked to bed capacity, there was a slight decrease in the number of people who are clinically ready for discharge during August, reporting 4.8%. 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 September only 103 out of 246 children (41.9%) received a diagnostic appointment within 6 weeks against a national threshold of 99%. The service has been impacted by staff non-availability since July 2024. This has resulted in a lack of progress being made towards the 6-week referral to

Quality continued

Care planning and risk assessments

• For risk assessments, September data shows a slight deterioration in performance from the previous month for inpatient services and a slight improvement in community services. For inpatient services, all service users have a risk assessment and 105 out of 117 were completed within 24 hours. For community services 39 people out of 167 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. In addition to this, work is taking place to develop new mental health care plans which will incorporate the staying safe plan from the risk assessment. This will result in new reporting measures for both care plans and risk assessments.

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.

• Improvement work on waiting list times in community learning disability services has led to an overall improvement and the service have achieved the 18 weeks standard for the month of September, reporting 96%. 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 September 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 decreased to 196 from 257 reported in August. 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.

• There was one incident of prone restraint that lasted over 3 minutes out of a total of 13 incidents during the month. 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 5 information governance personal data breaches during September. 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 has dropped slightly below threshold, the Trust is undertaking work to realign this indicator to the new Data Security and Protection Toolkit which suggests it is based on staff training needs analysis which is currently being undertaken. In the meantime, care groups and support services are monitoring their own performance and ensuring actions are in place where teams are noted to fall below compliance.

• The number of inpatient falls in September was 47 compared to 53 incidents in August. The current rate of inpatient falls in September 2024 is 3.55 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 September of 81.8%. Supervision means that staff have had access to a supportive conversation about their practice.

• The Trust had 13 violence and aggression incidents against staff on mental health wards involving race during September, which represents a reduction from other months in the quarter (July (49) and August (32)) 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 260.3 new starters and 196.3 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 September 2024, our Trust growth rate has increased to 2.2% (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 September increased slightly from last month to 8.2% and continues to remain under threshold. 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 increased this month to 5.1% Hotspots continue to be managed.

• The appraisal rate has increased slightly from last month to 89.1%. 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 had been set with an aim to achieve 95% from September, this has not been achieved.

- Every Care Group (including Support Services) has improved it's uptake rates from last month. The number of staff eligible for appraisals has continued to rise as a higher number of staff have now been in the Trust over 12 months following new starters experienced in the last financial year.

- 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 can been seen in the September data and learning has been 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 76.1%. 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.

• Information governance training has dropped just below the threshold this month to 94.7%. This relates to a drop in Support services, Forensic and LD, ASD, ADHD care groups and targeted action is in place to ensure staff are up to date with training.

• 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 September acute wards have worked above establishment.
• Demand into the Single Point of Access (SPA) and capacity issues have led to ongoing pressures in the service, workforce challenges are continuing to compound these problems. The Care Group has completed a trust wide review of the SPA as part of the Improving Access to Care (IATC) priority programme and an action plan is currently being developed.
• SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. However, we continue to meet the access standard for assessed within 14 days of referral in all localities.
• Access to tier 4 beds and specialist residential care for children remains a risk and currently more challenging due to pressures within the current provider. Work continues across local systems to ensure that care is provided in the best place for children who are waiting for a bed. Concerns have been escalated by the executive trio to the CAMHS inpatient provider collaborative executive trio.
• There were no patients admitted to an adult bed under the age of 18 years old during the month. 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.

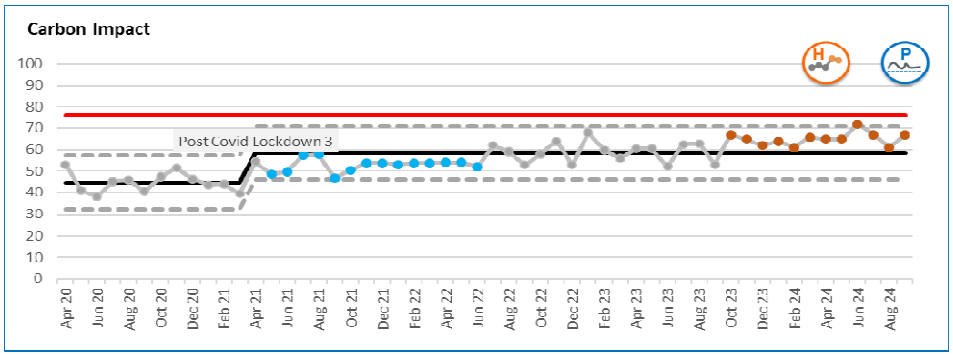
Finance

• The Trust financial target for 2024 / 25 is breakeven with expenditure in line with the income we receive. For the year to date a position of £1.0m deficit has been reported. This is a reduced deficit from August 2024 with additional one off income reported as planned. Overall in month performance is worse than plan which has increased the year to date variance to £2.1m worse than plan.
• Agency expenditure run rate has continued to fluctuate. September is the second month of reductions which followed 4 months of increases earlier in the year. Spend reduced in September to £492k which is £14k less than the previous month. The provider collaborative spend in month was £58k.
• Actions continue to maximise the Trust cash position. This has been reducing in recent months but is broadly the same level in September. This is positive in month as the bi-annual Public Dividend Capital payment has been made and additional cash has been utilised for the Trust asset purchase. Actions will continue.
• 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.
• Pay expenditure has returned to a similar level as in July 2024. The reduction in August was partially accounted for by the estimate for Specialty Doctor pay awards which were paid lower than calculated.

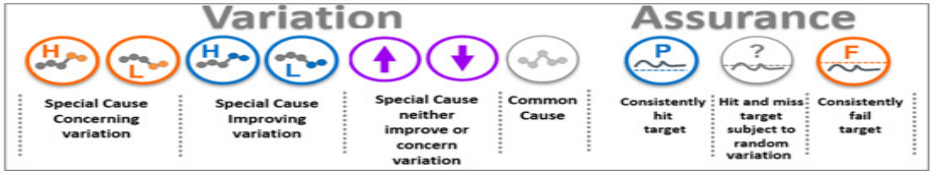
Improving health

Metrics	Threshold	Jul-24	Aug-24	Sep-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	232 - All staff (16.8%) 101 - excl medics (8.5%)	240 - All staff (17.1%) 105 - excl medics (8.7%)	241- All staff (17.1%) 103 - excl medics (8.5%)		It is important that our workforce reflects the communities that we serve. As an employer we are committed to developing and supporting an inclusive workforce and have. Having a clear understanding of the equality data of our workforce is important which is why we carefully monitor this across our workforce.
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.3%	95.9%	95.4%		
Percentage of service users who have had their equality data recorded - disability	50%	47.1%	46.1%	45.0%		A statistical approach is being undertaken in order to work out a target that will be adjusted based on actual performance each month. The target continues to be reviewed and future plans for adjustment will continue to be monitored in line with our refreshed strategic aims. 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		58.6%	57.8%	56.9%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)	90%	99.5%	99.5%	99.6%		
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Service timely completion - 75%	71.9% Service	81.7% Service	76.7% Service		
	Policy - 95%	97.8% Policy	97.8% Policy	97.8% Policy		
Completion of equality mandatory training	>=80%	95.6%	97.1%	96.5%		
Number of job start/work retention outcomes during month by individual placement and support service	Trend monitor	13	14	14		A single client could have multiple job starts
Number of new people accessing Individual placement and support service during month	Trend monitor	40	42	45		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	67	61	67		Data showing the carbon impact of staff travel / business miles. In September, staff travel contributed 67 tonnes of carbon to the atmosphere. There are a number of actions being put into place during 2024/25 to assist with further reduction of this. This includes a pilot to encourage car sharing, eBike pilot to encourage higher levels of active travel and we are also undertaking a communications campaign to continuously promote our message around minimising travel wherever possible.
Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	Due December 2024				Q1 - 68.7% 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.



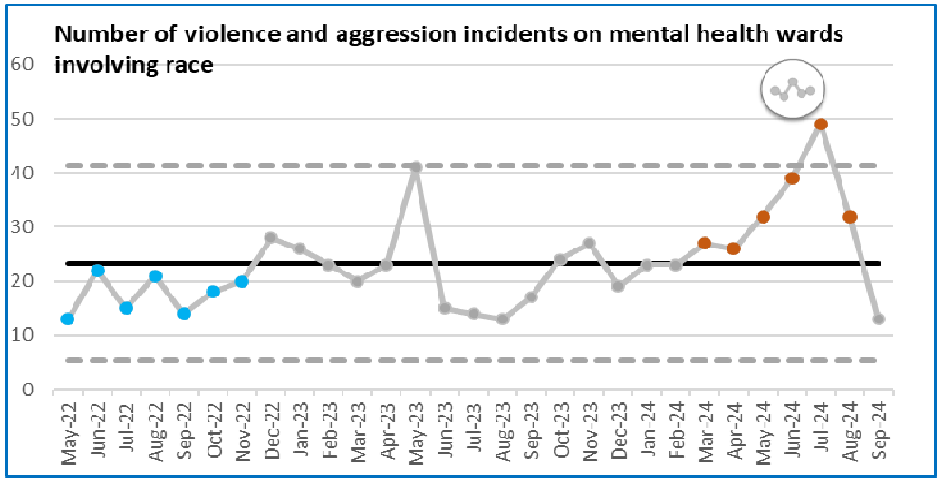
Improve Care

Metrics	Threshold	Jul-24	Aug-24	Sep-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%	93.1%	91.9%	*89.7%*		September data shows a slight deterioration in performance from the previous month within inpatient services and a slight improvement within community services. Within inpatient services, all service users have a risk assessment with 105 service users having had a risk assessment within 24 hours,12 service users had a completed risk assessment but this was outside the 24 hours. For community services 39 out of 167 people are showing to not have a risk assessment – all service users without a risk assessment are followed up individually in the care group to maintain patient safety. The Care Plan and Risk Assessment Improvement Group review challenges with performance and review for improvement opportunities. Opportunities include making the data easier to review for performance figures and adding pop up reminders to the system, both of which are being explored. Communications and narrative about the importance of risk assessments and timeliness of this is being developed to share. In addition to this, work is taking place to develop new mental health care plans which will incorporate the staying safe plan from the risk assessment. This will result in new reporting measures for both care plans and risk assessments. Data for September is provisional and will be refreshed in next months report.
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		84.9%	76.2%	*76.6%*		
% Service users on care programme approach with a plan of care developed collaboratively	85%	96.2%	96.3%	96.4%		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 and now reflects the collaborative approach to care planning.
Registered substantive staff in post mental health and learning disabilities services	Establishment - 1315	1099	1105	1109		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	160	158	155		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	49	32	13		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)	July - 155 Aug - 155 Sept - 150	111	124	138		National target is zero inappropriate out of area bed days. 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. 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 placements regardless of commissioner.
% service users clinically ready for discharge	<=3.5%	3.8%	4.9%	4.8%		Performance in month 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	417	224	236		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	672	634	685		

Improve Care Continued

Metrics	Threshold	Jul-24	Aug-24	Sep-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%	79% 48/61	82% 53/65	96% 48/50		Improvement work on waiting list times in community learning disability services has led to an overall improvement and the service have achieved the 18 weeks standard for the month of September, reporting 96%. The learning disability team have robust oversight of all waits and are carrying out profession specific actions to address waits within individual disciplines.
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	80%	91.2%	91.0%	94.1%		
Community health services two hour urgent response standard	70%	92.0%	91.6%	91.6%		
Referral to assessment within 2 weeks (external referrals)	75%	90.9%	92.2%	86.4%		

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 September 2024 due to the continued decrease in the number of violence and aggression incidents against staff on mental health wards involving race, we have entered a period of common cause 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	Jul-24	Aug-24	Sep-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (Cumulative)	Breakeven	(£1,513k)	(£1,813k)	(£1,009k)		The Trust financial target for 2024/25 is breakeven. The financial position has improved in month with a surplus of £0.8m recorded supported by non-recurrent measures. However this is a lower surplus than planned.
Capital spend against plan (Cumulative)	£8.1m	£1,656k	£1,674k	£1,894k		The Trust capital allocation for 2024/25 is £8.1m. Expenditure for the year to date, is £1.8m which is now behind plan. Previous months have been ahead of plan. The delivery of schemes in year are being assessed and mitigations identified to ensure that the allocation is appropriately utilised in full.
Agency spend managed within the overall workforce (Monthly)	3.5% £6.7m	£550k	£507k	£492k		There was sustained reduction in agency spend in 2023/24. Spend in 2024/25 has fluctuated around a similar level. Spend is £15k less than last month. The adult secure provider collaborative spend in month was £58k.
Financial sustainability and efficiencies delivered over time (monthly)	£22m	£1,366k	£1,758k	£2,066k		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)	£21,751	£21,567	£21,756k		Pay expenditure has returned to a similar level as in July 2024. The reduction in August was partially accounted for by the estimate for Specialty Doctor pay awards which were paid lower than calculated.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	6				Four 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 a slip, trip or fall has been referred to occupational health and adjustments put into place for safe working.
Estates Urgent Response Times - Service level agreement (SLA)	95%	95.0%	96.0%	96.8%		Service level agreements 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	Jul-24	Aug-24	Sep-24	Variation/ Assurance	Notes
Turnover external (rolling 12 months)	>12% - 13%<	9.7%	8.0%	8.2%		Turnover continues 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	2.2%				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%	4.9%	5.0%	5.1%		Further detail around sickness absence is provided in the relevant section of this report.
Workpal appraisals - rolling 12 months	Jul 24 91% Aug 24 93% Sep 24 onwards 95%	85.0%	86.7%	89.1%		The appraisal rate has increased further this month but remains below trajectory. The impact of strong recruitment numbers last year means that more staff are now eligible for appraisal. Every Care Group (including Support Services) has improved it's uptake rates from last month. The number of staff eligible for appraisals has continued to rise as a higher number of staff have now been in the Trust over 12 months following new starters experienced in the last financial year. Although performance has increased to 89.1% this is still below the 90% amber threshold.
% 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%	84.9%	83.3%	81.8%		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 and August data has been refreshed.
Mandatory training - Cardiopulmonary resuscitation	80%	80.2%	80.7%	82.0%		In order to maintain a safe environment, inpatient services ensure access to appropriately cardiopulmonary resuscitation trained staff on each shift. Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).
Mandatory training - Reducing restrictive physical interventions (RRPI)	80%	74.9%	75.8%	76.1%		The learning and development team and RRPI team, are working together to maximise the training places available and are taking a targeted approach to booking staff onto refresher training which has seen a positive impact over recent months. Rostering is used to ensure that wards have access to appropriately trained staff. Wards with high acuity and lower training levels are prioritised for training places.
Mandatory training - Fire	85%	91.1%	90.8%	90.4%		Threshold increased from >=80% in June 24.
Mandatory training - Information governance (IG)	95%	95.7%	95.5%	94.7%		

Quality Headlines

Section	KPI	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	TBC	73.3%	75.6%	86.0%	84.6%	84.5%	83.3%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	17% (4/23)	21% (5/24)	6% (1/18)	0% (0/11)	32% (7/22)	33% (8/24)	1
	Complaints - Number of responses provided within six months of the date a complaint received [16]	100%	72.7% (8/11)	77% (17/22)	50% (2/4)	81% (13/16)	66% (6/9)	85% (11/13)	
Service User Experience	Friends and Family Test - Mental Health	84%	92%	92%	91%	92%	93%	90%	1
	Friends and Family Test - Community	95%	97%	97%	96%	98%	97%	97%	1
Quality	Number of compliments received	N/A	12	26	7	65	92	54	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	12	14	9	7	12	6	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	0	0	1	0	1	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	0	0	0	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	95.3%	95.2%	95.4%	96.2%	96.2%	96.4%	1
	Number of Information Governance breaches [3]	<12	8	11	9	5	6	5	2
	% of inpatients clinically ready for discharge	3.5%	2.3%	2.1%	2.7%	3.8%	4.9%	4.8%	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%*	92.7%	94.4%	94.1%	93.1%	91.9%	*89.7%*	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		78.5%	68.1%	76.5%	85.0%	76.2%	*76.6%*	2
	Total number of reported incidents	Trend monitor	1415	1484	1300	1481	1431	1264	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	25	34	25	22	34	39	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	0	1	5	8	3	2	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	0	1	1	1	0	1	
	Safer staff fill rates	90%	130.8%	130.0%	132.5%	132.4%	131.3%	129.4%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	107.1%	105.2%	101.8%	101.4%	98.6%	100.6%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Trend monitor	28	44	25	43	42	54	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	0	2	1	1	1	0	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%	100% (17/17)	95% (20/21)	100% (5/5)	72.7% (8/11)	100% (14/14)	92.3% (12/13)	1
	Number of Falls (inpatients)	Trend monitor	41	39	63	50	53	47	
	Number of restraint incidents	Trend monitor	256	226	153	195	257	196	
	% of staff receiving supervision within policy guidance [15]	80%	78.0%	81.7%	83.5%	84.9%	83.3%	81.8%	2
	Potential under-reporting of patient safety incidents								
	% people dying in a place of their choosing [14]	80%	100.0%	81.8%	90.6%	87.9%	87.5%	87.1%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	1	1
	C Diff avoidable cases	0	0	0	0	0	0	1	1
	E. Coli bloodstream infection rate	0	0	0	0	0	0	1	
	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 September.

• The overall number of restraint incidents in September was 196 which is within acceptable range although the Trust is seeing an overall increase in incidents. 48 of these incidents were attributed to Horizon centre. 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.

• % of feedback with staff attitude as an issue - a piece of work is taking place to look at how these complaints are captured and categorised and to identify early learning from issues as they emerge.

• Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - there were no instances reported in September which is for the second consecutive month this year.

• Clinically ready for discharge (previously delayed transfers of care) - This has decreased slightly to 4.8% 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 hotspot 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 September there were 47 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 reported 1 prone restraint incidents having a duration of greater than 3 minutes during September, this was 1 out of 13 incidents in total. See Reducing Restrictive Physical Interventions (RRPI) section for further information.

• There has been 1 case of E.coli bacteraemia, 1 case of Clostridium difficile (relapse), 0 cases of MRSA bacteraemia and MSSA bacteraemia. Case review undertaken for E.coli bacteraemia and no issues identified for learning. Clostridium difficile case is a relapse and findings will be added to acute trust post infection review and go through their PSIRF process.

Patient Safety

Patient Safety Incident Response Framework (PSIRF)

As reported in the previous Integrated performance report, we have been working on our preparations for implementing the Patient Safety Incident Response Framework. The Trusts PSIRF plan and policy went live date of the 1st December 2023.

Since launching PSIRF on 1 December 2023, we have:

• Reviewing linked policies and procedures
• Refining our guidance for learning responses using PDSA
• Reviewing incidents against our PSIRF Plan
• Supporting services with considering if incidents meet the plan and if so what improvement work is already in place
• Developing the format of the Patient safety oversight group (PSOG) to align with PSIRF
• Updated Datix to reflect our processes for PSIRF

Patient Safety Training

Training for all staff (level 1) and essential to job role (level 2) is available on the Electronic Staff Record. Level 1 became mandatory from April 2024. This is currently progressing well at 96% completed.

Patient Safety Partners

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

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.

World Patient Safety Day (17th September)

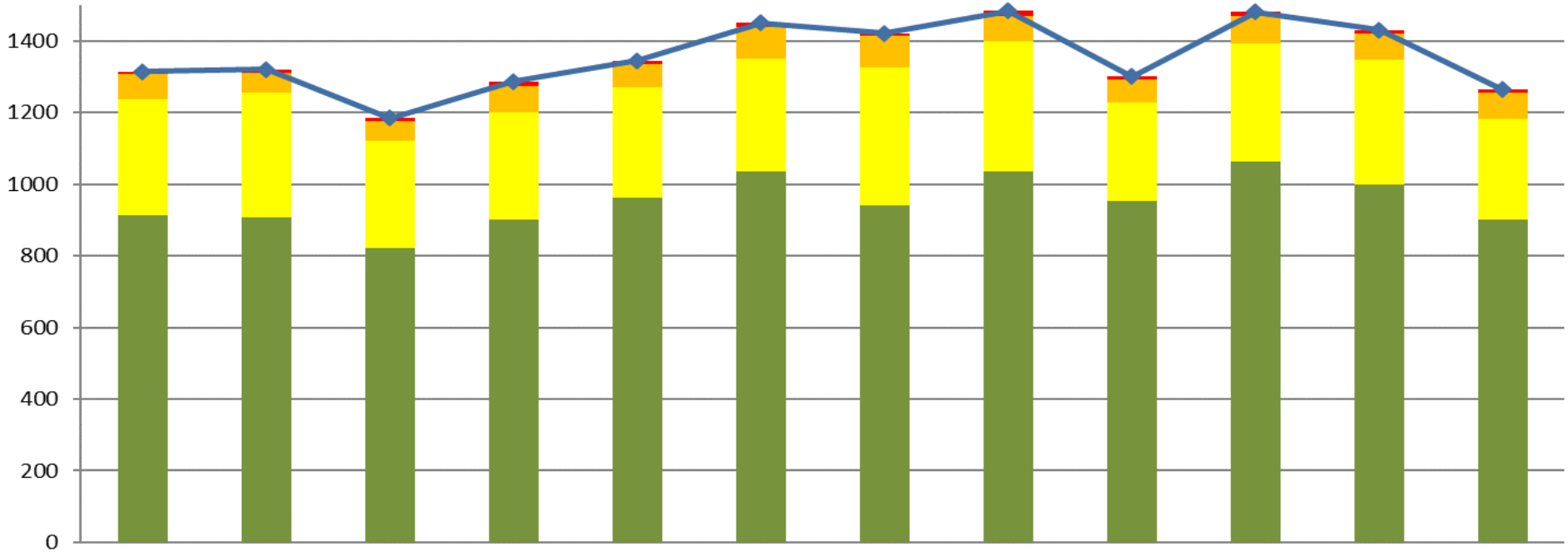
11th September in the large conference room in Fieldhead, which had a focus on reducing falls. Patient safety pledges from staff have been placed on the intranet.

Safety First

Summary of Incidents

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

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



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Red (should not be compared with SIs)	8	9	9	14	10	12	9	14	8	11	10	8
Amber	69	56	54	73	65	90	88	71	65	76	73	74
Yellow	324	349	301	300	309	313	384	362	275	330	349	281
Green	914	907	821	900	961	1036	941	1037	952	1064	999	901
Total	1315	1321	1185	1287	1345	1451	1422	1484	1300	1481	1431	1264

Safety First cont…

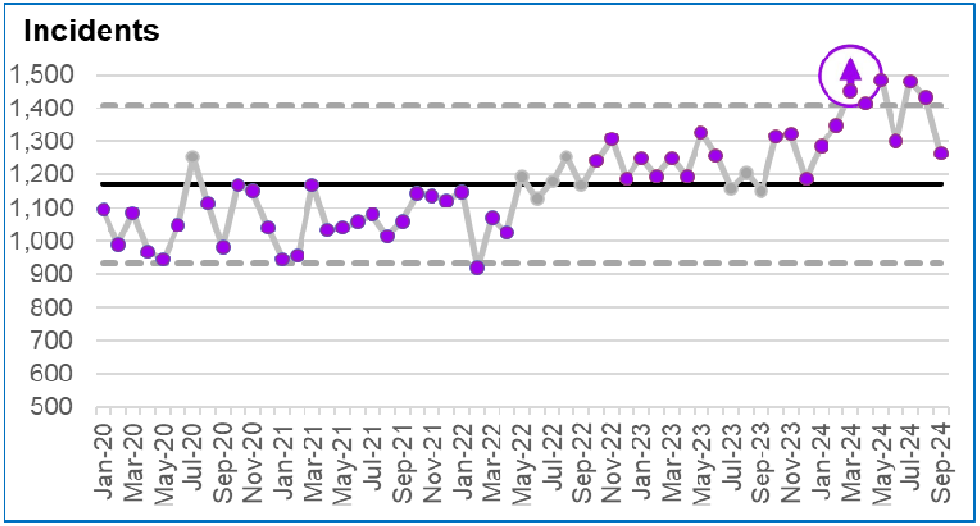
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

Breakdown of incidents in September 2024
39 moderate harm incidents:
The most common incidents were pressure ulcers.

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

Sadly there was one patient safety related death in September.

Incidents



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

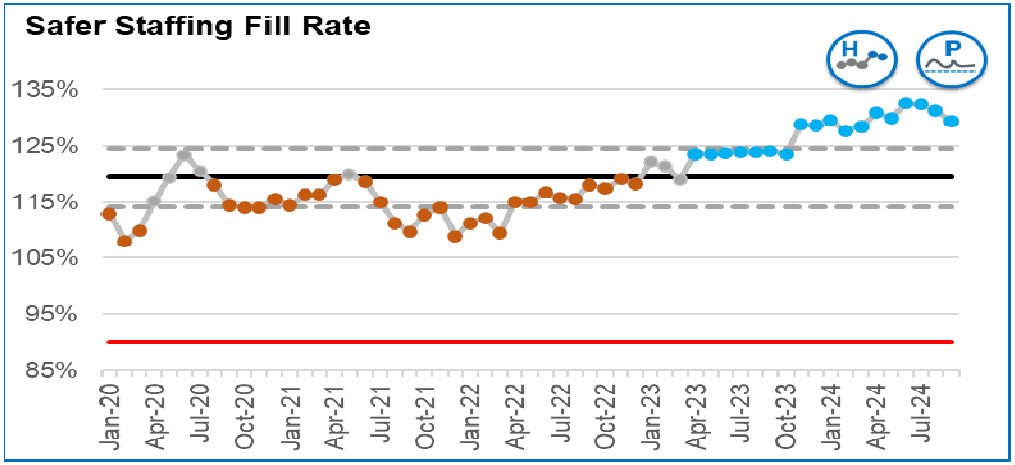
If you would like to attend or share your learning from experience with the learning network, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

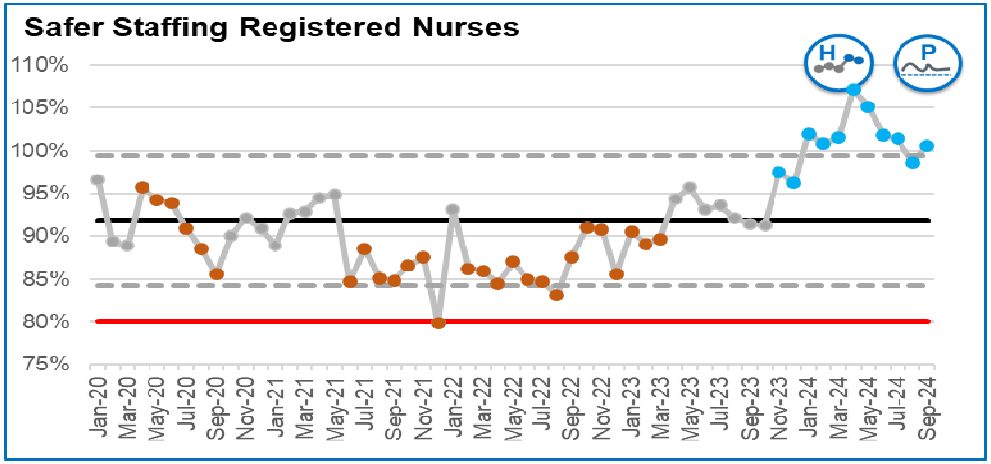
Patient Safety alerts not completed by deadline of September 2024 - zero.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2024/010/NHSPS	Risk of oxytocin overdose during labour and childbirth	24/09/2024	No - alert not applicable to Trust	24/09/2024	24/09/2024

Safer Staffing Inpatients



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

- There was a significant decrease of 6.15% in September on demand.
- We would expect a slight decrease following summer school holidays and less childcare demands however, in 2023 in the same time period there was an increase of 1.45% in demand.
- Within the flexible staffing pool there were a total of 381 less shift requests, however the overall fill rate decreased slightly 0.11% to 92.81%.
- Interestingly following the successful recruitment campaigns for band 5s throughout 23/24 we have received 190 less requests for Registered Nurses (RNs) this September in comparison with 2024.
- Within overall fill rates there was a decrease in the fill rates of Adult and Older Peoples Care Group of 7% to 136% whilst Barnsley Integrated Services and Forensic Care Groups increased by 2% (108%) and 6% (122%) respectively.
- We continue to scrutinise flexible staffing usage in our temporary staffing scrutiny and e-rostering groups.
- We have stopped registering any new agency health care assistants (HCA) 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 and we will be looking at producing a proposal in November for initiating this in line with our agency reduction in the post festive period.
- 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.
- SafeCare was introduced into the last of the mental health wards and a refresh period will now be undertaken to support the wider usage within services who had this some time ago. This will begin with the Unity Centre in November.
- The overall fill rate had a decrease of 1.9% to 129.4%. The day fill rate for RNs increased by 3.4% to 99.1%. Two wards, a decrease of two on August, Hepworth and Priestley within the Forensic Care Group, fell below the 90% RN day fill rate. They were supported through local escalation plans.
- In September no ward fell below the 90% overall fill rate threshold.

Safer Staffing Inpatients cont…

Registered Nurses Days
There was an increase of 3.4% in overall registered Day fill rates to 99.1% in September compared with the previous month.

Registered Nurses Nights
There was a decrease of 1.8% in overall registered Night fill rates to 114.1% in September compared with the previous month.

Overall Registered Rate: In September the overall registered fill rate increased by 2.0% to 100.6%.
Overall Fill Rate: 129.4% (a decrease of 1.9% on the previous month)

Registered day rate	Jul-24	Aug-24	Sep-24
Adults and Older People	98%	98%	99%
Barnsley Integrated Services	132%	118%	130%
Forensic and LD	92%	88%	94%
Overall shift fill rate	**98%**	**96%**	**99%**

Registered night rate	Jul-24	Aug-24	Sep-24
Adults and Older People	116%	115%	114%
Barnsley Integrated Services	103%	104%	101%
Forensic and LD	118%	120%	116%
Overall shift fill rate	**116%**	**116%**	**114%**

Overall Fill Rate	Jul-24	Aug-24	Sep-24
Adults and Older People	145%	143%	136%
Barnsley Integrated Services	114%	106%	108%
Forensic and LD	114%	116%	122%
Grand total	**132%**	**131%**	**129%**

- Bank staff filled 79.27% (an increase of 1.33% on the previous month) of RN requests for flexible staffing and 82.56% (an increase of 0.51% on the previous month) of HCA requests.
- Agency staff filled 6.94% (an increase of 2.03% on the previous month) of RN requests for flexible staffing and 11.18% (a decrease of 1.29% on the previous month) of HCA requests.

Information Governance (IG)

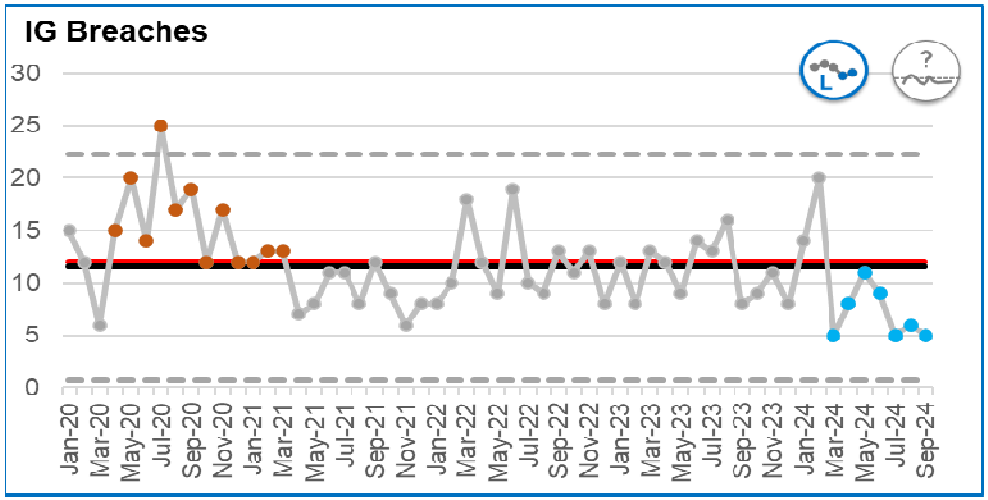
Five personal data breaches were reported during September 2024, which is slightly lower than the number reported during August and continues to be one of the lowest so far during the current financial year.

All breaches this month related to information disclosed in error.

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 an improvement plan in place to reduce the number of breaches being reported.

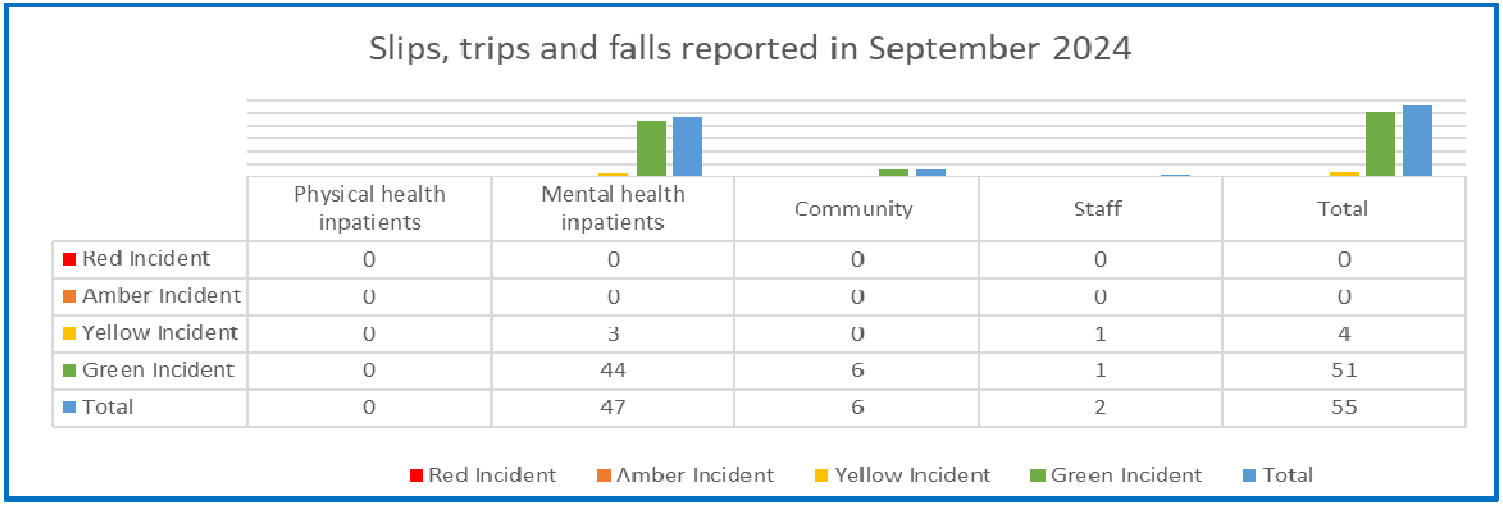
There are currently no open complaints with the Information Commissioner's Office.

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



Trustwide Falls

In September 2024, a total of 55 slips, trips and falls were reported. 47 of these were in inpatient wards.
The current rate of inpatient falls in September 2024 is 3.55 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	0	0	0	0
Yellow Incident	0	3	0	1	4
Green Incident	0	44	6	1	51
Total	0	47	6	2	55

• Stroke and Neurological inpatient services have reported no falls in September. They were very proactive during falls awareness week, creating a falls style escape room improving staff education, and a falls discussion board and quiz for patients and visitors

• Post falls protocol completion has averaged 92% this month, with a continued good response from staff

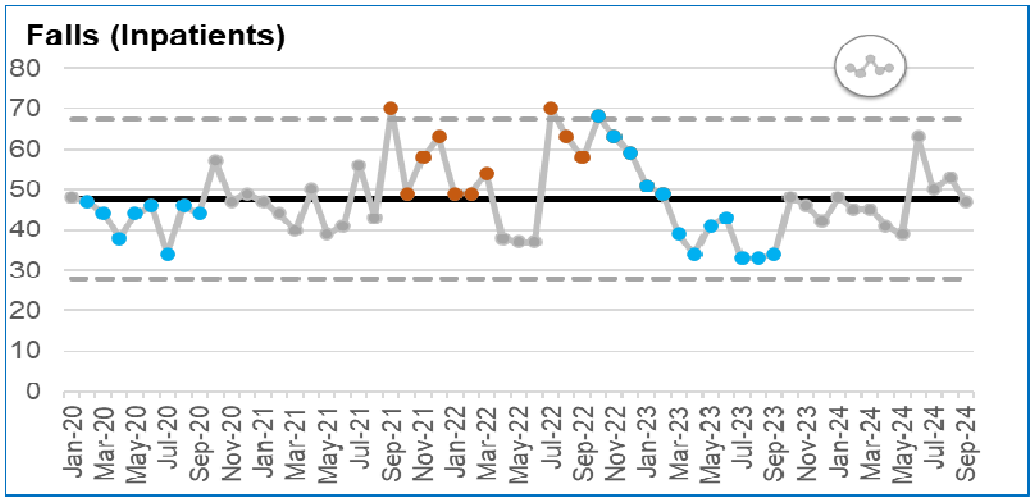
• 90% of patients had a good quality falls risk screen (FRAT-18) completed within 24hrs of admission, 4 patients (10%) had a FRAT completed after this time frame

Incident Grading
No red or amber incidents.
Yellow: A total of 4 (7%) reported safety events needing higher levels of intervention linked with self-inflicted injury, repeated falls due to infection, and a member of staff fractured their arm when attending a staff away day.
Green: A total 51 (93%) reported safety events had low or no harm recorded. Three (6%) of these reported patient falls occurred when not on the ward, for example on leave at home.

Inpatient falls had a high correlation with:
• 12 falls (26%) were directly linked with increased agitation and aggression leading to the fall
• 11 falls (23%) were by 3 patients with complex mental and physical health needs
  - These falls were also related to increased agitation, infection, and dementia
• 20 (43%) falls occurred for patients <65yrs old. These were following for example self-harm activity, bradycardia from medication, slipping when exercising, on leave from the ward and bending over to pick something up
• 18 (38%) falls occurred where patients had no significant history of falls. Reports included falls related to hallucinations, agitation, tripping over their medical aid, falling on leave at home, and general slips with no precipitating facts identified
• 22 falls (57%) for patients known to have reduced physical health and deconditioning
  - 15 (69%) of these patients also have a diagnosis of dementia

Falls (Inpatient)

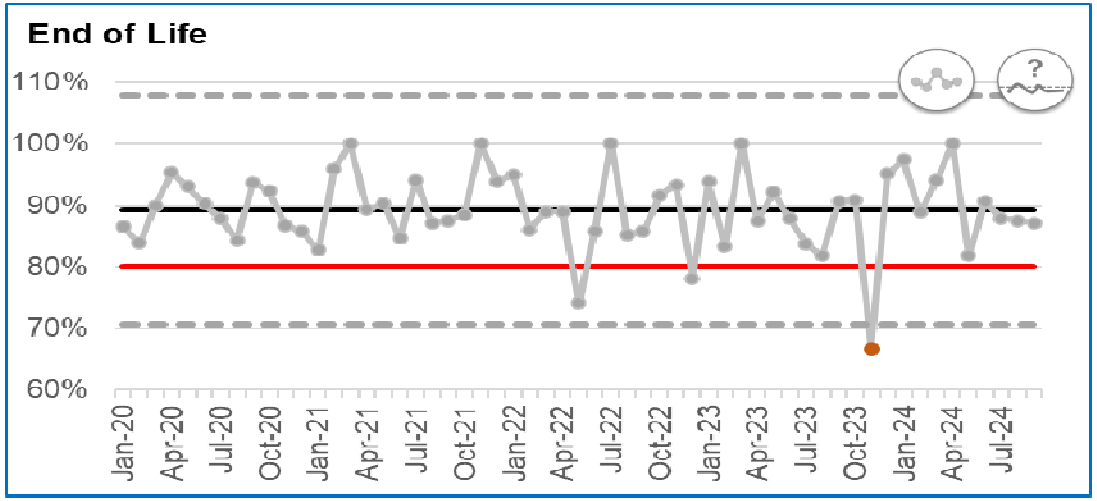
The total number of inpatient falls was 47 in September.



The SPC chart above shows that in September 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 87.1% in September. 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 September 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
- 90% would recommend mental health services

	Target	July	August	September
Mental health community	85%	93% (277)	96% (247)	92% (140)
Mental health inpatient	85%	90% (58)	89% (104)	95% (43)
Learning Disabilities	85%	95% (19)	86% (14)	100% (5)
ASD/ ADHD	85%	95% (21)	100% (32)	71% (17)
CAMHS	75%	94% (31)	97% (32)	90% (30)
Forensic	60%	79% (34)	83% (59)	72% (14)
Mental health overall	84%*	**92% (440)**	**93% (488)**	**90% (249)**
Barnsley Physical Health	95%	**98% (361)**	**97% (269)**	**97% (319)**
Trustwide	**85%**	**95% (801)**	**94% (757)**	**94% (568)**

** weighted for 2023/24*

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

Satisfaction for mental health inpatients and learning disability services increased in September. Other services showed a slight decline, however, all except ASD/ADHD services remain above target.

There has been a decline in the number of FFT cards received during September for mental health community. This is being reviewed by the Quality Governance Team (QGT).

A schedule of promotion of friends and family test is being prepared to run through comms internally and on Trust social media throughout October.

Safeguarding

Safeguarding Adults:
In September 2024 there were 47 Datix categorised as safeguarding adults, 20 were categorised as green, 22 were categorised as yellow, five amber incidents and no red Datix. The most common subcategories of these were neglect, psychological/emotional abuse and physical abuse.

In addition to the safeguarding adults Datix, there were 14 sexual safety Datix; there were seven green incidents and five yellow, two amber and zero red incidents.

Safeguarding Children:
In September 2024 there were 17 Datix submissions categorised as safeguarding children. Ten were classified as yellow incidents and seven were classified as green incidents. This is a reduction in incidents from August. The most common subcategories of these were child protection and physical abuse.

Complaints

• There were 24 new formal complaints received in September. This remains in line with previous months.
• There were 13 responses to formal complaints provided during September and of these 11 of them were within the six month statutory time frame. This is 85% of all responses sent which shows consistent improvement in meeting this target.
• There were seven complaints awaiting allocation to a customer services officer at the end of September and this was due to a high annual leave period. This is short term and these are expected to be allocated without delay.
• There were eight complaints where values and behaviours (staff) were identified as a primary reason for the complaint. The details have been shared with the care groups for review.
• The Trust received 54 compliments in September

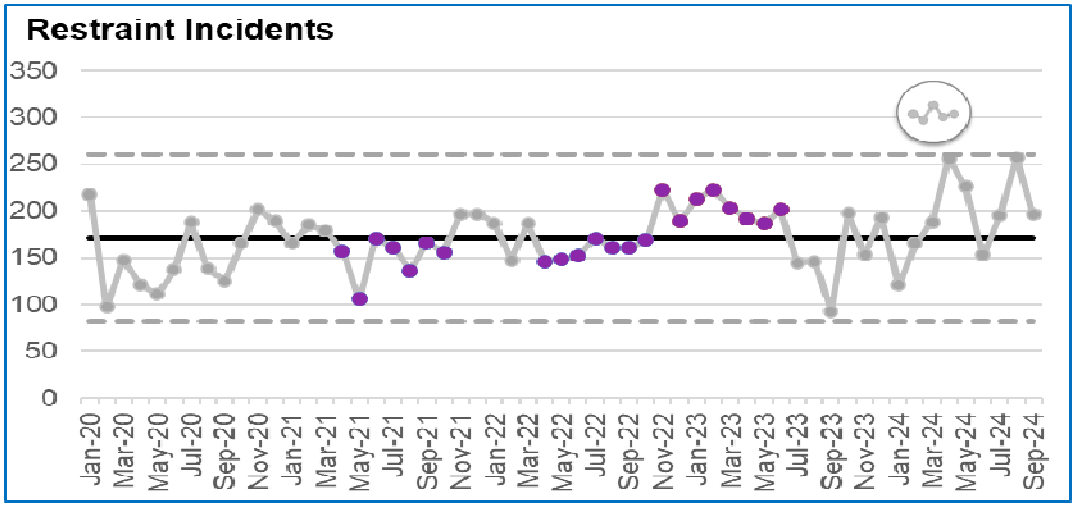
Reducing Restrictive Physical Intervention (RRPI)

• There were 196 reported incidents of Reducing Restrictive Physical Interventions used in September 2024 this was a reduction of 61 (23.7%) from August 2024 that stood at 257.
• In September 2024 prone restraint (those remaining in prone position and not rolled immediately) was reported 13 times a reduction of 1 (7%) from August 2024 that stood at 14.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	116	42.5%
Seated	52	19.0%
Safety Pod	47	17.2%
Supine - held on their back, regardless of surface	18	6.6%
Side	16	5.9%
Prone descent then remained in chest down position	11	4.0%
Service User placed self in prone and staff immediately let go or rolled	5	1.8%
Restricted escort	4	1.5%
Kneeling	2	0.7%
Prone descent then immediately rolled to other position side/back	1	0.4%
PILOT AREAS ONLY v3 Safety Pod Technique (IM administration then exit)	1	0.4%

Team Using Prone Restraint	Sep-24
Stanley Ward, Wakefield	3
Melton PICU, Barnsley	2
Walton PICU	2
Appleton, Newton Lodge, Forensic BDU	1
Chippendale, Forensic	1
Crofton Ward (OPS), Wakefield	1
Hepworth Ward, Newton Lodge, Forensic	1
Sandal Ward (Bretton Centre)	1
Ward 18, Priestley Unit, Kirklees	1

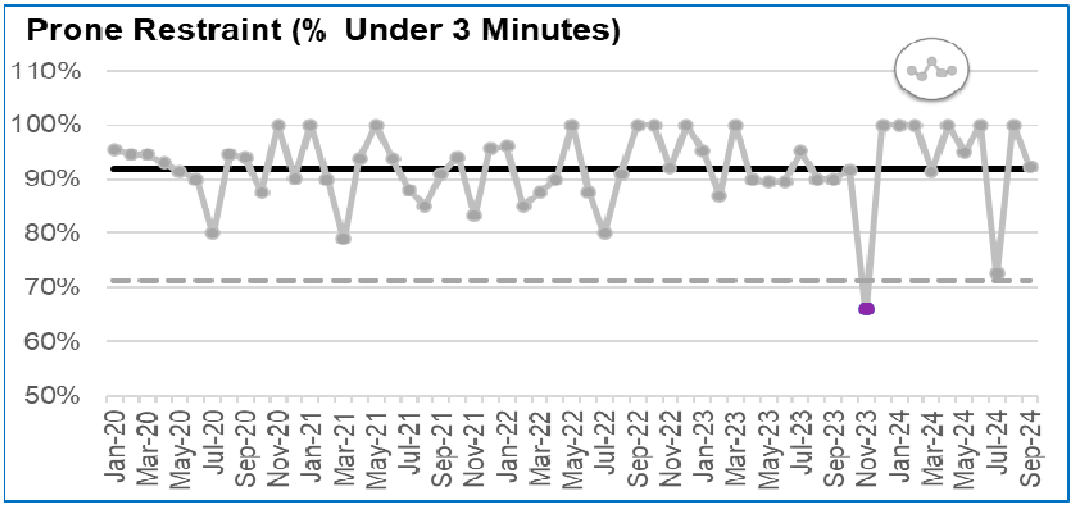
Duration of Prone Restraint	Sep-24
0 - 1 minute	12
3 - 4 minutes	1

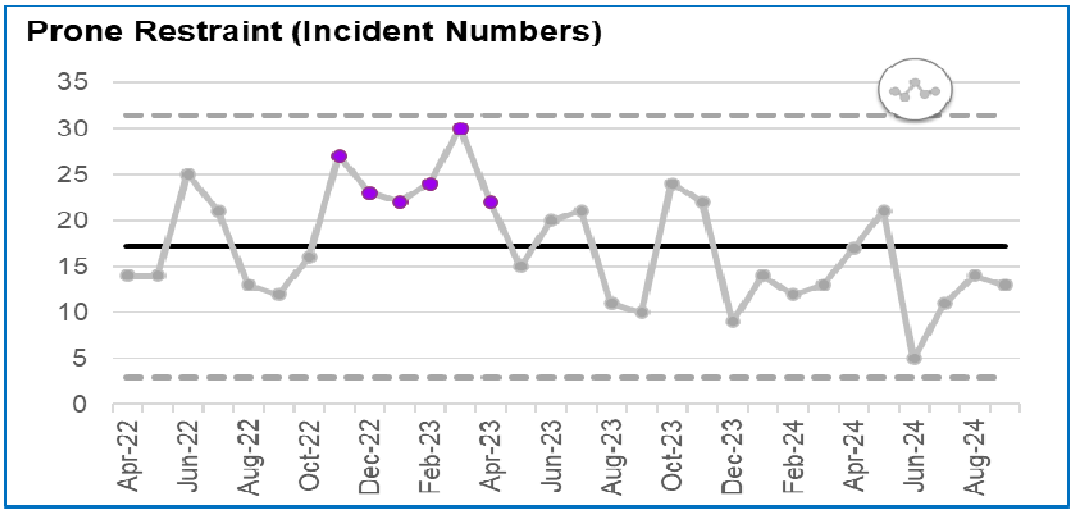


This SPC chart shows that in September 2024 we remain in a period of common cause variation (no concern).

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

Reducing Restrictive Physical Intervention (RRPI)





The circumstances where prone is used will be influenced by the level of concern during the incident. Improvement work is underway with regards to minimising prone restraint during seclusion exit or when administering intra-muscular medication.

The number of prone restraints has decreased in September 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Establishment	Improving Resources	Well Led	-	5469.4	5451.0	5459.1	5461.6	5451.4	5460.1
Contracted Staff In Post (Ledger)			-	4655.9	4682.4	4673.6	4688.2	4720.5	4738.8
Vacancies			-	813.5	768.8	785.5	773.3	730.9	721.4
Turnover external (12 months rolling)			>12% - <13%	10.0%	9.9%	9.4%	9.7%	8.0%	8.2%
Starters			-	56.4	36.2	34.8	39.0	37.4	56.6
Leavers			-	20.2	33.0	27.2	23.1	41.4	51.3
International Nurse Starters in Month			-	0	0	0	0	0	0
% Bank Fill Rates - Registered Nurses			-	67.9%	75.1%	79.3%	79.3%	79.3%	80.6%
% Bank Fill Rates - Health Care Assistants			-	84.7%	86.7%	87.0%	83.1%	82.1%	82.6%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)			-	92.0%	93.4%	94.1%	93.6%	92.9%	92.8%
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) *			-	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%)	241- All staff (17.1%) 103 - excl medics (8.5%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			-	971 (70.3%)	984 (70.5%)	958 (71.4%)	984 (71.1%)	996 (70.9%)	998 (70.7%)
Sickness absence - YTD			<=5% from June 24 was <=4.8%	4.8%	5.0%	5.0%	4.9%	5.0%	5.1%
Sickness absence - Month				3.6%	4.7%	4.8%	5.2%	5.1%	5.5%
Employees with long term sickness over 12 months			-	0	0	4	0	1	1
Appraisals - rolling 12 months			Jun 24 - 89% Jul 24 - 91% Aug 24 - 93% Sep 24 onwards 95%	87.4%	87.1%	84.4%	85.0%	86.7%	89.1%
Employee Relations - Suspensions (over 90 days)			-	1	2	1	1	1	1
Mandatory Training - TOTAL	Improving Care		>=80%	92.5%	93.0%	92.6%	93.0%	93.2%	93.0%
Mandatory Training - Reducing Restrictive Practice Interventions				68.3%	74.0%	72.8%	74.9%	75.8%	76.1%
Mandatory Training - Cardiopulmonary Resuscitation				79.4%	80.7%	80.3%	80.2%	80.7%	82.0%
Mandatory Training - Clinical Risk				96.6%	93.8%	93.3%	94.2%	95.2%	95.3%
Mandatory Training - Display Screen Equipment				97.4%	97.1%	97.1%	97.3%	97.6%	97.9%
Mandatory Training - Equality & Diversity				95.8%	96.6%	96.7%	97.2%	97.0%	96.7%
Mandatory Training - Fire Safety			>=85% (from June 24)	90.4%	91.1%	90.8%	91.1%	90.8%	90.4%
Mandatory Training - Food Safety			>=80%	90.2%	90.8%	91.1%	90.9%	91.0%	92.0%
Mandatory Training - Freedom To Speak Up (FTSU)				95.8%	95.9%	95.9%	96.1%	96.3%	96.5%
Mandatory Training - Infection Control & Hand Hygiene				93.3%	94.5%	94.3%	94.9%	94.6%	94.5%
Mandatory Training - Information Governance (Data Security)			>=95%	92.8%	97.1%	95.5%	95.7%	95.5%	94.7%
Mandatory Training - Moving & Handling			>=80%	97.8%	97.9%	97.7%	97.6%	97.9%	97.7%
Mandatory Training - Nat Early Warning Score 2 (New S2)				95.7%	94.5%	94.8%	95.2%	96.1%	97.0%
Mandatory Training - Mental Capacity Act/DoIs				99.6%	91.2%	90.2%	90.6%	90.7%	90.6%
Mandatory Training - Mental Health Act				89.6%	88.6%	87.7%	88.0%	88.4%	88.1%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				78.7%	83.2%	86.0%	87.6%	89.0%	89.9%
Mandatory Training - Prevent			>=80%	93.3%	94.5%	94.7%	95.1%	95.0%	95.4%
Mandatory Training - Safeguarding Adults				88.8%	89.6%	89.4%	88.8%	89.2%	90.4%
Mandatory Training - Safeguarding Children				94.1%	95.1%	95.2%	95.4%	95.5%	92.4%

Notes:

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

Staff In Post

• Although there is an increase in full-time equivalents (FTE) since last month some of these are newly funded posts and not as a result of backfilling positions. Work is ongoing to look into a better system to work closer with Finance colleagues to ensure this information is available in advance.

Vacancies

• Although our FTE are increasing, our vacancies have dropped slightly. This is as a result of the overall establishment FTE not increasing at a lower rate than the staff in post

Turnover

• Our Turnover for September has increased slightly, however this is still very low at 8.2%.

Stability

• We are consistently above 90% for stability which indicates our employees are staying with us

Sickness (Overall)

• Sickness rates have increased for a second month. Further analysis indicates this is as a result of an increase in Anxiety and stress and Gastro problems.
• The main increase in Long Term sickness appears to be in Barnsley care group (Increase of 1% in LTS) since August. Further work is being completed by the people business partner (PBP) to provide support to the operational teams.
• In addition to this we are seeing an increase in managers who are not recording reasons for sickness (Aug = 29 episodes / September = 38 episodes). Further work is required to improve the recording of sickness absence reasons.
• A new group has been established to deep dive the sickness rates in Barnsley. The group consists of members from HR (People Relations), L&D, Performance and PBPs. The purpose of the group is to better understand the sickness levels and provide recommendations to the Care group on Hot spots / priorities.

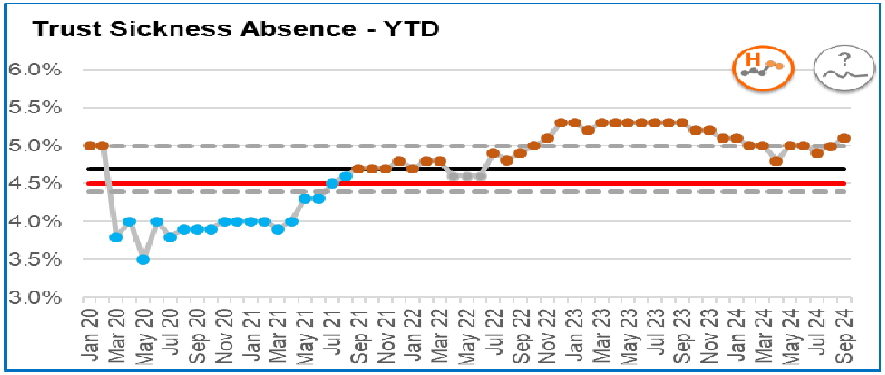
Appraisal Compliance

• Several actions have been taken to improve compliance. This includes regular conversations at OMG, support given by the People directorate. Also the PBPs have been supporting managers.
• A review paper is currently being written to demonstrate how the improvements have been made and lessons learnt.

Training Compliance

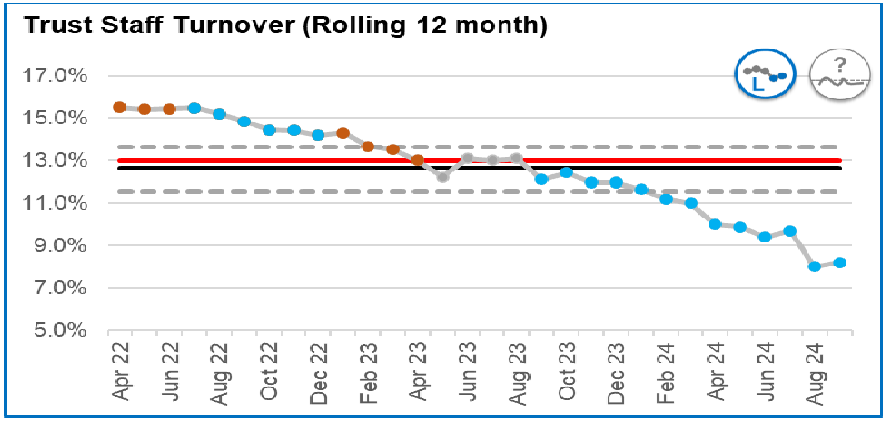
• CPR training compliance has consistently improved since June 24 (78.6%) to Sept (81.8%)
• RRPI training compliance continues to improve since June 24(72.5%) to Sept (78.2%). This is as a result of the ongoing work to deliver more RRPI training where possible.

Statistical process control charts

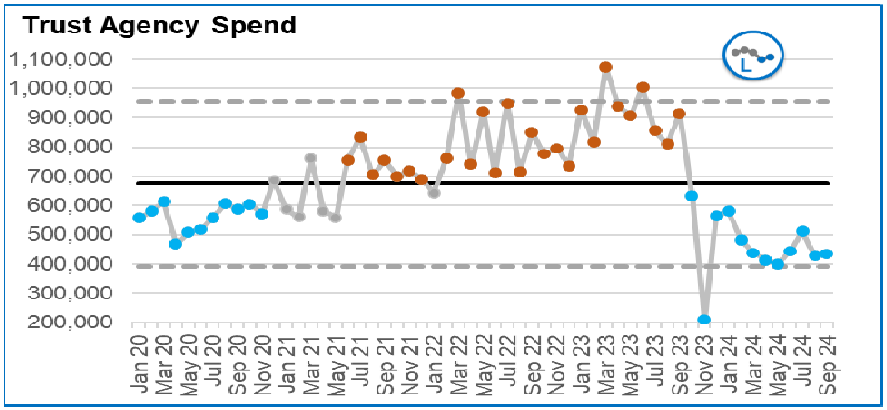


The SPC chart shows that in September 2024 we remain in a period of special cause concerning variation (something is happening and this should be investigated).

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



The SPC chart shows that in September 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 September 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.

MEDICAL APPRAISALS	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Number of doctors due to have an appraisal meeting in the reporting period	38	38		
Number undertaken in period	34	34		
Number not undertaken for which the RO accepts postponement is reasonable	4	3		
Percentage of appraisals taken place and submitted on time	90%	90%		

MEDICAL REVALIDATIONS	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Number of revalidation recommendations due in period	13	9		
Number of positive recommendations	13	9		
Number of deferrals	0	0		
Number of non-engagements	0	0		
Percentage of revalidation recommendations made	100%	100%		

RESPONDING TO CONCERNS	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Number of active cases under Maintaining High Professional Standards procedures	0	0		

National Metrics

Data as of : 24/10/2024 18:31:20

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	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 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	66	75	85	104	74	138	119	62	114	111	124	138
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	P	H	85.7%	86.1%	89.7%	81.6%	93.2%	94.1%	87.5%	90.3%	92.7%	91.4 %	86.2%	90.3%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?	L	52.8%	51.6%	54.5%	50.2%	53.9%	52.9%	52.3%	52.7%	51.1%	50.9 %	50.9%	54%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	100%	100%	99.7%	99.8%	99.9%	99.9%	100.0 %	100.0%	99.9%	99.7 %	99.5%	99.5%
M6	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	F	L	73.8%	62.8%	64%	55.8%	69.0%	65.6%	51.6%	68.2%	66.5%	65.6 %	45.8%	41.9%
M7	72 hour follow-up from psychiatric in-patient care		80%	?	L	90.8%	89.0%	91.2%	88.7%	92%	87.5%	94.6%	89.8%	89%	91.2 %	91.0%	94.1%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		2	9	23	30	28	8	29	13	1	5	5	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?	L	1	1	1	1	1	2	1	2	1	3	1	0
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.9%	98.8%	98.6%	98.8%	98.7%	99.0%	99.3%	99.0%	98.7%	99.3 %	99.4%	99.0%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P	H	99.8%	99.8%	99.8%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		100%	100%	75%	100%	66.7%	100%	n/a	100%	100%	50%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?		89.5%	93.5%	88.6%	97.1%	97.3%	97.2%	97.5%	94.1%	96.6%	100%	87.5%	84.4%
M15	Data Quality Maturity Index		95%	P	H	99.5%	99.5%	99.5%	99.5%	99.4%	99.4%	99.3%	99.5%	99.5%	99.4 %	99.5%	99.5%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P	H	99.1%	99.4%	99.2%	99.7%	99.4%	98.6%	99.0%	99.0%	99.8%	99.1 %	99.3%	100%

National Metrics

Data as of : 24/10/2024 18:31:20

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					21.6%	19.5%	19.2%	20.7%	16.9%	16%	16.3%	24%	27.6%	24.5%	24.0%	11.5%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			97.7%	98.1%	97.7%	97.7%	97.2%	96.4%	97.5%	96.6%	96.3%	96.9%	97.1%	96.6%
M34	% Clients in settled accommodation	⚠	60%	P	L	84.8%	85%	84.5%	84.6%	84.2%	83.5%	83.4%	83.5%	83.2%	83.5%	83.6%	84.0%
M35	% Clients in employment	⚠	10%	P	H	12.2%	12.3%	12.6%	13.2%	13.0%	13.5%	13.0%	13.2%	13.0%	12.6%	12.7%	12.5%
M41	Completion of a valid NHS number		99%	P	L	99.6%	99.7%	99.7%	99.8%	99.7%	99.7%	99.9%	99.9%	99.9%	99.5%	100.0%	99.5%
M42	Completion of ethnicity coding for all service users		90%	P	H	99.5%	99.4%	99.4%	99.4%	96.9%	100.0 %	99.5%	99.5%	99.4%	100.0 %	99.4%	100.0 %
M43	Community health services two hour urgent response standard		70%	P	H	88.1%	87.4%	85.3%	86.2%	87.8%	88.3%	92.8%	89.7%	89.9%	92.0%	91.6%	91.6%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500			1726	1844	1303	1700	1559	1336	1661	1589	1618	1963	1579	1804
M47	Virtual ward occupancy		80%			57.5%	78.8%	64.3%	81.4%	95.7%	101%	82.7%	94.3%	81.4%	91.4%	70%	82.9%
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				L	14588	14582	14398	14469	14386	14287	14127	14105	13993	1393 6	13769	13655
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months				L	11172	11239	11062	11143	11080	11058	10932	11008	10957	1093 6	10711	10732
M171	% Admissions gate kept by crisis resolution teams		95%			100%	97.9%	100%	98.1%	98.8%	95.7%	98.8%	98.1%	95.6%	97.4%	97.9%	97.5%
M178	Talking Therapies - Reliable Recovery					49.4%	48.6%	51.0%	47.5%	50.7%	50.4%	50.4%	50.4%	48.5%	47.8%	49.7%	50.8%
M179	Talking Therapies - Reliable Improvement					66.4%	66.6%	64.3%	66.8%	69.4%	64.6%	69.7%	68.0%	69.3%	66.2%	68.9%	70.4%
M181	Women Accessing Specialist Community Perinatal Mental Health Services					1221	1203	1177	1203	1214	1188	1209	1221	1216	1232	1228	1305
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)					6	3	4	7	7	6	5	3	4	4	6	4
M183	Incomplete Referral to Treatment (RTT) pathways of 65 weeks or more		0	P		0	0	0	0	0	0	0	0	0	0	0	0
M184	New RTT pathways (clock starts)		1700		H	1716	1867	1383	1811	1843	1745	1822	1967	1789	2061	1845	2088
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment					666	650	485	597	631	486	604	572	527	554	544	517
M188	Community services waiting list, over 52 weeks					45	29	18	9	9	5	4	2	5	2	0	0

National Metrics

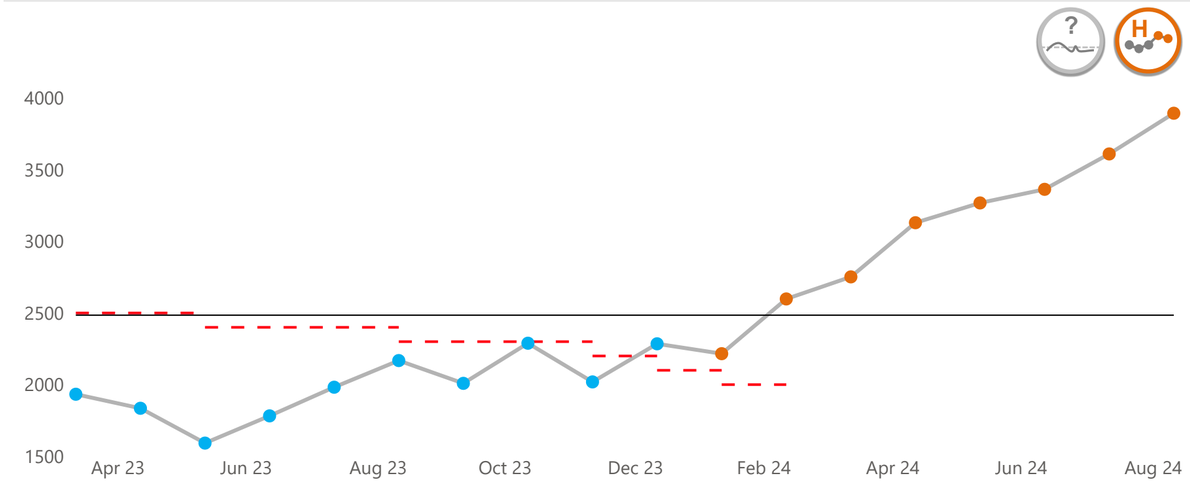
Data as of : 24/10/2024 18:31:20

NHS South West Yorkshire Partnership NHS Foundation Trust

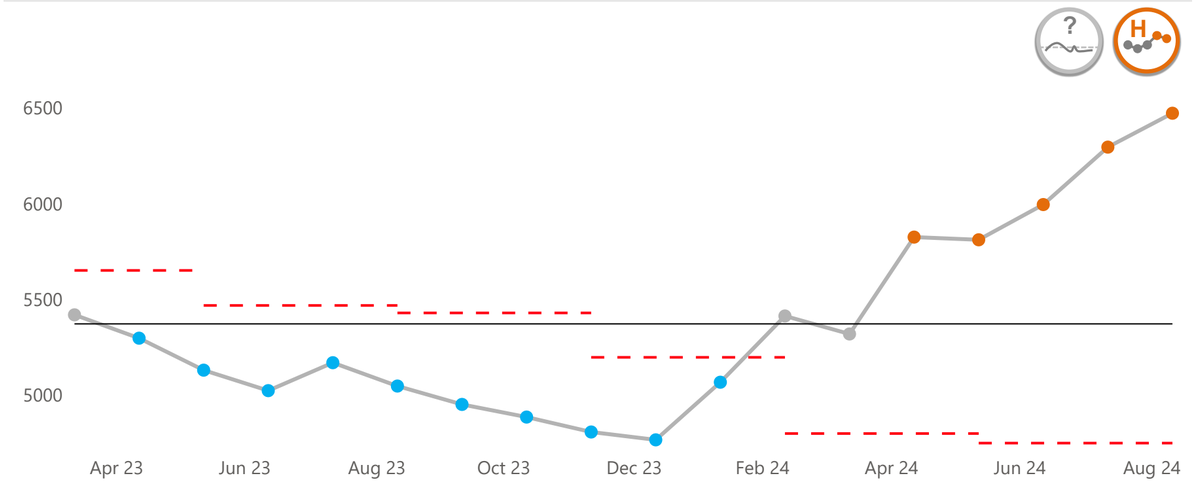
The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

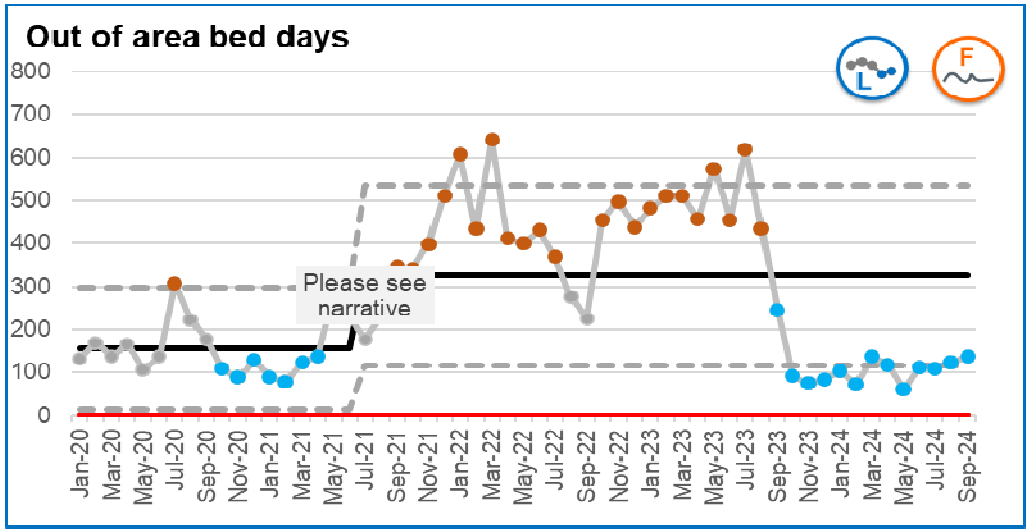
• The percentage of service users waiting for a diagnostic appointment (paediatric audiology) within 6 weeks decreased to 41.9% in September, this continues to remain below the national threshold of 99%. The service has been impacted by staff sickness-absence since late July. We continue to explore options 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 September 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 84.4% in September - this only relates to seven service users who were not seen in time and some of these were down to patient choice. The urgent access to treatment measure remains at 100% in September, which is above the 95% threshold.
• During September, there were no service users aged under 18 years placed in an adult inpatient ward.
• 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.
• Virtual Ward – occupancy rate is now back above target of 80% at 82.9% for September.

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



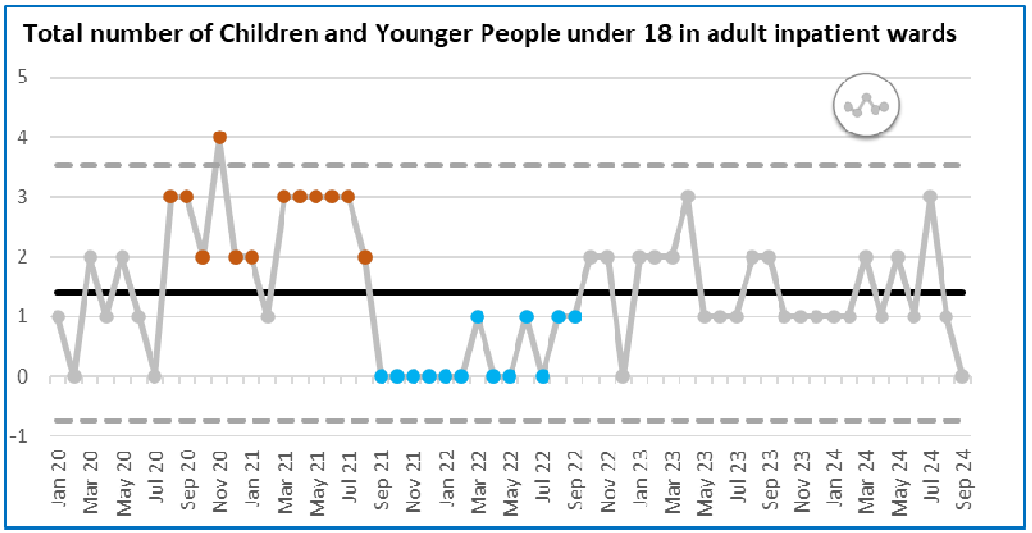
M48 - Community services waiting list





The SPC chart shows that 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.



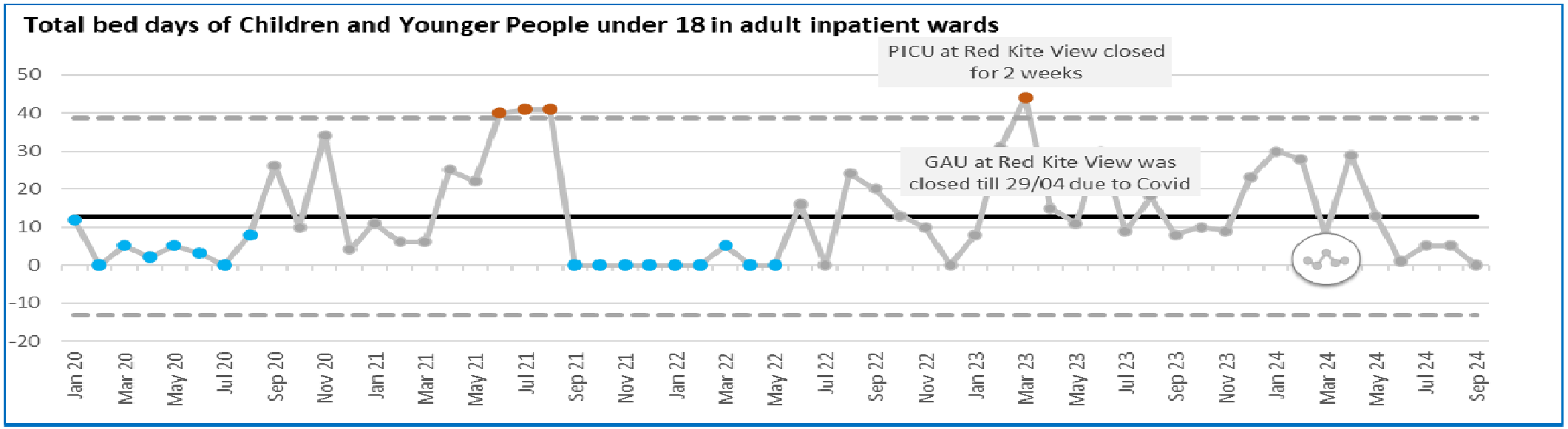
There has been an decrease in the number of people aged under 18 admitted to an inpatient ward in September 2024, with zero admissions for the fist time this year. The SPC chart shows us that this is still within common cause variation (no concern) when we compare it to the range of admissions we have 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 September the following data quality issue has been identified in the reporting:

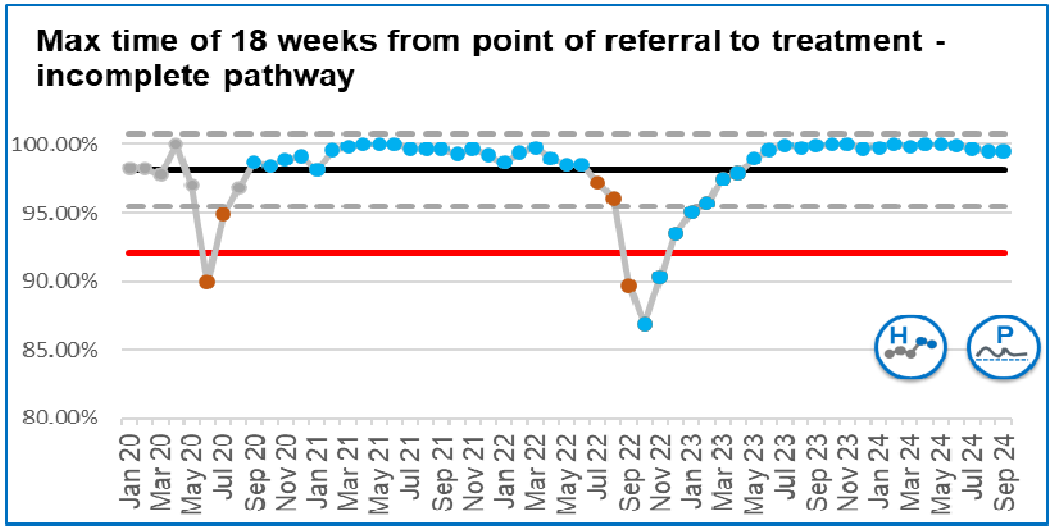
- The reporting for employment and accommodation shows 19.2% of records have missing employment and/or accommodation status with a further 1.6% that have an unknown employment status and 1.0% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

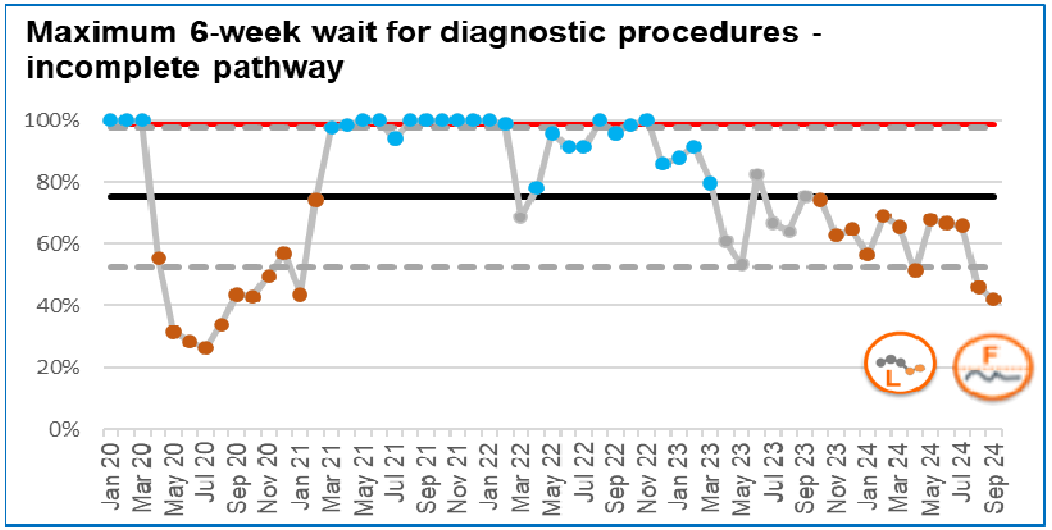
Analysis



The statistical process control chart (SPC) above shows that in September 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, with zero bed days for the first time this year.

Analysis





The SPC charts above show that in September 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

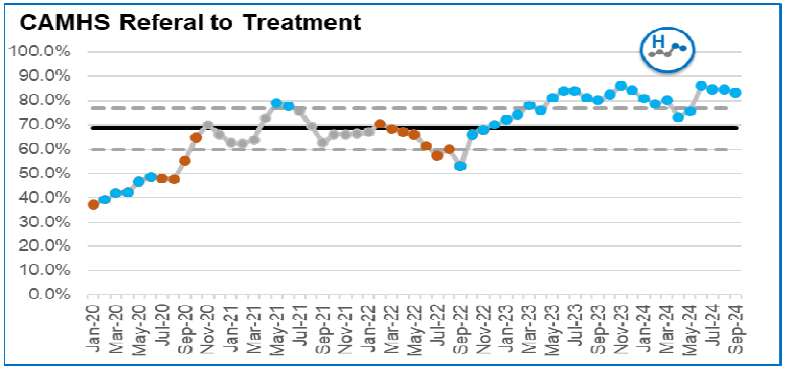
Headlines

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 there is an offer in place to support children and families should they need it whilst waiting.

Children and Families

Metrics	Threshold	Jul-24	Aug-24	Sep-24	Variation/ Assurance
% Appraisal rate	>=95%	83.6%	82.7%	88.5%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/2)	0% (0/1)	
% of staff receiving supervision within policy guidance	80%	84.6%	86.9%	87.8%	
CAMHS - Crisis Response 4 hours	N/A	97.9%	100.0%	94.4%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.2%	80.3%	82.1%	
Eating Disorder - Routine clock stops	95%	100.0%	87.5%	84.4%	
Eating Disorder - Urgent/Emergency clock stops	95%	50.0%	100.0%	100.0%	
Maximum 6 week wait for diagnostic procedures	99%	65.6%	45.8%	41.9%	
Information Governance training compliance	>=95%	97.9%	97.3%	97.5%	
Reducing restrictive physical interventions training compliance	>=80%	69.0%	73.9%	74.0%	
Sickness rate (Monthly)	5.0%	3.8%	4.0%	3.6%	

**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 September 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 decline in the Paediatric Audiology performance, the service has been impacted by staff non-availability since July 2024. This has resulted in a lack of progress being made towards the 6-week referral to treatment target. Two bank audiologists have joined the team and are backfilling the lost capacity however are not adding extra resource as hoped. Other local services are requesting mutual aid for audiology services, however we have been unable to support this request.
- 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. All Children and young people will be sent letters to apologise for the wait and advise how to get support whilst they wait.

Advise

- Although the appraisal rates have risen for September the performance still remains below the expected targets. Teams are working hard to address the performance issues however manager vacancies, annual leave and changes are impacting on performance.
- Eating disorder performance (routine) for September has shown a further decline, this is due to patient and family circumstances in Kirklees and Calderdale where they have requested later appointments due to family commitments and some clinical capacity issues. All cases are risk assessed for the appropriateness of these delays and impact on patient safety and wellbeing.
- Requests for ADHD medications is increasing – these service users have been started on medications within private services then requesting the CAMHS team to continue prescribing. Options for ongoing prescribing being considered with commissioners.
- Emergency referrals have increased in September – however this feels linked to the overall increase rather than an increase in crisis. Kirklees and Calderdale have had some challenges with meeting the assessment within 4 hours key performance indicator – some of this is capacity and some is data recording issues, both are being addressed in the service.
- All services have seen a slight increase in wait times for referral to treatment – this is impacted on by the allocations in month, staff vacancies, sickness and maternity.

Assure

- The number of staff receiving supervision continues to rise and is now sustaining performance expectations.
- The overall sickness rates for the care group remain within the expected targets and lower than the trust average.
- There have been no complaints with staff attitude this month, there is ongoing work to look at how complaints feedback is captured and used for learning. We are exploring some further engagement events with children young people and families.
- Mandatory training performance for the care group has been sustained with all courses sustaining the desired compliance rates except for reducing restrictive physical interventions training which continues to improve month on month.
- 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.
- The paediatric audiology team have received confirmation that the recent Integrated Care Board visit has enabled the service to be graded as amber which is a reduction from red. The service can only become green when Improving Quality in Physiological Services (IQIPS) accredited which would require further staffing to take further. Options are being explored with the Integrated Care Board.

Mental Health Care Group

Headlines

The improvement work continues to contribute to an overall 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 remains above threshold but has reduced slight in month. Significant hotspots remain in Horizon assessment and treatment unit and inpatient wards for older people. Work 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	Jul-24	Aug-24	Sep-24	Variation/ Assurance
% Appraisal rate	>=95%	85.1%	85.1%	88.6%	
% Assessed within 14 days of referral (Routine)	75%	90.9%	92.2%	86.4%	
% Assessed within 4 hours (Crisis)	90%	97.3%	100.0%	97.5%	
% Complaints with staff attitude as an issue	< 20%	0% 0/3	30% 3/10	46% 5/11	
% of staff receiving supervision within policy guidance	80%	81.2%	78.9%	78.0%	
% service users followed up within 72 hours of discharge from inpatient care	80%	91.2%	91.0%	94.1%	
% Service Users on CPA with a formal review within the previous 12 months	95%	96.4%	96.4%	96.2%	
% Treated within 6 weeks of assessment (routine)	70%	97.7%	95.9%	96.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.5%	77.2%	77.4%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	85.0%	76.2%	*76.6%*	
Information Governance training compliance	>=95%	96.3%	95.4%	95.6%	
Reducing restrictive physical interventions training compliance	>=80%	71.8%	73.8%	73.2%	
Sickness rate (Monthly)	5.0%	5.7%	4.4%	4.6%	

Mental Health Inpatient

Metrics	Threshold	Jul-24	Aug-24	Sep-24	Variation/ Assurance
% Appraisal rate	>=95%	93.9%	94.7%	92.5%	
% bed occupancy (excl leave)	85%	90.1%	91.6%	92.0%	
% Complaints with staff attitude as an issue	< 20%	0% 0/4	50% 4/8	20% 2/10	
% of staff receiving supervision within policy guidance	80%	94.0%	92.3%	86.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.8%	85.5%	88.0%	
% of clients clinically ready for discharge	3.5%	4.3%	5.8%	5.5%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	93.1%	91.9%	*89.7%*	
Inappropriate Out of Area Bed days	150 (Sep)	111	124	138	
Information Governance training compliance	>=95%	96.8%	96.3%	95.5%	
Physical Violence (Patient on Patient)	Trend Monitor	16	29	24	
Physical Violence (Patient on Staff)	Trend Monitor	59	70	53	
Reducing restrictive physical interventions training compliance	>=80%	77.8%	79.5%	82.4%	
Restraint incidents	Trend Monitor	120	169	*86*	
Safer staffing (Overall)	90%	144.9%	142.9%	136.1%	
Safer staffing (Registered)	80%	104.8%	104.0%	104.4%	
Sickness rate (Monthly)	5.0%	5.8%	6.9%	7.6%	

Alert/Action

- Acute wards have continued to manage high levels of acuity.
- High occupancy levels across wards and capacity to meet demand for beds remains a challenge. Plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
- There 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 September 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 89.9%.
- 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 the reducing restrictive physical interventions specialist advisors and includes an in-depth review of all prone restraint incidents for learning.
- Inpatient monthly sickness has increased in September to 7.6% from 6.9% in August. This is due to a mixture of both long-term and short-term sickness with no attributable themes. Three wards are significantly above threshold mainly due to long-term sickness with some staff due to return to work this month. Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

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 September is 56.86% for Kirklees and 51.23% 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 physical interventions 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 reducing restrictive physical interventions training compliance remains below threshold, it has improved in September 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 Trustwide 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 97.46% of admissions shown as gatekept for September to our adult acute beds.
• The care group is performing well in 72 hour follow up for people discharged into the community at 91.7% for September.
• 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
Supervision overall is at 73.7%, it should be noted that ADHD/ASD services are at 90.9% and learning disability services are at 68.3%, this is resulting in the overall red indicator.

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:
Improvement work on waiting list times in community learning disability services has led to an overall improvement and the service have achieved the 18 weeks standard for the month of September, reporting 96%. The learning disability team have robust oversight of all waits and are carrying out profession specific actions to address waits within individual disciplines
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	Jul-24	Aug-24	Sep-24	Variation/ Assurance
% Appraisal rate	>=95%	84.6%	79.3%	81.8%	
% Complaints with staff attitude as an issue	< 20%	0% (0/4)	0% (0/4)	50% (1/2)	
% of staff receiving supervision within policy guidance	80%	81.7%	79.3%	73.7%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	50.0%	56.5%	62.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.5%	81.9%	83.8%	
% of clients clinically ready for discharge	3.5%	100.0%	88.6%	80.0%	
Information Governance (IG) training compliance	>=95%	93.0%	94.8%	93.4%	
% 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%	79.0%	81.5%	96.0%	

LD, ADHD & ASD

Metrics	Threshold	Jul-24	Aug-24	Sep-24	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	19	24	29	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	75.9%	75.0%	78.6%	
Safer staffing (Overall)	90%	152.6%	166.8%	178.4%	
Safer staffing (Registered)	80%	118.5%	132.5%	113.7%	
Sickness rate (Monthly)	5.0%	3.8%	4.4%	4.3%	
Restraint incidents	Trend Monitor	24	26	*39*	

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

Alert/Action

West Yorkshire Integrated Care Board Neurodiversity Project
No significant updates from the West Yorkshire Project Group at this point, the plan remains to have an agreed model for patient choice in place for April 2025.

Leeds ADHD Service
Leeds Adult ADHD Service are temporarily closed to non-urgent new referrals from 11/10/24. They intend to review the existing waiting list of 4500 and where possible direct people to other providers. At present, the service within SWYPFT has not been affected by that decision. If this changes the situation will be escalated.

For context, the Trust service has 5600 people currently waiting for an ADHD assessment. There are no plans to close to referrals and the service is meeting with our local commissioners to discuss local plans for managing the waiting lists in their areas.

Advise

- Appraisal 91.2%
- Supervision – 90.9%
- ADHD – national shortage of medication is having a direct impact on the service as primary care often refer back into the service for an alternative prescription.
- Friend & Family Test – 71%
- Shared Care Arrangements
- The Adult ADHD Service has previously entered Shared Care with all GP referrers when appropriate. GP's report facing increased pressures related to ADHD medication. Recently 2 GP practices have withdrawn all shared care agreements relating to ADHD medication (practices are in Barnsley and Kirklees. The service will liaise directly with integrated care board colleagues to work towards a longer-term solution.

Assure

- All key performance indicators 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 78.9%
• Supervision performance has also reduced 68.3% within LD services. We have completed some analysis of the supervision data across the service. Horizon is at 80% and the hotspot areas are in the community teams. Managers are addressing this in individual teams and plans are in place to address.

Community
• Waiting Lists – 18 week waiting list threshold in Learning Disability has improved during September achieving compliance in Wakefield, Kirklees and Barnsley. Calderdale remains under threshold at 88.9% (this equates to 1 case out of 9)

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 centre 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.
• Service recognises that despite good friends and family feedback engagement is low and the service are keen to support quality improvement work around engagement from service users and carers.

Community
• Kirklees community service has been successful in a bid that will support the development of resources to increase awareness of the effects 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.
• Increased turnover in Kirklees community team may impact on waiting lists short term.

Assessment & Treatment Unit (ATU)
• Service is experiencing elevated levels of acuity.

Assure

• Waiting list improvements made.
• Data quality remains good.
• Sickness absence rates are low.

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	Jul-24	Aug-24	Sep-24	Variation/ Assurance
% Appraisal rate	>=95%	86.8%	89.6%	94.9%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	50% (1/2)	0% (0/3)	
% people dying in a place of their choosing	80%	86.5%	83.3%	80.8%	
% of staff receiving supervision within policy guidance	80%	86.5%	83.3%	80.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.9%	83.7%	83.9%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%	

Barnsley Physical Health and Wellbeing

Metrics	Threshold	Jul-24	Aug-24	Sep-24	Variation/ Assurance
Information Governance (IG) training compliance	>=95%	96.1%	95.0%	95.1%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.7%	99.5%	99.5%	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	100.0%	100.0%	100.0%	
Safer staffing (Overall)	90%	114.4%	106.4%	108.3%	
Safer staffing (Registered)	80%	122.2%	113.5%	120.4%	
Sickness rate (Monthly)	5.0%	4.7%	5.0%	6.1%	

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

Alert/Action

• MSK & Neurological Physio, Priory Day Centre – closed until further notice. Services affected have now moved into Priory Campus as temporary alternative accommodation; this has been extended until the end of March 2025 to accommodate forward booking of outpatient activity. This remains on the local risk register. Working with estates to explore longer term options.

Advise

• 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 executive management team (EMT) meeting. Recruitment almost complete. We to continue to supplement trained staff shifts with untrained staff until the new posts are filled (estimate November).
• The care group have observed an increase in sickness across services during the month, the main increase seen is in inpatient rehab and Neighbourhood Nursing Services, mainly due to short term infectious diseases, which has a correlation to our young female nursing force and children going back to school and bring bugs home that then infect parents. We are also starting to do some triangulation work on where we have put more rigour into reducing our usage of temporary staffing where teams are at establishment and there is no flexibility in the resource envelope.

Assure

• Appraisals - As a care group we have seen an increase to achieve compliance as at end of September to 94.9%.
• Staff receiving supervision - continues to receive focus with a drive to improve recording. An increase to achieve compliance has been seen during September at 80.8%.
• Urgent Community Response Service 2-hour target is 91.5% as at end of September 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) – 99.54% as at September 2024.
• Friends and Family Test (FFT) 97% of people would recommend community services.
• 87.1% of people dying in their place of choosing in September 2024 this remains consistently above the threshold of 80%.
• Cardiopulmonary resuscitation (CPR) training – maintains compliance at 83.9% for September.
To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to Learning & Development. These are inputted by the Learning & Development team and there is a potential for up to a 6-week lag before the updated training statistics are showing.
• Virtual Ward – occupancy rate is now back above target of 80% at 82.9% for September.
• Successful launch of Asthma & Lung Support Group on 3 September 2024 with around 130 patients with respiratory conditions in attendance. This will now run every Tuesday 2-4pm supported by our Breathe service.
• Our Community Specialist Palliative Care Team have been nominated by a local councillor as Hospital Heroes in the Proud of Barnsley 2024 awards.
• Victoria Medical Centre Neighbourhood Nursing Team successfully re-located to Apollo Court.
• Intermediate Care – recruitment drive commenced. First round of advertisements closed with over 30% of posts appointed to. Interviews will continue throughout October.
• Connecting Care Approach now rolled out in North Neighbourhood.
• Yorkshire Smoke Free - All services have been given extra funding to increase quit dates set in several different projects across West and South Yorkshire. One project in Wakefield is to secure a bus up until the end of March 2025 to take into communities and deliver stop smoking; procurement currently in process.

Forensic Care Group

Headlines

The monthly sickness rate has improved in September - 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	Jul-24	Aug-24	Sep-24	Variation/ Assurance
% Appraisal rate	>=95%	74.6%	77.6%	86.9%	
% Bed occupancy (incl leave)	90%	88.1%	88.6%	86.5%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	0% (0/0)	100% (1/1)	
% of staff receiving supervision within policy guidance	80%	90.0%	89.1%	91.8%	
% Service Users on CPA with a formal review within the previous 12 months	95%	98.0%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.7%	88.9%	87.0%	
% of clients clinically ready for discharge	3.5%	0.0%	0.7%	1.3%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	N/A	
Information Governance (IG) training compliance	>=95%	94.5%	96.0%	93.6%	
Physical Violence (Patient on Patient)	Trend Monitor	3	7	5	
Physical Violence (Patient on Staff)	Trend Monitor	12	9	5	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	78.3%	76.9%	75.6%	
Restraint incidents	Trend Monitor	35	35	*41*	
Safer staffing (Overall)	90%	106.0%	106.0%	114.7%	
Safer staffing (Registered)	80%	100.2%	98.6%	100.7%	
Sickness rate (Monthly)	5.4%	4.9%	5.7%	5.5%	

Alert/Action

- Bed Occupancy – Newton Lodge 86.63%, Bretton 90.7%, Newhaven 75.85% Underoccupancy in medium secure due to empty beds within Learning Disability 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 7.2% and Newhaven 3.1%.
- West Yorkshire Provider Collaborative - 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 potential areas for exploration in terms of future capacity and demand.

Advise

- Mandatory training overall compliance: Newton Lodge – 92.3%, Bretton – 90.4%, Newhaven –95%
- Newton Lodge and the Bretton Centre have experienced a slight drop in compliance, but Newhaven has experienced and improvement in overall compliance.
- Hotspots in reducing restrictive physical interventions across the service remain: Newton Lodge – 73.8%, Bretton Centre -79.5%, Newhaven – 80.6% (now compliant)
- Information Governance is also a hotspot in the Bretton Centre 91.5% and Newton Lodge 93.3%.
- Appraisal – the service is supported to undertake a dedicated piece of work around appraisal by the People Directorate. September's compliance is 86.9%.
- Turnover – significantly reduced over the last 12-month period. Newton Lodge 9%, Bretton Centre 13%, Newhaven 6.8%.
- Newton Lodge has 2 service users currently awaiting beds in high secure both service users require seclusion. The current trajectory would indicate this situation is likely to last several months this is causing some pressure within the secure estate across west Yorkshire.

Assure

- High levels of data quality across the care group.
- 100% compliance for HCR20 completed within 3 months of admission.
- 25 Hours of meaningful activity 100%.
- % Service Users on CPA with a formal review within the previous 12 months 100%
- Friend and family test results achieved 72%
- Clinical Supervision exceeding the threshold in all service areas.

Inpatients - Mental Health - Working Age Adults

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

Appraisal

• Nine wards achieving the 95% target and another two wards above 90% compliance with outstanding appraisals scheduled.
• Elmdale remain under target at 81.8% and appraisal compliance continues to be impacted by sickness absence.
• Willow compliance in September increased to 84.2% and has further increased in October (100%).
• Crofton, Walton, Ward 19 (Female), and Ward 18, appraisal compliance has dropped below threshold in September but is above 85%. Service managers are working closely with ward managers to ensure outstanding appraisals are booked.
• System issues continue to impact on accuracy of reporting, including appraiser/appraisee alignment issues on WorkPal and inability to manually exclude for long term absence (e.g. sickness, maternity leave), leading to a delay in exclusions. Work is in progress to address systems issues.

Sickness

• Beechdale, Clark, Elmdale, and Ward 19 (male and female) have sickness rates at 7% and above due to a mixture of both long-term and short-term sickness. No themes.
• Poplars continues to be impacted by long-term sickness, although two staff have returned in September and the sickness rate has reduced to 9.6%.
• A number of wards remain significantly above threshold:
  - Ward 18 sickness has reduced slightly in September but still high at 10.6% due to both long-term and short-term sickness. Three staff returned from long-term sick in September.
  - Beamshaw at 11.4% is impacted by both long-term sickness and short-term sickness.
  - Willow sickness has increased further in September to 26.8%. Six staff are on long term sick, but no trends and short-term sickness has also impacted.
• Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision

• 14 wards above 80% compliance target with 8 of these at 100%.
• Elmdale compliance increased in September but remained below threshold (69.2%). Targeted work has been undertaken to improve performance and current compliance in October is at 85.7%.
• Stanley compliance dropped in September to 53.8% because of absences within the ward leadership team. This has been addressed and current compliance in October is 100%.
• Willow compliance (71.4%) has been impacted by sickness. Performance has improved in October (83.3%).

Mandatory Training

Information Governance (IG)

• Melton and Enfield Down remain under compliance and a targeted approach continues to be taken with oversight from the service managers.
• Ashdale, Elmdale, Ward 18 and Beechdale compliance has dropped below 95% in September. Focused intervention is being taken by ward managers to address this.

Cardio Pulmonary Resuscitation (CPR)

• 15 wards are above the CPR training compliance threshold.
• Crofton and Enfield Down remain below target but compliance has increased in September. Both wards have staff booked onto 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)

• 10 wards are above the RRPI training compliance threshold.
• Nostell, Walton, Ashdale, Crofton, Poplars, Ward 19 (female), and Enfield Down 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.
• Some staff attending training have been deferred on specific competencies and are required to reattend training following occupational health review.
• 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

• Nostell, Stanley, and Walton have dropped under the 85% compliance threshold in September. Staff are 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.
• Ward 19 (female) remains under the 85% compliance threshold. The three staff with outstanding training were booked to attend a date in September, however all three were absent from work due to sickness. They have been re-booked on a date in November.
• Enfield Down fire safety compliance is at 76% with two in-house training sessions planned in November to capture those staff out of date.

Inpatients - Mental Health - Working Age Adults

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

Bed Occupancy
• Bed occupancy exceeding target is reflective of general increased demand for admissions, particularly across working age adults.
• 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 48.8%. This is reflective of several service users awaiting placements.
• Beamshaw, Nostell, Elmdale, Beechdale, 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. Elmdale, Ward 18, Willow, and Crofton each had 1 breach in September. Beamshaw and Clark each had 2 beaches. 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)
• 26 incidents of patient-on-patient physical violence during September. 7 of these occurred on Melton and relate to a specific service user with complex needs.
• 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 Ashdale (15) are linked to a small number of service users with a risk profile of violence and aggression. Risk specific care plans are in place to support managing this with input from Trust RRPI specialist advisors as needed.
• Staff involved are supported by ward leadership teams including both managerial and clinical supervision.

Restraint incidents
• Higher incidence on Ashdale and Ward 19 is reflective of current patient population and the presentation and risk profile of service users.

Prone restraint incidents
• Seven incidents of prone restraint in September, all of which were on working age adult (WAA) inpatient wards and were under 3 minutes duration. This represents 8% of all WAA restraint incidents during September.
• Reflective of individual service user presentation and high risks of violence and aggression.
• The main reason for prone restraint use was administration of intra-muscular medication and the secondary reason was exiting seclusion. The service is actively engaged in the Trustwide 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	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	91.7%	95.8%	91.7%
Sickness	5.0%	11.1%	10.4%	11.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.6%	96.4%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	86.2%	82.1%	84.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.8%	92.9%	96.0%
Fire Safety training compliance	>=85%	96.6%	96.4%	96.0%
Bed occupancy	85%	118.0%	121.7%	111.7%
Safer staffing (Overall)	90%	155.6%	143.1%	139.5%
Safer staffing (Registered)	80%	121.3%	121.7%	115.6%
% of clients clinically ready for discharge	3.5%	12.4%	14.3%	11.9%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*80.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	1	3
Physical Violence (Patient on Staff)	Trend Monitor	1	1	2
Restraint incidents	Trend Monitor	2	4	*6*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	20	17	21

Clark Suite Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	90.5%	90.5%	95.2%
Sickness	5.0%	6.0%	7.7%	8.1%
Supervision	80%	100.0%	100.0%	91.7%
Information Governance training compliance	>=95%	91.7%	95.8%	95.8%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	95.8%	95.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	95.8%	91.7%	95.8%
Fire Safety training compliance	>=85%	91.7%	91.7%	95.8%
Bed occupancy	85%	83.9%	84.3%	88.8%
Safer staffing (Overall)	90%	123.4%	142.8%	136.9%
Safer staffing (Registered)	80%	95.8%	93.9%	106.4%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	3.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	86.7%	85.7%	*60.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	1	0
Restraint incidents	Trend Monitor	5	3	*1*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	33	32	24

Melton Suite Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	92.0%	95.8%	96.2%
Sickness	5.0%	5.8%	7.0%	4.1%
Supervision	80%	100.0%	100.0%	92.3%
Information Governance training compliance	>=95%	92.3%	92.0%	88.0%
Reducing restrictive physical interventions training compliance	>=80%	88.5%	92.0%	96.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.8%	80.0%	88.0%
Fire Safety training compliance	>=85%	96.2%	96.0%	100.0%
Bed occupancy	85%	103.8%	109.1%	100.0%
Safer staffing (Overall)	90%	174.1%	131.5%	115.5%
Safer staffing (Registered)	80%	96.4%	97.3%	96.8%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	*100.0%*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	2	2	7
Physical Violence (Patient on Staff)	Trend Monitor	0	5	4
Restraint incidents	Trend Monitor	3	11	*6*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	3 (100%)	*2 (100%)*
Unfilled Shifts	Trend Monitor	6	16	14

Nostell Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	96.2%	96.3%	100.0%
Sickness	5.0%	3.3%	4.4%	0.8%
Supervision	80%	93.8%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	96.7%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	82.8%	79.3%	78.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	100.0%	100.0%
Fire Safety training compliance	>=85%	96.7%	100.0%	79.3%
Bed occupancy	85%	89.3%	86.2%	93.3%
Safer staffing (Overall)	90%	175.6%	180.5%	166.0%
Safer staffing (Registered)	80%	104.7%	98.7%	106.8%
% of clients clinically ready for discharge	3.5%	3.2%	5.2%	6.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	2	0	1
Physical Violence (Patient on Staff)	Trend Monitor	3	2	0
Restraint incidents	Trend Monitor	13	15	*7*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	38	17	8

Inpatients - Mental Health - Working Age Adults

Stanley Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	100.0%	95.7%	95.5%
Sickness	5.0%	1.5%	2.0%	5.7%
Supervision	80%	100.0%	100.0%	53.8%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	92.6%	96.2%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.2%	88.5%	88.0%
Fire Safety training compliance	>=85%	92.6%	88.5%	84.0%
Bed occupancy	85%	105.6%	111.4%	105.8%
Safer staffing (Overall)	90%	170.2%	152.2%	133.6%
Safer staffing (Registered)	80%	109.0%	105.5%	98.4%
% of clients clinically ready for discharge	3.5%	0.1%	3.4%	1.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	94.4%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	5	0
Physical Violence (Patient on Staff)	Trend Monitor	1	4	1
Restraint incidents	Trend Monitor	4	15	*3*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (0%)	3 (100%)	*3 (100%)*
Unfilled Shifts	Trend Monitor	26	19	22

Walton Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	90.6%	90.9%	88.2%
Sickness	5.0%	5.1%	2.5%	5.7%
Supervision	80%	100.0%	100.0%	94.1%
Information Governance training compliance	>=95%	100.0%	100.0%	97.4%
Reducing restrictive physical interventions training compliance	>=80%	73.0%	75.7%	78.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.5%	86.5%	83.8%
Fire Safety training compliance	>=85%	89.5%	89.5%	76.3%
Bed occupancy	85%	99.3%	103.7%	101.9%
Safer staffing (Overall)	90%	142.7%	145.8%	134.3%
Safer staffing (Registered)	80%	102.0%	95.0%	95.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	*N/A*	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	1	2
Physical Violence (Patient on Staff)	Trend Monitor	3	5	3
Restraint incidents	Trend Monitor	7	12	*8*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	4 (50%)	5 (100%)	*2 (100%)*
Unfilled Shifts	Trend Monitor	20	16	5

Ashdale Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	96.8%	100.0%	100.0%
Sickness	5.0%	1.4%	1.4%	2.6%
Supervision	80%	93.8%	81.3%	83.3%
Information Governance training compliance	>=95%	100.0%	100.0%	91.2%
Reducing restrictive physical interventions training compliance	>=80%	72.7%	76.5%	76.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	87.9%	82.4%	91.2%
Fire Safety training compliance	>=85%	93.9%	91.2%	97.1%
Bed occupancy	85%	99.2%	99.9%	98.9%
Safer staffing (Overall)	90%	114.4%	113.4%	117.9%
Safer staffing (Registered)	80%	106.3%	98.4%	105.6%
% of clients clinically ready for discharge	3.5%	4.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	88.9%	86.7%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	4	2
Physical Violence (Patient on Staff)	Trend Monitor	7	8	15
Restraint incidents	Trend Monitor	8	5	*11*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	12	12	7

Ward 18 Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	92.3%	96.2%	89.7%
Sickness	5.0%	13.5%	13.6%	10.6%
Supervision	80%	88.9%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	93.1%
Reducing restrictive physical interventions training compliance	>=80%	86.7%	86.7%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	80.0%	82.8%
Fire Safety training compliance	>=85%	93.3%	90.0%	93.1%
Bed occupancy	85%	95.1%	100.0%	100.9%
Safer staffing (Overall)	90%	116.5%	127.1%	119.0%
Safer staffing (Registered)	80%	92.3%	83.5%	88.7%
% of clients clinically ready for discharge	3.5%	1.2%	0.7%	4.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	95.0%	86.7%	*93.3%*
Physical Violence (Patient on Patient)	Trend Monitor	3	5	2
Physical Violence (Patient on Staff)	Trend Monitor	8	2	2
Restraint incidents	Trend Monitor	17	12	*3*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	24	11	1

Inpatients - Mental Health - Working Age Adults

Elmdale Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	86.4%	85.7%	81.8%
Sickness	5.0%	8.1%	10.7%	8.0%
Supervision	80%	91.7%	61.5%	69.2%
Information Governance training compliance	>=95%	100.0%	96.7%	93.3%
Reducing restrictive physical interventions training compliance	>=80%	75.9%	83.3%	86.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	96.4%	100.0%	100.0%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	98.3%	93.0%	99.0%
Safer staffing (Overall)	90%	130.6%	125.9%	114.3%
Safer staffing (Registered)	80%	85.3%	93.0%	95.8%
% of clients clinically ready for discharge	3.5%	8.3%	8.6%	8.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	90.0%	100.0%	*93.8%*
Physical Violence (Patient on Patient)	Trend Monitor	5	3	1
Physical Violence (Patient on Staff)	Trend Monitor	3	7	0
Restraint incidents	Trend Monitor	15	23	*5*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	9	8	1

Inpatients - Mental Health - Older People Services

Crofton Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	95.5%	95.5%	88.5%
Sickness	5.0%	11.0%	6.4%	5.4%
Supervision	80%	100.0%	92.9%	100.0%
Information Governance training compliance	>=95%	100.0%	93.8%	96.7%
Reducing restrictive physical interventions training compliance	>=80%	73.1%	73.3%	78.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	84.6%	76.7%	78.6%
Fire Safety training compliance	>=85%	96.4%	87.5%	93.3%
Bed occupancy	85%	97.4%	94.0%	95.8%
Safer staffing (Overall)	90%	167.3%	160.3%	193.0%
Safer staffing (Registered)	80%	153.2%	156.4%	153.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	83.3%	*90.9%*
Physical Violence (Patient on Patient)	Trend Monitor	0	1	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	4
Restraint incidents	Trend Monitor	3	2	*2*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	17	33	36

Poplars CUE Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	100.0%	95.5%	95.7%
Sickness	5.0%	16.8%	19.7%	9.6%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.3%	96.7%	94.7%
Reducing restrictive physical interventions training compliance	>=80%	76.0%	75.0%	76.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.0%	75.0%	82.0%
Fire Safety training compliance	>=85%	96.3%	96.7%	90.4%
Bed occupancy	85%	69.0%	71.2%	80.2%
Safer staffing (Overall)	90%	240.3%	246.5%	253.3%
Safer staffing (Registered)	80%	117.7%	127.9%	123.4%
% of clients clinically ready for discharge	3.5%	9.0%	35.2%	48.8%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	50.0%	0.0%	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	3	0	3
Physical Violence (Patient on Staff)	Trend Monitor	9	12	6
Restraint incidents	Trend Monitor	11	16	*11*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	36	48	49

Inpatients - Mental Health - Older People Services

Willow Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	100.0%	70.6%	84.2%
Sickness	5.0%	15.7%	16.3%	26.8%
Supervision	80%	87.5%	87.5%	71.4%
Information Governance training compliance	>=95%	91.7%	88.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	72.0%	86.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	92.0%	90.9%
Fire Safety training compliance	>=85%	91.7%	96.0%	90.9%
Bed occupancy	85%	89.7%	97.4%	97.3%
Safer staffing (Overall)	90%	216.0%	220.7%	179.8%
Safer staffing (Registered)	80%	136.3%	122.0%	119.7%
% of clients clinically ready for discharge	3.5%	5.7%	24.2%	1.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*50.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	4	0	2
Restraint incidents	Trend Monitor	9	2	*1*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	13	30	18

Beechdale Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	96.0%	100.0%	100.0%
Sickness	5.0%	3.9%	4.9%	7.5%
Supervision	80%	100.0%	100.0%	84.6%
Information Governance training compliance	>=95%	96.4%	100.0%	92.0%
Reducing restrictive physical interventions training compliance	>=80%	78.6%	80.8%	84.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.8%	80.0%	80.0%
Fire Safety training compliance	>=85%	96.4%	96.2%	96.0%
Bed occupancy	85%	93.8%	96.6%	96.9%
Safer staffing (Overall)	90%	157.4%	160.2%	149.1%
Safer staffing (Registered)	80%	96.7%	118.3%	119.1%
% of clients clinically ready for discharge	3.5%	1.7%	16.3%	13.5%
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	2	1
Physical Violence (Patient on Staff)	Trend Monitor	3	2	2
Restraint incidents	Trend Monitor	6	2	*2*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	23	6	12

Ward 19 - Male Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	94.1%	100.0%	90.0%
Sickness	5.0%	9.4%	7.5%	10.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	92.6%	92.3%	95.8%
Reducing restrictive physical interventions training compliance	>=80%	70.4%	76.9%	83.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.6%	92.3%	87.5%
Fire Safety training compliance	>=85%	92.6%	92.3%	87.5%
Bed occupancy	85%	94.8%	98.5%	96.9%
Safer staffing (Overall)	90%	132.9%	111.8%	106.3%
Safer staffing (Registered)	80%	98.8%	92.2%	95.0%
% of clients clinically ready for discharge	3.5%	5.9%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	50.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	4	2
Physical Violence (Patient on Staff)	Trend Monitor	13	17	8
Restraint incidents	Trend Monitor	17	46	*20*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	5	9

Ward 19 - Female Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	94.4%	94.1%	87.5%
Sickness	5.0%	5.5%	4.6%	10.1%
Supervision	80%	100.0%	100.0%	90.9%
Information Governance training compliance	>=95%	95.7%	95.2%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	65.2%	66.7%	70.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.4%	85.0%	85.0%
Fire Safety training compliance	>=85%	78.3%	76.2%	75.0%
Bed occupancy	85%	94.6%	96.1%	95.1%
Safer staffing (Overall)	90%	102.6%	123.8%	115.1%
Safer staffing (Registered)	80%	113.2%	108.5%	97.0%
% of clients clinically ready for discharge	3.5%	5.4%	0.0%	4.8%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	4	2
Physical Violence (Patient on Staff)	Trend Monitor	13	17	8
Restraint incidents	Trend Monitor	17	46	*20*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	3	4	4

Inpatients - Mental Health - Rehab

Enfield Down Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	91.1%	93.6%	95.7%
Sickness	5.0%	2.8%	4.3%	4.2%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.2%	88.5%	92.0%
Reducing restrictive physical interventions training compliance	>=80%	72.0%	74.5%	75.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	67.4%	61.7%	75.6%
Fire Safety training compliance	>=85%	84.3%	78.8%	76.0%
Bed occupancy	Trend Monitor	55.5%	53.7%	53.0%
Safer staffing (Overall)	90%	97.4%	96.7%	96.4%
Safer staffing (Registered)	80%	92.3%	95.4%	94.0%
% of clients clinically ready for discharge	3.5%	5.3%	5.5%	5.8%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*N/A*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	3	1	2
Restraint incidents	Trend Monitor	0	1	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	8	0	0

Lyndhurst Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	100.0%	100.0%	96.4%
Sickness	5.0%	9.4%	6.2%	1.2%
Supervision	80%	93.3%	93.3%	84.6%
Information Governance training compliance	>=95%	100.0%	100.0%	96.4%
Reducing restrictive physical interventions training compliance	>=80%	65.5%	73.3%	82.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	89.7%	83.3%	89.3%
Fire Safety training compliance	>=85%	93.1%	90.0%	92.9%
Bed occupancy	Trend Monitor	64.1%	66.6%	71.2%
Safer staffing (Overall)	90%	94.4%	95.2%	93.3%
Safer staffing (Registered)	80%	87.6%	90.8%	88.3%
% of clients clinically ready for discharge	3.5%	9.4%	9.5%	9.1%
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 (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	5	0	0

Inpatients - Forensic - Medium Secure

Ward Level Headlines - Forensics

Performance for all wards is being addressed through regular performance clinics with ward managers and the general manager. Appraisals remain the key focus for the service with support from the people business partner, and an appraisal power hour has been held to support. There are interventions planned which will support the service achieve compliance.

Medium Secure

• Supervision remains a focus for the service, and this is evidence through improved compliance.
• Sickness variable across medium secure with Priestley, Waterton and Chippendale 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, Chippendale 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 (62.5%) 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 all wards now above compliance.
• There has been three prone restraint in medium secure, all under 3 minutes. The service is working with the RRPI team on exit of seclusion training to support reducing the use of prone restraint.

Low Secure

• Sickness across all wards monitored closely. Sickness levels on Newhaven and Thornhill are within target, with Sandal noting improvement to 5.7. Ryburn has noted an increase to 24.0 which is related to the number of staff in the team on long term sick. The service is currently being supported by the People Directorate to improve performance.
• Cardio pulmonary rehabilitation compliance is improving throughout the service, Newhaven and Sandal remain below target and 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 compliance is within target across the service. Appraisals are compliant on Thornhill and Ryburn with Sandal demonstrating improvement. Newhaven has experienced a reduction in performance and the service has a plan in place to improve performance.
• There was one prone restraint on Sandal, which was under 3 minutes.

Appleton Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	59.1%	69.6%	87.5%
Sickness	5.4%	3.1%	2.5%	1.7%
Supervision	80%	100.0%	92.9%	85.7%
Information Governance training compliance	>=95%	100.0%	95.8%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	95.7%	91.7%	92.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	87.5%	83.3%	88.0%
Fire Safety training compliance	>=85%	95.7%	95.8%	96.0%
Bed occupancy	90%	50.8%	54.4%	62.5%
Safer staffing (Overall)	90%	93.4%	93.7%	111.6%
Safer staffing (Registered)	80%	96.9%	98.7%	100.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*N/A*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	1	1	0
Physical Violence (Patient on Staff)	Trend Monitor	1	3	2
Restraint incidents	Trend Monitor	13	20	*24*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*1 (100%)*
Unfilled Shifts	Trend Monitor	0	0	3

Bronte Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	58.8%	94.4%	95.2%
Sickness	5.4%	14.2%	15.1%	4.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.9%	90.9%	88.9%
Reducing restrictive physical interventions training compliance	>=80%	72.7%	72.7%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	90.9%	83.3%
Fire Safety training compliance	>=85%	100.0%	90.9%	77.8%
Bed occupancy	90%	87.6%	98.6%	85.7%
Safer staffing (Overall)	90%	101.8%	100.6%	99.7%
Safer staffing (Registered)	80%	111.0%	98.7%	96.7%
% 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	2	0
Physical Violence (Patient on Staff)	Trend Monitor	1	2	0
Restraint incidents	Trend Monitor	0	4	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	1	3	0

Chippendale Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	77.3%	86.4%	86.4%
Sickness	5.4%	3.9%	5.8%	6.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	96.3%
Reducing restrictive physical interventions training compliance	>=80%	85.2%	74.1%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.2%	88.9%	88.9%
Fire Safety training compliance	>=85%	88.9%	85.2%	92.6%
Bed occupancy	90%	100.0%	100.0%	100.0%
Safer staffing (Overall)	90%	144.4%	146.4%	139.4%
Safer staffing (Registered)	80%	136.6%	117.4%	138.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*N/A*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	3	1	1
Restraint incidents	Trend Monitor	2	1	*6*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*1 (100%)*
Unfilled Shifts	Trend Monitor	7	4	7

Hepworth Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	96.2%	96.3%	100.0%
Sickness	5.4%	3.3%	2.6%	3.8%
Supervision	80%	93.8%	93.3%	92.3%
Information Governance training compliance	>=95%	100.0%	96.8%	96.4%
Reducing restrictive physical interventions training compliance	>=80%	79.3%	74.2%	75.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.9%	90.0%	88.9%
Fire Safety training compliance	>=85%	100.0%	100.0%	96.4%
Bed occupancy	90%	90.8%	94.0%	92.4%
Safer staffing (Overall)	90%	95.6%	96.6%	96.8%
Safer staffing (Registered)	80%	75.6%	74.1%	81.4%
% of clients clinically ready for discharge	3.5%	0.0%	8.5%	7.2%
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	2	0	*3*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*1 (100%)*
Unfilled Shifts	Trend Monitor	3	0	1

Inpatients - Forensic - Medium Secure

Johnson Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	93.3%	96.6%	96.3%
Sickness	5.4%	3.3%	3.9%	2.6%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.9%	90.6%	86.7%
Reducing restrictive physical interventions training compliance	>=80%	87.9%	87.5%	86.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	93.9%	93.8%	93.3%
Fire Safety training compliance	>=85%	90.9%	87.5%	93.3%
Bed occupancy	90%	73.3%	73.3%	73.3%
Safer staffing (Overall)	90%	121.7%	120.8%	113.5%
Safer staffing (Registered)	80%	99.2%	99.6%	101.8%
% 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	2	0	1
Restraint incidents	Trend Monitor	3	1	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	9	4	4

Priestley Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	73.7%	71.4%	71.4%
Sickness	5.4%	10.2%	10.3%	9.3%
Supervision	80%	81.8%	90.9%	91.7%
Information Governance training compliance	>=95%	87.0%	96.0%	87.0%
Reducing restrictive physical interventions training compliance	>=80%	59.1%	58.3%	54.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.3%	91.7%	95.5%
Fire Safety training compliance	>=85%	91.3%	88.0%	82.6%
Bed occupancy	90%	94.1%	94.1%	89.8%
Safer staffing (Overall)	90%	92.2%	89.3%	91.6%
Safer staffing (Registered)	80%	92.6%	88.7%	86.9%
% 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	1	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	2	0	1

Waterton Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	42.9%	36.8%	69.6%
Sickness	5.4%	4.2%	10.1%	8.4%
Supervision	80%	10.0%	20.0%	91.7%
Information Governance training compliance	>=95%	100.0%	100.0%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	76.0%	78.3%	68.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.0%	95.7%	84.0%
Fire Safety training compliance	>=85%	100.0%	100.0%	96.0%
Bed occupancy	90%	93.1%	91.7%	89.6%
Safer staffing (Overall)	90%	120.2%	124.9%	120.1%
Safer staffing (Registered)	80%	103.3%	98.7%	112.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*N/A*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	2	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	1	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	7	7	2

Inpatients - Forensic - Low Secure

Thornhill Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	90.9%	100.0%	100.0%
Sickness	5.4%	4.5%	0.6%	1.2%
Supervision	80%	100.0%	76.9%	91.7%
Information Governance training compliance	>=95%	92.3%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	80.8%	92.3%	92.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	96.2%	100.0%	96.2%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	92.7%	86.5%	86.4%
Safer staffing (Overall)	90%	97.1%	99.0%	107.4%
Safer staffing (Registered)	80%	98.3%	97.8%	95.9%
% 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	1	0
Restraint incidents	Trend Monitor	0	1	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	7	2	3

Sandal Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	77.3%	77.3%	92.0%
Sickness	5.4%	5.9%	6.4%	5.7%
Supervision	80%	100.0%	100.0%	92.9%
Information Governance training compliance	>=95%	96.6%	96.6%	96.9%
Reducing restrictive physical interventions training compliance	>=80%	75.9%	75.9%	68.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.9%	79.3%	81.3%
Fire Safety training compliance	>=85%	100.0%	100.0%	96.9%
Bed occupancy	85%	99.8%	97.4%	92.9%
Safer staffing (Overall)	90%	99.5%	102.0%	133.2%
Safer staffing (Registered)	80%	104.5%	99.9%	102.9%
% 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	2	2
Physical Violence (Patient on Staff)	Trend Monitor	3	0	0
Restraint incidents	Trend Monitor	6	2	*7*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	2 (100%)	0	*1 (100%)*
Unfilled Shifts	Trend Monitor	3	0	4

Inpatients - Forensic - Low Secure

Ryburn Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	80.0%	90.0%	100.0%
Sickness	5.4%	11.0%	11.3%	24.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	91.7%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	63.6%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	66.7%	90.9%	100.0%
Fire Safety training compliance	>=85%	75.0%	81.8%	100.0%
Bed occupancy	85%	90.3%	100.0%	94.8%
Safer staffing (Overall)	90%	99.3%	99.3%	99.0%
Safer staffing (Registered)	80%	97.2%	99.9%	98.4%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*N/A*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	1	0	0

Newhaven Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	95.8%	95.7%	92.0%
Sickness	5.4%	2.6%	2.8%	5.0%
Supervision	80%	100.0%	100.0%	82.4%
Information Governance training compliance	>=95%	100.0%	100.0%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	72.4%	76.7%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.2%	93.3%	89.7%
Fire Safety training compliance	>=85%	100.0%	100.0%	96.6%
Bed occupancy	85%	81.3%	81.3%	75.8%
Safer staffing (Overall)	90%	123.9%	117.7%	120.1%
Safer staffing (Registered)	80%	103.4%	105.7%	106.0%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*N/A*	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	2	0	2
Physical Violence (Patient on Staff)	Trend Monitor	4	2	1
Restraint incidents	Trend Monitor	8	5	*1*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	5	9	17

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate is showing a slight increase for September to 88.6%. Further appraisals completed this week which will show on weekly refresh 28 October 2024.
SRU rate has seen an increase to 91.4% for September moving the rating from red to amber, with further progress towards compliance of 94.7% as at 21 October 2024.

• **Sickness:**
NRU – sickness has increased for September and is now at 8.6%. One LTS is due to return on 28.10.2024; the rest is compiled of short-term sickness. This is being managed via HR processes and sickness reviews.
SRU – sickness has reduced to 6.8% The unit continues to have some LTS which management are aware is likely to continue for an extended period due to nature of illness, but some staff have been working through a phased return also.

• **Supervision:**
NRU figures have seen a further increase to maintain compliant at 87.5% for September.
SRU figures for September have increased further to 90.3%.
Both wards have achieved compliance for the last 3 months.

• **Information Governance:**
SRU – shows an increase this month to 95.3% to achieve compliance.
Both wards are now compliant.

• **Cardiopulmonary resuscitation (CPR):**
NRU – an increase to achieve compliance in September at 80%.
SRU – a slight increase to 73.3% in September.
Staff are 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 L&D. These are inputted by L&D but at irregular intervals once per month. Therefore, there is a potential for up to a 6-week lag before the updated training statistics are showing.

Neuro Rehabilitation Unit (NRU) Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	81.8%	88.2%	88.6%
Sickness	5.0%	5.9%	5.5%	8.6%
Supervision	80%	94.7%	84.6%	87.5%
Information Governance training compliance	>=95%	100.0%	97.8%	97.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	79.5%	80.0%
Fire Safety training compliance	>=85%	94.6%	97.8%	90.0%
Bed occupancy (Barnsley Commissioned beds only)	80%	64.2%	57.0%	54.2%
Safer staffing (Overall)	90%	120.6%	115.7%	113.5%
Safer staffing (Registered)	80%	117.7%	116.2%	113.9%
% 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	1	0	0

Stroke Rehabilitation Unit (SRU) Metrics	Threshold	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	89.5%	87.3%	91.4%
Sickness	5.0%	7.1%	8.2%	6.8%
Supervision	80%	90.3%	89.7%	90.3%
Information Governance training compliance	>=95%	86.6%	93.9%	95.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	73.0%	72.6%	73.3%
Fire Safety training compliance	>=85%	80.6%	86.4%	92.2%
Bed occupancy	80%	96.5%	95.7%	94.4%
Safer staffing (Overall)	90%	109.7%	99.2%	104.3%
Safer staffing (Registered)	80%	126.2%	111.1%	126.1%
% 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 September.
• Cardiopulmonary resuscitation (78.8%) and Fire (83.3%) are now below compliance and plans are in place to address. Reducing restrictive physical intervention training is compliant at 84.4%.
• Focused attention on information governance training to achieve compliance has worked well with August at 97.4%, achieving threshold, however this has reduced to 94.4% in September.
• 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	Jul-24	Aug-24	Sep-24
Appraisal rate	Jul 24 91% Aug 24 93% Sep 24 95%	92.1%	92.1%	94.7%
Sickness	5.0%	5.1%	3.6%	2.3%
Supervision	80%	85.7%	80.0%	80.0%
Information Governance training compliance	>=95%	92.1%	97.4%	94.4%
Reducing restrictive physical interventions training compliance	>=80%	85.7%	86.1%	84.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.9%	83.3%	78.8%
Fire Safety training compliance	>=85%	84.2%	89.7%	83.3%
Bed occupancy	N/A	50.0%	56.5%	62.5%
Safer staffing (Overall)	90%	152.6%	166.8%	178.4%
Safer staffing (Registered)	80%	118.5%	132.5%	113.7%
% of clients clinically ready for discharge	3.5%	100.0%	88.6%	80.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	*0.0%*	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	19	23	29
Restraint incidents	Trend Monitor	24	26	*39*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	11	0	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 within agreed timescales
A	Needs additional action to stay on track and/or on schedule
R	Not on track and/or at risk of not delivering within agreed timescales. Requires review
B	Completed

Strategic Objective	Priority Programme	Highlights (progress against milestones and other updates by exception)	Progress
Improving health	Address inequalities involvement and equality in each of our places with our partners	Work continues with partners in each of our four places to address inequalities. We have identified health inequalities as one of our leadership priorities to improve quality going forward.	
Improving care	Transform our Older People inpatient services	The programme has now reached a recommendation of preferred option for implementation and has started the process of taking the decision-making business case through governance. In October the Trust Board endorsed the recommendation. Next steps include Joint Health Overview and Scrutiny Committee in early November and formal agreement to progress will be sought at the Joint ICB committee meeting on 11 November 2024. All west Yorkshire system and finance assurances are in place and final follow up information is being collected for NHSE assurance purposes. Staff communications have been agreed and will be shared with staff prior to a recommendation being made public in October. Planning has commenced for the staff consultation process that will need to take place with staff most impacted post decision.	
	Improve our mental health services so they are more responsive, inclusive, and timely	**Improving Access to Care Programme** Data collection plans are in place and data gathering is underway to support understanding (QI step 2 of improvement) for both Core Psychology and Memory services waits. Project scope identified and engagement with staff groups commenced to draw out differences/ similarities in pathways and processes. Continued exploration of data quality working with P&BI. **Care Closer to Home (CC2H) Programme** • Work continuing to sustain the reduction in out of area admissions including engagement with ICB's re areas of pressure/safe spaces • 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 (IHBT) teams to streamline pathways and processes within each locality • Engagement happening at varying levels: - Started to host monthly GM clinics - Conversations have started with medical Lead for CC2H • Quality improvement stocktake, and summary of achievements, end of year report submitted to Improving Mental Health Oversight Group • Agreed 2024/25 work programme priorities **Inpatient MH Improvement Programme** • Continuing to work on 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) - NHSE benchmarking tool with pilot wards has been completed and draft report produced - QI facilitator follow up sessions with pilot wards are in progress • Planning & implementation of RRPI and Trauma informed QI projects to have commenced • Draft staff engagement strategy proposal developed, and implementation planned as part of health and wellbeing response. • Mental health inpatient preceptorship training receiving exceptionally well received feedback – full evaluation completed in September 2024.	

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** A final iteration of the new care plan has been developed and is live on SystmOne for testing. Staff engagement has been completed during August and September with drop in sessions and targeted meetings held. Check and challenge sessions have been completed with care groups leads and service users to test the new care plan during September. This has led to some feedback and questions that need consideration as they may enhance the care plan. Consideration currently being given to delaying to implementation to incorporate additional feedback. A set of proposed new measures has been developed alongside care groups and P&BI colleagues. A showcase of all products created during the programme including the care plan, good practice guide and training programme is being held on 22nd October. Presentations to Operational Management Group, Executive Management Team and Quality and Safety Committee have been completed during September 2024.	
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 Quarter 2. Pay costs remain the biggest driver of this variance due to continuing worked whole time equivalent (WTE) exceeding those planned. We continue to see a positive impact from stopping pay premiums with overtime payments down to £18k for September (£13k in August, £164k in June,). Identification of new schemes remains key to improving the shortfall and help secure the overall financial position, a review of comms and messaging is proposed to ensure a consistent narrative across all colleagues in the Trust. The Key Lines of Enquiry (KLOE) list has now been agreed and reviewed with OMG and SROs allocated to each scheme. A terms of reference has been drafted for the relaunched Value for Money Oversight (VfM) Group to be chaired by Director of Finance and attended by senior executives; this will support progression and prioritisation of all VfM initiatives. Following review of 360 audit report a final version has been received and actions are being assigned. Annual planning workshops commence in October and value for money initiatives will form part of discussions across all directorates and services.	
	Make digital improvements	**Digital Dictation** 119 licences have been issued to date (70 speech recognition, 32 talk/author and 17 playback/type). The deployment phase continues with service three (Drury Lane) now scheduled for 23rd October and the test with Trust PA's scheduled during early November 24. Learning from an evaluation of deployment to the first four areas will be completed during October/November 24 with a report to the Project Board before Trustwide implementation. Deployment to Forensics is scheduled for November/December 24.	
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)	(£1m)	£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 £1.0m deficit has been reported. This is a reduced deficit from August 2024 with additional one off income reported as planned. Overall in month performance is worse than plan which has increased the year to date variance to £2.1m worse than plan.
2	Agency Spend	£3m	£5.4m	Agency expenditure run rate has continued to fluctuate. September is the second month of reductions which followed 4 months of increases earlier in the year. Spend reduced in September to £492k which is £14k less than the previous month. The provider collaborative spend in month was £58k.
3	Financial sustainability and efficiencies	£8.9m	£21.2m	The Trust financial sustainability programme for 2024 / 25 has a target of £22.0m to achieve the breakeven target. Whilst there are some positive schemes the main driver, as linked to the overall financial position, relates to workforce growth which has been higher than planned. Additional non-recurrent mitigations to ensure delivery of the financial position are being developed with an estimate included in the forecast.
4	Cash	£57m	£55.5m	Actions continue to maximise the Trust cash position. This has been reducing in recent months but is broadly the same level in September. This is positive in month as the bi-annual Public Dividend Capital payment has been made and additional cash has been utilised for the Trust asset purchase. Actions will continue.
5	Capital	£1.9m	£8.1m	The Trust capital allocation for 2024 / 25 is £8.1m. Expenditure, for the year to date, is £1,894k which is now behind plan (£387k - 17%). Schemes continue to be reviewed to ensure that they deliver in year.
6	Better Payment Practice Code	99%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

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

System-wide monitoring

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

West Yorkshire Health and Care Partnership -

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

South Yorkshire ICS -

ICB Board meeting and minutes :: South Yorkshire ICB

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

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 6 (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)	(£1m)	£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 £1.0m deficit has been reported. This is a reduced deficit from August 2024 with additional one off income reported as planned. Overall in month performance is worse than plan which has increased the year to date variance to £2.1m worse than plan.
2	Agency Spend	£3m	£5.4m	Agency expenditure run rate has continued to fluctate. September is the second month of reductions which followed 4 months of increases earlier in the year. Spend reduced in September to £492k which is £14k less than the previous month. The provider collaborative spend in month was £58k.
3	Financial sustainability and efficiencies	£8.9m	£21.2m	The Trust financial sustainability programme for 2024 / 25 has a target of £22.0m to achieve the breakeven target. Whilst there are some positive schemes the main driver, as linked to the overall financial position, relates to workforce growth which has been higher than planned. Additional non-recurrent mitigations to ensure delivery of the financial position are being developed with an estimate included in the forecast.
4	Cash	£57m	£55.5m	Actions continue to maximise the Trust cash position. This has been reducing in recent months but is broadly the same level in September. This is positive in month as the bi-annual PDC payment has been made and additional cash has been utilised for the Trust asset purchase. Actions will continue.
5	Capital	£1.9m	£8.1m	The Trust capital allocation for 2024 / 25 is £8.1m. Expenditure, for the year to date, is £1,894k which is now behind plan (£387k - 17%). Schemes continue to be reviewed to ensure that they deliver in year.
6	Better Payment Practice Code	99%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

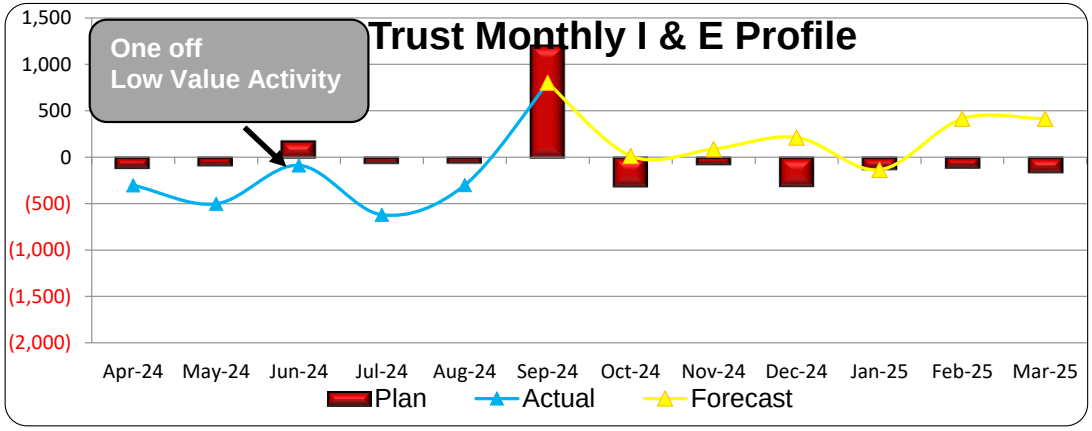
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

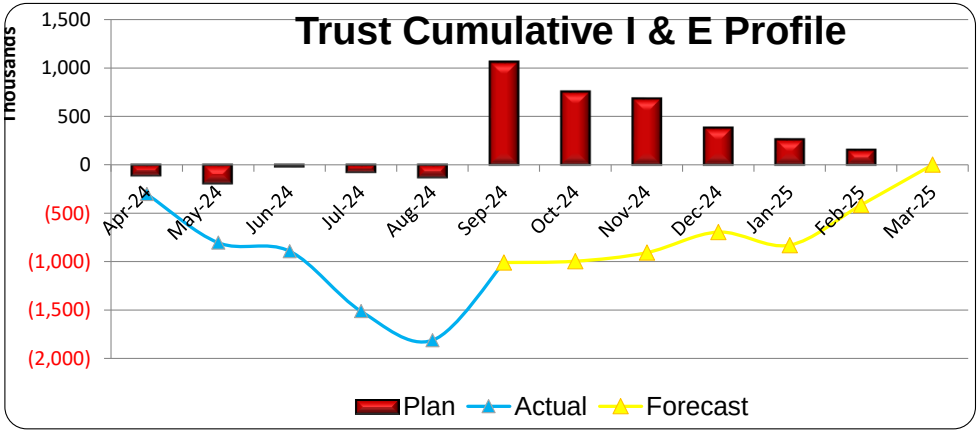
2.0 Income & Expenditure Position 2024 / 25

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					34,102	34,362	261	205,036	204,991	(45)	408,019	407,383	(636)
Other Operating Revenue					2,445	2,599	154	8,521	9,024	503	16,029	16,445	417
Total Revenue					**36,546**	**36,961**	**415**	**213,556**	**214,015**	**458**	**424,048**	**423,828**	**(220)**
Pay Costs	5,026	5,143	118	2.3%	(21,552)	(21,993)	(441)	(129,076)	(130,891)	(1,814)	(258,591)	(259,933)	(1,342)
Non Pay Costs					(13,398)	(13,724)	(326)	(80,968)	(81,669)	(701)	(160,574)	(158,733)	1,841
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	**5,026**	**5,143**	**118**	**2.3%**	**(34,950)**	**(35,717)**	**(767)**	**(210,045)**	**(212,538)**	**(2,493)**	**(419,166)**	**(418,645)**	**521**
EBITDA	**5,026**	**5,143**	**118**	**2.3%**	**1,596**	**1,244**	**(352)**	**3,512**	**1,477**	**(2,035)**	**4,882**	**5,183**	**301**
Depreciation					(526)	(530)	(5)	(3,154)	(3,168)	(14)	(6,304)	(6,345)	(41)
PDC Paid					(179)	(220)	(41)	(1,074)	(1,320)	(246)	(2,148)	(2,640)	(492)
Interest Received					299	310	11	1,779	2,002	223	3,570	3,802	232
Surplus / (Deficit) - ICB performance measure	**5,026**	**5,143**	**118**	**2.3%**	**1,190**	**803**	**(387)**	**1,062**	**(1,009)**	**(2,072)**	**0**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	(0)	(52)	(52)	0	(94)	(94)	0
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,026**	**5,143**	**118**	**2.3%**	**1,181**	**794**	**(387)**	**1,010**	**(1,062)**	**(2,072)**	**(94)**	**(94)**	**0**





Income & Expenditure Position 2024 / 25

The consolidated financial position is a year to date deficit of £1.0m. This is £2.1m behind plan.
In September 2024 this is a surplus of £0.8m which is £0.4m 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 pay uplift is not fully funded by the tariff this creates an additional financial pressure which will require mitigation. The impact of Agenda for Change pay awards will be included in October 2024 (both income and expenditure).

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)	4,991	5,110	119	2.4%	25	(145)	(170)	267	(1,329)	(1,595)	(108)	(4,271)	(4,162)
Provider Collaboratives	23	34	11	47.8%	3	(177)	(179)	17	(555)	(572)	33	(1,469)	(1,502)
Budgets held centrally	12	0	(12)	100.0%	1,162	1,125	(37)	779	875	96	75	5,739	5,664
Total - Consolidated position (ICB performance measure)	**5,026**	**5,143**	**118**	**2.3%**	**1,190**	**803**	**(387)**	**1,062**	**(1,009)**	**(2,072)**	**0**	**0**	**0**

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.

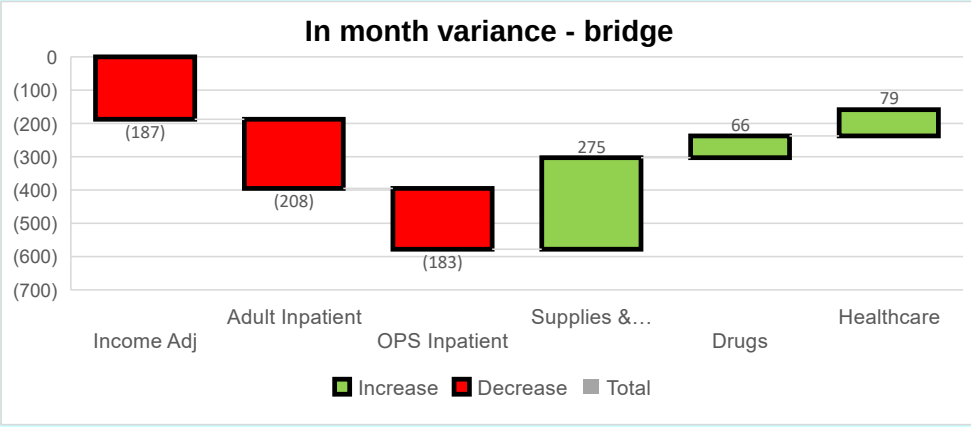
To confirm that the individual analysis within the report highlights the Trust only values.

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					24,898	24,735	(162)	150,289	149,572	(717)	300,365	299,134	(1,231)
Other Operating Revenue					1,349	1,400	50	7,107	7,265	159	14,236	14,314	78
Total Revenue					**26,247**	**26,135**	**(112)**	**157,396**	**156,837**	**(559)**	**314,601**	**313,448**	**(1,153)**
Pay Costs	4,991	5,110	119	2.4%	(21,321)	(21,756)	(435)	(127,691)	(129,348)	(1,656)	(255,821)	(258,224)	(2,403)
Non Pay Costs					(4,494)	(4,083)	411	(26,989)	(26,354)	634	(54,006)	(54,333)	(327)
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	**4,991**	**5,110**	**119**	**2.4%**	**(25,815)**	**(25,839)**	**(24)**	**(154,680)**	**(155,680)**	**(1,000)**	**(309,828)**	**(312,536)**	**(2,708)**
EBITDA	**4,991**	**5,110**	**119**	**2.4%**	**431**	**295**	**(136)**	**2,716**	**1,157**	**(1,559)**	**4,773**	**912**	**(3,861)**
Depreciation					(526)	(530)	(5)	(3,154)	(3,168)	(14)	(6,304)	(6,345)	(41)
PDC Paid					(179)	(220)	(41)	(1,074)	(1,320)	(246)	(2,148)	(2,640)	(492)
Interest Received					299	310	11	1,779	2,002	223	3,570	3,802	232
Surplus / (Deficit) - ICB performance measure	**4,991**	**5,110**	**119**	**2.4%**	**25**	**(145)**	**(170)**	**267**	**(1,329)**	**(1,595)**	**(108)**	**(4,271)**	**(4,162)**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	(0)	(52)	(52)	0	(94)	(94)	0
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**4,991**	**5,110**	**119**	**2.4%**	**17**	**(154)**	**(170)**	**214**	**(1,381)**	**(1,595)**	**(202)**	**(4,364)**	**(4,162)**

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
Income adjustment - Liaision & Diversion service (reduced income for vacant posts)	(187)
Workforce requirements to provide safer staffing - Adult Inpatient	(208)
Workforce requirements to provide safer staffing - Older People Inpatient (Wakefield & Barnsley)	(183)
Non Pay Underspends - Supplies and Services. Including the impact of VAT reclaims	275
Non Pay Underspends - Actions and mitigations led including drugs and purchase of healthcare	145

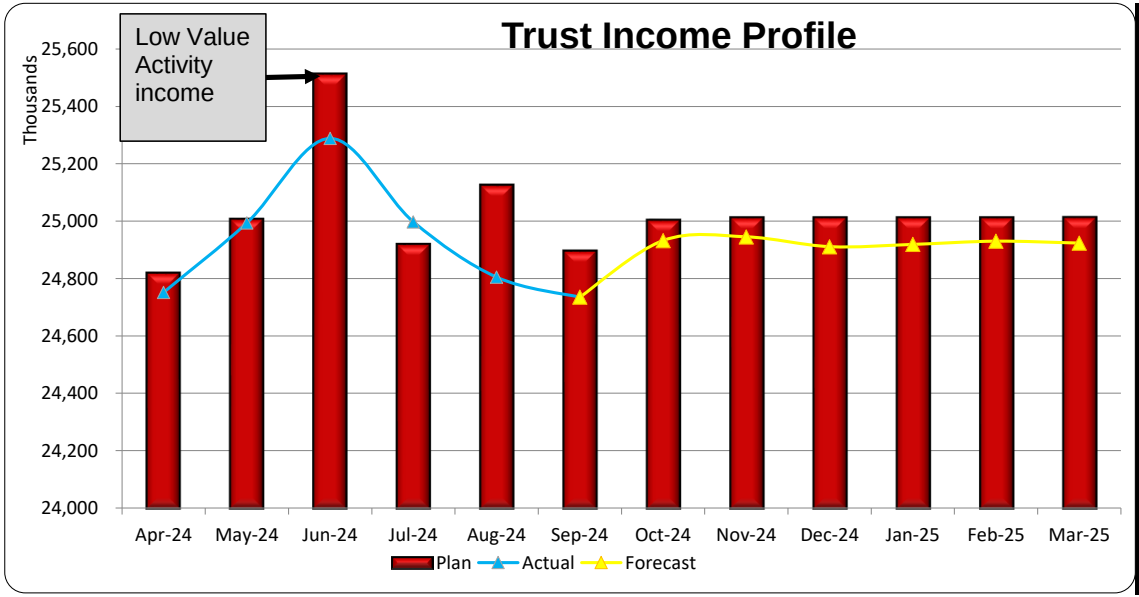


2.1 Income Information

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	21,210	21,243	21,243	21,243	21,243	21,243	21,261	**255,129**	255,162	(33)
Specialist Commissioner	**34,541**	2,943	2,962	2,974	2,947	2,956	2,827	2,955	2,955	2,955	2,955	2,955	2,955	**35,341**	35,469	(128)
Local Authority	**5,799**	378	400	371	398	377	360	392	413	378	386	393	385	**4,632**	4,913	(281)
Partnerships	**6,748**	205	219	191	218	207	207	212	205	205	205	209	209	**2,492**	2,971	(479)
Other Contract Income	**1,454**	131	220	37	135	121	131	130	130	130	130	130	114	**1,540**	1,849	(309)
Total	**293,862**	**24,752**	**24,994**	**25,289**	**24,997**	**24,805**	**24,735**	**24,933**	**24,945**	**24,911**	**24,919**	**24,930**	**24,924**	**299,134**	**300,365**	**(1,231)**
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	9,627	8,822	8,801	8,806	8,806	8,792	8,804	**108,249**		
Total	**293,862**	**33,870**	**34,155**	**34,439**	**34,183**	**33,981**	**34,362**	**33,754**	**33,747**	**33,717**	**33,725**	**33,722**	**33,727**	**407,383**		



Income continues to be reported as less than planned for 2024 / 25. The key headlines are shown below. The income uplift (budget and actual, backdated to April 2024) for Agenda For Change will be actioned in October.

The key variances are shown below:

* Partnership - Youth Offenders Contract £479k
Reimbursement based on actual costs incurred

* Yorkshire Smokefree - Payment by results £168k & £72k
As previously highlighted the Sheffield contract has been renegotiated. As such income and expenditure budgets have been reset and whilst an income variance exists this is less than previously.

* Additional Roles Reimbursement Posts £257k
Offset by reduced pay costs. Recharged on staff in post

2.2 Pay Information

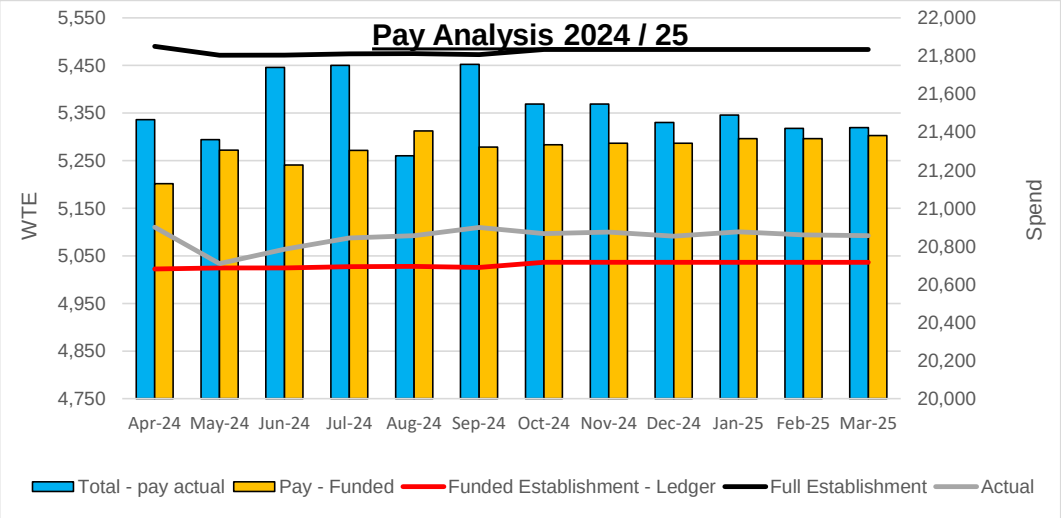
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	19,495	19,533	19,603	19,568	19,624	19,622	19,629	**233,752**
Bank & Locum	1,955	1,581	1,673	1,738	1,771	1,827	1,627	1,577	1,538	1,529	1,495	1,487	**19,798**
Agency	413	400	444	510	429	434	387	367	344	336	302	308	**4,674**
Total	**21,466**	**21,360**	**21,739**	**21,751**	**21,275**	**21,756**	**21,547**	**21,547**	**21,450**	**21,489**	**21,419**	**21,424**	**258,224**
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%	8.4%	7.6%	7.3%	7.2%	7.1%	7.0%	6.9%	7.7%
Agency as % (in month)	1.9%	1.9%	2.0%	2.3%	2.0%	2.0%	1.8%	1.7%	1.6%	1.6%	1.4%	1.4%	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	4,588	4,637	4,649	4,651	4,666	4,669	4,670	**4,618**
Bank & Locum	474	401	411	435	456	460	405	395	384	379	371	369	**412**
Agency	62	59	62	74	71	62	55	56	57	55	54	54	**60**
Total	**5,110**	**5,034**	**5,064**	**5,087**	**5,092**	**5,110**	**5,097**	**5,100**	**5,092**	**5,100**	**5,094**	**5,093**	**5,089**
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**



September 2024 represents the fifth consecutive month of worked WTE increases since April 2024. There is a further 18 worked WTE in month; 23 substantive staff, 4 bank offset by a reduction in agency WTE. Overall this is 264 more WTE than the same period last year. A breakdown on these increases have been shared internally.

As shown by the graph on the left the workforce is modelled to maintain at broadly the same level for the remainder of the year. Actions are required to ensure that this can be achieved.

In doing so it is projected that worked WTE will remain above plan for the whole of the financial year.

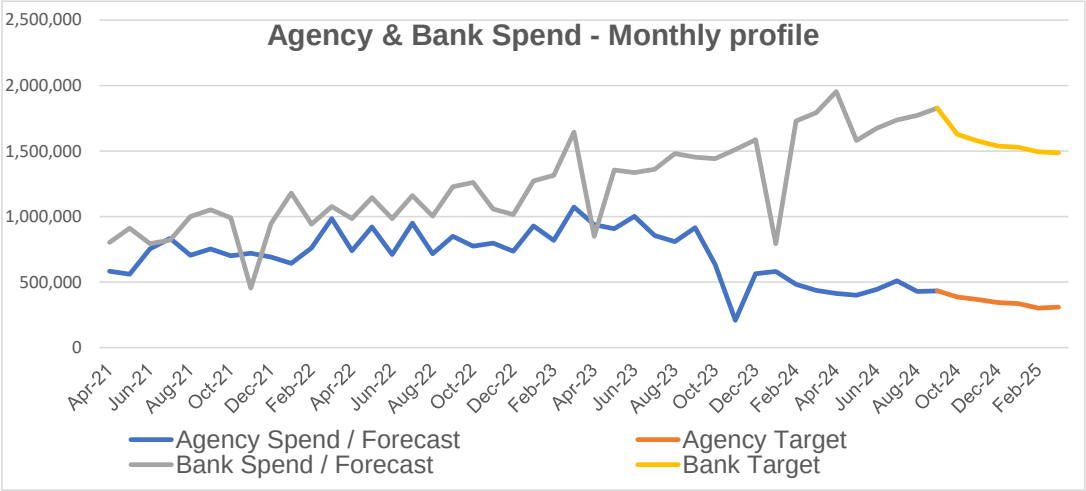
Whilst the overall worked WTE is maintained the forecast also assumes that there will be a shift from temporary workforce to substantive.

2.2 Temporary Staffing Focus

Trust spend in September 2024:
Agency £434k
Bank £1,827k

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	971	267	**1,239**
Other Medical	608	355	**962**
Reg Nursing	190	2,450	**2,640**
UnReg Nursing	599	6,498	**7,096**
Other Clinical	184	383	**567**
A & C	84	592	**676**
Other	(5)	0	**(5)**
Total	**2,630**	**10,545**	**13,175**
Lead Provider Collaborative	347	3	**350**
Budgets held centrally	(8)	0	**(8)**
Total	**2,969**	**10,548**	**13,517**

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. However this is generally through substantive recruitment leading to overall workforce growth.

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.

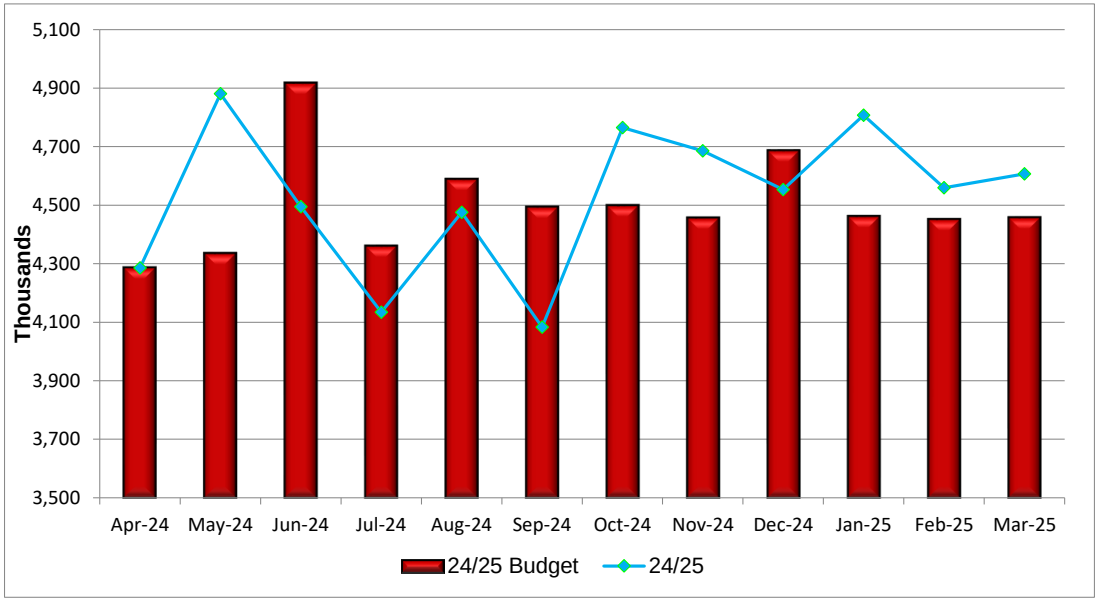
Bank spend has continued to rise. The impact of other actions, such as the significant reduction of overtime spend or changes in the level of sickness, continues to be triangulated with this increase. Spend remains primarily within inpatient environments and is across adult inpatient, older people and 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 re-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	4,083	4,766	4,686	4,553	4,808	4,560	4,607	**54,333**
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	2,200	1,986	(213)	
Establishment	4,719	4,872	153	
Lease & Property Rental	4,428	4,449	21	
Premises (inc. rates)	2,567	2,482	(85)	
Utilities	1,262	1,214	(47)	
Purchase of Healthcare	3,161	2,869	(293)	
Travel & vehicles	2,724	2,710	(14)	
Supplies & Services	4,137	3,899	(238)	
Training & Education	432	401	(31)	
Clinical Negligence & Insurance	582	585	3	
Other non pay	775	887	111	
Total	**26,989**	**26,354**	**(634)**	
Total Excl OOA and Drugs	**21,627**	**21,499**	**(128)**	



Key Messages

Non pay expenditure has continued to fluctuate and has reduced in September 2024 compared to the prior month. An element of this was expected due to a historical VAT reclaim which has impacted on most non pay categories. Overall most categories are underspending against plan and are less than prior year run rates.

The exceptions are in establishment (costs associated with supporting the workforce - phones, comptuters, photocopiers, stationary etc) and lease costs.

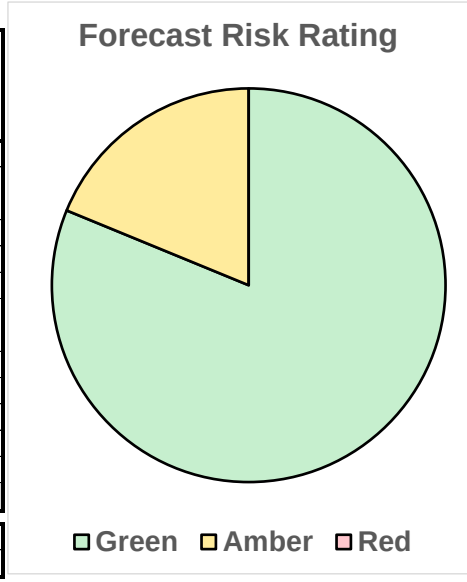
In month expenditure was £411k lower than planned. The largest category, Supplies and services, accounted for £275k this variance but there are also underspends in purchase of healthcare (£79k under) and drugs (£66k under). Work continues to identify how much of this underspend is due to management actions and should therefore be included in the Trust value for money programme.

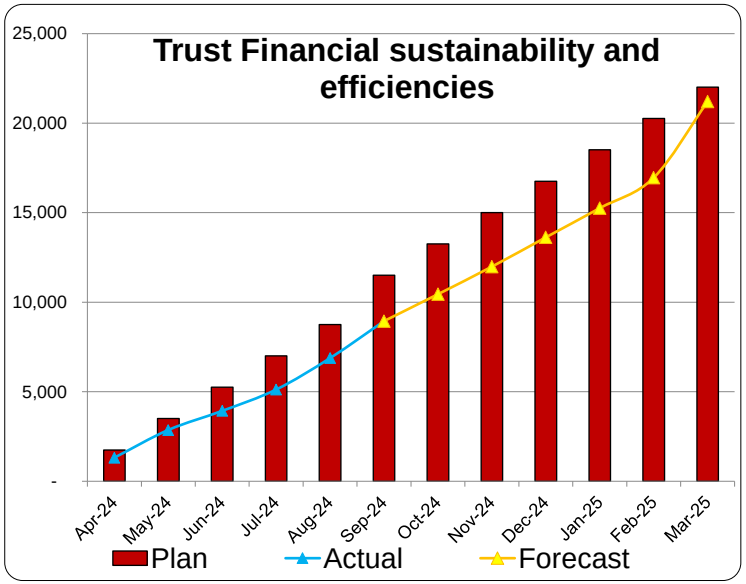
3.0 Value for Money, Financial sustainability and efficiency

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 £22.0m 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	Variance £k
Workforce optimisation		6,234	181	3,339	12,468	9,326			(3,142)
Non pay - Impact of workforce optimisation		210	212		420	406			(14)
Out of area placements		1,436	1,704		2,871	1,704	1,435		269
Non pay - digital		123	93		246	179			(67)
Non pay - Estates		250	198	22	500	428			(72)
Non pay - medicines optimisation		240	0		480			0	(480)
Non Pay - other		0	86		0	167			167
Procurement		125	0		250		0		(250)
Provider Collaboratives		570	570		1,140	1,140			0
Non Recurrent mitigations		0	0		0		2,550		2,550
Income - contribution, Full Year Effect		2,319	2,542		3,638	3,870			232
Total		**11,507**	**5,586**	**3,361**	**22,013**	**17,220**	**3,985**	**0**	**(807)**
Recurrent		5,173	5,586		10,345	7,488	1,435	0	(1,422)
Non Recurrent		6,334		3,361	11,668	9,732	2,550		614





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 have been lower than but are now in line with plan (5 placements). 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).

An additional £2.6m of non schemes have been included in the presentation since last month. This is items identified within the Trust forecast scenario and have been rated as amber as specific values will be confirmed later in the financial year.

The imperative remains on identifying, and delivering, recurrent schemes.

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	201,385	1
Current Assets			
Inventories & Work in Progress	179	179	
NHS Trade Receivables (Debtors)	1,072	521	
Non NHS Trade Receivables (Debtors)	344	800	
Prepayments	3,491	5,042	
Accrued Income	1,062	4,965	2
Cash and Cash Equivalents	69,199	57,009	Pg 15
Total Current Assets	**75,347**	**68,518**	
Current Liabilities			
Trade Payables (Creditors)	(12,728)	(5,197)	3
Capital Payables (Creditors)	(1,392)	(70)	
Tax, NI, Pension Payables, PDC	(8,469)	(8,447)	
Accruals	(13,966)	(20,300)	4
Deferred Income	(409)	(675)	5
Other Liabilities (IFRS 16 / leases)	(51,040)	(51,054)	1
Total Current Liabilities	**(88,004)**	**(85,742)**	
Net Current Assets/Liabilities	**(12,657)**	**(17,225)**	
Total Assets less Current Liabilities	**155,161**	**184,160**	
Provisions for Liabilities	(3,510)	(3,571)	
Total Net Assets/(Liabilities)	**151,651**	**180,589**	
Taxpayers' Equity			
Public Dividend Capital	45,696	75,696	
Revaluation Reserve	15,355	15,355	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	85,380	84,318	
Total Taxpayers' Equity	**151,651**	**180,589**	

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. This includes the addition of Cheswold Park Hospital.

2. Accrued income is higher than the previous year end (when it's traditionally low). This includes balances of £1m one off income agreed with an NHS partner which has now been invoiced. The other significant balance relates to NHS England payments for costs incurred in relation to Cheswold Park.

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.

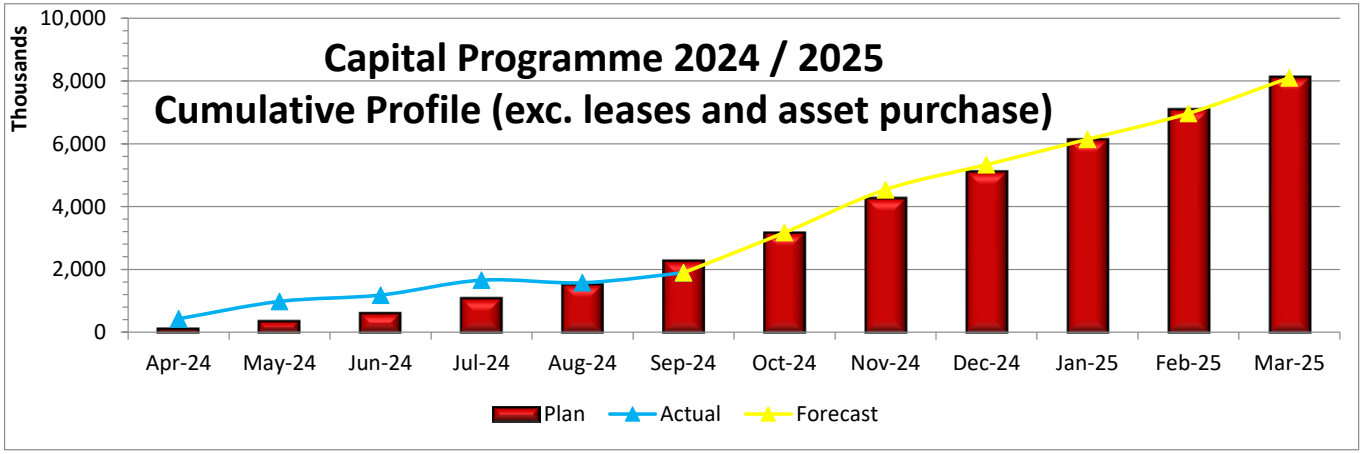
4. The value of accruals have continued to increase with a £1,525k movement since last month. A deep dive is being conducted on all accruals.

5. Deferred income remains relatively low and have reduced a further £788k 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	100	0	(100)	2,500	0
Seclusion Rooms	1,000	550	925	375	1,079	79
Anti-ligature Doors	1,000	460	374	(86)	1,000	0
Maintenance (Minor) Capital						
Clinical Improvement	311	212	188	(24)	342	31
Safety	302	174	71	(103)	350	48
Sustainability / Carbon Neutral	510	0	126	126	510	0
Backlog	360	122	25	(97)	534	174
Equipment	41	20	49	29	101	60
Other	193	130	(56)	(186)	135	(58)
IM & T	1,470	414	102	(312)	1,470	0
Contingency	219	0	0	0	(116)	(334)
Staff Costs	200	100	91	(9)	200	0
TOTALS	**8,104**	**2,281**	**1,894**	**(387)**	**8,104**	**(0)**
Lease Impact (IFRS 16)	5,910	4,055	4,243	188	5,438	(472)
Asset Purchase	0	0	35,000	35,000	35,000	35,000
New lease						
TOTALS	**14,014**	**6,336**	**41,136**	**34,800**	**48,542**	**34,528**



Capital Expenditure 2024 / 25

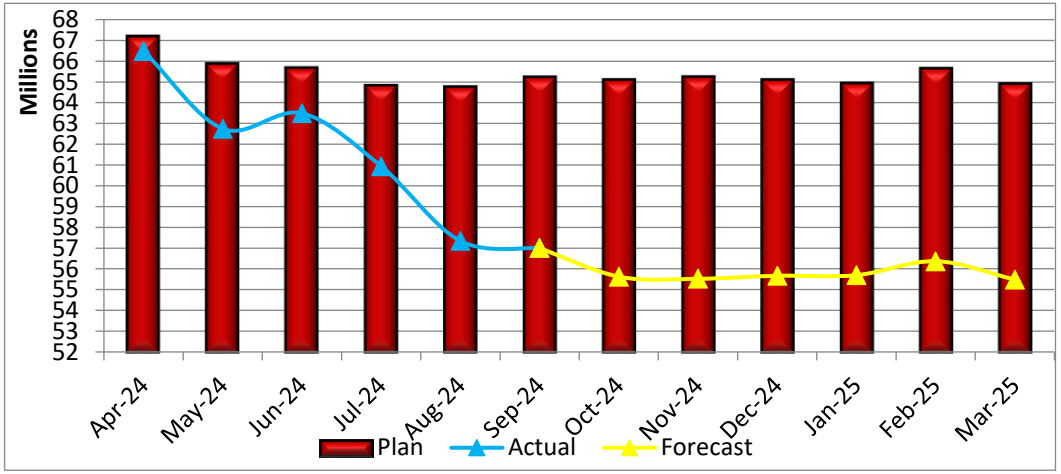
As agreed as part of the West Yorkshire Integrated Care Board (WY ICB) capital prioritisation process the Trust capital programme for 2024 / 25 is £8,082k. A further £22k has been added following additional income from a previous capital disposal (overage).

Capital expenditure has now fallen behind plan for the first month this year. To date £100k of this relates to the major scheme (older peoples inpatient) although the profile, and forecast, is being reviewed for 2024 / 25

The largest underspend to date is within IM & T schemes.

In September 2024 the Trust recognised the purchase of Cheswold Park Hospital. This is shown below the line as this was outside the scope of WY ICB capital and IFRS 16 allocations.

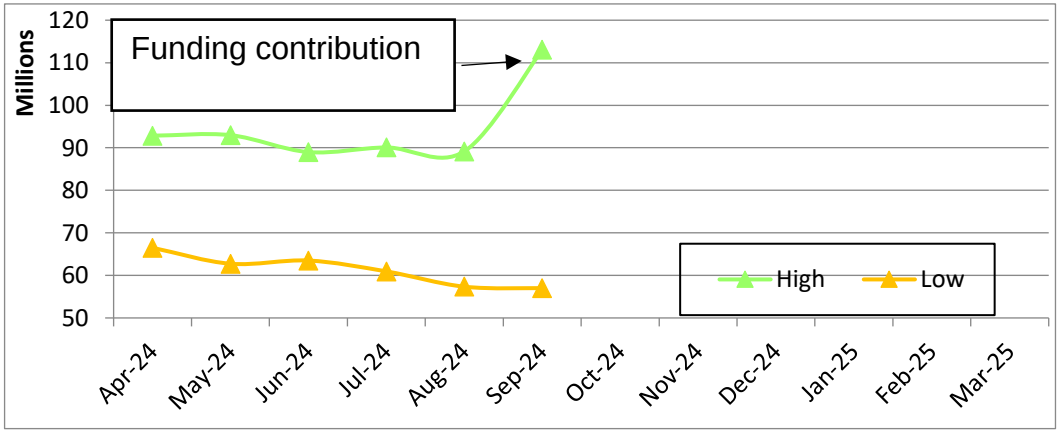
4.2 Cash Flow & Cash Flow Forecast 2024 / 2025



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. £5m of Trust monies was spent on the new asset purchase.

	Plan £k	Actual £k	Variance £k
Opening Balance	71,353	69,199	
Closing Balance	65,214	57,009	(8,205)



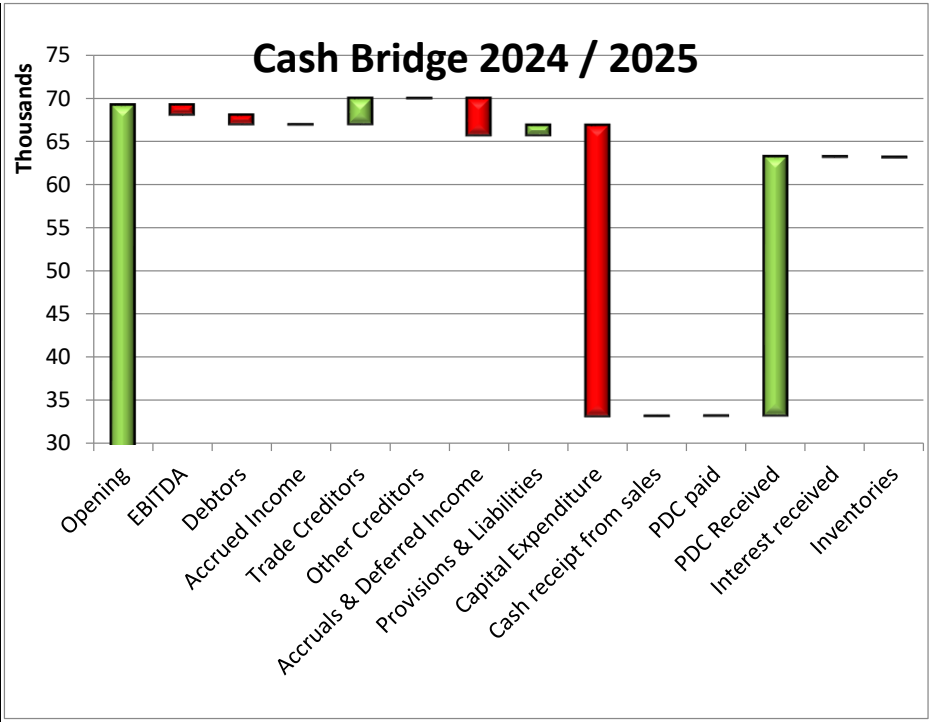
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £113m
The lowest balance is: £57m

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)	7,243	6,060	(1,184)	
Movement in working capital:				
Inventories & Work in Progress	52	0	(52)	
Receivables (Debtors)	30	(1,070)	(1,100)	
Trade Payables (Creditors)	(4,250)	(1,224)	3,026	
Accruals & Deferred income	0	(4,290)	(4,290)	
Provisions & Liabilities	(880)	327	1,207	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(4,549)	(38,216)	(33,667)	
Cash receipts from asset sales	0	22	22	
Leases	(4,812)	(4,749)	63	
PDC Dividends paid	(1,074)	(1,050)	24	
PDC Dividends received	0	30,000	30,000	
Interest (paid)/ received	2,101	2,002	(99)	
Closing Balances	**65,214**	**57,009**	**(8,205)**	



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.

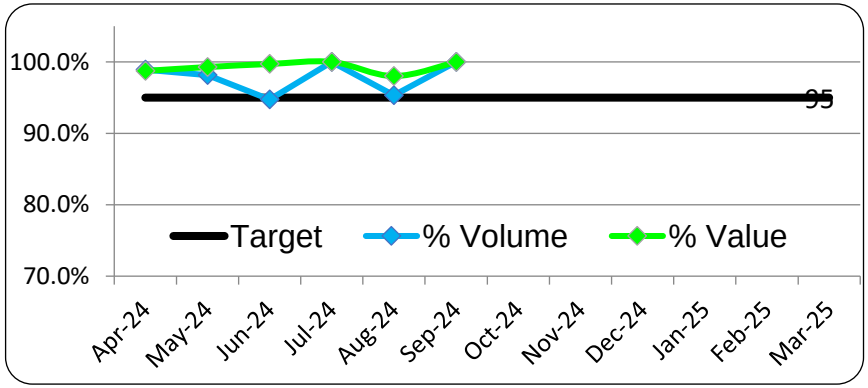
5.0 Better Payment Practice Code

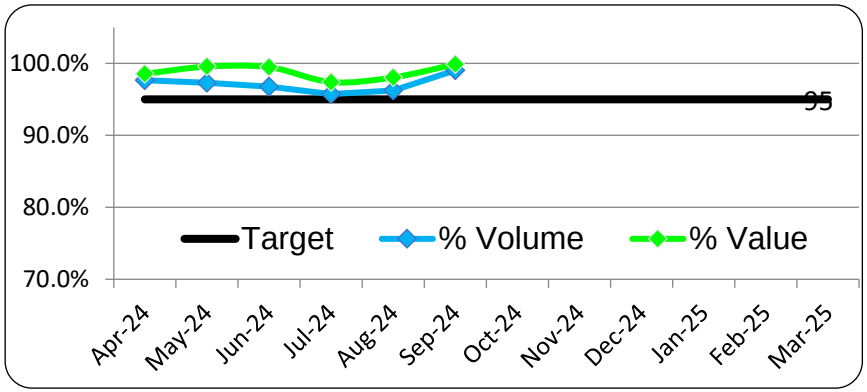
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	100%	100%
Cumulative Year to Date	98%	99%

Non NHS	Number %	Value %
In Month	99%	100%
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 (£)
02-Sep-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5607	750,000
05-Sep-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000058441	746,845
25-Sep-24	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	204883	626,238
23-Sep-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS50	450,000
02-Sep-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009348	365,560
11-Sep-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5622	357,000
23-Sep-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS27	270,000
05-Sep-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Four	4400001973	234,343
10-Sep-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 289	212,125
21-Sep-24	NHS Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600033053	189,062
02-Sep-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009344	143,855
10-Sep-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS048SN	109,010
26-Sep-24	IT Services	Trustwide	Daisy Corporate Services	3I533757	95,981
04-Sep-24	IT Services	Trustwide	Daisy Corporate Services	3I532820	90,250
24-Sep-24	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710180224	86,650
16-Sep-24	Drugs	Trustwide	Lp Hcs Ltd	SIH000951	73,845
02-Sep-24	Professional Fees	Trustwide	Everybody Arts Cic	23413	72,831
17-Sep-24	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	327589	71,314
07-Sep-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34000688	64,813
02-Sep-24	Salary Recharge	Forensics	Wakefield Metropolitan District Council	91316084635	64,185
30-Sep-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020550463	61,696
11-Sep-24	Legal Fees	Trustwide	Hill Dickinson Llp	10610881	48,324
11-Sep-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020428874	47,729
10-Sep-24	Purchase of Healthcare	Forensics	Humber Teaching NHS Foundation Trust	59895395	45,258
10-Sep-24	Research	Trustwide	Durham University	576237	40,688
10-Sep-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC028INV	40,020
04-Sep-24	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90141540	39,431
05-Sep-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001233EPC	38,584
18-Sep-24	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59895502	33,701
16-Sep-24	Advocacy	Forensics	Cloverleaf Advocacy 2000 Ltd	13858	31,397

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
04-Sep-24	Service Charges	Barnsley	Community Health Partnerships Ltd	0060357561	31,207
09-Sep-24	Purchase of Healthcare	Trustwide	Cygnet Nw Ltd	BUR0364680	30,721
13-Sep-24	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	SHE0364197	30,721
11-Sep-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020329437	27,949
12-Sep-24	MFD Devices	Trustwide	Annodata Ltd	1370705	26,489
27-Sep-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	THO05427	25,581

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

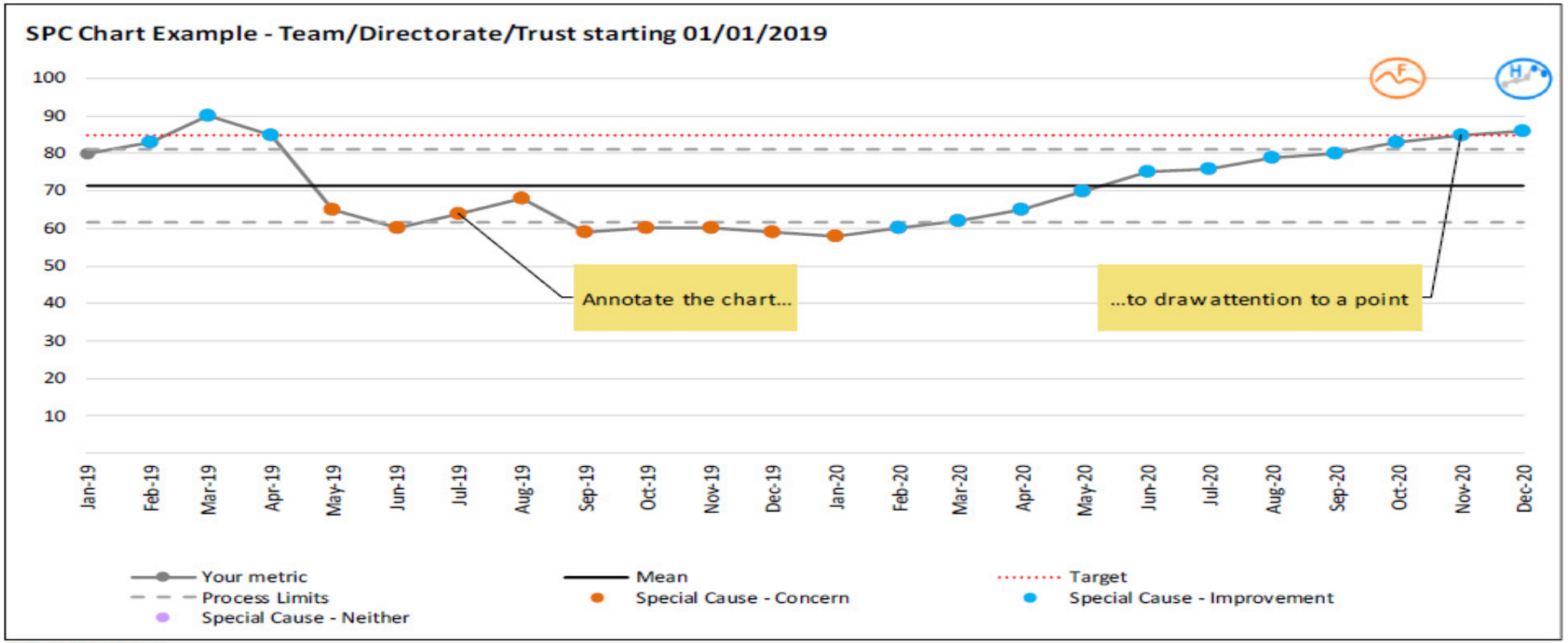
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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