NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

October 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 October 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. On 1st October 2024 the Trust acquired Cheswold Park Hospital, which is a 112-bed low and medium-secure mental health hospital based in Doncaster, providing services to male and female patients with a diagnosis of mental illness, personality disorder or neurodevelopmental disorders. Cheswold Park provides services to patients from South Yorkshire Adult Secure Provider Collaborative and placements for patients who may be from out of the area and need the specific treatment pathways the hospital provides. Data will be reported at the end of the Trust's Integrated Performance Report for Cheswold Park Hospital until all systems have migrated fully into the Trust and reporting systems have been amalgamated, expected to be 1st April 2025. 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	↓	
Improving Resources		
Surplus/(deficit) against plan (monthly)	↑	
Capital spend against plan (Cumulative)	↓	
Total pay costs	↓	

Metric	Change from last month	Variation/ Assurance
Improving Care		
The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	↑	
The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	↑	
% 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)	↓	
Sickness absence - YTD	↓	

Quality

Metric	Change from last month	Variation/ Assurance
Complaints - Number of responses provided within six months of the date a complaint received	↓	
% of feedback with staff attitude as an issue	↑	
C Diff avoidable cases	↑	
E. Coli bloodstream infection rate	↑	
Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement	↓	

People

Metric	Change from last month	Variation/ Assurance
Sickness absence - in month	↔	

National metrics

Metric	Change from last month	Variation/ Assurance
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	↑	
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↑	

Care Groups

Children and Families

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↑	H F
Reducing restrictive physical interventions training compliance	↓	?
% Complaints with staff attitude as an issue	↓	?

Mental Health Community

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

Mental Health Inpatient

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

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	H F
% of clients clinically ready for discharge	↔	H F
Information Governance training compliance	↔	?
Reducing restrictive physical interventions training compliance	↑	?
% Complaints with staff attitude as an issue	↑	?

Barnsley Physical Health and Wellbeing

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

Forensic

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

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 existing performance metrics are designed to measure progress.

• 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 95.7% against a target of 90%. For the Trust derived indicators, as of October 2024, disability was at 45.5%, sexual orientation 57.3% and postcode was at 99.6%. The low recording of disability data has two aspects to it, the first is a technical aspect which there have been delays in addressing. The second is related to consistent recording from colleagues when engaging with patients. There are two strands of work in place to address this. 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.

• Completeness of this data helps the Trust ensure that we are providing equal access to all members of our communities.

• 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. Whilst we are making progress we are reviewing our Equality Diversity and Inclusion strategy, and as part of this we want to have very clear priorities on our areas of focus and programs of work to tackle health 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. In October, the Trust had 79.9% of services with an up-to-date EIA in place and 100% of policies with an up-to-date EIA. Equality impact assessments show that we are delivering on our public sector equality duty and giving due regard, advancing equality of opportunity and consideration to all those groups protected under the Equality Act 2010 along with carers, for whom the Trust recognise as an added group.

Quality

NHS England Indicators (national)

The Trust continues to perform well against the majority of national metrics. The following should be noted:

• Continued service improvement work supports the relatively low use of inappropriate out of area bed days, usage in October was 96 days, this remains under the local trajectory of 150 days used based on 5 people being placed out of area. 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 31st October 24.

• Linked to bed capacity, the Trust continues to see a higher number of people who are clinically ready for discharge during October, reporting 4.3%. This has an impact on flow and bed capacity as well as individual's 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. Ongoing development work is taking place to meet increases in demand. Regarding the 6 weeks to a diagnostic appointment target 133 out of 219 children (60.7%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in October. This is an improvement on the position reported at the end of September (41.5%). Two bank audiologists have joined the team. Other local services are requesting mutual aid for audiology services, however we have been unable to support this request. The service has set a trajectory for improvement and has prepared a business case for commissioners following a demand and capacity exercise.

Local Quality Indicators
The Trust continues to perform well against the majority of quality indicators; the following should be noted:

Care Planning and Risk Assessments

Risk assessments are integral to providing safe and effective care and making decisions on transition between services. October data shows an improvement in performance for both inpatient and community services. Within inpatient services, all service users have a risk assessment with 112 service users having had a risk assessment within 24 hours, a further 9 service users had a completed risk assessment - with 1 of those being between 3-4 hours over the 24-hour standard and 8 of those being 15 hours or more over the 24 hour standard). For community services 31 out of 172 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. For community services 31 out of 172 people are showing to not have an up-to-date 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 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. The number of referrals has increased significantly over recent years and months. The shift in demand between providers can be related to the Right to Choose pathways. Between August 2023 and February 2024 fewer 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. The neuro services across both Calderdale and Kirklees have seen an increase in demand of over 130% comparing numbers waiting at month end from Nov 2023 to Oct 2024.
• Improvement work on waiting list times in community learning disability services has led to an overall improvement, although the service dipped below the 18 weeks standard for the month of October, reporting 88.5% against a target of 90%. 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 October 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 186 from 196 reported in September. 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 are influenced by the level of concern during the incident. All incidents are reviewed to ensure all opportunities for de-escalation are in please before prone was used. The use of prone has been reducing (further detail in the quality section of the report) but will fluctuate depending on the acuity of service users.

• There were 8 information governance personal data breaches during October. Following the higher number reported in February (20 incidents), messages on good information governance were strengthened. 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 current rate of inpatient falls in October 2024 is 3.81 per 1000 bed days (50 inpatient fall in month), which is well below the national average for inpatient falls of 6.3 per 1000 bed days. We remain vigilant and all falls incidents are reviewed regularly by the Trust wide falls coordinator to ascertain any themes or actions required.

• The number of responses provided within six months of the date a complaint is received remains under the national threshold of 100% and improvement work continues. This is reflected in the overall improvement of this metric over the last 12 months, from 42.9% In October 2023 to 71% in October 2024.

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 October at 81.7%. Supervision means that staff have had access to a supportive conversation about their practice.

• The Trust had 10 violence and aggression incidents against staff on mental health wards involving race during October, which represents a continued reduction from recent months (July – 49, August – 32, September - 13) 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 300 new starters and 225 leavers. This is as a result of positive recruitment activity last 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 October 2024, our Trust growth rate has increased to 2.6% (staff in post) year to date. This exceeds our annual budgeted growth rate of 0%. Focus remains on keeping our workforce numbers static throughout 2024/25 to meet our planned workforce and financial targets.

• Overall, our 12-month turnover rate in October decreased to 7.6% and is the lowest in a number of years. 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.

• Our year-to-date sickness has increased this month to 5.2% with October sickness increasing to 5.5%. Hotspot areas continue to be managed.

• The appraisal rate has increased slightly from last month to 89.4%. 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.

o 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.

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

• Reducing Restrictive Physical Interventions (RRPI) training remains below threshold though has increased to 76.7%. 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 remains just below the threshold this month at 94.6% which is a slight reduction from last month (94.7%). This relates to a drop across Support services, Forensic and LD, ASD, and ADHD care groups. 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 and use of temporary staffing is being closely monitored by senior managers. Throughout October acute wards have continued to work 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. The workforce challenges in SPA have been further compounded in October by an increase in admin vacancies. Business continuity plans have been implemented as a priority.
• 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 despite a slight reduction in performance in October.
• 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's financial target for 2024/25 is breakeven. The year-to-date deficit has reduced following an in month surplus being reported. This is supported by one off impacts in month. Focus does remain on the recurrent profile and medium term financial sustainability.
• There was sustained reduction in agency spend in 2023/24. Spend in 2024/25 has fluctuated around a similar level. Spend is £128k more than last month. The adult secure provider collaborative spend in month was £58k.
• The Trust's cash balance increased by £1.6m in month. This continues to be monitored and a focus on maximising this position. 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 awards, including arrears to April 2024, have been paid in month and therefore there is a stepped increase in expenditure in month.

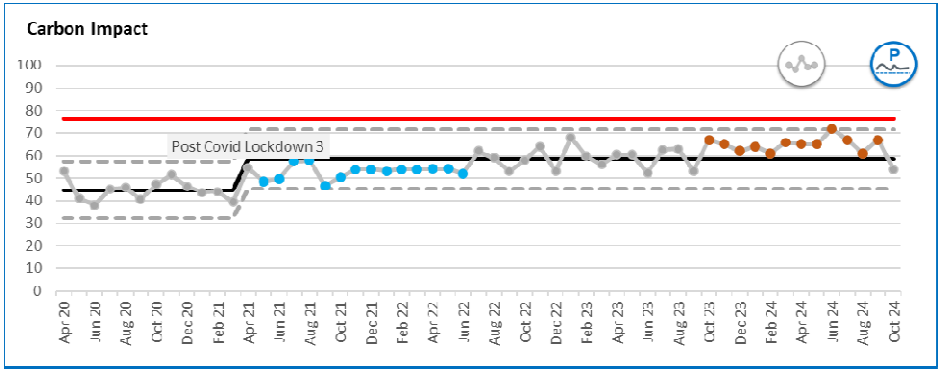
Cheswold Park Hospital

As this is the first month the Trust has included Cheswold Park Hospital data, it should be noted that the Trust threshold has been reported against to allow an assessment of performance against the wider Trust.
• As the mobilisation continues, work will take place to review the data, systems and processes which may impact on reported performance.
• The service has a good level of completeness of disability, sexual orientation, postcode and ethnicity and expect this position to be maintained.
• There were two violence and aggression incidents against staff on mental health wards involving race – this is out of a total of 47 violence and aggression incidents during the month (4.2%)
• Sickness absence during the month was 6.3% and this relates to a number of short term absences recorded in October. This is being monitored.
• There were 215 incidents reported during the month, 2 of those resulted in moderate harm and related to self-injurious behaviours.
  o There were 24 safeguarding adult incidents that occurred in Cheswold Park Hospital in October 2024. Of these one resulted in minor harm and 23 were graded as no harm or near miss. The most common causes were 'Violence & Aggression', 'Bullying & Harassment', 'Patient Compliance', and 'Drug & Medication'
  o There were 14 restraint incidents in October 2024, making up 7% (14/215) of total October incidents. Of the 14 incidents there were 11 physical inventions and 3 mechanical interventions.

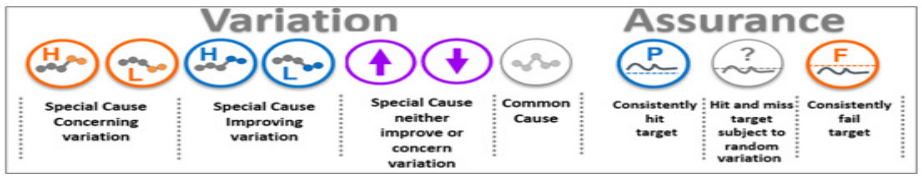
Improving health

Metrics	Threshold	Aug-24	Sep-24	Oct-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	240 - All staff (17.1%) 105 - excl medics (8.7%)	241- All staff (17.1%) 103 - excl medics (8.5%)	247- All staff (17.5%) 109 - excl medics (9.0%)		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.
Percentage of service users who have had their equality data recorded - ethnicity	90%	96.4%	96.2%	95.7%		
Percentage of service users who have had their equality data recorded - disability	50%	47.7%	46.9%	45.5%		A statistical approach is being undertaken in order to work out a target that will be adjusted based on actual performance each month. The 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		59.1%	58.2%	57.3%		
Percentage of service users who have had their equality data recorded - deprivation (postcode)	90%	99.5%	99.6%	99.6%		
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Service timely completion - 75%	81.7% Service	76.7% Service	79.9% Service		
	Policy - 95%	97.8% Policy	97.8% Policy	100% Policy		
Completion of equality mandatory training	>=80%	97.1%	96.5%	96.4%		
Number of job start/work retention outcomes during month by individual placement and support service	Trend monitor	15	15	10		A single client could have multiple job starts
Number of new people accessing Individual placement and support service during month	Trend monitor	42	45	32		First contact and work started on vocational profile. Average number of new people per month for the period Apr 24 - Oct 24 is 39, total number year to date is 277. The dip in October for new people accessing the service is linked to waiting lists in Kirklees and Calderdale, as well as Wakefield secondary care being at capacity which impacts opportunity to increase access figures due to lack of throughput. There is also some long-term sickness absence amongst the teams which is impacting short term capacity.
Carbon Impact (tonnes CO2e) - business miles	76	61	67	54		Data showing the carbon impact of staff travel / business miles. In October, staff travel contributed 54 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. We remain under threshold, and in October 2024 have entered period of common cause variation. Levels are not expected to return to those seen pre-Covid-19 as a more blended approach to working is expected to continue.



Improve Care

Metrics	Threshold	Aug-24	Sep-24	Oct-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%	91.9%	89.7%	*92.6%*	H F	October data shows an improvement in performance within both inpatient and community services. Within inpatient services, all service users have a risk assessment with 112 service users having had a risk assessment within 24 hours,9 service users had a completed risk assessment but this was outside the 24 hours (with 1 of those being between 3-4 hours over the 24 hour standard and 8 of those being 15 hours or more over the 24 hour standard).. For community services 31 out of 172 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 Oversight Group meet monthly, within the group they review performance and quality continually seeking opportunities for improvement. This includes reviewing qualitative as well as quantitative data. 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. The new care plans are due to go live early Jan 25 and the new metrics planned to go live from Apr 25. Data for October 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		76.2%	76.9%	*81.9%*	F	
% Service users on care programme approach with a plan of care developed collaboratively	85%	96.3%	96.4%	96.2%	H ?	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	1,105	1,109	1,131		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).The mental health care group saw an increase of 7.79 in month and mostly related to recruitment that occurred in earlier months with postholder commencing employment in October. The Children, Young People and Families Care group saw an increase of 5.64 and is linked to recruitment to vacant posts and new investments.
Registered substantive staff in neighbourhood teams	Establishment - 169	158	155	159		
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	32	13	10		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)	Aug - 155 Sept - 150 Oct - 155	124	138	96	F	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%	4.9%	4.8%	4.3%		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	224	236	277		Neurodevelopment waits remain a concern, especially given the additional capacity 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 remains high. 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 wait times increased whilst ours decreased leading to families have choosing our CAMHS resulting in increased referrals and a significant increase in wait times.
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	634	685	701		

Improve Care Continued

Metrics	Threshold	Aug-24	Sep-24	Oct-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%	82% 53/65	96% 48/50	89% 54/61		Improvement work on waiting list times in community learning disability services has led to an overall improvement unfortunately the service have not achieved the 18 weeks standard for the month of October, reporting 89%. 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%	91.0%	94.1%	89.8%		
Community health services two hour urgent response standard	70%	91.6%	91.6%	91.7%		
Referral to assessment within 2 weeks (external referrals)	75%	92.2%	86.4%	79.5%		

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

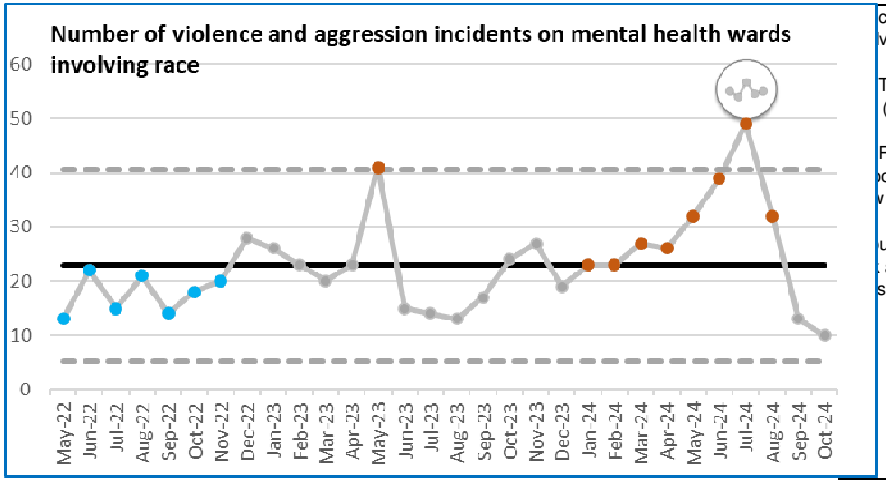


chart shows that as at October 2024 due to the continued decrease in the number of violence and aggression incidents against staff on mental health wards ving race, we have entered a period of common cause variation.

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

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 ort front line practitioners and leaders to understand clearly their roles and duties when supporting those victim to hate incidents and to empower victims to v what to expect from the organisation in these situations.

ugh recent work within the Trust, we have identified that there is under reporting therefore when we have undertaken the foundations for the improvement 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 soft intelligence tells us that many incidents have gone unreported.

Improve resources

Metrics	Threshold	Aug-24	Sep-24	Oct-24	Variation/ Assurance	Notes
Surplus/(deficit) against plan (Cumulative)	Breakeven	(£1,813k)	(£1,009k)	(£624k)		The Trust's financial target for 2024/25 is breakeven. The year to date deficit has reduced following an in month surplus being reported. This is supported by one off impacts in month. Focus does remain on the recurrent profile and medium term financial sustainability.
Capital spend against plan (Cumulative)	£8.1m	£1,674k	£1,894k	£2,115k		The Trust's core capital allocation for 2024/25 is £8.1m and performance is monitored against this. There are additional allocations relating to IFRS 16 (leases) and the purchase, and ongoing capital works, for Cheswold Park Hospital. Expenditure for the year to date is being planned; the profile relating to Older People Transformation has been revised to reflect current expectations.
Agency spend managed within the overall workforce (Monthly)	3.5% £6.7m	£507k	£492k	£620k		There was sustained reduction in agency spend in 2023/24. Spend in 2024/25 has fluctuated around a similar level. Spend is £128k more than last month. The adult secure provider collaborative spend in month was £58k.
Financial sustainability and efficiencies delivered over time (monthly)	£22m	£1,758k	£2,066k	£2,145k		The Trust's 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. The mitigations will primarily be realised in March 2025.
Total pay costs	£21,227 (June)	£21,567	£21,756k	£26,741k		Pay awards, including arrears to April 2024, have been paid in month and therefore there is a stepped increase in expenditure in month.
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	0	6		Due January 2025		
Estates Urgent Response Times - Service level agreement (SLA)	95%	96.0%	96.8%	95.9%		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	Aug-24	Sep-24	Oct-24	Variation/ Assurance	Notes
Turnover external (rolling 12 months)	>12% - 13%<	8.0%	8.2%	7.6%		Turnover continues to reduce. There 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	2.6%				This measures the difference between the number of full time equivalent staff at end of March 2024 compared to the number of full time equivalent staff at end of the reporting period.
Sickness absence - YTD	<=5%	5.0%	5.1%	5.2%		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%	86.7%	89.1%	89.4%		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 89.4% 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%	84.0%	83.1%	81.7%		As part of the review of the supervision of the workforce policy, an improvement programme is underway to use the learning from the Forensic care group to increase uptake and recording of supervision within the clinical workforce. This includes making further changes to the systems and reporting practice. (Band 4 and above, all supervision) August and September data has been refreshed.
Mandatory training - Cardiopulmonary resuscitation	80%	80.7%	82.0%	81.3%		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%	75.8%	76.1%	76.7%		The learning and development team and RRPI team, are working together to maximise the training places available and are taking a targeted approach to booking staff onto refresher training which has seen a positive impact over recent months. Rostering is used to ensure that wards have access to appropriately trained staff. Wards with high acuity and lower training levels are prioritised for training places.
Mandatory training - Fire	85%	90.8%	90.4%	90.5%		Threshold increased from >=80% in June 24.
Mandatory training - Information governance (IG)	95%	95.5%	94.7%	94.6%		

Quality Headlines

Section	KPI	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	TBC	75.6%	86.0%	84.6%	84.5%	83.3%	83.4%	N/A
Complaints	% of feedback with staff attitude as an issue [12]	< 20%	21% (5/24)	6% (1/18)	0% (0/11)	32% (7/22)	33% (8/24)	16% (5/31)	1
	Complaints - Number of responses provided within six months of the date a complaint received [16]	100%	77% (17/22)	50% (2/4)	81% (13/16)	66% (6/9)	85% (11/13)	71% (17/24)	
Service User Experience	Friends and Family Test - Mental Health	84%	92%	91%	92%	93%	90%	94%	1
	Friends and Family Test - Community	95%	97%	96%	98%	97%	97%	96%	1
Quality	Number of compliments received	N/A	26	7	65	92	54	66	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Trend monitor	14	9	7	12	9	6	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Trend monitor	0	1	0	1	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	0	0	0	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	95.2%	95.4%	96.2%	96.2%	96.4%	96.2%	1
	Number of Information Governance breaches [3]	<12	11	9	5	6	5	8	2
	% of inpatients clinically ready for discharge	3.5%	2.1%	2.7%	3.8%	4.9%	4.8%	4.3%	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%*	94.4%	94.1%	93.1%	91.9%	89.7%	*92.6%*	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community		68.1%	76.5%	85.0%	76.2%	76.9%	*81.9%*	2
	Total number of reported incidents	Trend monitor	1484	1300	1481	1433	1295	1213	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	34	25	22	34	39	28	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	1	5	8	3	2	5	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Trend monitor	1	1	1	0	1	0	
	Safer staff fill rates	90%	130.0%	132.5%	132.4%	131.3%	129.4%	131.2%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	105.2%	101.8%	101.4%	98.6%	100.6%	101.7%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Trend monitor	44	25	43	42	56	32	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	0	1	1	1	0	0	1	
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less [8]	90%	95% (20/21)	100% (5/5)	72.7% (8/11)	100% (14/14)	92.3% (12/13)	92.3% (12/13)	1
	Number of Falls (inpatients)	Trend monitor	39	63	50	53	47	50	
	Number of restraint incidents	Trend monitor	226	153	195	257	196	187	
	% of staff receiving supervision within policy guidance [15]	80%	81.7%	83.9%	85.6%	84.0%	83.1%	81.7%	2
	Potential under-reporting of patient safety incidents								
	% people dying in a place of their choosing [14]	80%	81.8%	90.6%	87.9%	87.5%	87.1%	86.5%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	1	0	1
	C Diff avoidable cases	0	0	0	0	0	1	0	1
	E. Coli bloodstream infection rate	0	0	0	0	0	1	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	0	0	0	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	2	2	2	2	2	2	2	
	Overall CQC rating		Good						
	CQC well - led rating		Good						

Quality Headlines

Quality Headlines cont…

1 - Number of pressure ulcers which developed under SWYPFT care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The Information Governance breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
11 - Number of records with up to date risk assessment - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return.
14 - This metric relates to the Macmillan service, end of life pathway.
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.
16 - Formal complaints should be responded to/closed within 6 months of the date received as is written into the NHS Complaints (England) Regulations 2009

Quality Headlines

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

• The overall number of restraint incidents in October was 187 which is within acceptable range although the Trust is seeing an overall increase in incidents. 34 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 - there were 5 in October. 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.

• Complaints - Number of responses provided within six months of the date a complaint received – reporting against this metric aligns to the NHS Complaints (England) Regulations 2009 stating that complaints should be responded to/closed within 6 months of the date received. The Trust is undertaking work to review the time taken for complaints to be investigated and responded to, to help understand any areas for improvement and how this can be monitored locally

• Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - there was one instance reported in October. Areas for improvement identified are identified as other professionals have been involved with the care of this patient prior to the district nurse team. Pressure relief had not been considered by the care home. We have a programme of work with care homes through the local authority quality team looking at improving knowledge and care on pressure relief. The Care Group along with the Patient Safety team, has also started work on the Patient Safety Incident Improvement (PSII) project work around pressure ulcers and documentation. A mapping exercise took place on 6th November with representation from all levels of staff from the nursing teams that currently complete pressure ulcer documentation, ranging from Health Care Assistant (HCA) to Community Matron level.

• Clinically ready for discharge (previously delayed transfers of care) - This has decreased slightly to 4.3% but 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 sections 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 October there were 50 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 incident having a duration of greater than 3 minutes during October, this was 1 out of 13 incidents in total. See Reducing Restrictive Physical Interventions (RRPI) section for further information.

Patient Safety

Patient Safety Incident Response Framework (PSIRF)

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

Since launching PSIRF on 1 December 2023, we have:

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

Patient Safety Partners

The three patient safety partners (PSP - 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.

Patient Safety Improvement Group

The Trust Patient Safety Improvement Group has moved to a monthly frequency to operate alongside the Trust Patient Safety Oversight Group.

The first meeting in the new format, had a revised agenda and included:

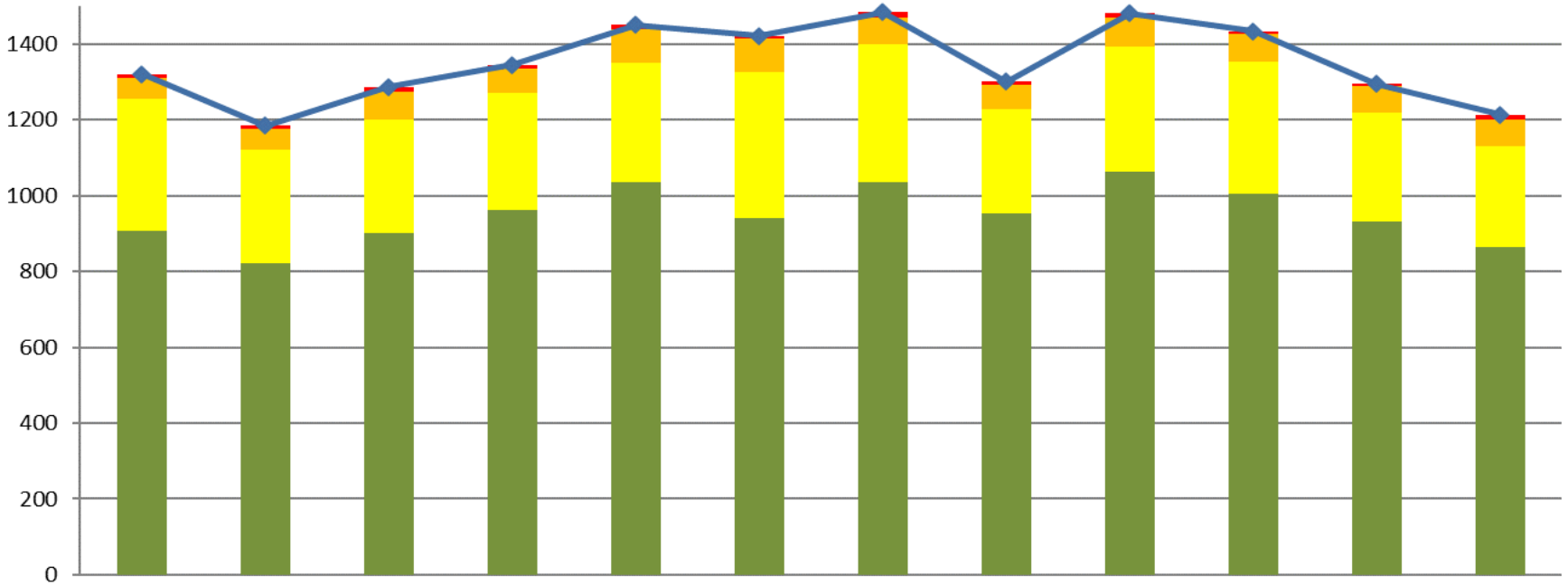
- Care groups, specialist advisors and patient safety colleagues discussed incident data to help with understanding variation, trends and themes. This will develop further in coming months and incorporate review of the data through an ethnicity lens
- Reviewed content previously presented at the weekly Trust PSOG to support the monitoring of trends and patterns. Weekly review will continue at Care Group PSOGs
- Received the Barnsley Physical Health and Wellbeing highlight report
- Oversight of the Patient Safety Incident improvement projects
- Oversight of improvement plans

Safety First

Summary of Incidents

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

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



	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Red (should not be compared with SIs)	9	9	14	10	12	9	14	8	11	7	7	11
Amber	56	54	73	65	90	88	71	65	76	73	69	73
Yellow	349	301	300	309	313	384	362	275	330	347	287	265
Green	907	821	900	961	1036	941	1037	952	1064	1006	932	864
Total	1321	1185	1287	1345	1451	1422	1484	1300	1481	1433	1295	1213

Safety First cont…

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

Breakdown of incidents in October 2024

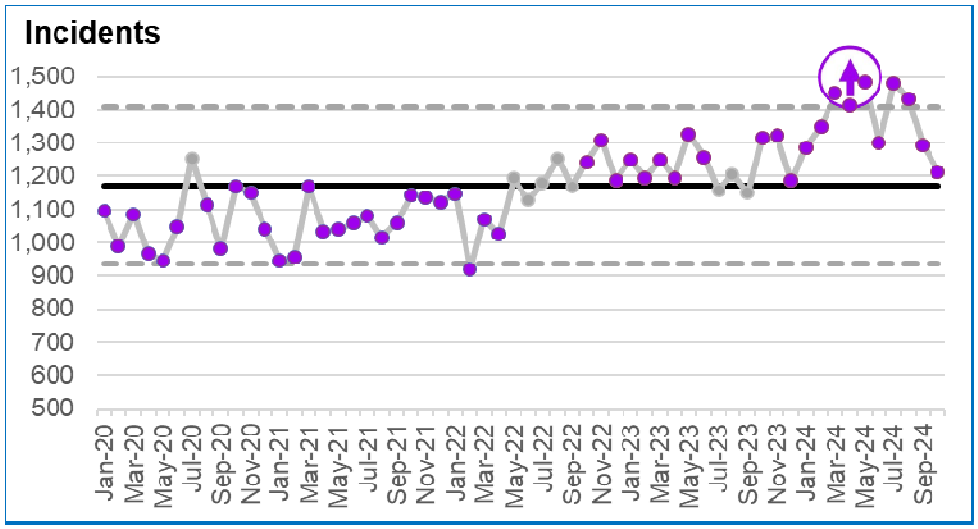
28 moderate harm incidents:

The most common incidents were pressure ulcers. The moderate harm pressure ulcers have been reviewed, the service have seen an upward trend in all category 3 pressure ulcers since July. The service are doing a deep dive into this.

5 severe harm incidents

The most common incidents were pressure ulcers.

Incidents



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

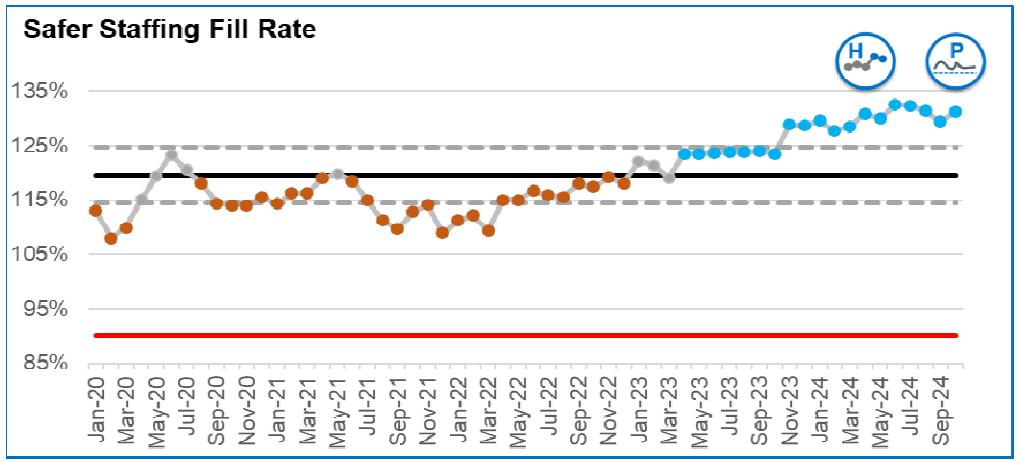
If you would like to attend or share your learning from experience with the learning network, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

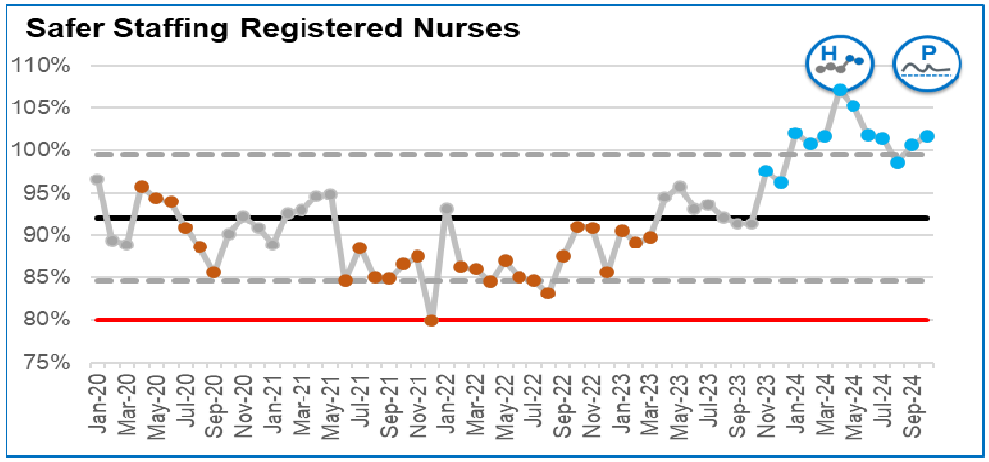
Patient Safety alerts not completed by deadline of October 2024 - zero.

Reference	Title	Date issued by agency	Alert applicable?	Trust final response deadline	Alert closed on CAS
NatPSA/2024/012/DHSC	Shortage Of Molybdenum-99/Technetium99m Generators	25/10/2024	No - alert not applicable to Trust	28/10/2024	28/10/2024
NatPSA/2024/011/DHSC	UPDATE: Discontinuation of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup	21/10/2024	Yes- disseminated to relevant staff	31/10/2024	29/10/2024

Safer Staffing Inpatients



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



The chart above shows that in October 2024, due to the continued increase in the registered nurses fill rate, we remain in a period of special cause improving variation and we are expected to meet the target.

- There was a slight increase of 1.47% in October on demand. This is in line with the demand requested in 2023.
- Within the flexible staffing pool there were a total of 87 less shift requests, however the overall fill rate decreased slightly 0.19% to 92.62%.
- Following the successful recruitment campaigns for Band 5s throughout 2023/24 we have received 217 less requests for Registered Nurses (RN) this October in comparison with 2024.
- Within overall fill rates there was an increase in the fill rates of Adult and Older Peoples Care Group of 3% to 139%, Barnsley Integrated Services saw an increase of 6% to 114% whilst the Forensic and Learning Disability Care Group decreased by 2% to 120%.
- We continue to scrutinise flexible staffing usage in our temporary staffing scrutiny and e-rostering groups.
- We have stopped registering any new agency HCA staff onto our systems which is in line with the reduction of agency spending.
- We will be proposing to introduce a zero tolerance approach to agency usage for Band 2 in early 2025.
- The e-rostering steering group is ensuring that SafeCare is being better utilised with more viable information being available to assist in decision making whilst the roll out of e-rostering to all clinical staff continues within community teams.
- The overall fill rate had an increase of 1.8% to 131.2%. The day fill rate for RNs increased by 1.3% to 100.4%. Four wards, an increase of two on September, Lyndhurst and Ward 19 Male in the Adult and Older Peoples care group, Hepworth and Priestley within the Forensic and LD Care Group, fell below the 90% RN day fill rate. They were supported through local escalation plans.
- In October one ward, Priestley ward, within Forensic and LD care group fell below the 90% overall fill rate threshold.

Safer Staffing Inpatients cont…

Registered Nurses Days
There was an increase of 1.3% in overall registered Day fill rates to 100.4% in October compared with the previous month.

Registered Nurses Nights
There was an increase of 2.2% in overall registered Night fill rates to 116.3% in October compared with the previous month.

Overall Registered Rate: In October the overall registered fill rate increased by 1.1% to 101.7%.
Overall Fill Rate: 131.2% (an increase of 1.8% on the previous month)

Registered day rate	Aug-24	Sep-24	Oct-24
Adults and Older People	98%	99%	101%
Barnsley Integrated Services	118%	130%	136%
Forensic and LD	88%	94%	93%
Overall shift fill rate	**96%**	**99%**	**100%**

Registered night rate	Aug-24	Sep-24	Oct-24
Adults and Older People	115%	114%	113%
Barnsley Integrated Services	104%	101%	100%
Forensic and LD	120%	116%	124%
Overall shift fill rate	**116%**	**114%**	**116%**

Overall Fill Rate	Aug-24	Sep-24	Oct-24
Adults and Older People	143%	136%	139%
Barnsley Integrated Services	106%	108%	114%
Forensic and LD	116%	122%	120%
Grand total	**131%**	**129%**	**131%**

- Bank staff filled 82.40% (an increase of 3.13% on the previous month) of RN requests for flexible staffing and 80.93% (a decrease of 2.63% on the previous month) of HCA requests.
- Agency staff filled 6.85% (a decrease of 0.09% on the previous month) of RN requests for flexible staffing and 12.26% (an increase of 1.08% on the previous month) of HCA requests.

Information Governance (IG)

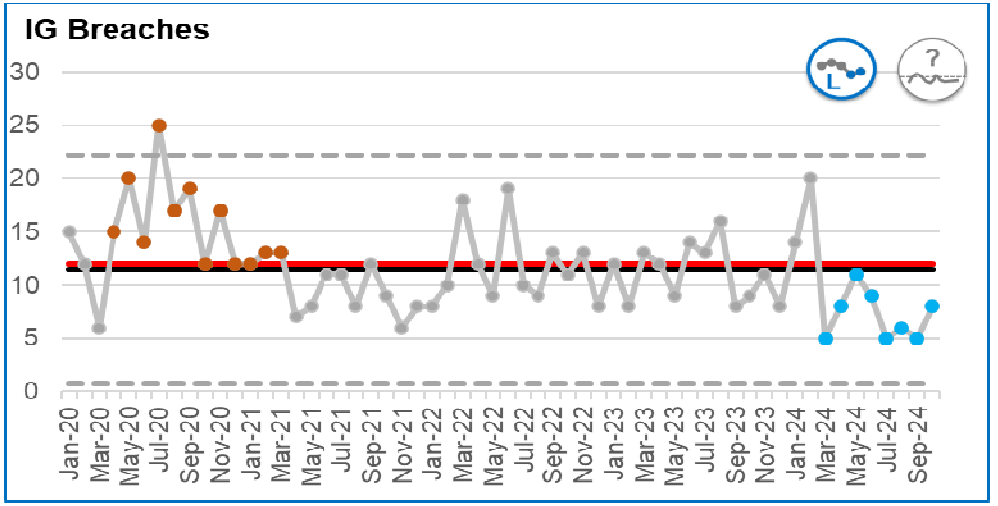
Eight personal data breaches were reported during October 2024, which is an increase on the previous month but continues to be below threshold.

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.

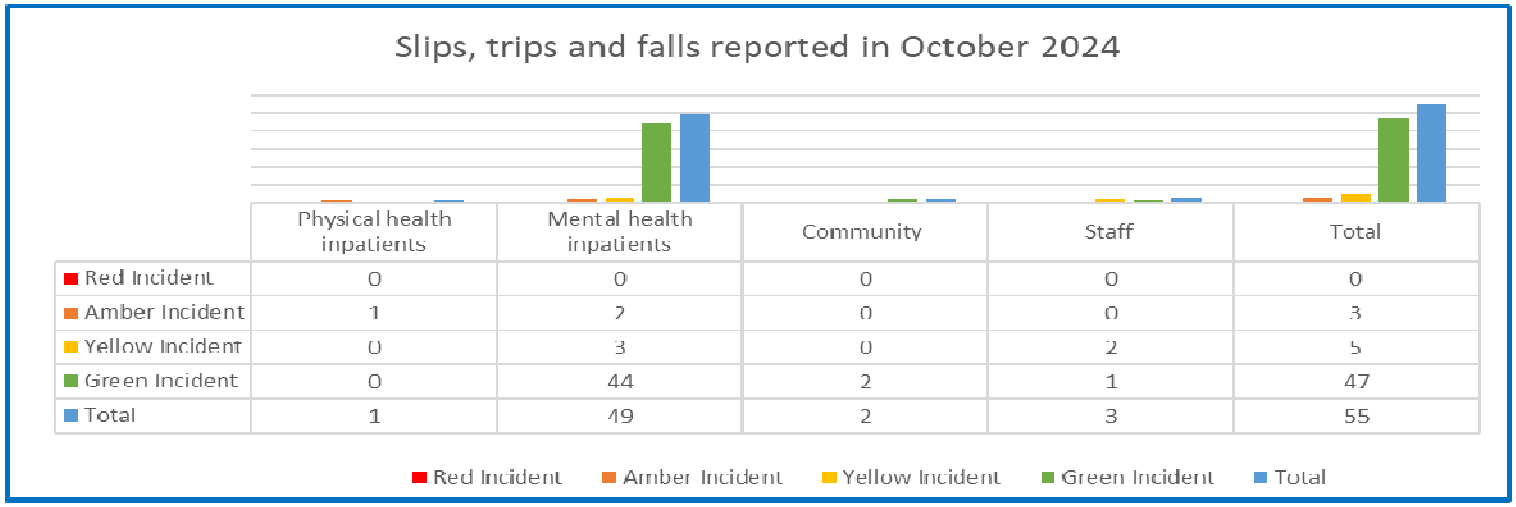
There are currently no open complaints with the Information Commissioner's Office.

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



Trustwide Falls

In October 2024, a total of 55 slips, trips and falls were reported. 50 of these were in inpatient wards.
The current rate of inpatient falls in October 2024 is 3.81 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	1	2	0	0	3
Yellow Incident	0	3	0	2	5
Green Incident	0	44	2	1	47
Total	1	49	2	3	55

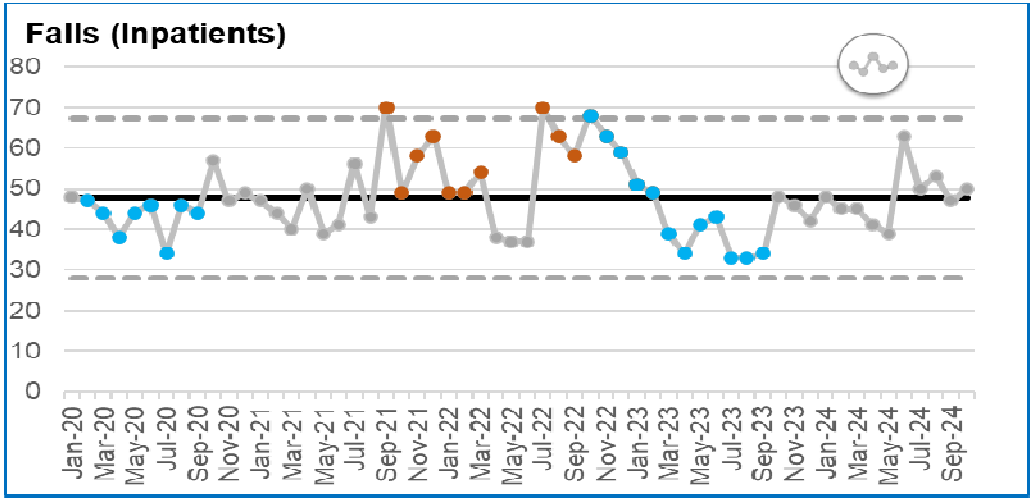
- Patients experiencing slips, trips and falls are receiving a high level of multidisciplinary assessment and intervention. Three patients have experienced repeated falls (3 or more), and several patients were diagnosed with infections and complex physical health needs where the fall was an initial sign of ill health
- 100% of patients identified of having a history or risk of falling received a physiotherapy assessment
- Post Falls Protocol completion has averaged 93% this month, with a continued good response from staff
- 93% of patients had a good quality falls risk screen (FRAT-18) completed within 24hrs of admission

Incident Grading
No red incidents.
Amber: A total of 3 (5%) reported safety events. One report was linked to a potential system failure where staff reported the falls sensor alarm did not alert them. This was fully reviewed, and no system failure identified. Two reports were for patients with no previous history of falls.
Yellow: A total of 5 (9%) reported safety events needing higher levels of intervention.
Green: A total 47 (86%) reported safety events had low, or no harm recorded. Two of these reported falls occurred whilst the patient was off the ward.

Inpatient falls had a high correlation with:
- 10 falls (19%) were directly linked with increased agitation and aggression leading to the fall
- 10 falls (19%) were by 3 patients with complex mental and physical health needs experiencing repeated falls
- 21 (40%) falls occurred for patients less than 65 years old. These were linked with the patient restricting their dietary intake leading to dizziness, unwitnessed falls reported by the patient after several days, and general slips and trips
- 15 falls (29%) occurred for patients with no previous falls history and were general slips and trips with no precipitating factors identified
- 17 falls (33%) occurred for patients with a diagnosis of dementia

Falls (Inpatient)

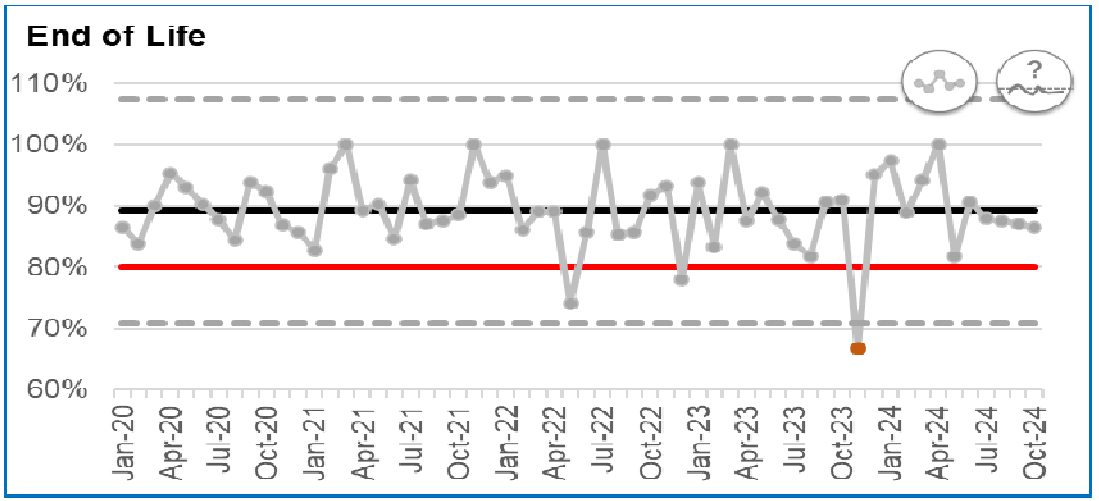
The total number of inpatient falls was 50 in October.



The SPC chart above shows that in October 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 86.5% in October. 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 October 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

- 96% would recommend physical health services
- 94% would recommend mental health services

	Target	August	September	October
Mental health community	85%	96% (247)	92% (140)	95% (333)
Mental health inpatient	85%	89% (104)	95% (43)	86% (63)
Learning Disabilities	85%	86% (14)	100% (5)	100% (23)
ASD/ ADHD	85%	100% (32)	71% (17)	100% (19)
CAMHS	75%	97% (32)	90% (30)	93% (28)
Forensic	60%	83% (59)	72% (14)	100% (2)
Mental health overall	84%*	**93% (488)**	**90% (249)**	**94% (468)**
Barnsley Physical Health	95%	**97% (269)**	**97% (319)**	**96% (311)**
Trustwide	**85%**	**94% (757)**	**94% (568)**	**95%(779)**

** weighted for 2023/24*

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

Satisfaction across all service lines improved except for mental health inpatients and Barnsley General Operations. However these remain above target.

All service lines have satisfaction rates above target.

Poplars have had several advice surgeries and increased their feedback numbers by 100% from 2023/24. The team are focusing on collecting feedback from service users using FFT cards and the Quality Governance Team are supporting them by identifying alternative methods of collecting feedback from dementia patients.

All Age Community Forensic services are reviewing their collection methods to increase FFT feedback for their service.

Safeguarding

Safeguarding Adults:
In October 2024 there were 45 Datix categorised as safeguarding adults, 24 were categorised as green, 18 were categorised as yellow, two amber incidents and one red Datix. The most common subcategories of these were neglect, financial abuse and physical abuse.

In addition to the safeguarding adults Datix, there were 13 sexual safety Datix; These were all green incidents.

Safeguarding Children:
In October 2024 there were 13 Datix submissions categorised as safeguarding children. 5 were classified as yellow incidents and 8 were classified as green incidents. This is a reduction in incidents from September and there were no amber or red incidents reported. The most common subcategories of these were child protection and physical abuse.

Complaints

- There were 31 new formal complaints received during October. This is a slight increase on September which was 24 but remains within normal volumes
- Of these complaints 5 have values and behaviours (staff) identified as a primary reason for the complaint. This is a reduction from 8 during September.
- 17 responses provided in October were within the six month statutory timeframe. This is 6 more responses than were sent within the six month timeframe during September (11)
- Overall there were 24 complaint responses sent during October, an increase from 13 in September
- At the end of October there was only one complaint which was awaiting allocation to a customer services officer, a reduction from 7 in September.
- The Trust received 66 compliments during October.

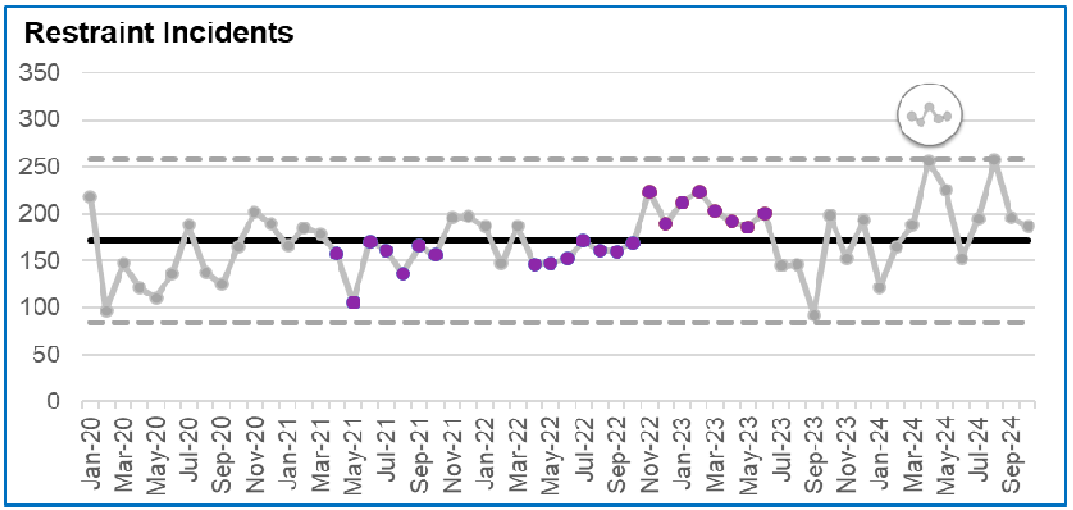
Reducing Restrictive Physical Intervention (RRPI)

• There were 187 reported incidents of Reducing Restrictive Physical Interventions used in October 2024 this was a reduction of 11 (4.5%) from September 2024 that stood at 196.
• In October 2024 prone restraint (those remaining in prone position and not rolled immediately) was reported 13 times for the second consecutive month. The circumstances where prone is used will be influenced by the level of concern during the incident. All incidents are reviewed to ensure all opportunities for de-escalation are in please before probe was used.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	110	42.1%
Seated	44	16.8%
Safety Pod	48	18.3%
Side	14	5.3%
Supine - held on their back, regardless of surface	16	6.1%
Prone descent then remained in chest down position	13	4.9%
Restricted escort	4	1.5%
Kneeling	5	1.9%
Prone descent then immediately rolled to other position side/back	3	1.1%

Team Using Prone Restraint	Oct-24
Stanley Ward, Wakefield	3
Walton PICU	2
136 Suite - Unity Centre, Wakefield	2
Elmdale Ward, The Dales, Calderdale	2
Chippendale, Forensic	1
Sandal Ward (Bretton Centre)	1
Ward 18, Priestley Unit, Kirklees	1
136 Suite - Calderdale	1

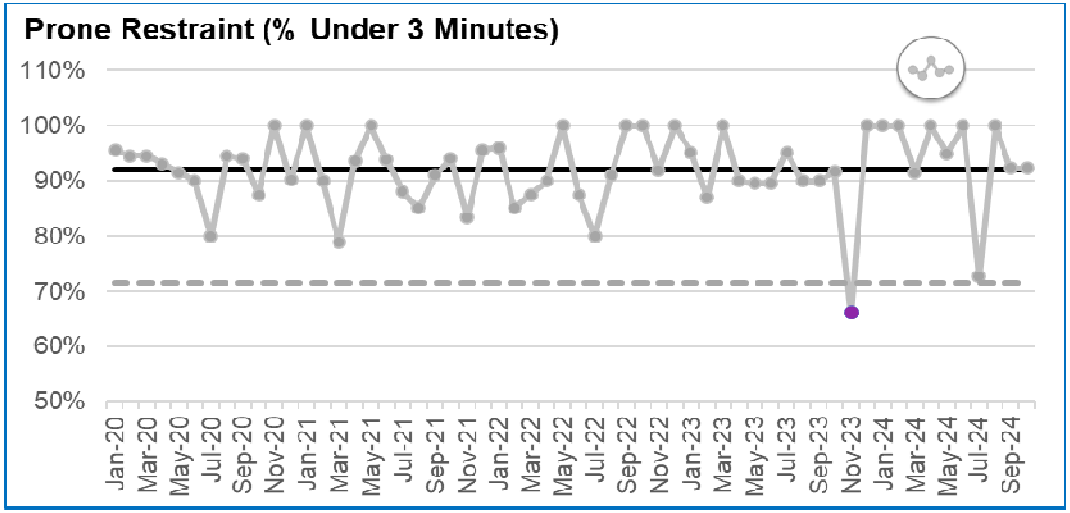
Duration of Prone Restraint	Oct-24
0 - 1 minute	10
1 - 2 minutes	2
4 - 5 minutes	1

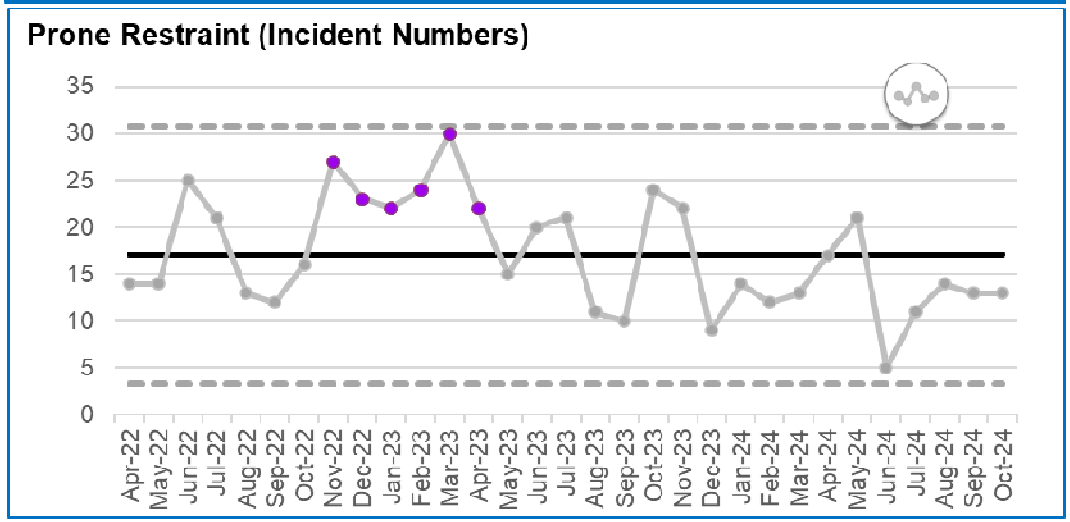


This SPC chart shows that in October 2024 we remain in a period of common cause variation (no concern).

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 remained static in October 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	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Establishment	Improving Resources	Well Led	-	5451.0	5459.1	5461.6	5451.4	5460.1	5512.2
Contracted Staff In Post (Ledger)			-	4682.4	4673.6	4688.2	4720.5	4738.8	4738.9
Vacancies			-	768.8	785.5	773.3	730.9	721.4	773.3
Turnover external (12 months rolling)			>12% - <13%	9.9%	9.4%	9.7%	8.0%	8.2%	7.6%
Starters			-	36.2	34.8	39.0	37.4	56.6	40.0
Leavers			-	33.0	27.2	23.1	41.4	51.3	28.6
International Nurse Starters in Month			-	0	0	0	0	0	0
% Bank Fill Rates - Registered Nurses			-	75.1%	79.3%	79.3%	79.3%	80.6%	82.4%
% Bank Fill Rates - Health Care Assistants			-	86.7%	87.0%	83.1%	82.1%	82.6%	80.9%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)			-	93.4%	94.1%	93.6%	92.9%	92.8%	92.6%
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in posts band 7 and above, excludes bank staff) *			-	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%)	247- All staff (17.5%) 109 - excl medics (9.0%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)			-	984 (70.5%)	958 (71.4%)	984 (71.1%)	996 (70.9%)	998 (70.7%)	1003 (71.2%)
Sickness absence - YTD			<=5% from June 24 was <=4.8%	5.0%	5.0%	4.9%	5.0%	5.1%	5.2%
Sickness absence - Month				4.7%	4.8%	5.2%	5.1%	5.5%	5.5%
Employees with long term sickness over 12 months			-	0	4	0	1	1	4
Appraisals - rolling 12 months			Jun 24 - 89% Jul 24 - 91% Aug 24 - 93% Sep 24 onwards 95%	87.1%	84.4%	85.0%	86.7%	89.1%	89.4%
Employee Relations - Suspensions (over 90 days)			-	2	1	1	1	1	1
Mandatory Training - TOTAL	Improving Care		>=80%	93.0%	92.6%	93.0%	93.2%	93.0%	93.0%
Mandatory Training - Reducing Restrictive Practice Interventions				74.0%	72.8%	74.9%	75.8%	76.1%	76.7%
Mandatory Training - Cardiopulmonary Resuscitation				80.7%	80.3%	80.2%	80.7%	82.0%	81.3%
Mandatory Training - Clinical Risk				93.8%	93.3%	94.2%	95.2%	95.3%	94.9%
Mandatory Training - Display Screen Equipment				97.1%	97.1%	97.3%	97.6%	97.9%	97.7%
Mandatory Training - Equality & Diversity				96.6%	96.7%	97.2%	97.0%	96.7%	96.4%
Mandatory Training - Fire Safety			>=85% (from June 24)	91.1%	90.8%	91.1%	90.8%	90.4%	90.5%
Mandatory Training - Food Safety			>=80%	90.8%	91.1%	90.9%	91.0%	92.0%	92.2%
Mandatory Training - Freedom To Speak Up (FTSU)				95.9%	95.9%	96.1%	96.3%	96.5%	96.5%
Mandatory Training - Infection Control & Hand Hygiene				94.5%	94.3%	94.9%	94.6%	94.5%	94.4%
Mandatory Training - Information Governance (Data Security)			>=95%	97.1%	95.5%	95.7%	95.5%	94.7%	94.6%
Mandatory Training - Moving & Handling			>=80%	97.9%	97.7%	97.6%	97.9%	97.7%	97.5%
Mandatory Training - Nat Early Warning Score 2 (New S2)				94.5%	94.8%	95.2%	96.1%	97.0%	97.1%
Mandatory Training - Mental Capacity Act/Dols				91.2%	90.2%	90.6%	90.7%	90.6%	90.5%
Mandatory Training - Mental Health Act				88.6%	87.7%	88.0%	88.4%	88.1%	87.9%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				83.2%	86.0%	87.6%	89.0%	89.9%	90.5%
Mandatory Training - Prevent			>=80%	94.5%	94.7%	95.1%	95.0%	95.4%	95.3%
Mandatory Training - Safeguarding Adults				89.6%	89.4%	88.8%	89.2%	90.4%	90.0%
Mandatory Training - Safeguarding Children				95.1%	95.2%	95.4%	95.5%	92.4%	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
• We have seen an increase in our overall staff in post in October. This is as a result of some new starters within a newly funded neighbourhood teams service pathway service in Barnsley

Vacancies
• Although there is an increase in vacancies this month, this can be attributed to the newly funded service for neighbourhood team service pathways as they are not yet included in the contracted staff thus showing them as a vacancy. (They should appear in the November data)

Turnover
• Turnover has dropped to 7.6% which is the lowest it has been in several years. It can be assumed this is as a result of less positions being recruited to across the NHS due to limitations on funding.

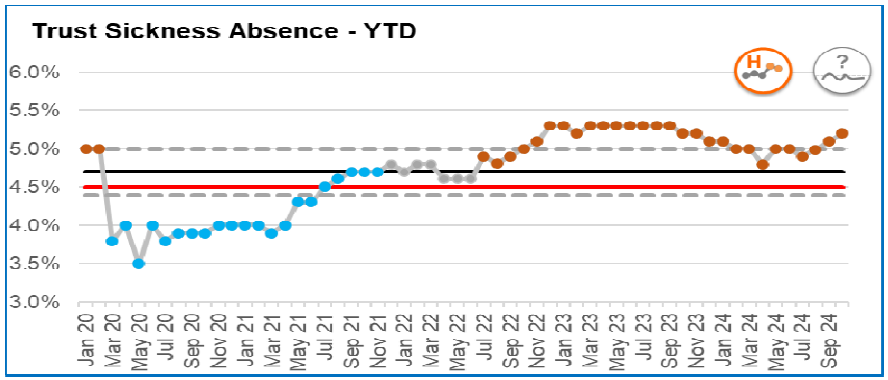
Stability
• We are consistently above 90% for stability which indicates our employees are staying with us

Sickness (Overall)
• Although the Long Term sickness has slightly dropped in October, there has been a 0.6% rise in short term absence. We have seen a month on month in increase in absences for the following reasons: Cold and flu, Headache Migraine, Ear, Nose and Throat, Dental, Gastro, Injury / Fracture and Pregnancy related.
• Most of the short term absences are as a result of seasonal trends
• Short term sickness since April '24 has steadily increased which has converted into Long Term absence over this period.

Appraisal Compliance
• Several actions have been taken to improve compliance. This includes regular conversations at operational management group, support given by the People directorate. Also the people business partners and Learning partners have been supporting managers.
• Communications around the importance of completing appraisals continue through Team Brief and Headlines and support through the updated the learning and development intranet pages
• A review paper has been written to demonstrate how the improvements have been made and lessons learnt.
• Appraisal "power hours" implemented across care group to support managers and teams with queries and issues. Will also look to replicate this for support services.

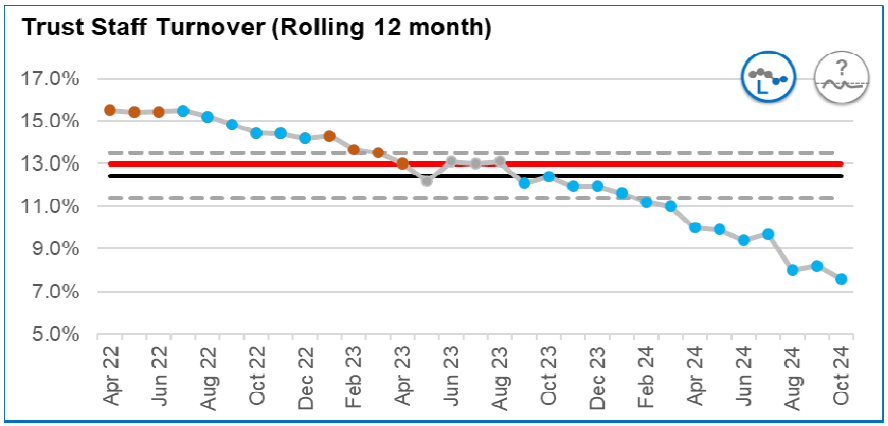
Training Compliance
• Cardio Pulmonary Resuscitation training compliance has consistently improved since June (78.6%) to October (81.4%). Resus team have been targeting wards/areas under 80% by contacting managers
• Reducing Restrictive Physical Interventions training compliance continues to improve since June (72.8%) to October (76.7%).
• This is as a result of the ongoing work to forward plan through training needs analysis and deliver additional Reducing Restrictive Physical Interventions training through additional capacity available.

Statistical process control charts

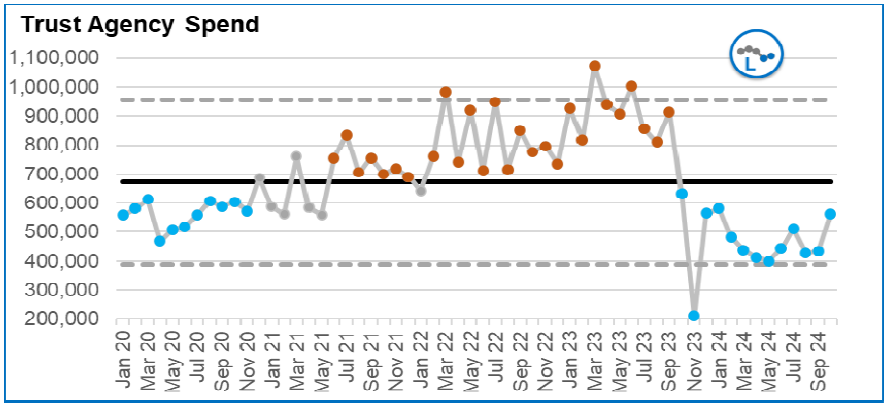


The SPC chart shows that in October 2024 we remain in a period of special cause concerning variation (something is happening and this should be investigated).

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



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

Please see finance section for further detail on agency spend.

National Metrics

Data as of : 21/11/2024 11:46:33

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. Please note, the data below is correct as at 21/11/2024.

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 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	75	85	104	74	138	119	62	114	111	124	138	96
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops		60%	P	H	88.9%	89.7%	81.6%	93.2%	94.1%	87.5%	90.3%	92.7%	91.7%	86.2%	90.3%	97.4%
M4	Talking Therapies - proportion of people completing treatment who move to recovery		50%	?		51.6%	54.5%	50.2%	53.9%	52.9%	52.3%	52.7%	51.1%	50.9%	50.9%	54%	54.0%
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway		92%	P	H	100%	99.7%	99.8%	99.9%	99.9%	100.0 %	100.0%	99.9%	99.7%	99.5%	99.5%	99.1%
M6	Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)		99%	F	L	62.4%	63.6%	56.1%	68.6%	64.0%	50.4%	66.8%	65.8%	64.8%	44.9%	41.5%	60.7%
M7	72 hour follow-up from psychiatric in-patient care		80%	?		89.0%	91.2%	88.7%	92%	87.5%	94.6%	89.8%	89%	91.2%	91.0%	94.1%	89.8%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards		0	?		9	23	30	28	8	29	13	1	5	5	0	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards		0	?		1	1	1	1	2	1	2	1	3	1	0	0
M10	Talking Therapies - Treatment within 6 Weeks of referral		75%	P	H	98.8%	98.6%	98.8%	98.7%	99.0%	99.3%	99.0%	98.7%	99.3%	99.4%	99.0%	98.7%
M11	Talking Therapies - Treatment within 18 weeks of referral		95%	P	H	99.8%	99.8%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week		95%	?		100%	75%	100%	66.7%	100%	n/a	100%	100%	50%	100%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks		95%	?		93.5%	88.6%	97.1%	97.3%	97.2%	97.5%	94.1%	96.6%	100%	87.5%	84.8%	88.2%
M15	Data Quality Maturity Index		95%	P	H	99.5%	99.5%	99.5%	99.4%	99.4%	99.3%	99.5%	99.5%	99.4%	99.5%	99.5%	99.6%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users		90%	P		99.4%	99.2%	99.7%	99.4%	98.6%	99.0%	99.0%	99.8%	99.1%	99.3%	100%	99.0%

National Metrics

Data as of : 21/11/2024 11:46:33

NHS South West Yorkshire Partnership NHS Foundation Trust

Metric	MetricName	Data Quality Rating	Target	Assurance	Variation	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin					19.5%	19.2%	20.7%	16.9%	16%	16.3%	23.8%	27.6%	23.6%	24.0%	11.5%	20.7%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months		95%			98.1%	97.7%	97.7%	97.2%	96.4%	97.5%	96.6%	96.3%	96.9%	97.1%	96.8%	96.4%
M34	% Clients in settled accommodation	⚠	60%			85%	84.5%	84.6%	84.2%	83.5%	83.4%	83.5%	83.2%	83.5%	83.6%	84.0%	83.3%
M35	% Clients in employment	⚠	10%			12.3%	12.6%	13.2%	13.0%	13.5%	13.0%	13.2%	13.0%	12.6%	12.7%	12.5%	13.1%
M41	Completion of a valid NHS number		99%			99.7%	99.7%	99.8%	99.7%	99.7%	99.9%	99.9%	99.9%	99.5%	100.0%	99.5%	100.0 %
M42	Completion of ethnicity coding for all service users		90%			99.4%	99.4%	99.4%	96.9%	100.0 %	99.5%	99.5%	99.4%	100.0 %	99.4%	100.0 %	99.5%
M43	Community health services two hour urgent response standard		70%			87.4%	85.3%	86.2%	87.8%	88.3%	92.8%	89.7%	89.9%	92.0%	91.6%	91.6%	90.9%
M44	The number of completed non-admitted RTT pathways in the reporting period		1500			1844	1303	1700	1559	1336	1661	1589	1618	1963	1579	1804	2022
M47	Virtual ward occupancy		80%			78.8%	64.3%	81.4%	95.7%	101%	82.7%	94.3%	81.4%	91.4%	70%	82.9%	86.7%
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					14582	14398	14469	14386	14287	14129	14108	13996	13939	13772	13659	13588
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months					11239	11062	11143	11080	11059	10933	11009	10958	10938	10712	10734	10875
M171	% Admissions gate kept by crisis resolution teams		95%			97.9%	100%	98.1%	98.8%	95.7%	98.8%	98.1%	95.6%	97.4%	97.9%	97.5%	100%
M178	Talking Therapies - Reliable Recovery					48.6%	51.0%	47.5%	50.7%	50.4%	50.4%	50.4%	48.5%	47.8%	49.7%	50.8%	52.1%
M179	Talking Therapies - Reliable Improvement					66.6%	64.3%	66.8%	69.4%	64.6%	69.7%	68.0%	69.3%	66.2%	68.9%	70.4%	70.9%
M181	Women Accessing Specialist Community Perinatal Mental Health Services					1203	1177	1203	1214	1188	1209	1221	1217	1233	1249	1305	1377
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)					2	4	6	4	5	2	3	4	3	4	4	4
M183	Incomplete Referral to Treatment (RTT) pathways of 65 weeks or more		0			0	0	0	0	0	0	0	0	0	0	0	0
M184	New RTT pathways (clock starts)		1700			1867	1383	1811	1843	1745	1822	1967	1789	2061	1845	2088	2167
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment					650	485	597	631	486	604	572	527	554	544	517	678
M188	Community services waiting list, over 52 weeks					29	18	9	9	5	4	2	5	2	0	0	0

National Metrics

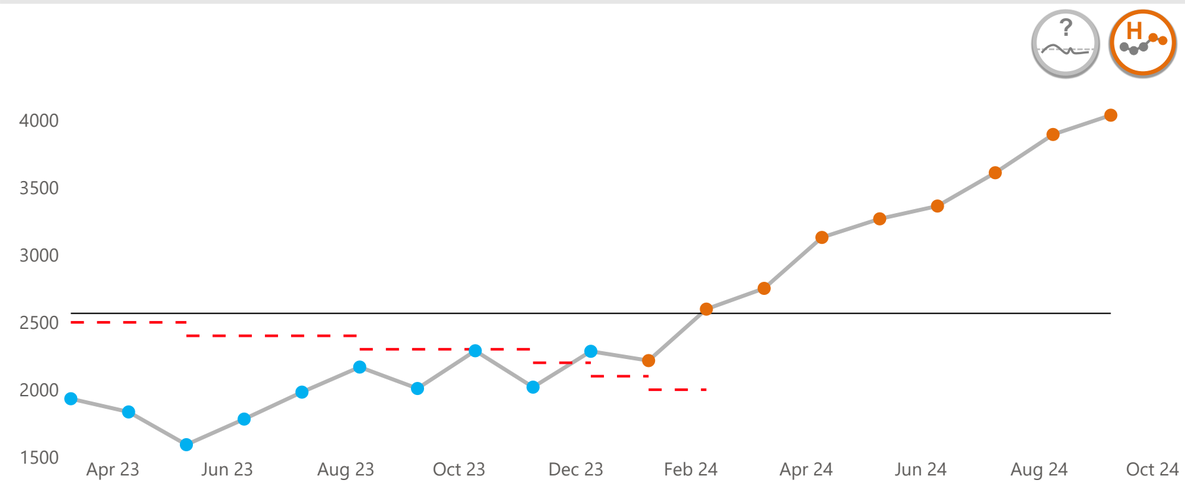
Data as of : 21/11/2024 11:46:33

NHS South West Yorkshire Partnership NHS Foundation Trust

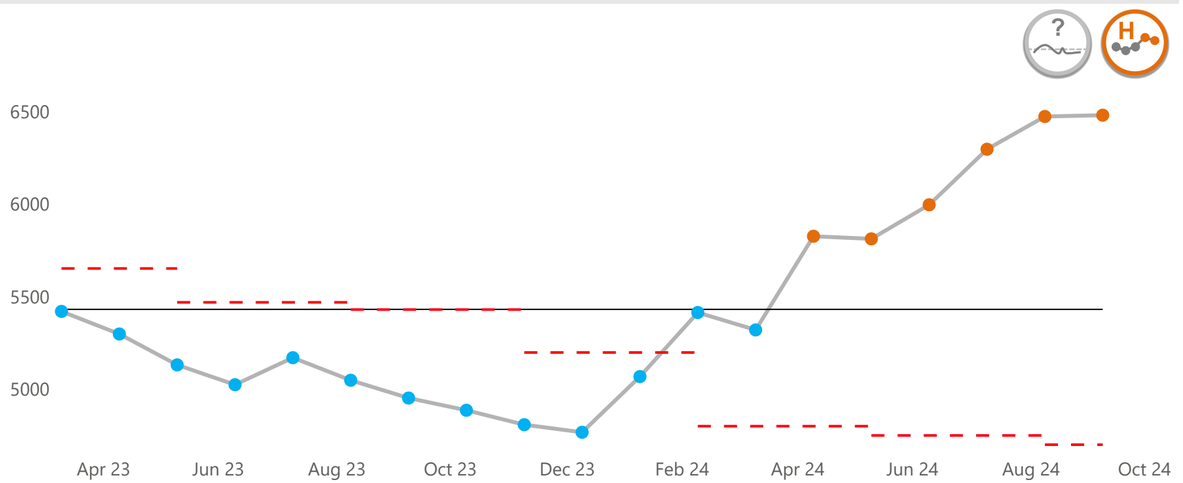
The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

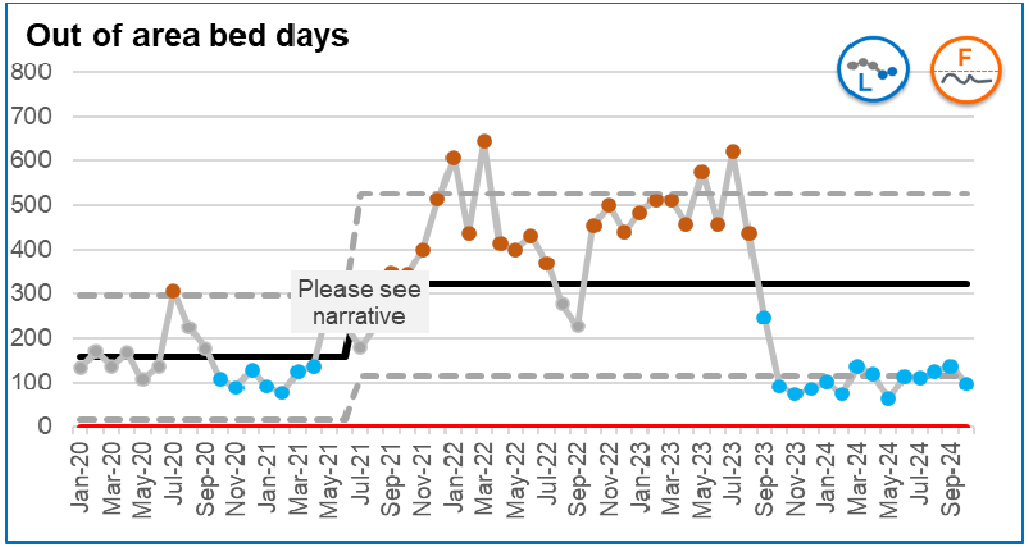
• The percentage of service users waiting for a diagnostic appointment (paediatric audiology) within 6 weeks has increased in October to 60.7%, however this continues to remain well below the national threshold of 99%. There are 88 current waiters over 6 weeks (out of 221 total waiters) and the longest waiter has waited 14 weeks as at the end of October. The service has been significantly impacted by staff sickness absence since late July. The service continues to explore options and introduce changes to increase hearing testing capacity and has 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. Trajectory towards achievement to be set, we have optimised existing and additional resources, and emphasise that we have undertaken a demand and capacity exercise and the business case.
• For the second consecutive month in October, there were no service users aged under 18 years placed in an adult inpatient ward.
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 88.2% in October - this only relates to four 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 October, which is above the 95% threshold.
• 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.
• Virtual Ward – occupancy rate remains above the target of 80% at 86.7% for October.
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and well-being services in Barnsley (aligned to the national community services SitRep). There has been a significant increase in demand for musculoskeletal services which is also reflected in the number of incomplete Referral to Treatment (RTT) pathways (M45) and this has impacted the increase for this measure this month. It is important to note that although there has been an increase in numbers waiting, this does not mean they are waiting above threshold.

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



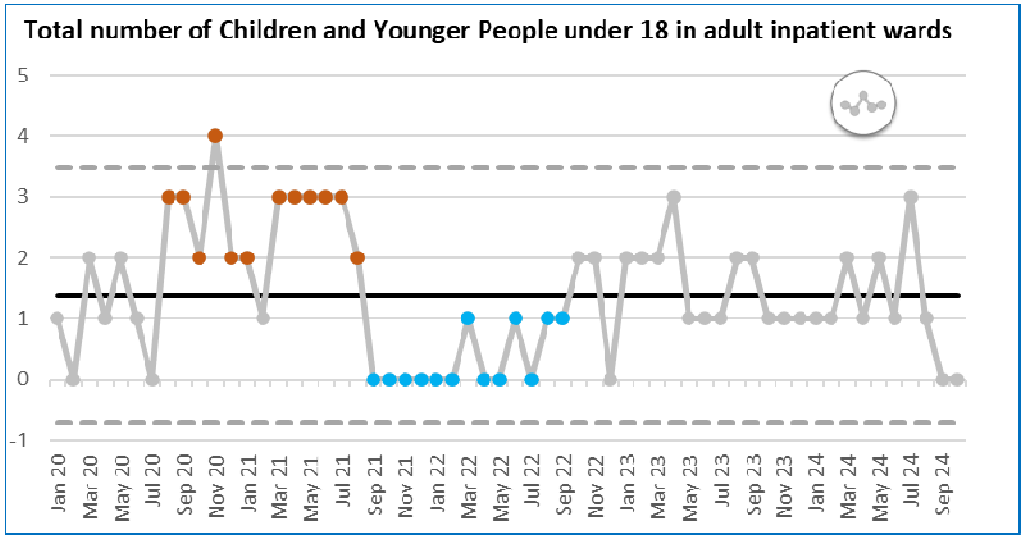
M48 - Community services waiting list





The SPC chart shows that 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.



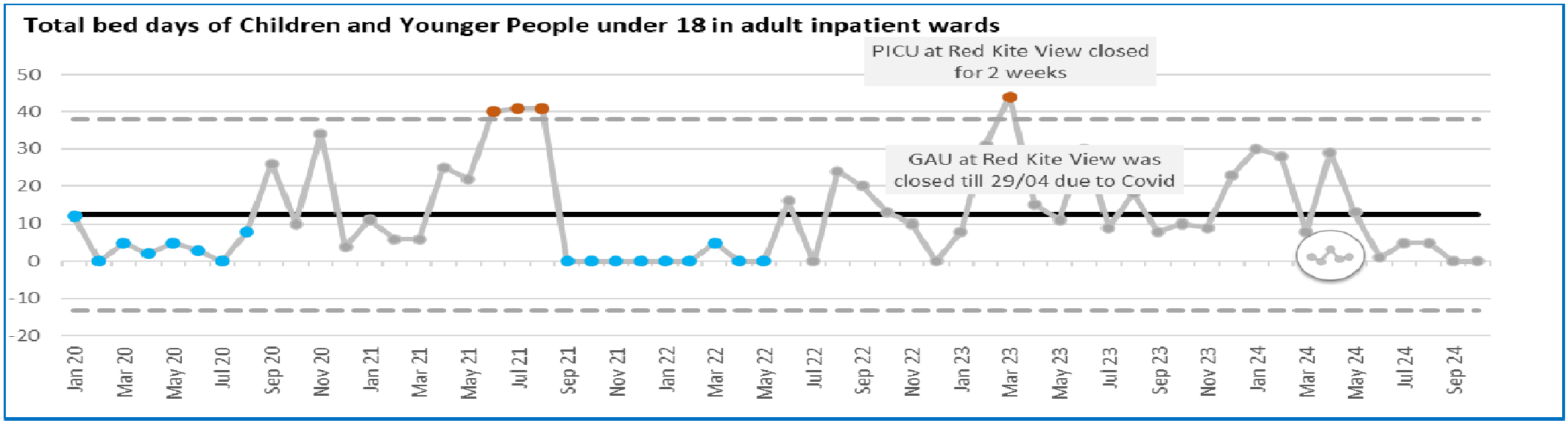
There has been a sustained decrease in the number of people aged under 18 admitted to an inpatient ward in October 2024, with zero admissions for the second month in a row. The SPC chart shows us that this is still within common cause variation (no concern) when we compare it to the range of admissions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

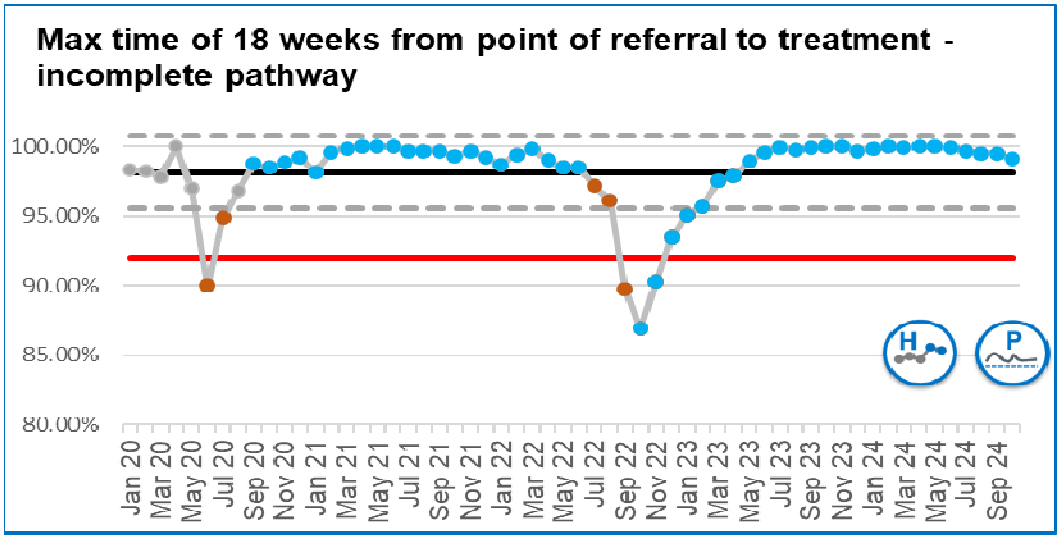
- The reporting for employment and accommodation shows 17.2% of records have missing employment and/or accommodation status with a further 1.5% that have an unknown employment status and 1.2% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

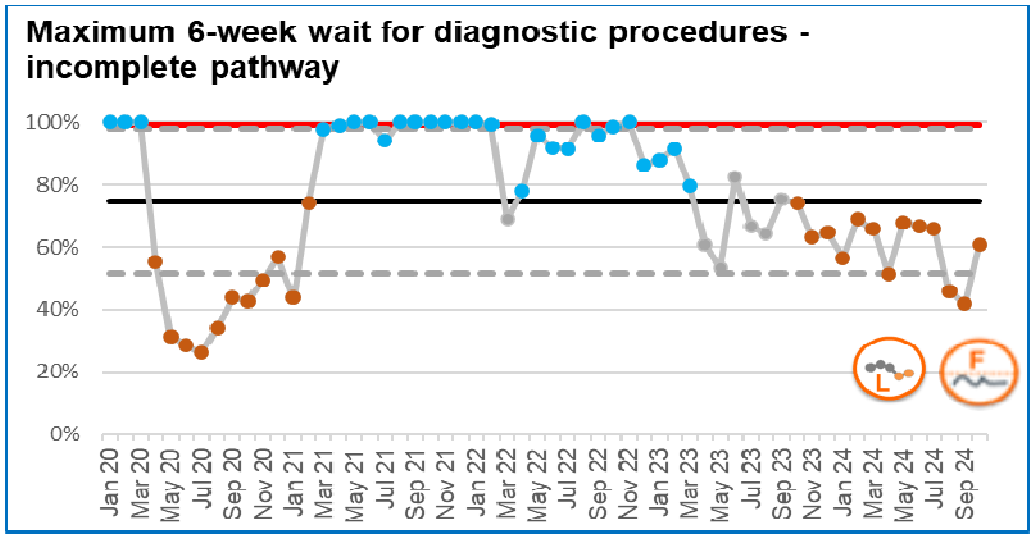
Analysis



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

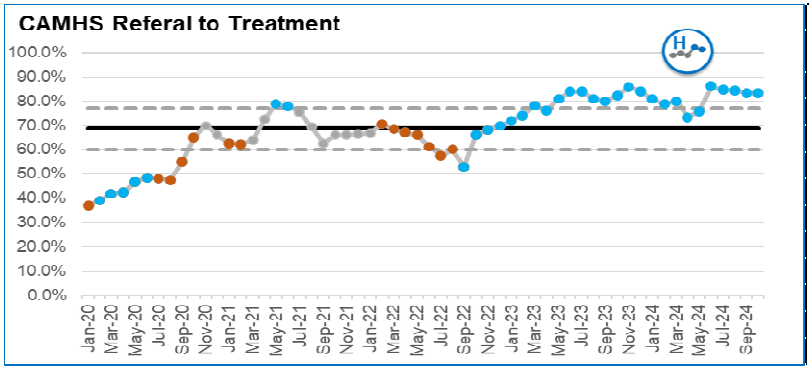
Headlines

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	Aug-24	Sep-24	Oct-24	Variation/ Assurance
% Appraisal rate	>=95%	82.7%	88.5%	88.9%	
% Complaints with staff attitude as an issue	< 20%	0% (0/2)	0% (0/1)	33% (1/3)	
% of staff receiving supervision within policy guidance	80%	87.1%	89.0%	85.8%	
CAMHS - Crisis Response 4 hours	N/A	100.0%	94.4%	94.2%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.3%	82.1%	83.8%	
Eating Disorder - Routine clock stops	95%	87.5%	84.4%	88.2%	
Eating Disorder - Urgent/Emergency clock stops	95%	100.0%	100.0%	100.0%	
Maximum 6 week wait for diagnostic procedures	99%	45.8%	41.9%	60.7%	
Information Governance training compliance	>=95%	97.3%	97.5%	96.7%	
Reducing restrictive physical interventions training compliance	>=80%	73.9%	74.0%	73.0%	
Sickness rate (Monthly)	5.0%	4.0%	3.6%	4.8%	

**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 October 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

- The performance of Kirklees and Calderdale CAMHS continues to require additional support, there are more patients waiting, for longer times, some of the waiting time KPI's are not being met consistently and there are challenges in some areas of training. The team have been working hard to address performance challenges, however it has been agreed to have some time out as a senior leadership team to create one shared action plan for improvement building upon the good foundations in place. The team have been impacted by changes in management, sickness, increased demand and changes to process pathways at place.
- 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 and actions are in progress to support.
- Disability and sexual orientation recording is the lowest in the Trust and requires a targeted approach and this has been requested to be an area of focus within each team and report actions taken into our care group meeting to share learning of what works.

Advise

- Eating disorder performance is currently fluctuating, this is due to the impact of the ARFID pathways and undefined reporting processes. These are being explored with NHS ENGLAND. All urgent cases have been seen in expected timeframes.
- 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.
- Overall referrals have increased and are at the highest they have been for 12 months, and there is a sharp rise in the referrals to MHSTS. However emergency referrals have reduced slightly from last month and remain within expected parameters.
- Barnsley has seen a rise in the numbers of patients on waiting lists and is the highest it has been in 12 months – areas greatest impacted are the initial assessment and ADHD medication pathways, this is due to two non medical prescriber vacancies but agency support has been agreed due to the risks.
- There has been one complaint with staff attitude cited as the reason, this is currently being investigated.

Assure

- There has been an improvement in Paediatric Audiology performance, which now sits at 60.7% the service has returned to the performance they were delivering in July before being impacted by staff non availability. This demonstrates a resilience and confidence in our ability to progress towards the 6-week referral to treatment target. The two bank audiologists who joined the team and are backfilling the lost capacity and are welcome additions to the team for both morale and capacity. A business case will be finalised in December 2024 for additional resources.
- Appraisal performance has remained relatively stable. Teams are working hard to meet the 95% target with two teams achieving this, Barnsley children's and secure CAMHS, alongside this Barnsley CAMHS have got above the 90% threshold.
- The number of staff receiving supervision is now sustaining performance expectations.
- The overall sickness rates for the care group remain within the expected targets and lower than the trust average, however we are seeing a lot of short term sickness linked to coughs colds and flu symptoms.
- Mandatory training performance for the care group has been sustained with all courses sustaining the desired compliance rates except for RRPI training.
- Wakefield CAMHS are reducing the number of patients on the waiting lists and this is the lowest it has been since December 2023 - positive work remains ongoing to reduce further.
- Wakefield CAMHS eating disorder service have won a prestigious Royal College of Psychiatrists award. They were announced as the winners of the 'Psychiatric team of the year 2024 – children and adolescents' category at the ceremony in London in recognition of their innovative interventions and effective partnership working.

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.

Mental Health Community

Metrics	Threshold	Aug-24	Sep-24	Oct-24	Variation/ Assurance
% Appraisal rate	>=95%	85.1%	88.6%	90.6%	
% Assessed within 14 days of referral (Routine)	75%	92.2%	86.4%	79.5%	
% Assessed within 4 hours (Crisis)	90%	100.0%	97.5%	99.0%	
% Complaints with staff attitude as an issue	< 20%	30% 3/10	46% 5/11	18% 3/17	
% of staff receiving supervision within policy guidance	80%	80.0%	79.5%	76.9%	
% service users followed up within 72 hours of discharge from inpatient care	80%	91.0%	94.1%	89.8%	
% Service Users on CPA with a formal review within the previous 12 months	95%	96.4%	96.2%	96.1%	
% Treated within 6 weeks of assessment (routine)	70%	95.9%	96.1%	95.3%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	77.2%	77.4%	76.6%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	76.2%	76.9%	*81.9%*	
Information Governance training compliance	>=95%	95.4%	95.6%	95.6%	
Reducing restrictive physical interventions training compliance	>=80%	73.8%	73.2%	72.8%	
Sickness rate (Monthly)	5.0%	4.4%	4.6%	5.9%	

Mental Health Inpatient

Metrics	Threshold	Aug-24	Sep-24	Oct-24	Variation/ Assurance
% Appraisal rate	>=95%	94.7%	93.3%	90.6%	
% bed occupancy (excl leave)	85%	91.6%	92.0%	89.9%	
% Complaints with staff attitude as an issue	< 20%	50% 4/8	20% 2/10	25% (1/4)	
% of staff receiving supervision within policy guidance	80%	92.7%	87.1%	91.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.5%	88.0%	89.3%	
% of clients clinically ready for discharge	3.5%	5.8%	5.5%	4.8%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	91.9%	89.7%	*92.6%*	
Inappropriate Out of Area Bed days	155 (Oct)	124	138	96	
Information Governance training compliance	>=95%	96.3%	95.5%	94.5%	
Physical Violence (Patient on Patient)	Trend Monitor	29	24	14	
Physical Violence (Patient on Staff)	Trend Monitor	70	53	52	
Reducing restrictive physical interventions training compliance	>=80%	79.5%	82.4%	84.9%	
Restraint incidents	Trend Monitor	169	96	*102*	
Safer staffing (Overall)	90%	142.9%	136.1%	139.4%	
Safer staffing (Registered)	80%	104.0%	104.4%	105.0%	
Sickness rate (Monthly)	5.0%	6.9%	7.6%	8.0%	

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 some of 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 October acute wards have worked above establishment. There has been a review and subsequent action plan to address. Temporary staffing 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. For community services compliance is impacted by the specific order tasks are recorded on SystmOne. Service users may have a staying well plan completed within the timeframe but if admin is not completed in the correct order this does not 'count' as compliant.
- 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. Inpatient appraisal completion is lower in October due to sickness levels and clinical pressures, specific actions are in place. Overall care group performance is at 91.2%.
- The sickness rate is above the Trust threshold on some wards which is due to a combination of factors such as long-term absence, pregnancy related illness and seasonal illness. Wards and teams with high sickness are where there are a number of people with long term sickness in addition to short term sickness due to seasonal illness. General Managers have a firm grip on absence with staff being supported and managed in line with Trust policies.
- The service is actively engaged in the trust wide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication. Matrons attend the recently established monthly restraint oversight meeting chaired by Reducing restrictive physical interventions specialist advisors and includes an in-depth review of all prone restraint incidents for learning.
- Single point of access (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. The access standard for assessed within 14 days of referral has been met in Barnsley and Wakefield. There have been specific challenges with admin vacancies in Calderdale & Kirklees SPA impacting on performance.

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 October is 57.24% for Kirklees and 51.04% for Barnsley, both achieving the national standard of 50%. Kirklees is achieving the national standard of less than 10% waiting for a second appointment more than 90 days. Barnsley are on track to achieve by March 25 but is currently not meeting the standard as the data is collected on discharge and therefore measures practice from some months ago.
• 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.
• Care Programme Approach (CPA) review performance is above target in Calderdale and Wakefield. Barnsley and Kirklees are slightly under target this month (94.1%2 & 94.46% respectively). Action plans and support from Quality and Governance Leads remain in place and all areas are expected to be above threshold in November.
• Work continues towards meeting expected thresholds where compliance rates are below target for mandatory training (this includes Reducing Restrictive Practice, Cardio-Pulmonary Resuscitation and information Governance). Service managers are leading on improvement plans. The new mandatory training dashboard is a positive development, and work continues with training leads to address priority areas and utilise all training capacity. Although RRPI training compliance remains below threshold, it has improved in October with further improvement expected.
• The care group holds monthly meetings to track and review progress of Equality Impact Assessments (EIAs). Performance remains strong. Delay in completion of EIAs in some areas have been due to manager changes/sickness and the service line Trios are supporting the teams in their completion.
• Equality data – we are working with a trust wide quality improvement group to enhance how equality information is captured on System One. Completeness of equality data is on our data quality improvement action plan.
• There were seven incidents of prone restraint in October, all of which were on working age adult (WAA) inpatient wards (two on Stanley, Walton, Elmdale and one on Ward 18) and were under 3 minutes duration. The monthly restraint oversight meeting, led by nursing quality and professions (NQP), involving RRPI, safeguarding and matrons, review all prone restraint incidents for any opportunities for learning.

Assure

• Intensive Home based treatment teams continue to perform well in gatekeeping admissions to our inpatient beds.
• The care group is performing well in 72 hour follow up for people discharged into the community at 91.5% for October.
• The use of out of area beds remains low due to continued intensive work as part of the care closer to home workstream

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

Headlines

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum disorder (ASD) services:
In line with the national picture, ADHD demand continues to exceed commissioned capacity.
Referral rates remain high across both pathways and the service try to minimise waiting times as far as possible.

Learning disability services:
Improvement work on waiting list times in community learning disability services has led to an overall improvement, however the service are reporting just under the 90% threshold at 88.5%. 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	Aug-24	Sep-24	Oct-24	Variation/ Assurance
% Appraisal rate	>=95%	79.3%	81.8%	84.3%	
% Complaints with staff attitude as an issue	< 20%	0% (0/4)	50% (1/2)	0% (0/1)	
% of staff receiving supervision within policy guidance	80%	82.6%	81.5%	84.6%	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	56.5%	62.5%	62.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	81.9%	83.8%	82.1%	
% of clients clinically ready for discharge	3.5%	88.6%	80.0%	80.0%	
Information Governance (IG) training compliance	>=95%	94.8%	93.4%	93.4%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Improvement trajectory: Aug/Sep 86% Oct/Nov 88% Dec onwards 90%	81.5%	96.0%	88.5%	

LD, ADHD & ASD

Metrics	Threshold	Aug-24	Sep-24	Oct-24	Variation/ Assurance
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	24	29	24	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	75.0%	78.6%	79.6%	
Safer staffing (Overall)	90%	166.8%	178.4%	171.4%	
Safer staffing (Registered)	80%	132.5%	113.7%	152.5%	
Sickness rate (Monthly)	5.0%	4.4%	4.3%	5.1%	
Restraint incidents	Trend Monitor	26	40	*33*	

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

Alert/Action

West Yorkshire Integrated Care Board Neurodiversity Project
No significant updates from the WY Project Group at this point, the plan remains to have an agreed model for Patient Choice in place for April 2025. The focus for this work remains on establishing a consistent service delivery offer across West Yorkshire

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.

ADHD
The Trust continues to have 5600 people on the ADHD waiting list and the service continues to work with local commissioners to develop solutions to reduce the list as much as possible.

Autism
It is noted that there is now a significant difference between the Calderdale waiting times compared to Wakefield, Kirklees and Barnsley. Calderdale launched an Any Qualified Provider model on 1st May 2023. In line with the changes the service was required to adopt a short all-age referral form with minimal clinical information and to accept all complete referrals as clinical appropriateness for assessment was to be determined by Primary Care. This meant that the screening & triage step that we were delivering to determine clinical appropriateness was removed so that all providers operating in Calderdale were operating a similar pathway. The service has provided feedback to Calderdale and the wider West Yorkshire Neurodiversity Project.

Advise

- 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.
- 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 is working with ICB colleagues to identify longer term solutions.

Assure

- All KPI targets met.
- Relationship with Bradford working very well.
- Excellent levels of supervision (90.6%) and appraisal (100%).
- Low level of vacancies.
- Friends and family test performance is 100%
- All mandatory training meeting the threshold.

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 81.2%.
• Supervision performance has also reduced 74.5% and this is reflective of community teams as compliance was 100% on Horizon.

Community

• Waiting Lists – 18 week waiting list performance in all 4 areas in LD has declined during October which is disappointing given recent improvement. There is some data cleansing currently underway and poor performance relates to a total of 8 cases. Work is underway to understand the issues and improvement actions will be taken.

Assessment & Treatment Unit (ATU)

• The service has 5 service users on the ward, 4 of those are clinically ready for discharge. Of the 4 SU's 1 has a discharge date, 1 has a placement identified but is awaiting con-struction work and 2 have yet to have placements identified.

Advise

Learning Disability

• Business case for ADHD has been re-submitted to commissioners and the service feedback indicates approval in principle but funds will need to be identified.
• Kirklees Intensive Support Team are experiencing high turnover plans in place to support.

Community

• 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

• Friends and Family test performance is 100%
• Medical recruitment progressing well.
• 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	Aug-24	Sep-24	Oct-24	Variation/ Assurance
% Appraisal rate	>=95%	89.6%	94.9%	93.9%	
% Complaints with staff attitude as an issue	< 20%	50% (1/2)	0% (0/3)	0% (0/6)	
% people dying in a place of their choosing	80%	83.3%	80.8%	86.5%	
% of staff receiving supervision within policy guidance	80%	83.3%	81.1%	80.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.7%	83.9%	82.1%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	3.5%	0.0%	0.0%	0.0%	

Barnsley Physical Health and Wellbeing

Metrics	Threshold	Aug-24	Sep-24	Oct-24	Variation/ Assurance
Information Governance (IG) training compliance	>=95%	95.0%	95.1%	93.4%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	99.5%	99.5%	99.1%	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	100.0%	100.0%	79.6%	
Safer staffing (Overall)	90%	106.4%	108.3%	114.1%	
Safer staffing (Registered)	80%	113.5%	120.4%	124.4%	
Sickness rate (Monthly)	5.0%	5.0%	6.1%	5.7%	

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

Alert/Action

- Musculoskeletal & Neuro Physio, Priory Day Centre – closed until further notice. Services affected have now moved into Priory Campus as temporary alternative accommodation 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. This is starting to have an impact on the full-service offer and may lead to impact on the 18-week Referral to Treatment Target (RTT)
- Sickness rates have improved slightly for October at 5.7%. Work being carried out to triangulate if vacancies and rigour on use of temporary staffing is having an impact. Work on our top two reasons for sickness now in development using a health & wellbeing and prevention approach which are MSK and stress and anxiety.

Advise

- NRU (Neurological Rehabilitation Unit) Safer staffing figures continue to show green to achieve compliancy. Recruitment for the additional staffing agreed by Extended Management Team (EMT) meeting to meet safe staffing levels is almost complete. We to continue to supplement trained staff shifts with untrained staff until the new posts are filled (estimate November).
- Information Governance training has seen a slight dip to 93.4%; possibly linked to increased sickness levels.
- Appraisals - As a care group our compliance is seeing more consistent levels; for October, the figure is 93.9%.
- One Area for Improvement to report for pressure ulcers for October. The Care Group along with the Patient Safety team, has started work on the Patient Safety Incident Improvement (PSII) project work around pressure ulcers and documentation. A mapping exercise took place on 6th November with representation from all levels of staff from the nursing teams that currently complete pressure ulcer documentation, ranging from Health Care Assistant (HCA) to Community Matron level.

Assure

- Staff receiving supervision - continues to receive focus with a drive to improve recording. We continue to achieve compliance for October at 80.5% with a further increase showing for November 82.1% as at 19.11.24.
- Urgent Community Response Service 2-hour target is 91% as at end of October 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) – 99.1% as at October 2024.
- Friends and Family Test (FFT) 96% of people would recommend community services.
- 86.49% of people dying in their place of choosing in October 2024; this remains consistently above the threshold of 80%.
- Cardiopulmonary resuscitation training – maintains compliance at 82.1% for October.

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. This remains an issue.

- Virtual Ward – occupancy rate continues to increase above target of 80% at 86.7% for October.
- Intermediate Care new interim model – recruitment drive continues. Further rounds of advertisements have resulted in 80% of posts appointed to as at 19.11.2024. Interviews will continue throughout November.
- Our Stroke Service has been successful in securing funding of £12,500 from the regional network to incorporate blood monitoring checks for lipid levels as part of the 6-week post stroke review – this will help to improve patient outcomes.

Forensic Care Group

Headlines

The monthly sickness rate has deteriorated in October - 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	Aug-24	Sep-24	Oct-24	Variation/ Assurance
% Appraisal rate	>=95%	77.6%	86.9%	85.7%	
% Bed occupancy (incl leave)	90%	88.6%	86.5%	85.3%	
% Complaints with staff attitude as an issue	< 20%	0% (0/0)	100% (1/1)	0% (0/0)	
% of staff receiving supervision within policy guidance	80%	89.1%	91.8%	85.6%	
% Service Users on CPA with a formal review within the previous 12 months	95%	100.0%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.9%	87.0%	83.8%	
% of clients clinically ready for discharge	3.5%	0.7%	0.8%	0.8%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	N/A	
Information Governance (IG) training compliance	>=95%	96.0%	93.6%	94.3%	
Physical Violence (Patient on Patient)	Trend Monitor	7	5	4	
Physical Violence (Patient on Staff)	Trend Monitor	9	5	5	
Reducing restrictive physical interventions (RRPI) training compliance	>=80%	76.9%	75.6%	79.8%	
Restraint incidents	Trend Monitor	35	48	*26*	
Safer staffing (Overall)	90%	106.0%	114.7%	114.8%	
Safer staffing (Registered)	80%	98.6%	100.7%	102.4%	
Sickness rate (Monthly)	5.4%	5.7%	5.5%	6.0%	

Alert/Action

- Bed Occupancy – Newton Lodge 85.3%, Bretton 89.73%, Newhaven 75%. Underoccupancy in medium secure due to empty beds within LD and Women's services where there are no waiting lists.
- Sickness absence – remains a focus of attention across the service.
- 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 – 91.5%, Newhaven – 94.6%

Newton Lodge has remained the same. The Bretton Centre have increased compliance and Newhaven has experienced a slight drop. Despite this overall Low Secure (Bretton & Newhaven) are compliant with all mandatory training and Newton Lodge has two hotspots which are Reducing restrictive physical interventions reporting 78.8% and Information Governance reporting 94.2%.

- Appraisal – the service is supported to undertake a dedicated piece of work around appraisal by the People Directorate. September's compliance is 85.4%. There are several wards across the service which have experienced a drop in performance these are Priestley, Chippendale, Ryburn and Johnson. Focused support will be provided to these wards to increase performance. Analysis suggests a higher proportion of staff require appraisal during October, November and December.
- Turnover – significantly reduced over the last 12-month period.
- Newton Lodge has two 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 Care Programme Approach with a formal review within the previous 12 months continues to achieve 100%.
- Friends and family test performance is 100%

Inpatients - Mental Health - Working Age Adults

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

Appraisal

• Seven wards achieving the 95% target and another two wards above 90% compliance with outstanding appraisals scheduled.
• Elmdale & Ward 19 (Female) remain under target at 82.6% and 87.5% respectively. All outstanding appraisals have been completed however not recorded due to system alignment issues.
• Ashdale, Beamshaw, Crofton, Poplars, and Walton appraisal compliance is below threshold in October but is above 80%. Service managers are working closely with ward managers to ensure outstanding appraisals are booked.
• Ward 18 appraisal performance has dropped to 65.5% in October. This has been impacted by the number of leadership role vacancies. Targeted work has been undertaken to address this and compliance in November is currently 72.4% and expected to be above 95% by the end of November.
• 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

• Beamshaw, Crofton, Walton, and Ward 18 have sickness rates at 7% and above due to a mixture of both long-term and short-term sickness. No themes.
• A number of wards remain significantly above threshold:
  - Beechdale sickness has increased slightly in October to 10.3% impacted by long-term sickness.
  - Poplars sickness has increased to 11.4% and continues to be impacted by long-term sickness as well as some short-term sickness.
  - Elmdale at 11.6% is impacted by both long-term sickness and short-term sickness.
  - Both Ward 19 (Male) and Ward 19 (Female) sickness increased in October to 14.4% and 15.6% respectively. This relates to long-term sickness with staff expected to return to work by early December.
  - Willow sickness has decreased slightly in October but still remains very high at to 24.7%. 6 staff are on long term sick, but no trends, with 2 people having returned to work in November.
• Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision

• 16 wards above 80% compliance target with 9 of these at 100%.
• Ward 18 compliance dropped in October to 72.7% impacted by the number of leadership role vacancies and targeted work has been undertaken by the ward manager. Compliance is expected to be above 80% by the end of November.

Mandatory Training

Information Governance (IG)

• Ashdale, Elmdale, Ward 18, and remain under compliance and a targeted approach continues to be taken with oversight from the service managers.
• Beamshaw and Nostell compliance has dropped below 95% in October. Focused intervention is being taken by ward managers to address this.
• Ward 19 (Female) compliance has also dropped below 95% in October, and this relates to 2 staff members on long-term sick. Plans are place for training to be completed on their return to work.

Cardio Pulmonary Resuscitation (CPR)

• 15 wards are above the CPR training compliance threshold.
• Ward 18 has fallen below target as a consequence of course cancellations by the Resus Team. Staff have been rebooked onto future dates.
• Ward 19 (Female) remains below target but have increased in October and further increased to 80% in November.

Reducing Restrictive Physical Intervention (RRPI)

• 12 wards are above the RRPI training compliance threshold.
• Nostell, Walton, Ashdale, Crofton, and Ward 19 (female) 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

• Stanley remains under the 85% compliance threshold and have seen compliance reduce further in October. Staff have attended fire safety training sessions throughout November and compliance is expected to be above threshold by end of November.
• Ward 19 (female) remains under the 85% compliance threshold. Two staff with outstanding training have attended in November and compliance is currently 94%.
• Enfield Down fire safety compliance is at 78% 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
• Nostell bed occupancy below 100% is reflective of swing beds being flexed to Stanley to meet male demand.
• 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 remains significantly increased at 52.5%. This is reflective of several service users awaiting placements.
• Beamshaw, Beechdale, Melton, Nostell, Ward 18, Enfield Down and Lyndhurst have a small number of service users with complex needs who are awaiting placement. For example the increase on Melton is due to 1 service-user who is CRFD.
• Across all wards the multi-disciplinary team continue to collaborate to progress pathways as timely as possible. Individuals CRFD are discussed and escalated through place MADE (multi-agency discharge event) meetings.

FIRM Risk assessments
• Percentage compliance is significantly impacted by the small number of admissions. Ashdale, Nostell, Ward 19 (Female), and Willow each had 1 breach in October. Ward 18 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)
• 9 incidents of patient-on-staff physical violence on Melton throughout October relating to a specific service user with complex needs.
• Also 9 incidents of patient-on-staff physical violence on Poplars related to a small number of service users with cognitive impairments and a risk profile of violence and aggression during personal care interventions.
• 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 Elmdale, Nostell and Ward 18 is reflective of current patient population and the presentation and risk profile of service users.

Prone restraint incidents
• 7 incidents of prone restraint in October, all of which were on working age adult (WAA) inpatient wards (2 on Stanley, Walton, Elmdale and 1 on Ward 18) and were under 3 minutes duration. This represents 9.7% of all WAA restraint incidents during October.
• Reflective of individual service user presentation and high risks of violence and aggression.
• The main reason for prone restraint use was exiting seclusion and the secondary reason was administration of intra-muscular medication. The service is actively engaged in the trust wide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication.
• The monthly restraint oversight meeting, led by NQP, involving RRPI, safeguarding and matrons, review all prone restraint incidents for any opportunities for learning.

Inpatients - Mental Health - Working Age Adults

Beamshaw Suite Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	95.8%	91.7%	87.5%
Sickness	5.0%	10.4%	11.4%	7.2%
Supervision	80%	100.0%	100.0%	80.0%
Information Governance training compliance	>=95%	96.4%	96.0%	87.5%
Reducing restrictive physical interventions training compliance	>=80%	82.1%	84.0%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.9%	96.0%	100.0%
Fire Safety training compliance	>=85%	96.4%	96.0%	95.8%
Bed occupancy	85%	121.7%	111.7%	98.2%
Safer staffing (Overall)	90%	143.1%	139.5%	143.8%
Safer staffing (Registered)	80%	121.7%	115.6%	116.3%
% of clients clinically ready for discharge	3.5%	14.3%	11.9%	13.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	80.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	3	1
Physical Violence (Patient on Staff)	Trend Monitor	1	2	2
Restraint incidents	Trend Monitor	4	6	*6*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	17	21	23

Clark Suite Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	90.5%	95.5%	100.0%
Sickness	5.0%	7.7%	8.1%	4.1%
Supervision	80%	100.0%	91.7%	100.0%
Information Governance training compliance	>=95%	95.8%	95.8%	95.7%
Reducing restrictive physical interventions training compliance	>=80%	95.8%	95.8%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	95.8%	100.0%
Fire Safety training compliance	>=85%	91.7%	95.8%	100.0%
Bed occupancy	85%	84.3%	88.8%	100.9%
Safer staffing (Overall)	90%	142.8%	136.9%	181.2%
Safer staffing (Registered)	80%	93.9%	106.4%	114.1%
% of clients clinically ready for discharge	3.5%	0.0%	3.6%	3.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	85.7%	60.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	1
Restraint incidents	Trend Monitor	3	1	*3*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	32	24	30

Melton Suite Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	95.8%	96.3%	96.3%
Sickness	5.0%	7.0%	4.1%	5.6%
Supervision	80%	100.0%	92.3%	90.9%
Information Governance training compliance	>=95%	92.0%	88.0%	96.0%
Reducing restrictive physical interventions training compliance	>=80%	92.0%	96.0%	96.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	88.0%	88.0%
Fire Safety training compliance	>=85%	96.0%	100.0%	92.0%
Bed occupancy	85%	109.1%	100.0%	104.3%
Safer staffing (Overall)	90%	131.5%	115.5%	145.5%
Safer staffing (Registered)	80%	97.3%	96.8%	104.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	9.3%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	*100.0%*	N/A	*N/A*
Physical Violence (Patient on Patient)	Trend Monitor	2	7	0
Physical Violence (Patient on Staff)	Trend Monitor	5	4	9
Restraint incidents	Trend Monitor	11	8	*8*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	3 (100%)	2 (100%)	*0*
Unfilled Shifts	Trend Monitor	16	14	17

Nostell Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	96.3%	100.0%	100.0%
Sickness	5.0%	4.4%	0.8%	0.5%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.7%	100.0%	89.7%
Reducing restrictive physical interventions training compliance	>=80%	79.3%	78.6%	78.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	100.0%	100.0%
Fire Safety training compliance	>=85%	100.0%	79.3%	96.6%
Bed occupancy	85%	86.2%	93.3%	86.4%
Safer staffing (Overall)	90%	180.5%	166.0%	186.5%
Safer staffing (Registered)	80%	98.7%	106.8%	106.8%
% of clients clinically ready for discharge	3.5%	5.2%	6.3%	5.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*91.7%*
Physical Violence (Patient on Patient)	Trend Monitor	0	1	0
Physical Violence (Patient on Staff)	Trend Monitor	2	0	1
Restraint incidents	Trend Monitor	15	7	*12*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	17	8	35

Inpatients - Mental Health - Working Age Adults

Stanley Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	95.7%	95.5%	95.7%
Sickness	5.0%	2.0%	5.7%	1.0%
Supervision	80%	100.0%	53.8%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	96.2%
Reducing restrictive physical interventions training compliance	>=80%	96.2%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.5%	88.0%	96.2%
Fire Safety training compliance	>=85%	88.5%	84.0%	69.2%
Bed occupancy	85%	111.4%	105.8%	108.7%
Safer staffing (Overall)	90%	152.2%	133.6%	134.2%
Safer staffing (Registered)	80%	105.5%	98.4%	103.8%
% of clients clinically ready for discharge	3.5%	3.4%	1.1%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	94.4%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	5	0	1
Physical Violence (Patient on Staff)	Trend Monitor	4	1	1
Restraint incidents	Trend Monitor	15	3	*5*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	3 (100%)	3 (100%)	*2 (100%)*
Unfilled Shifts	Trend Monitor	19	22	12

Walton Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	90.9%	88.2%	84.8%
Sickness	5.0%	2.5%	5.7%	7.7%
Supervision	80%	100.0%	94.1%	100.0%
Information Governance training compliance	>=95%	100.0%	97.4%	97.2%
Reducing restrictive physical interventions training compliance	>=80%	75.7%	78.4%	77.1%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	86.5%	83.8%	80.0%
Fire Safety training compliance	>=85%	89.5%	76.3%	80.6%
Bed occupancy	85%	103.7%	101.9%	105.8%
Safer staffing (Overall)	90%	145.8%	134.3%	125.2%
Safer staffing (Registered)	80%	95.0%	95.3%	100.0%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.6%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	*N/A*	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	2	0
Physical Violence (Patient on Staff)	Trend Monitor	5	3	2
Restraint incidents	Trend Monitor	12	8	*7*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	5 (100%)	2 (100%)	*2 (100%)*
Unfilled Shifts	Trend Monitor	16	5	13

Ashdale Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	100.0%	100.0%	87.5%
Sickness	5.0%	1.4%	2.6%	0.7%
Supervision	80%	81.3%	83.3%	94.1%
Information Governance training compliance	>=95%	100.0%	91.2%	90.9%
Reducing restrictive physical interventions training compliance	>=80%	76.5%	76.5%	78.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	82.4%	91.2%	93.9%
Fire Safety training compliance	>=85%	91.2%	97.1%	97.0%
Bed occupancy	85%	99.9%	98.9%	99.2%
Safer staffing (Overall)	90%	113.4%	117.9%	113.8%
Safer staffing (Registered)	80%	98.4%	105.6%	112.7%
% 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%	86.7%	100.0%	*92.9%*
Physical Violence (Patient on Patient)	Trend Monitor	4	2	2
Physical Violence (Patient on Staff)	Trend Monitor	8	15	4
Restraint incidents	Trend Monitor	5	12	*4*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	12	7	6

Ward 18 Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	96.2%	89.7%	65.5%
Sickness	5.0%	13.6%	10.6%	7.8%
Supervision	80%	100.0%	100.0%	72.7%
Information Governance training compliance	>=95%	100.0%	93.1%	93.1%
Reducing restrictive physical interventions training compliance	>=80%	86.7%	86.2%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	82.8%	75.9%
Fire Safety training compliance	>=85%	90.0%	93.1%	93.1%
Bed occupancy	85%	100.0%	100.9%	99.9%
Safer staffing (Overall)	90%	127.1%	119.0%	104.1%
Safer staffing (Registered)	80%	83.5%	88.7%	88.4%
% of clients clinically ready for discharge	3.5%	0.7%	4.2%	8.1%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	86.7%	93.3%	*87.5%*
Physical Violence (Patient on Patient)	Trend Monitor	5	2	2
Physical Violence (Patient on Staff)	Trend Monitor	2	2	5
Restraint incidents	Trend Monitor	12	4	*12*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*1 (100%)*
Unfilled Shifts	Trend Monitor	11	1	0

Inpatients - Mental Health - Working Age Adults

Elmdale Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	85.7%	81.8%	82.6%
Sickness	5.0%	10.7%	8.0%	11.6%
Supervision	80%	61.5%	69.2%	92.3%
Information Governance training compliance	>=95%	96.7%	93.3%	93.3%
Reducing restrictive physical interventions training compliance	>=80%	83.3%	86.7%	90.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	100.0%	100.0%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	93.0%	99.0%	98.9%
Safer staffing (Overall)	90%	125.9%	114.3%	138.2%
Safer staffing (Registered)	80%	93.0%	95.8%	98.4%
% of clients clinically ready for discharge	3.5%	8.6%	8.2%	3.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	93.8%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	3	1	4
Physical Violence (Patient on Staff)	Trend Monitor	7	0	4
Restraint incidents	Trend Monitor	23	5	*15*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*2 (100%)*
Unfilled Shifts	Trend Monitor	8	1	4

Inpatients - Mental Health - Older People Services

Crofton Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	95.5%	88.5%	85.2%
Sickness	5.0%	6.4%	5.4%	7.9%
Supervision	80%	92.9%	100.0%	86.7%
Information Governance training compliance	>=95%	93.8%	96.7%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	73.3%	78.6%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	76.7%	78.6%	85.2%
Fire Safety training compliance	>=85%	87.5%	93.3%	96.6%
Bed occupancy	85%	94.0%	95.8%	91.9%
Safer staffing (Overall)	90%	160.3%	193.0%	190.6%
Safer staffing (Registered)	80%	156.4%	153.6%	159.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	83.3%	90.9%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	1	0	1
Physical Violence (Patient on Staff)	Trend Monitor	1	4	2
Restraint incidents	Trend Monitor	2	5	*3*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	33	36	38

Poplars CUE Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	95.5%	95.7%	84.6%
Sickness	5.0%	19.7%	9.6%	11.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	96.7%	94.7%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	75.0%	76.1%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	75.0%	82.0%	96.3%
Fire Safety training compliance	>=85%	96.7%	90.4%	96.2%
Bed occupancy	85%	71.2%	80.2%	81.3%
Safer staffing (Overall)	90%	246.5%	253.3%	239.4%
Safer staffing (Registered)	80%	127.9%	123.4%	118.4%
% of clients clinically ready for discharge	3.5%	35.2%	48.8%	52.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	0.0%	*N/A*	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	3	1
Physical Violence (Patient on Staff)	Trend Monitor	12	6	9
Restraint incidents	Trend Monitor	16	12	*9*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	48	49	48

Inpatients - Mental Health - Older People Services

Willow Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	70.6%	84.2%	94.4%
Sickness	5.0%	16.3%	26.8%	24.7%
Supervision	80%	87.5%	71.4%	90.9%
Information Governance training compliance	>=95%	88.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	72.0%	86.4%	94.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.0%	90.9%	94.7%
Fire Safety training compliance	>=85%	96.0%	90.9%	84.2%
Bed occupancy	85%	97.4%	97.3%	88.4%
Safer staffing (Overall)	90%	220.7%	179.8%	183.8%
Safer staffing (Registered)	80%	122.0%	119.7%	110.2%
% of clients clinically ready for discharge	3.5%	24.2%	1.3%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	50.0%	*80.0%*
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	2	2
Restraint incidents	Trend Monitor	2	3	*7*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	30	18	30

Beechdale Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	100.0%	100.0%	100.0%
Sickness	5.0%	4.9%	7.5%	10.3%
Supervision	80%	100.0%	84.6%	100.0%
Information Governance training compliance	>=95%	100.0%	92.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	80.8%	84.0%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	80.0%	80.0%	88.0%
Fire Safety training compliance	>=85%	96.2%	96.0%	96.0%
Bed occupancy	85%	96.6%	96.9%	97.4%
Safer staffing (Overall)	90%	160.2%	149.1%	136.4%
Safer staffing (Registered)	80%	118.3%	119.1%	103.4%
% of clients clinically ready for discharge	3.5%	16.3%	13.5%	8.2%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	2	1	0
Physical Violence (Patient on Staff)	Trend Monitor	2	2	0
Restraint incidents	Trend Monitor	2	2	*1*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	6	12	5

Ward 19 - Male Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	100.0%	90.0%	95.0%
Sickness	5.0%	7.5%	10.0%	14.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	92.3%	95.8%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	76.9%	83.3%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	92.3%	87.5%	91.7%
Fire Safety training compliance	>=85%	92.3%	87.5%	83.3%
Bed occupancy	85%	98.5%	96.9%	90.5%
Safer staffing (Overall)	90%	111.8%	106.3%	108.6%
Safer staffing (Registered)	80%	92.2%	95.0%	85.3%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*100.0%*
Physical Violence (Patient on Patient)	Trend Monitor	4	2	1
Physical Violence (Patient on Staff)	Trend Monitor	17	8	8
Restraint incidents	Trend Monitor	46	20	*9*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	5	9	0

Ward 19 - Female Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	94.1%	87.5%	87.5%
Sickness	5.0%	4.6%	10.1%	15.6%
Supervision	80%	100.0%	90.9%	100.0%
Information Governance training compliance	>=95%	95.2%	100.0%	88.9%
Reducing restrictive physical interventions training compliance	>=80%	66.7%	70.0%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	85.0%	85.0%	77.8%
Fire Safety training compliance	>=85%	76.2%	75.0%	77.8%
Bed occupancy	85%	96.1%	95.1%	97.0%
Safer staffing (Overall)	90%	123.8%	115.1%	99.0%
Safer staffing (Registered)	80%	108.5%	97.0%	107.6%
% of clients clinically ready for discharge	3.5%	0.0%	4.8%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	100.0%	100.0%	*66.7%*
Physical Violence (Patient on Patient)	Trend Monitor	4	2	1
Physical Violence (Patient on Staff)	Trend Monitor	17	8	8
Restraint incidents	Trend Monitor	46	20	*9*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	4	4	9

Inpatients - Mental Health - Rehab

Enfield Down Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	93.6%	95.7%	93.8%
Sickness	5.0%	4.3%	4.2%	6.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	88.5%	92.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	74.5%	75.5%	81.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	61.7%	75.6%	80.0%
Fire Safety training compliance	>=85%	78.8%	76.0%	78.0%
Bed occupancy	Trend Monitor	53.7%	53.0%	51.9%
Safer staffing (Overall)	90%	96.7%	96.4%	93.7%
Safer staffing (Registered)	80%	95.4%	94.0%	90.2%
% of clients clinically ready for discharge	3.5%	5.5%	5.8%	6.1%
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	1	2	2
Restraint incidents	Trend Monitor	1	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	0	2

Lyndhurst Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	100.0%	96.4%	96.4%
Sickness	5.0%	6.2%	1.2%	4.1%
Supervision	80%	93.3%	84.6%	92.9%
Information Governance training compliance	>=95%	100.0%	96.4%	96.4%
Reducing restrictive physical interventions training compliance	>=80%	73.3%	82.1%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	89.3%	85.7%
Fire Safety training compliance	>=85%	90.0%	92.9%	92.9%
Bed occupancy	Trend Monitor	66.6%	71.2%	61.5%
Safer staffing (Overall)	90%	95.2%	93.3%	90.8%
Safer staffing (Registered)	80%	90.8%	88.3%	85.2%
% of clients clinically ready for discharge	3.5%	9.5%	9.1%	9.5%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	0	0

Inpatients - Forensic - Medium Secure

Ward Level Headlines - Forensics

Performance for all wards is being addressed through regular 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 compliance is within target across the service, except for Priestley. The service continues focused work to improve both the uptake, quality and reporting of supervision. A plan is in place in relation to Priestley.
• Sickness variable across medium secure with Priestley, Waterton and Hepworth being hotspots with this largely being due to long term sickness on Priestley and Waterton. 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 but has notable improvements in compliance across the service with Appleton, Johnson and Bronte now compliance and improvements noted for Waterton, Priestley and Chippendale. Continued engagement with occupational health and the RRPI team is in place for staff who have been deferred for advice to support completion of the course. 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 68.8%) is also low. Neither of these services have a waiting list. Whilst compliant, there are some empty beds on the male pathway within Newton Lodge the ability to admit and patient flow is being impacted by the wait for high secure care for 2 service users.
• Cardiopulmonary rehabilitation compliance and IG compliance is the focus of targeted improvement work, with hotspots for CPR identified on Waterton (78.3) and Bronte (66.7). Hotspots for IG on Johnson (93.3), Appleton (92) and Bronte (83.3). Plans are in place to improve compliance with oversight of the performance clinics.
• There has been one prone restraint in medium secure, under 3 minutes. This does demonstrate a reduction. The service is working with the RRPI team on exit of seclusion training to support reducing the use of prone restraint.
A high level of acuity on Bronte is understood to have impacted on performance and additional focus and support in place to support improvements. Focused work to improve reporting on Priestley continues with some increased oversight.

Low Secure

• Sickness across all wards monitored closely. Sickness levels on Newhaven and Thornhill are within target, with Sandal and Ryburn continuing to experience challenges at 6.8% and 23.1% retrospectively with a significant proportion of these being long term sickness. The service is currently being supported by the People Directorate to improve performance.
• Cardiopulmonary rehabilitation remains an area of close monitoring. Compliance is improving throughout the service, and Thornhill, Ryburn and Newhaven are now complaint. Sandal remain below target and plans are in place to address the shortfalls.
• Bed occupancy in low secure is within compliance for Ryburn, Thornhill and Sandal. Newhaven continues to experience lower level of referrals and has no waiting list.
• Supervision compliance is within target across the service, except for Thornhill. The service continues focused work to improve both the uptake, quality and reporting of supervision. A plan is in place in relation to Thornhill.
Appraisals are compliant on Thornhill. Newhaven and Sandal and Ryburn have identified continued areas for improvement and plans are in place to address this. This is understood to be staff where the appraisal has now expired and also new staff who have not been excluded from the data for induction to the Trust.
• There was one prone restraint on Sandal, which was under 3 minutes.
There were 8 untilled shifts on Sandal. This is reflective of the increased staffing numbers to support high acuity and observations in the service.

Appleton Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	69.6%	87.5%	87.5%
Sickness	5.4%	2.5%	1.7%	2.4%
Supervision	80%	92.9%	85.7%	85.7%
Information Governance training compliance	>=95%	95.8%	96.0%	92.0%
Reducing restrictive physical interventions training compliance	>=80%	91.7%	92.0%	92.0%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	88.0%	84.0%
Fire Safety training compliance	>=85%	95.8%	96.0%	96.0%
Bed occupancy	90%	54.4%	62.5%	62.5%
Safer staffing (Overall)	90%	93.7%	111.6%	111.9%
Safer staffing (Registered)	80%	98.7%	100.5%	109.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	1	0	2
Physical Violence (Patient on Staff)	Trend Monitor	3	2	2
Restraint incidents	Trend Monitor	20	24	*19*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	0	3	3

Bronte Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	94.4%	95.2%	90.9%
Sickness	5.4%	15.1%	4.5%	4.0%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.9%	88.9%	83.3%
Reducing restrictive physical interventions training compliance	>=80%	72.7%	77.8%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.9%	83.3%	66.7%
Fire Safety training compliance	>=85%	90.9%	77.8%	77.8%
Bed occupancy	90%	98.6%	85.7%	85.7%
Safer staffing (Overall)	90%	100.6%	99.7%	102.7%
Safer staffing (Registered)	80%	98.7%	96.7%	100.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	0	1
Physical Violence (Patient on Staff)	Trend Monitor	2	0	0
Restraint incidents	Trend Monitor	4	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	3	0	2

Chippendale Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	86.4%	86.4%	81.8%
Sickness	5.4%	5.8%	6.0%	6.6%
Supervision	80%	100.0%	100.0%	85.7%
Information Governance training compliance	>=95%	100.0%	96.3%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	74.1%	77.8%	77.8%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	88.9%	88.9%	81.5%
Fire Safety training compliance	>=85%	85.2%	92.6%	92.6%
Bed occupancy	90%	100.0%	100.0%	100.0%
Safer staffing (Overall)	90%	146.4%	139.4%	130.2%
Safer staffing (Registered)	80%	117.4%	138.6%	131.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	1	0
Restraint incidents	Trend Monitor	1	11	*4*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*1 (100%)*
Unfilled Shifts	Trend Monitor	4	7	7

Hepworth Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	96.3%	100.0%	96.6%
Sickness	5.4%	2.6%	3.8%	5.8%
Supervision	80%	93.3%	92.3%	93.3%
Information Governance training compliance	>=95%	96.8%	96.4%	96.6%
Reducing restrictive physical interventions training compliance	>=80%	74.2%	75.0%	72.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.0%	88.9%	89.3%
Fire Safety training compliance	>=85%	100.0%	96.4%	89.7%
Bed occupancy	90%	94.0%	92.4%	92.0%
Safer staffing (Overall)	90%	96.6%	96.8%	94.5%
Safer staffing (Registered)	80%	74.1%	81.4%	74.0%
% of clients clinically ready for discharge	3.5%	8.5%	7.2%	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	0	3	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*0*
Unfilled Shifts	Trend Monitor	0	1	0

Inpatients - Forensic - Medium Secure

Johnson Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	96.6%	96.3%	88.9%
Sickness	5.4%	3.9%	2.6%	3.4%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	90.6%	86.7%	93.3%
Reducing restrictive physical interventions training compliance	>=80%	87.5%	86.7%	96.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	93.8%	93.3%	93.3%
Fire Safety training compliance	>=85%	87.5%	93.3%	83.3%
Bed occupancy	90%	73.3%	73.3%	68.6%
Safer staffing (Overall)	90%	120.8%	113.5%	116.3%
Safer staffing (Registered)	80%	99.6%	101.8%	99.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	1	1
Restraint incidents	Trend Monitor	1	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	4	4	2

Priestley Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	71.4%	71.4%	63.6%
Sickness	5.4%	10.3%	9.3%	10.6%
Supervision	80%	90.9%	91.7%	69.2%
Information Governance training compliance	>=95%	96.0%	87.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	58.3%	54.5%	71.4%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	91.7%	95.5%	90.5%
Fire Safety training compliance	>=85%	88.0%	82.6%	90.9%
Bed occupancy	90%	94.1%	89.8%	88.2%
Safer staffing (Overall)	90%	89.3%	91.6%	89.3%
Safer staffing (Registered)	80%	88.7%	86.9%	84.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	1	0

Waterton Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	36.8%	69.6%	81.8%
Sickness	5.4%	10.1%	8.4%	7.6%
Supervision	80%	20.0%	91.7%	81.8%
Information Governance training compliance	>=95%	100.0%	96.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	78.3%	68.0%	73.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	95.7%	84.0%	78.3%
Fire Safety training compliance	>=85%	100.0%	96.0%	100.0%
Bed occupancy	90%	91.7%	89.6%	91.7%
Safer staffing (Overall)	90%	124.9%	120.1%	119.1%
Safer staffing (Registered)	80%	98.7%	112.5%	107.1%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	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	7	2	2

Inpatients - Forensic - Low Secure

Thornhill Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	100.0%	100.0%	100.0%
Sickness	5.4%	0.6%	1.2%	1.8%
Supervision	80%	76.9%	91.7%	69.2%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	92.3%	92.3%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	100.0%	96.2%	96.2%
Fire Safety training compliance	>=85%	100.0%	100.0%	100.0%
Bed occupancy	85%	86.5%	86.4%	90.5%
Safer staffing (Overall)	90%	99.0%	107.4%	97.2%
Safer staffing (Registered)	80%	97.8%	95.9%	97.5%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	1	0	0
Restraint incidents	Trend Monitor	1	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	2	3	0

Sandal Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	77.3%	92.0%	92.0%
Sickness	5.4%	6.4%	5.7%	6.8%
Supervision	80%	100.0%	92.3%	91.7%
Information Governance training compliance	>=95%	96.6%	96.9%	96.8%
Reducing restrictive physical interventions training compliance	>=80%	75.9%	68.8%	83.9%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.3%	81.3%	74.2%
Fire Safety training compliance	>=85%	100.0%	96.9%	93.5%
Bed occupancy	85%	97.4%	92.9%	88.9%
Safer staffing (Overall)	90%	102.0%	133.2%	148.2%
Safer staffing (Registered)	80%	99.9%	102.9%	111.6%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	2	2	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	1
Restraint incidents	Trend Monitor	2	8	*3*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	1 (100%)	*1 (100%)*
Unfilled Shifts	Trend Monitor	0	4	8

Inpatients - Forensic - Low Secure

Ryburn Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	90.0%	100.0%	87.5%
Sickness	5.4%	11.3%	24.0%	23.1%
Supervision	80%	100.0%	100.0%	100.0%
Information Governance training compliance	>=95%	100.0%	100.0%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	63.6%	100.0%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	90.9%	100.0%	100.0%
Fire Safety training compliance	>=85%	81.8%	100.0%	100.0%
Bed occupancy	85%	100.0%	94.8%	89.9%
Safer staffing (Overall)	90%	99.3%	99.0%	99.9%
Safer staffing (Registered)	80%	99.9%	98.4%	99.9%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Restraint incidents	Trend Monitor	0	0	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	0	0

Newhaven Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	95.7%	92.0%	92.6%
Sickness	5.4%	2.8%	5.0%	4.9%
Supervision	80%	100.0%	82.4%	81.3%
Information Governance training compliance	>=95%	100.0%	96.6%	100.0%
Reducing restrictive physical interventions training compliance	>=80%	76.7%	79.3%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	93.3%	89.7%	86.2%
Fire Safety training compliance	>=85%	100.0%	96.6%	96.6%
Bed occupancy	85%	81.3%	75.8%	75.0%
Safer staffing (Overall)	90%	117.7%	120.1%	115.5%
Safer staffing (Registered)	80%	105.7%	106.0%	111.6%
% 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	2	1
Physical Violence (Patient on Staff)	Trend Monitor	2	1	1
Restraint incidents	Trend Monitor	5	2	*0*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	1 (100%)	0	*0*
Unfilled Shifts	Trend Monitor	9	17	2

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate is showing a further increase for October to 89.7%.
SRU rate has seen a further increase to 93.2% for October.
To note: SRU – some outstanding appraisals due to sickness / rotational posts have now been completed in early November. Appraisals due end Nov / early Dec have already commenced. One anomaly – a member of staff has had their appraisal and line manager has emailed WorkPal to ensure correct payroll number assigned but this is still showing as red – WorkPal team have not been able to ascertain the reason for this yet.
This focus is reflected in the latest figures for November of 94.9%.

• **Sickness:**
NRU – sickness has improved for October at 5.9%. One LTS returned 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 increased during October to 8.1%. Three LTS have returned to work on 28.10.24; we expect to see November figure improve as a result of this. There is still some short-term sickness. This is being managed via HR processes and sickness reviews.

• **Supervision:**
NRU figures have seen a dip this month – now below compliancy 72.2% for October but showing an increase into November of 76% as at 19.11.24.
SRU figures for October have maintained compliancy at 91.4% (as at 19.11.24)

• **Information Governance:**
SRU – has seen a slight dip this month 92.2%.

• **Cardiopulmonary resuscitation (CPR):**
NRU – a decrease during October to 72.5%
SRU – remains at 73.3% for October.
Staff are booked to attend CPR training over the coming weeks; some training has been completed during October although this may not be reflected in figures yet due to time lag noted below. Further staff are booked on training sessions for 19 and 20 November.
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	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	88.2%	88.6%	89.7%
Sickness	5.0%	5.5%	8.6%	5.9%
Supervision	80%	84.6%	87.5%	72.2%
Information Governance training compliance	>=95%	97.8%	97.5%	97.6%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	79.5%	80.0%	72.5%
Fire Safety training compliance	>=85%	97.8%	90.0%	82.9%
Bed occupancy (Barnsley Commissioned beds only)	80%	57.0%	54.2%	72.8%
Safer staffing (Overall)	90%	115.7%	113.5%	121.5%
Safer staffing (Registered)	80%	116.2%	113.9%	114.5%
% 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

Stroke Rehabilitation Unit (SRU) Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	87.3%	93.0%	93.2%
Sickness	5.0%	8.2%	6.8%	8.1%
Supervision	80%	89.7%	90.3%	91.4%
Information Governance training compliance	>=95%	93.9%	95.3%	92.2%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.6%	73.3%	73.3%
Fire Safety training compliance	>=85%	86.4%	92.2%	87.5%
Bed occupancy	80%	95.7%	94.4%	94.6%
Safer staffing (Overall)	90%	99.2%	104.3%	108.4%
Safer staffing (Registered)	80%	111.1%	126.1%	133.2%
% of clients clinically ready for discharge	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	0	0	0
Unfilled Shifts	Trend Monitor	0	0	0

Inpatients - Mental Health - Learning Disability

Headlines

• Supervision is 100%.
• Cardiopulmonary resuscitation (79.4%↑) and Fire (89.2%↑) are below compliance with improving trajectories in month. Reducing restrictive physical intervention training is compliant at 95.3%.
• 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 and made a slight improvement in October to 94.6%.
• 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 equates to 4 service users 1 has a discharge date, 1 has a placement identified and 2 have no placement identified due to the bespoke level of care required . No prone restraint.

Horizon

Metrics	Threshold	Aug-24	Sep-24	Oct-24
Appraisal rate	Aug 24 93% Sep 24 onwards 95%	92.1%	94.7%	89.2%
Sickness	5.0%	3.6%	2.3%	6.0%
Supervision	80%	80.0%	85.7%	100.0%
Information Governance training compliance	>=95%	97.4%	94.4%	94.6%
Reducing restrictive physical interventions training compliance	>=80%	86.1%	84.8%	95.3%
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	83.3%	78.8%	79.4%
Fire Safety training compliance	>=85%	89.7%	83.3%	89.2%
Bed occupancy	N/A	56.5%	62.5%	62.5%
Safer staffing (Overall)	90%	166.8%	178.4%	171.4%
Safer staffing (Registered)	80%	132.5%	113.7%	152.5%
% of clients clinically ready for discharge	3.5%	88.6%	80.0%	80.0%
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	*0.0%*	N/A	N/A
Physical Violence (Patient on Patient)	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Trend Monitor	23	29	24
Restraint incidents	Trend Monitor	26	40	*33*
Prone Restraint incidents (under 3 minutes)	Trend Monitor	0	0	*0*
Unfilled Shifts	Trend Monitor	0	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. The Trust is refreshing the equality, inclusion and diversity strategy to deliver our mission, deliver our leadership priorities with a focus on reducing inequalities, and develop a clear focus on how we deliver the Equality Diversity Inclusion aspects of our strategic objectives of being the Best we can be.	
Improving care	Transform our Older People inpatient services	Following the Trust Board endorsement of the recommendation for implementation in October 2024, on 6 November 2024 the decision-making business case was presented to the Joint Health Overview and Scrutiny Committee who also endorsed the proposed recommendation, option 1A for implementation. On 7 November 2024, NHS England Acting Regional Director for North East and Yorkshire, Robert Cornell, sent a letter to confirm NHS England's support for a decision to be made on proposed changes to older people's mental health services across the three West Yorkshire Integrated Care Board (ICB) places. On 11 November 2024 the Joint Integrated Care Board committee of Calderdale, Kirklees and Wakefield approved the decision-making business case and option 1A for implementation. Following the decision to implement option 1A a range of communications have been made with staff and stakeholders to inform them of the decision. Next steps include detailed planning of the implementation phase and supporting governance. Immediate priorities are progressing the estates development work required in Wakefield and commencing a staff consultation exercise with the staff based on the Poplars, who are the staff most impacted by the decision.	
		More information on the decision and process can be found the website: Older people's mental health inpatient services consultation | South West Yorkshire Partnership NHS Foundation Trust	
	Improve our mental health services so they are more responsive, inclusive, and timely	**Improving Access to Care Programme** Data gathering is underway to support understanding (Quality Improvement step 2 improvement) for both Core Psychology and Memory Services waits. In-depth proforma returned gathering processes, views and team differences/ similarities as well as meetings with psychology leads. Workshops for memory services organised to process map and understand variations in pathways across the places. Continued exploration of data quality working with the Trusts Performance & Business Intelligence team. This work continues to be underpinned by the fundamental key drivers such as reducing health inequalities through application of literature and policy (CORE20Plus5 and Kings Fund).	
		Care Closer to Home (CC2H) Programme • CC2H programme and inpatient improvement programme meetings to merge to streamline process • Ongoing work continues to sustain the reduction in out of area admissions including engagement with integrated care board regarding areas of pressure/safe spaces. • Wakefield community bed, an alternative to hospital admission for service users in crisis, is going live from 11 November • General Manager staff clinics have taken place monthly on teams with an open invite to all staff and highlighted in comms. • Progressing work with intensive home treatment teams to streamline pathways and processes within each locality. Discussions focussed on Wakefield and Calderdale initially. • Extra support for medical staff proposed to deliver programme priorities following meeting between medical and programme leads.	
		Inpatient MH Improvement Programme • The meeting structure which supports the inpatient improvement priority and the CC2H programmes is currently being reviewed. Proposal for future meetings to be merged to streamline the process. Work is still progressing even though some of the workstream meetings have been paused. • A planning meeting has been scheduled to look at the future structure before the next Inpatient Improvement meeting which will take place towards the end of November.	

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** It has been agreed to delay the implementation of the new care plan until January 2025 to incorporate the further enhancements requested as part of the staff and service user check and challenge sessions. A final iteration of the new care plan is now being developed with further workshops held with staff during November 24. A showcase of all products created during the programme including the care plan, good practice guide and training programme was held in October. A set of proposed new measures has been developed alongside care groups and Performance & Business Intelligence colleagues and will launch alongside the care plan in January 25.	
Improving use of resources	Spend money wisely and increase value	**Value for money (VfM)** Built in savings (£22m) continue to be behind plan. Pay costs remain the biggest driver of this variance due a growing workforce exceeding those planned. We continue to see a positive impact from stopping pay premiums with overtime payments low at £27k for October, a slight rise on September (£17k), but significantly lower than October last year (£148k) Identification of new schemes remains key to improving the shortfall and help secure the overall financial position. VfM Steering Group chaired by Director of Finance and to be attended by senior executives relaunches during November; the fortnightly forum will support progression and prioritisation of all VfM initiatives and schemes. The recent review by Price Waterhouse Coopers (via the integrated care board "grip and control") together with the internal audit both concluded the controls, culture and accountability for driving efficiencies can be improved. Annual planning workshops are progressing, with value for money initiatives forming part of these discussions across all directorates and services.	
	Make digital improvements	**Digital Dictation** Project escalation triggered in November due to issues resulting from an increasing number of defects and application errors which hindered operational activity. Further deployments placed on hold until issues are resolved. Task and Finish group including supplier has been mobilised and meets three times weekly with weekly reporting of progress to escalation management group. A fix is expected from a new version of Lexacom (v1.0.10) which is currently being tested. Communications issued to all current users.	
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)	(£0.6m)	£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 £0.6m deficit has been reported. This is an improvement following an in month surplus of £0.4m. This is primarily due to one off benefits, being greater than costs, within the provider collaboratives.
2	Agency Spend	£3.6m	£5.7m	Agency expenditure run rate has continued to fluctuate. Spend increased in October to £620k which is £128k more than the previous month. Increases are in medical and unregistered nursing categories. The provider collaborative spend in month was £58k.
3	Financial sustainability and efficiencies	£11.1m	£22m	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	£58.6m	£56.8m	The Trust cash balance has increased by £1.6m in month. This continues to be monitored and a focus on maximising this position.
5	Capital	£2.1m	£8.1m	The Trust capital allocation for 2024/25 is £8.1m. Largely due to delays in expected profile for the major older people scheme spend to date is 33% of plan. All schemes are reviewed to ensure that the allocation is utilised. In October 2024 capital expenditure relating to Cheswold Park has been added. This is presented separately as this has specific capital allocation backing.
6	Better Payment Practice Code	98%		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.

Appendix 1 - Cheswold Park Hospital

Improving health

Metrics	Trust Threshold	Oct-24	Notes
Percentage of service users who have had their equality data recorded - ethnicity	90%	98.5%	Based on all current inpatients (65 as at 31/10/2024)
Percentage of service users who have had their equality data recorded - disability	50%	100.0%	Based on all current inpatients (65 as at 31/10/2024)
Percentage of service users who have had their equality data recorded - sexual orientation		93.8%	
Completion of equality mandatory training	>=80%	99.0%	100% of ward and central support services staff; 92% of clinical staff

Improving Care

Metrics	Trust Threshold	Oct-24	Notes
Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	2	Out of a total number (47) of violence and aggression incidents occurred in October 2024

Improve Resources

Metrics	Trust Threshold	Oct-24	Notes

Make SWYPFT a great place to work

Metrics	Trust Threshold	Oct-24	Notes
Turnover external (in month)	>12% - 13%<	2.1%	7 out of 336 in October 2024 (only one month data is applicable)
Sickness absence - In month	<=5.4%	6.3%	only one month data is applicable
Staff supervision rate	80%	61.0%	Rate for Ward & Nursing Staff: 74%; and for AHP Staff: 41%
Mandatory training - Cardiopulmonary resuscitation	80%	96.0%	includes training for Immediate Life Support, Basic Life Support
Mandatory training - Reducing restrictive physical interventions (RRPI)	80%	96.0%	includes training for Prevention and Management of Violence and Aggression and Breakaway
Mandatory training - Fire	85%	97.0%	
Mandatory training - Information governance (IG)	95%	97.0%	

Appendix 1 - Cheswold Park Hospital

Quality Headlines

Section	KPI	Trust Threshold	Oct-24
Complaints	% of feedback with staff attitude as an issue	< 20%	18% (2/11)
	Complaints - Number of responses provided within six months of the date a complaint received	100.0%	100.0%
Quality	Notifiable Safety Incidents (where Duty of Candour applies)	Trend monitor	0
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions	Trend monitor	0
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches	0	0
	% Service users on CPA offered a copy of their care plan	80%	100.0%
	Number of Information Governance breaches	<12	2
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95.0%	No admissions
	Total number of reported incidents	Trend monitor	215
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available)	Trend monitor	2
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available)	Trend monitor	0
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available)	Trend monitor	0
	Safer staff fill rates (% Overall)	90%	94.4%
	Safer Staffing % Fill Rate - Registered Nurses Overall	80%	142.9%
	Safer Staffing % Fill Rate - Registered Nurses Days	80%	157.8%
	Safer Staffing % Fill Rate - Registered Nurses Nights	80%	126.5%
	% of prone restraint with duration of 3 minutes or less	90%	No prone restraints
	Number of Falls (inpatients)	Trend monitor	2
	Number of restraint incidents	Trend monitor	14
	% of staff receiving supervision within policy guidance	80.0%	61.0%
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	0	0

Quality Headlines

IG Breaches

There were two confidentiality breaches in October relating to incorrect client data being included in a posted letter and staff data being sent via electronic communication.

Appendix 1 - Cheswold Park Hospital

Safety First

Summary of Incidents

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

89% of incidents occurred in October 2024 resulted in no harm or near miss.
No never events, or incident resulted in major, permanent, catastrophic harm or death occurred in October 2024.

	Count of Incident Number
2. AMBER	2
1. YELLOW	20
0. GREEN	193
Total	215

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

Breakdown of incidents in October 2024 - 2 moderate harm incidents:
The most common cause(s) for these incidents were due to self injurious behaviours.
No severe harm incidents

Appendix 1 - Cheswold Park Hospital

Safeguarding

Safeguarding Adults:
There were 24 safeguarding adult incidents that occurred in Cheswold Park Hospital in October 2024. Of these one resulted in minor harm and 23 were graded as no harm or near miss. The most common causes were 'Violence & Aggression', 'Bullying & Harassment', 'Patient Compliance', and 'Drug & Medication'

Safeguarding Children:
There were no Safeguarding Children incidents in October 2024.

Complaints

- 11 new complaints (7 formal and 4 informal) were received in October 2024. All were from inpatients.
- Of the 11 new complaints received in October, 4 (all formal complaints) are 'under investigation', 3 (all formal complaints) are 'awaiting investigator appointment', and 4 (all informal complaints) are ' response Sent & closed'.
- Of the 11 new complaints received in October, the most common themes were 'Attitude Of Staff', 'All Aspects Of Clinical Treatment', and 'Patient Property /expenses'.
- 9 responses were given to the complaints of which 4 were received in October (all to informal complaints), all were responded to in the 6 month statutory time frame.
- There were no compliments received in October 2024.

Reducing Restrictive Physical Intervention (RRPI)

- There were 14 restraint incidents in October 2024, making up 7% (14/215) of total October incidents. Of the 14 incidents there were 11 physical inventions and 3 mechanical interventions
- There were no restraints implemented in prone position in October.

Breakdown of Restraint Incidents
Low Level (i.e. Breakaway) Positions: 1 - 5.88%
Medium Level (i.e. Hold, Restricted Escort) Positions: 10 - 58.82% (incl. 1 restricted escort, 4 seated holds, and 3 standing holds)
High Level (i.e. Supine, Side, Kneeling Restraints) Positions: 3 - 17.65% (all three were in supine position)
Mechanical Restraints: 3 - 17.65%

Appendix 1 - Cheswold Park Hospital

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Trust Threshold	Oct-24
Establishment	Improving Resources	Well Led	-	324.1
Contracted Staff In Post (Ledger)			-	335.9
Vacancies			-	11.8
Turnover external (October only)			>12% - <13%	2.1%
Starters			-	0.0
Leavers			-	7.0
International Nurse Starters in Month			-	0
% Bank Fill Rates - Registered Nurses			-	N/A
% Bank Fill Rates - Health Care Assistants			-	N/A
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)			-	N/A
Sickness absence - Month			<=5%	6.3%
Employees with long term sickness over 12 months			-	1
Appraisals - rolling 12 months			95%	64.0%
Employee Relations - Suspensions (over 90 days)			-	0
Mandatory Training - TOTAL	Improving Care		>=80%	98.0%
Mandatory Training - Reducing Restrictive Practice Interventions				96.0%
Mandatory Training - Cardiopulmonary Resuscitation				96.0%
Mandatory Training - Clinical Risk				N/A
Mandatory Training - Display Screen Equipment				N/A
Mandatory Training - Equality & Diversity				99.0%
Mandatory Training - Fire Safety			>=85%	97.0%
Mandatory Training - Food Safety			>=80%	99.0%
Mandatory Training - Freedom To Speak Up (FTSU)				99.0%
Mandatory Training - Infection Control & Hand Hygiene				98.0%
Mandatory Training - Information Governance (Data Security)			>=95%	97.0%
Mandatory Training - Moving & Handling			>=80%	97.0%
Mandatory Training - Mental Capacity Act/Dols				96.0%
Mandatory Training - Mental Health Act				96.0%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				97.0%
Mandatory Training - Prevent			>=80%	N/A
Mandatory Training - Safeguarding Adults				93.0%
Mandatory Training - Safeguarding Children				93.0%

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 7 (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)	(£0.6m)	£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 £0.6m deficit has been reported. This is an improvement following an in month surplus of £0.4m. This is primarily due to one off benefits, being greater than costs, within the provider collaboratives.
2	Agency Spend	£3.6m	£5.7m	Agency expenditure run rate has continued to fluctuate. Spend increased in October to £620k which is £128k more than the previous month. Increases are in medical and unregistered nursing categories. The provider collaborative spend in month was £58k.
3	Financial sustainability and efficiencies	£11.1m	£22m	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	£58.6m	£56.8m	The Trust cash balance has increased by £1.6m in month. This continues to be monitored and a focus on maximising this position.
5	Capital	£2.1m	£8.1m	The Trust capital allocation for 2024 / 25 is £8.1m. Largely due to delays in expected profile for the major older people scheme spend to date is 33% of plan. All schemes are reviewed to ensure that the allocation is utilised. In October 2024 capital expenditure relating to Cheswold Park has been added. This is presented separately as this has specific capital allocation backing.
6	Better Payment Practice Code	98%		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.

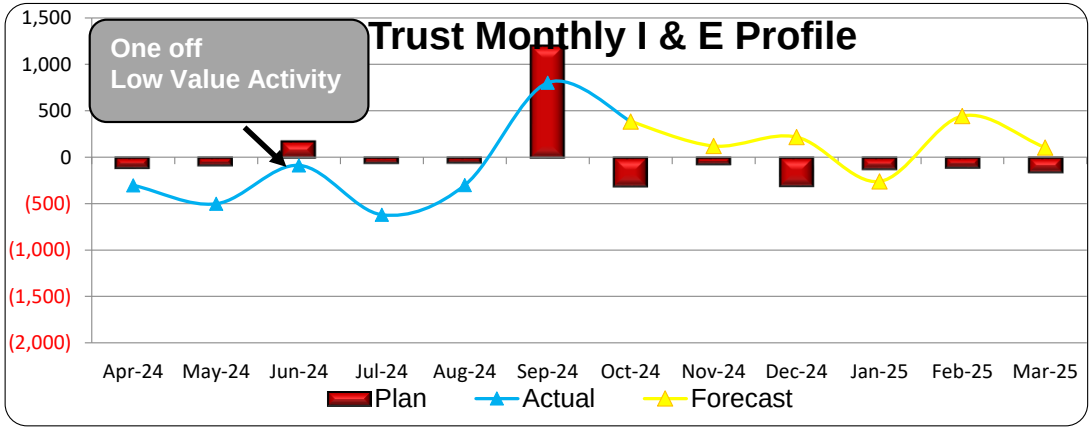
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

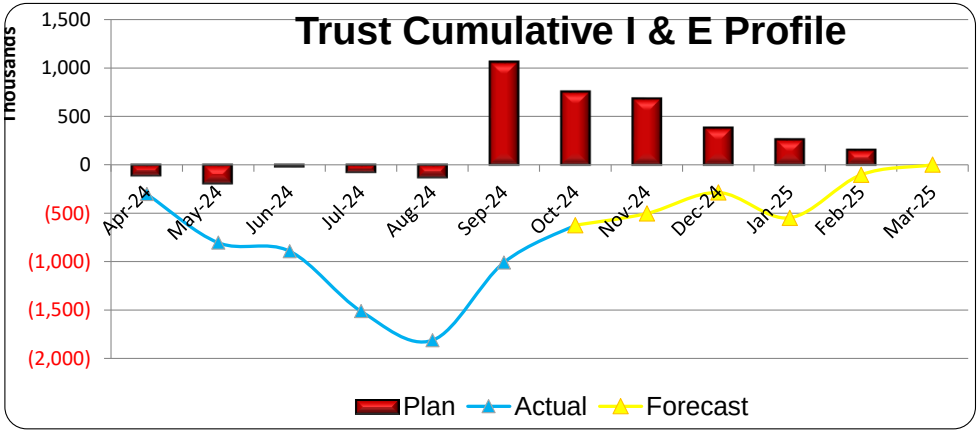
2.0 Income & Expenditure Position 2024 / 25

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					42,259	42,256	(4)	247,295	247,246	(49)	430,316	428,872	(1,443)
Other Operating Revenue					1,395	1,420	25	9,916	10,444	528	16,298	16,933	635
Total Revenue					**43,654**	**43,676**	**21**	**257,211**	**257,690**	**480**	**446,613**	**445,805**	**(808)**
Pay Costs	5,411	5,455	44	0.8%	(28,799)	(28,219)	580	(157,876)	(159,110)	(1,234)	(276,559)	(277,020)	(460)
Non Pay Costs					(14,598)	(14,507)	91	(95,566)	(96,176)	(609)	(164,164)	(162,660)	1,504
Gain / (loss) on disposal					0	3	3	0	24	24	0	24	24
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,411**	**5,455**	**44**	**0.8%**	**(43,398)**	**(42,723)**	**674**	**(253,442)**	**(255,261)**	**(1,819)**	**(440,723)**	**(439,656)**	**1,068**
EBITDA	**5,411**	**5,455**	**44**	**0.8%**	**257**	**952**	**696**	**3,768**	**2,429**	**(1,339)**	**5,890**	**6,150**	**260**
Depreciation					(598)	(598)	1	(3,753)	(3,766)	(13)	(6,742)	(6,788)	(46)
PDC Paid					(274)	(315)	(41)	(1,348)	(1,635)	(287)	(2,718)	(3,210)	(492)
Interest Received					309	346	37	2,088	2,348	260	3,570	3,848	278
Surplus / (Deficit) - ICB performance measure	**5,411**	**5,455**	**44**	**0.8%**	**(307)**	**386**	**692**	**756**	**(624)**	**(1,379)**	**(0)**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	(0)	(61)	(61)	0	(94)	(94)	0
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,411**	**5,455**	**44**	**0.8%**	**(316)**	**377**	**692**	**694**	**(685)**	**(1,379)**	**(94)**	**(94)**	**0**





Income & Expenditure Position 2024 / 25

The consolidated financial position is a year to date deficit of £0.6m. This is £1.4m behind plan. This is an improved position with October 2024 reported as a surplus of £0.4m which is £0.7m better than 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 has been 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. In October Cheswold Park Hospital has also been included as a separate section. This is primarily to help with comparability of the core Trust financial values due to the part year stepped change. 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)	5,042	5,092	49	1.0%	(1,057)	(603)	454	(790)	(1,932)	(1,142)	(1,787)	(4,270)	(2,483)
Cheswold Park Hospital	334	329	(5)	1.4%	111	11	(100)	111	11	(100)	665	(5)	(670)
Provider Collaboratives	23	34	11	49.3%	1	1,057	1,057	17	502	485	29	(1,544)	(1,573)
Budgets held centrally	12	0	(12)	100.0%	638	(80)	(719)	1,417	794	(623)	1,093	5,819	4,727
Total - Consolidated position (ICB performance measure)	**5,411**	**5,455**	**44**	**0.8%**	**(307)**	**386**	**692**	**756**	**(624)**	**(1,379)**	**(0)**	**0**	**0**

The provider collaboratives have seen significant movement in month. This includes the release of one off benefits following resolution of an outstanding query with an independent sector provider. Additionally the SWYPFT contribution to other collaboratives as part of the West Yorkshire risk / reward share has been incorporated. Overall the forecast remains challenging through activity pressures.

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.

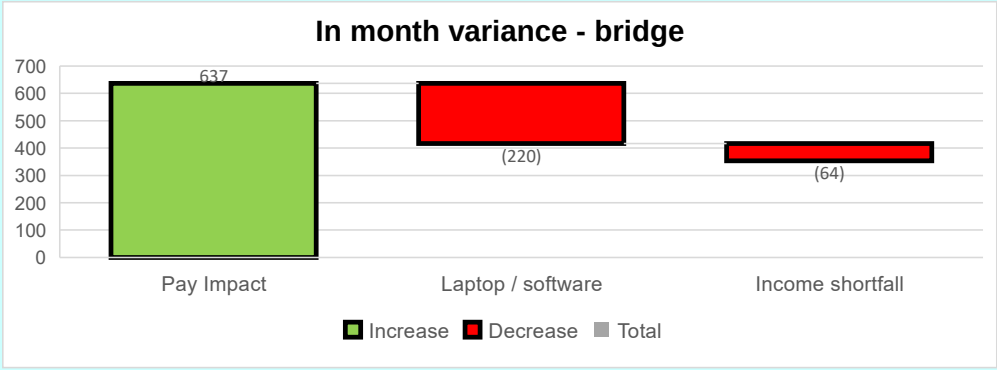
Total Financial Position - Core Trust only

	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					29,966	29,914	(52)	180,255	179,486	(769)	309,606	308,358	(1,248)
Other Operating Revenue					1,344	1,342	(2)	8,450	8,607	157	14,505	14,716	211
Total Revenue					**31,309**	**31,256**	**(54)**	**188,705**	**188,093**	**(612)**	**324,112**	**323,074**	**(1,037)**
Pay Costs	5,042	5,092	49	1.0%	(27,378)	(26,741)	637	(155,070)	(156,088)	(1,019)	(266,687)	(267,894)	(1,206)
Non Pay Costs					(4,592)	(4,715)	(123)	(31,581)	(31,070)	511	(54,329)	(54,334)	(4)
Gain / (loss) on disposal					0	3	3	0	24	24	0	24	24
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,042**	**5,092**	**49**	**1.0%**	**(31,971)**	**(31,454)**	**517**	**(186,651)**	**(187,134)**	**(483)**	**(321,017)**	**(322,203)**	**(1,186)**
EBITDA	**5,042**	**5,092**	**49**	**1.0%**	**(661)**	**(198)**	**463**	**2,055**	**959**	**(1,096)**	**3,095**	**871**	**(2,223)**
Depreciation					(525)	(530)	(5)	(3,680)	(3,699)	(19)	(6,304)	(6,350)	(46)
PDC Paid					(179)	(220)	(41)	(1,253)	(1,540)	(287)	(2,148)	(2,640)	(492)
Interest Received					309	346	37	2,088	2,348	260	3,570	3,848	278
Surplus / (Deficit) - ICB performance measure	**5,042**	**5,092**	**49**	**1.0%**	**(1,057)**	**(603)**	**454**	**(790)**	**(1,932)**	**(1,142)**	**(1,787)**	**(4,270)**	**(2,483)**
Depn Peppercorn Leases (IFRS16)					(9)	(9)	(0)	(61)	(61)	0	(94)	(94)	0
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,042**	**5,092**	**49**	**1.0%**	**(1,065)**	**(611)**	**454**	**(851)**	**(1,993)**	**(1,142)**	**(1,881)**	**(4,364)**	**(2,483)**

The impact of pay awards, both income and expenditure and back dated to April 2024, have been incorporated into this position. The difference between budgets is coded to budgets held centrally as a target. This target is therefore in the total consolidated position but not in the table above.

As a result this is showing as an underspend in pay expenditure in month and a reduction of the forecast pay overspend.

Key headlines include:	£k
Pay impact in month - including pay award	637
Non Pay - Laptop and software purchases	(220)
Income shortfall - payment based on actual costs incurred	(64)

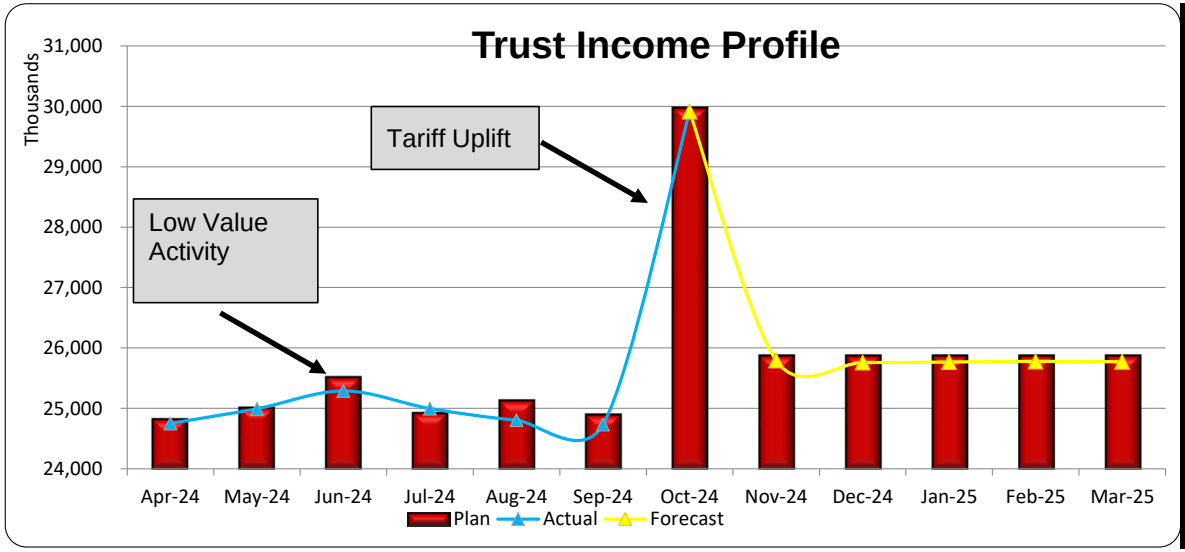


2.1 Income Information

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	25,592	22,012	22,012	22,012	22,012	22,012	**263,309**	263,337	(28)
Specialist Commissioner	**34,541**	2,943	2,962	2,974	2,947	2,956	2,827	3,583	3,032	3,032	3,032	3,032	3,032	**36,350**	36,524	(173)
Local Authority	**5,799**	378	400	371	398	377	360	381	414	380	388	395	387	**4,629**	4,913	(284)
Partnerships	**6,748**	205	219	191	218	207	207	222	205	205	205	209	209	**2,501**	2,971	(470)
Other Contract Income	**1,454**	131	220	37	135	121	131	136	131	131	131	131	131	**1,568**	1,861	(293)
Total	**293,862**	**24,752**	**24,994**	**25,289**	**24,997**	**24,805**	**24,735**	**29,914**	**25,794**	**25,760**	**25,768**	**25,779**	**25,771**	**308,358**	**309,606**	**(1,248)**
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	10,686	8,902	8,897	8,897	8,883	8,895	**110,579**		
Total	**293,862**	**33,870**	**34,155**	**34,439**	**34,183**	**33,981**	**34,362**	**40,600**	**34,696**	**34,657**	**34,665**	**34,662**	**34,666**	**418,937**		



Income, actuals and budgets, have been updated for the tariff uplift. This is actioned in month and back dated to April 2024 hence the spike in the current month.

The key variances are shown below:

* Partnership - Youth Offenders Contract £470k
Reimbursement based on actual costs incurred

* Yorkshire Smokefree - Payment by results £168k & £86k
Less income than plan due to activity levels. Offset by a similar reduction in expenditure.

* Additional Roles Reimbursement Posts £253k
Offset by reduced pay costs. Recharged on staff in post

2.2 Pay Information

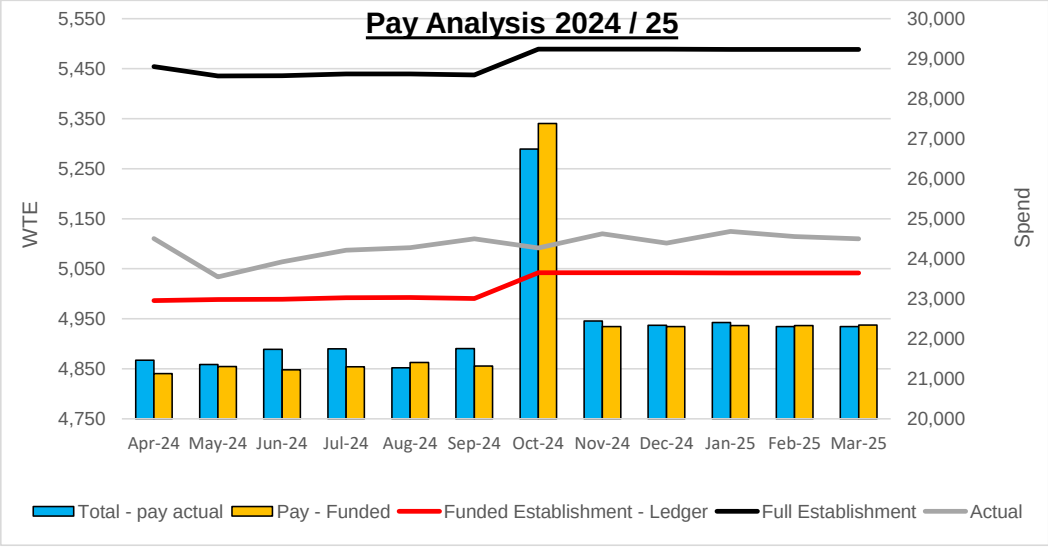
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	24,200	20,361	20,310	20,415	20,381	20,387	**242,227**
Bank & Locum	1,955	1,581	1,673	1,738	1,771	1,827	1,980	1,667	1,644	1,624	1,590	1,578	**20,627**
Agency	413	400	444	510	429	434	561	419	386	371	332	340	**5,040**
Total	**21,466**	**21,360**	**21,739**	**21,751**	**21,275**	**21,756**	**26,741**	**22,446**	**22,340**	**22,409**	**22,304**	**22,305**	**267,894**
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%	7.4%	7.4%	7.4%	7.2%	7.1%	7.1%	7.7%
Agency as % (in month)	1.9%	1.9%	2.0%	2.3%	2.0%	2.0%	2.1%	1.9%	1.7%	1.7%	1.5%	1.5%	1.9%

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	4,590	4,647	4,635	4,667	4,665	4,664	**4,612**
Bank & Locum	474	401	411	435	456	460	431	411	405	398	390	387	**421**
Agency	62	59	62	74	71	62	70	62	62	60	59	59	**63**
Total	**5,110**	**5,034**	**5,064**	**5,087**	**5,092**	**5,110**	**5,092**	**5,120**	**5,101**	**5,125**	**5,115**	**5,110**	**5,097**
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**



In October 2024 pay budgets have been uplifted in line with changes in national pay terms and conditions. This uplift has impacted on all staff groups. Actuals, for the majority of these changes, have been paid in month and back dated to 1st April 2024. As such there is a large increase in budget and actual costs incurred in month.

There is also a stepped change in October to reflect additional investment agreed with commissioners. Overall this has resulted in an increase in funded WTE of 51 in month. Recruitment will continue in these posts.

Overall there has been a reduction in worked WTE compared to last month. An increase in 2 substantive WTE and 8 WTE agency is offset by 29 WTE reduction in bank. This is primarily within inpatient wards.

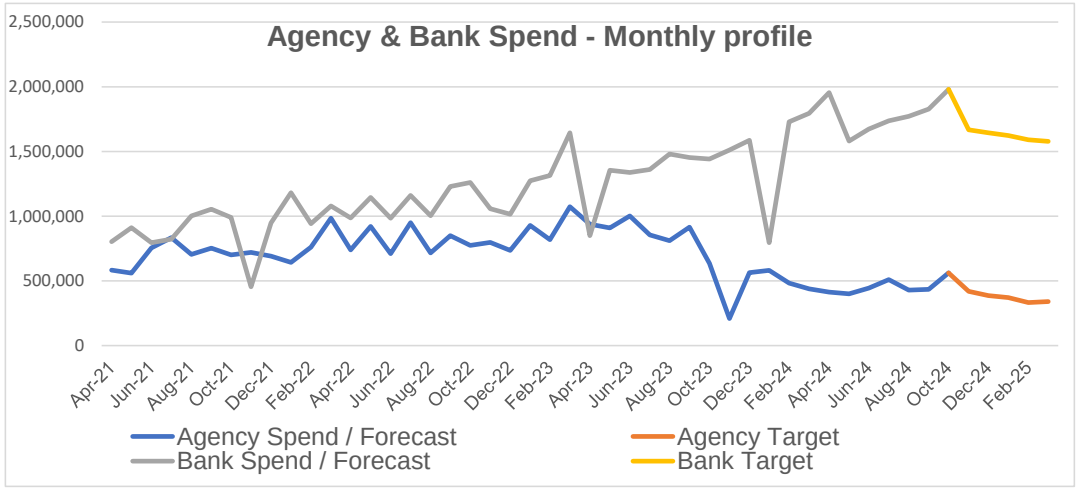
The forecast model shows an increase in substantive staff in the coming months. Some of this is offset by reductions in bank and agency but are not necessarily in the same care or staff group.

2.2 Temporary Staffing Focus

Trust spend in October 2024:
Agency £561k
Bank £1,980k

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	1,187	336	**1,523**
Other Medical	740	366	**1,106**
Reg Nursing	216	2,920	**3,136**
UnReg Nursing	742	7,752	**8,494**
Other Clinical	206	445	**651**
A & C	105	706	**812**
Other	(5)	0	**(5)**
Total	**3,192**	**12,525**	**15,717**
Lead Provider Collaborative	405	5	**410**
Budgets held centrally	(8)	0	**(8)**
Cheswold Park Hospital	0	42	**42**
Total	**3,589**	**12,572**	**16,161**

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 continues to be presented to the monthly Trust temporary staffing scrutiny and management group. The report highlights an increase in agency spend in month focused on other medical and unregistered nursing staff groups. For unregistered spend the increase is mostly within adult inpatient wards. As shown in the graph above the financial modelling identifies reducing run rates as a result of actions being taken.

In terms of NHS England agency controls the Trust continues to have a number of areas outside of the control parameters. This includes the use of off framework agency (relating to specific care of an individual within the provider collaboratives) and also has two instances of non-clinical agency staff. One relates to a defined time limited project which ceased 31st October 2024 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.

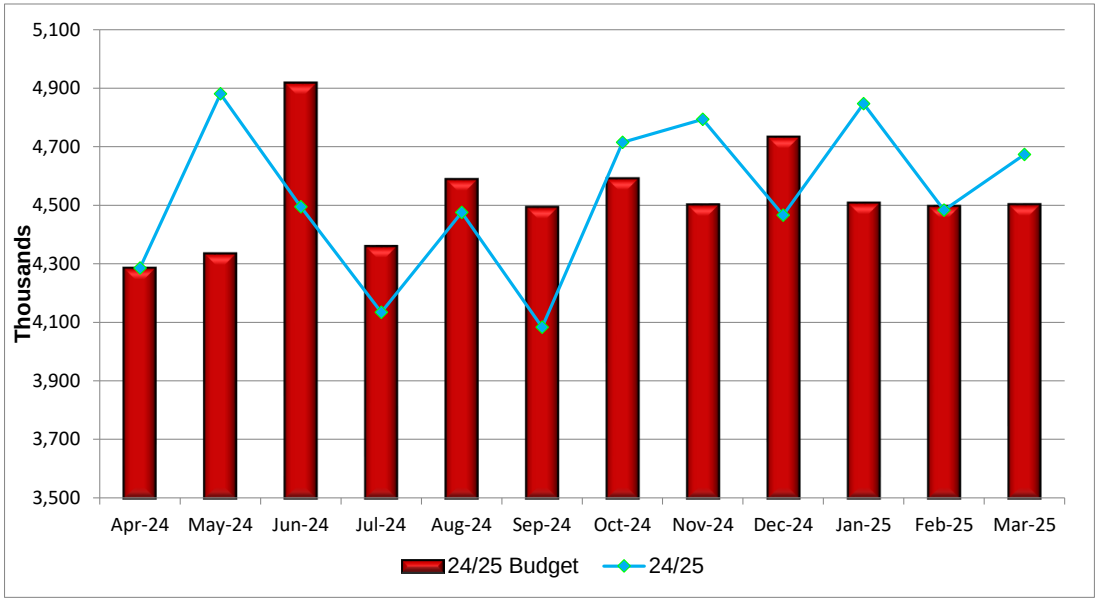
Bank spend has continued to rise although it is important to note that payment in October does include pay award and arrears. In the comparison of worked WTE this shows as a reduction in bank with the largest reduction in adult inpatient ward. This needs to be considered in conjunction with the agency increase identified above.

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, Cheswold Park Hospital 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	4,715	4,793	4,466	4,847	4,484	4,674	**54,334**
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	2,566	2,364	(202)	
Establishment	5,519	5,839	320	
Lease & Property Rental	5,156	5,200	44	
Premises (inc. rates)	3,002	2,917	(85)	
Utilities	1,472	1,395	(77)	
Purchase of Healthcare	3,660	3,347	(312)	
Travel & vehicles	3,269	3,151	(118)	
Supplies & Services	4,743	4,593	(150)	
Training & Education	582	524	(58)	
Clinical Negligence & Insurance	679	682	3	
Other non pay	934	1,058	124	
Total	**31,581**	**31,070**	**(511)**	
Total Excl OOA and Drugs	**25,355**	**25,358**	**3**	



Key Messages

Non pay expenditure has continued to fluctuate and has increased by £632k from September to October 2024. This increase has been in most categories with the largest (£362k) in Establishment. This heading incorporates a wide range of expenditure to support staff to undertake their roles including printing, stationary, phones, laptops, legal and professional fees. Key purchase headlines in October include new computer hardware (£175k) and Occupational health software (£45k).

The two categories which have seen reduced expenditure are travel and leases.

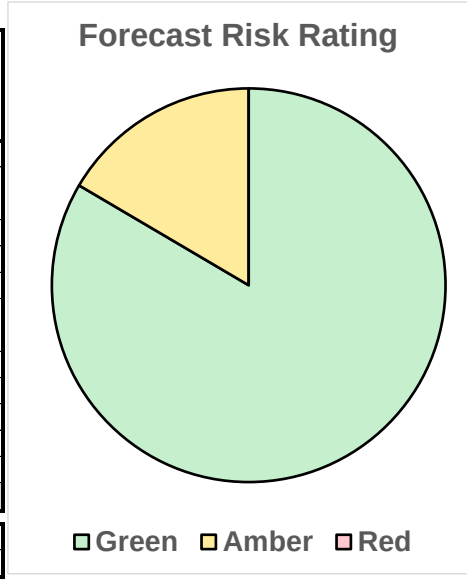
The non pay forecast has been subject to a deep dive considering forecast assumptions and where expenditure is not yet committed and therefore could be subject to management decision in order to support delivery of the overall financial position. Recommendations, based on this review, are currently being considered.

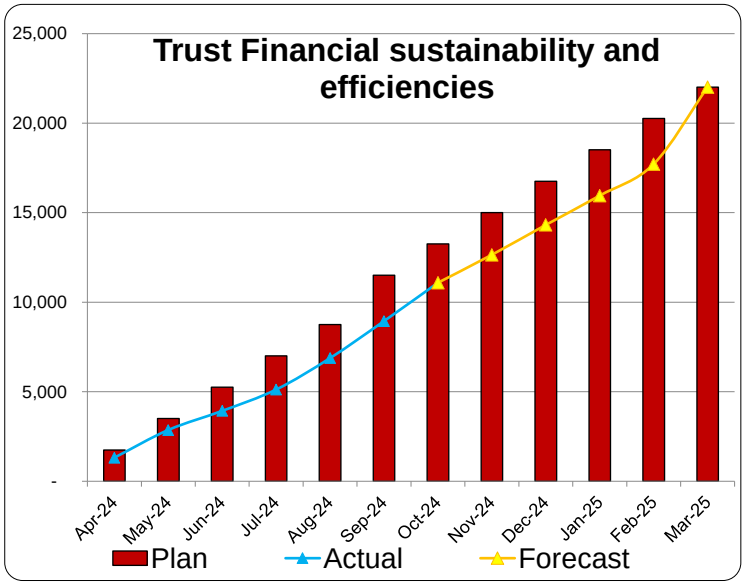
3.0 Value for Money, Financial sustainability and efficiency

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		7,273	233	4,756	12,468	10,208			(2,260)
Non pay - Impact of workforce optimisation		245	247		420	407			(13)
Out of area placements		1,675	1,930		2,871	1,930	1,069		128
Non pay - digital		144	107		246	179			(67)
Non pay - Estates		292	232	22	500	428			(72)
Non pay - medicines optimisation		280	0		480			0	(480)
Non Pay - other		0	100		0	167			167
Procurement		146	0		250		0		(250)
Provider Collaboratives		665	665		1,140	1,140			0
Non Recurrent mitigations		0	0		0		2,570		2,570
Income - contribution, Full Year Effect		2,539	2,799		3,638	3,916			278
Total		**13,258**	**6,313**	**4,778**	**22,013**	**18,374**	**3,639**	**0**	**(0)**
Recurrent		6,035	6,313		10,345	7,751	1,069	0	(1,525)
Non Recurrent		7,223		4,778	11,668	10,623	2,570		1,525





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. This remains volatile, and as such the forecast delivery is rated as amber, but in October usage was 4 placements against a plan for 5. 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).

Delivery of the value for money is target is supported by an additional £2.6m of non recurrent schemes. 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	200,283	
Current Assets			
Inventories & Work in Progress	179	179	
NHS Trade Receivables (Debtors)	1,072	1,637	
Non NHS Trade Receivables (Debtors)	344	1,109	
Prepayments	3,491	4,778	
Accrued Income	1,062	5,956	1
Cash and Cash Equivalents	69,199	58,621	Pg 15
Total Current Assets	**75,347**	**72,281**	
Current Liabilities			
Trade Payables (Creditors)	(12,728)	(5,015)	2
Capital Payables (Creditors)	(1,392)	(211)	
Tax, NI, Pension Payables, PDC	(8,469)	(12,519)	
Accruals	(13,966)	(15,099)	3
Deferred Income	(409)	(2,754)	4
Other Liabilities (IFRS 16 / leases)	(51,040)	(52,474)	
Total Current Liabilities	**(88,004)**	**(88,071)**	
Net Current Assets/Liabilities	**(12,657)**	**(15,790)**	
Total Assets less Current Liabilities	**155,161**	**184,492**	
Provisions for Liabilities	(3,510)	(3,526)	
Total Net Assets/(Liabilities)	**151,651**	**180,966**	
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	84,695	
Total Taxpayers' Equity	**151,651**	**180,966**	

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

A bridge of cash movements is shown on page 15.

1. Accrued income is higher than year end and higher than planned. This is due to outstanding payments including tariff uplift from 1 commissioner (working to resolve in November 2024 - £1.6m) and funding from NHS England in relation to the purchase of Cheswold Park Hospital. Total NHS England accrued income is £2.3m.

Actions continue to ensure that values are agreed and payments are recevied in a timely manner.

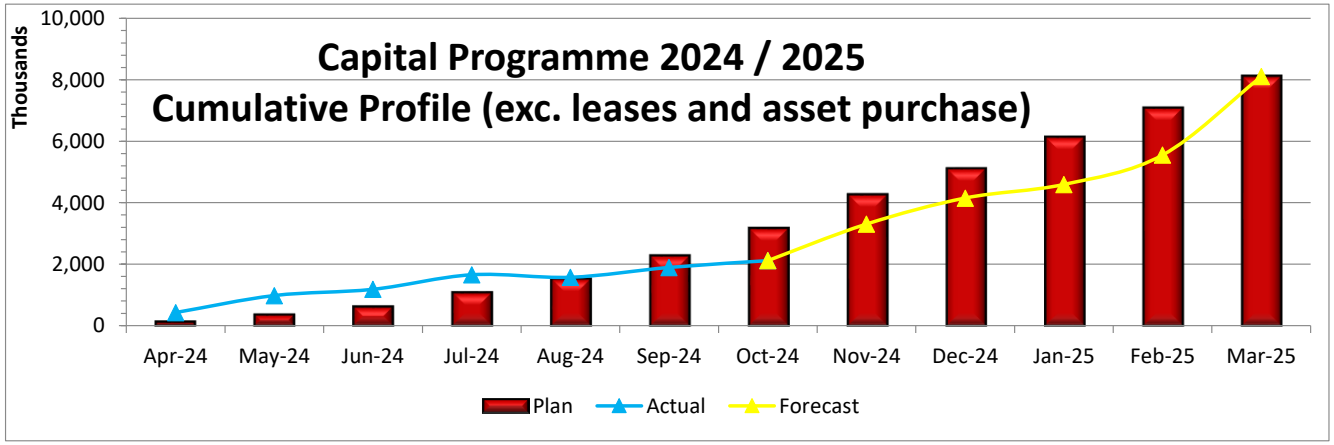
2. Trade creditors have reduced from the year end, and as demostrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution. £0.1m of creditors are over 60 days.

3. Accruals are broadly in line with year end however have reduced from £20.3m last month. The largest element of this was the pay award acrual which has now been paid.

4. Deferred income is higher than year end. This is expected with reducing balances to year end and all lines continue to be reviewed on a monthly basis.

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	350	0	(350)	1,000	(1,500)
Seclusion Rooms	1,000	640	958	318	1,007	7
Anti-ligature Doors	1,000	550	349	(201)	1,000	0
Maintenance (Minor) Capital						
Clinical Improvement	311	252	189	(63)	341	30
Safety	302	269	75	(193)	723	422
Sustainability / Carbon Neutral	510	0	126	126	510	0
Backlog	360	153	34	(119)	545	185
Equipment	41	20	75	55	103	62
Other	193	130	(15)	(145)	177	(16)
IM & T	1,470	685	211	(474)	1,470	0
Contingency	219	0	0	0	1,029	810
Staff Costs	200	117	112	(5)	200	0
TOTALS	**8,104**	**3,165**	**2,115**	**(1,050)**	**8,104**	**(0)**
Lease Impact (IFRS 16)	5,910	4,055	4,252	196	5,438	(472)
Asset Purchase	0	0	35,000	35,000	35,000	35,000
Cheswold - Minor Capital		0		0	1,265	1,265
Cheswold - IM & T		0		0	750	750
TOTALS	**14,014**	**7,220**	**41,367**	**34,146**	**50,557**	**36,543**



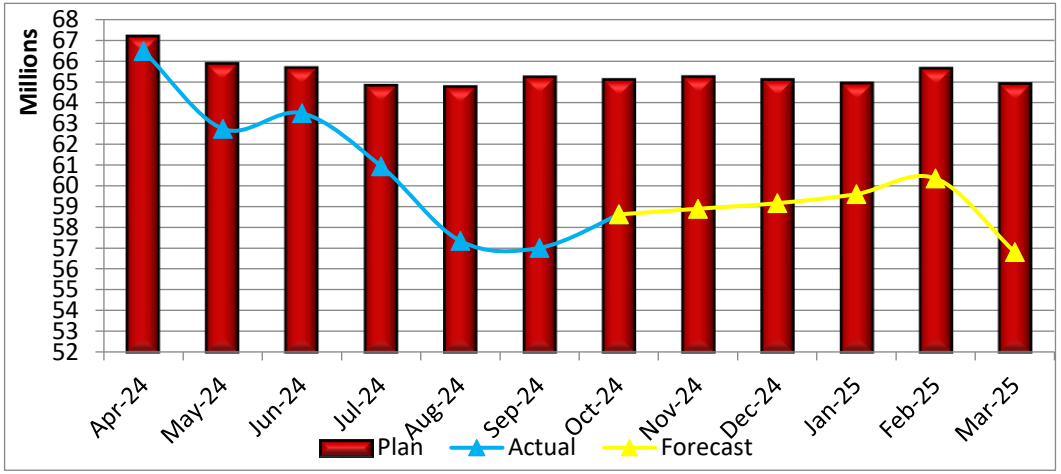
Capital Expenditure 2024 / 25

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).

There are a number of additional expenditure areas outside of this allocation. This includes IFRS 16 (leases) and in year includes the acquisition of Cheswold Park Hospital and associated capital works. This is funded from a combination of national funding and South Yorkshire ICB capital allocation.

In month the forecast on the older people scheme has been updated to reflect current estimates and timelines. We are working to mitigate the profile issues that this creates by re-prioritising schemes and ensuring that the capital allocation is appropriately utilised.

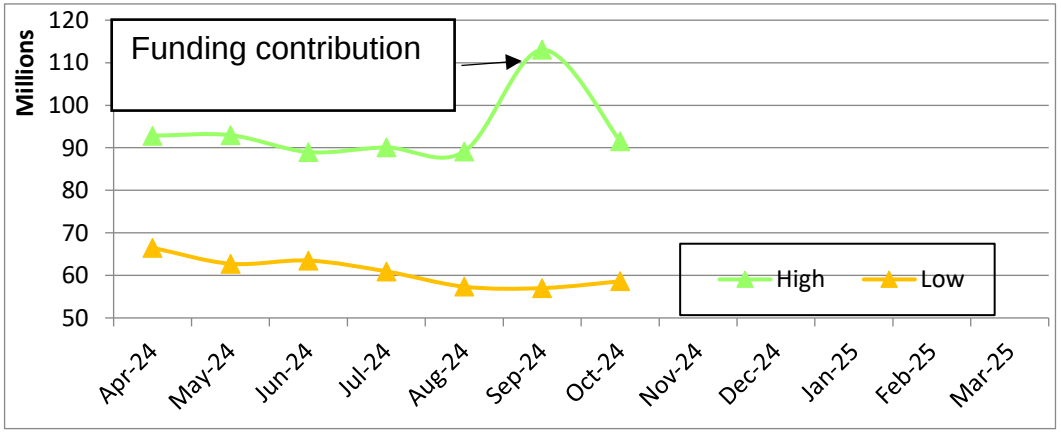
4.2 Cash Flow & Cash Flow Forecast 2024 / 2025



Although pay awards, including arrears, have been paid in month the cash position increased.

Trust cash had been decreasing due to the Trust overall financial position, continued capital spend and most recently the purchase of Cheswold Park Hospital. This has increased in October.

	Plan £k	Actual £k	Variance £k
Opening Balance	71,353	69,199	
Closing Balance	65,091	58,621	(6,470)



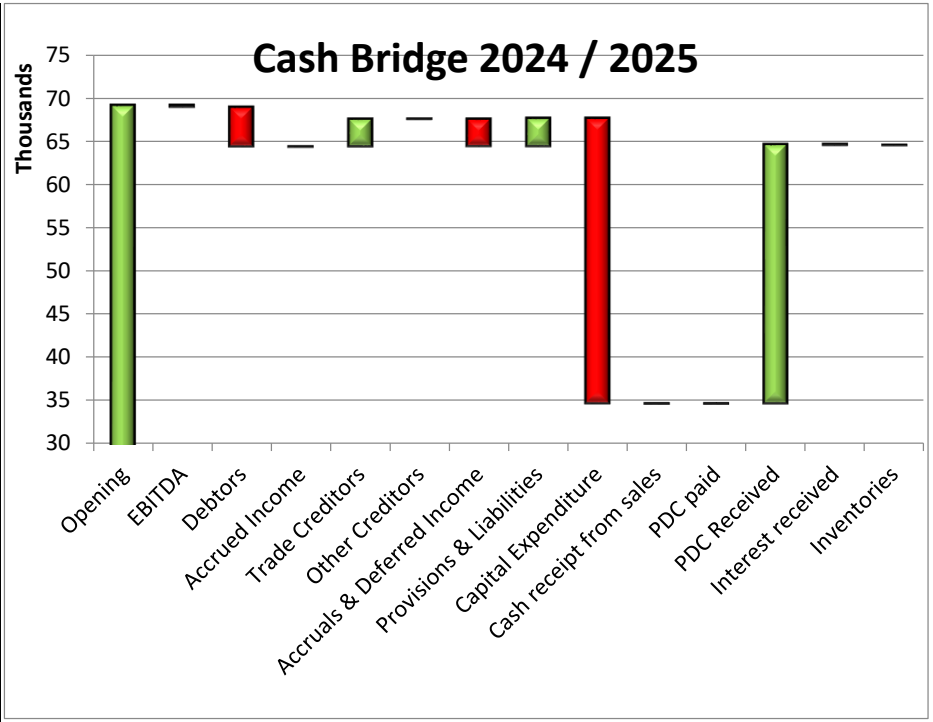
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £91.6m
The lowest balance is: £58.6m

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)	7,999	7,777	(222)	
Movement in working capital:				
Inventories & Work in Progress	52	0	(52)	
Receivables (Debtors)	280	(4,309)	(4,589)	
Trade Payables (Creditors)	(4,000)	(771)	3,229	
Accruals & Deferred income	0	(3,202)	(3,202)	
Provisions & Liabilities	(930)	2,361	3,291	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(5,213)	(38,296)	(33,083)	
Cash receipts from asset sales	0	24	24	
Leases	(5,827)	(5,460)	367	
PDC Dividends paid	(1,074)	(1,050)	24	
PDC Dividends received	0	30,000	30,000	
Interest (paid)/ received	2,451	2,348	(103)	
Closing Balances	**65,091**	**58,621**	**(6,471)**	



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.

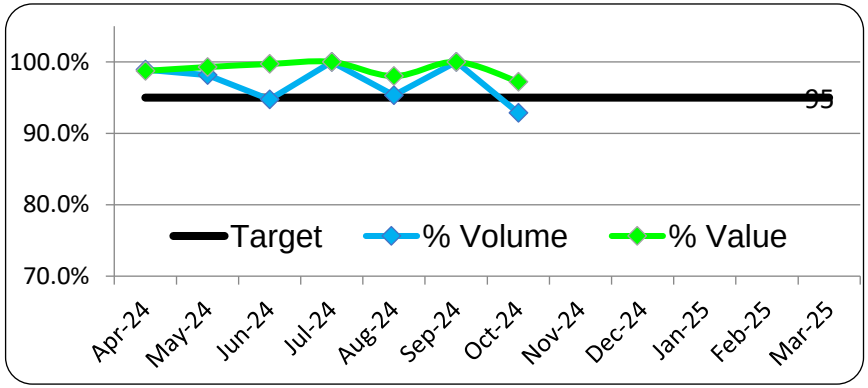
5.0 Better Payment Practice Code

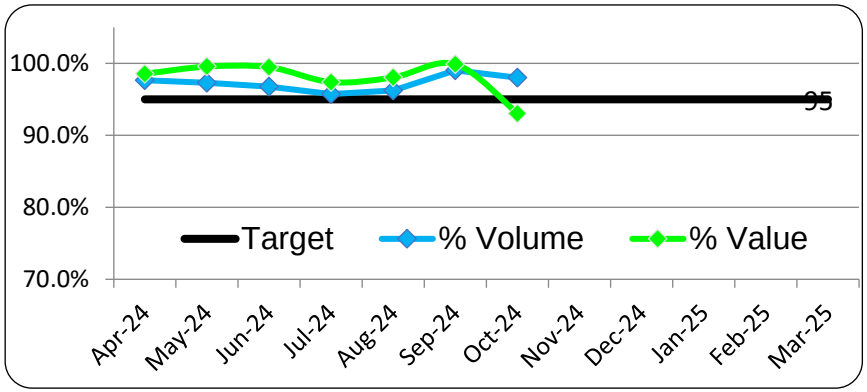
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	93%	97%
Cumulative Year to Date	97%	99%

Non NHS	Number %	Value %
In Month	98%	93%
Cumulative Year to Date	97%	98%





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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 (£)
17-Oct-24	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000058523	746,845
23-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002887	677,443
23-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002888	677,443
23-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002889	677,443
23-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002890	677,443
24-Oct-24	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	205011	626,238
21-Oct-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS51	450,000
01-Oct-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009437	400,899
29-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000000996	323,972
29-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000001052	323,972
29-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000001111	323,972
21-Oct-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS28	270,000
04-Oct-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foun	4400002062	234,343
15-Oct-24	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 290	219,196
07-Oct-24	NHS Recharge	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600033236	189,062
01-Oct-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009433	148,651
25-Oct-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34006269	134,724
09-Oct-24	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS049SN	105,493
07-Oct-24	IT Services	Trustwide	Daisy Corporate Services	3I534487	90,250
29-Oct-24	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710180372	86,650
16-Oct-24	Drugs	Trustwide	Lp Hcs Ltd	SIH001042	75,397
25-Oct-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34003918	71,019
25-Oct-24	Staff Recharge	Wakefield	Wakefield Metropolitan District Council	91316353636	67,553
16-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002825	65,987
16-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002826	65,987
16-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002827	65,987
16-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002828	65,987
30-Oct-24	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trus	327934	59,511
25-Oct-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34004587	56,000
25-Oct-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34007406	56,000

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
08-Oct-24	Drugs	Trustwide	NHS Business Services Authority	1000081628	54,858
08-Oct-24	Drugs	Trustwide	NHS Business Services Authority	1000081312	54,127
10-Oct-24	Legal Fees	Trustwide	Hill Dickinson Llp	10614670	54,027
08-Oct-24	Drugs	Trustwide	NHS Business Services Authority	1000082256	53,261
08-Oct-24	Drugs	Trustwide	NHS Business Services Authority	1000081943	48,955
09-Oct-24	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foun	4400002087	48,773
09-Oct-24	Vaccines	Trustwide	Seqirus Uk Ltd	9160176751	48,178
25-Oct-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020744022	47,333
29-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000000997	47,221
29-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000001053	47,221
29-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000001112	47,221
31-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000000850	47,221
23-Oct-24	Computer Licence	Trustwide	Civica Uk Ltd	COH312836	43,325
03-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400005905	43,280
02-Oct-24	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90142699	40,746
28-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400006125	39,437
09-Oct-24	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001245EPC	37,339
13-Oct-24	IT Hardware	Trustwide	Dell Corporation Ltd	7403044201	37,300
13-Oct-24	IT Hardware	Trustwide	Dell Corporation Ltd	7403044202	37,300
13-Oct-24	IT Hardware	Trustwide	Dell Corporation Ltd	7403044203	37,300
13-Oct-24	IT Hardware	Trustwide	Dell Corporation Ltd	7403044204	37,300
15-Oct-24	IT Hardware	Trustwide	Dell Corporation Ltd	7403044375	37,300
21-Oct-24	Mobile Phones	Trustwide	Vodafone Ltd	106821932	36,448
25-Oct-24	Mobile Phones	Trustwide	Vodafone Ltd	106661396	36,353
28-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400006125	36,174
18-Oct-24	Purchase of Healthcare	Trustwide	Touchstone-Leeds	SINV20240135	35,382
24-Oct-24	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34001522	34,797
09-Oct-24	Purchase of Healthcare	Calderdale	Invictus Wellbeing Services Cic	254	34,750
28-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400006125	32,871
07-Oct-24	Purchase of Healthcare	Barnsley	Barnsley Hospital NHS Foundation Trust	6028093	31,204
18-Oct-24	MFD	Trustwide	Annodata Ltd	1377110	30,591
16-Oct-24	Purchase of Healthcare	Trustwide	Nouvita Ltd	12371	29,963
16-Oct-24	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	BLA0369507	29,730
16-Oct-24	Purchase of Healthcare	Trustwide	Cygnet Nw Ltd	BUR0369124	29,730
16-Oct-24	Staff Recharge	Barnsley	Barnsley Metropolitan Borough Council	9000328553	29,289
04-Oct-24	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	5636	29,032
14-Oct-24	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1002670	28,536
28-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400006125	28,250
14-Oct-24	Utilities	Trustwide	Edf Energy Customers Ltd	000020669621	27,731
28-Oct-24	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400006125	26,085

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 3 - Statistical Process Control (SPC) Charts Explained

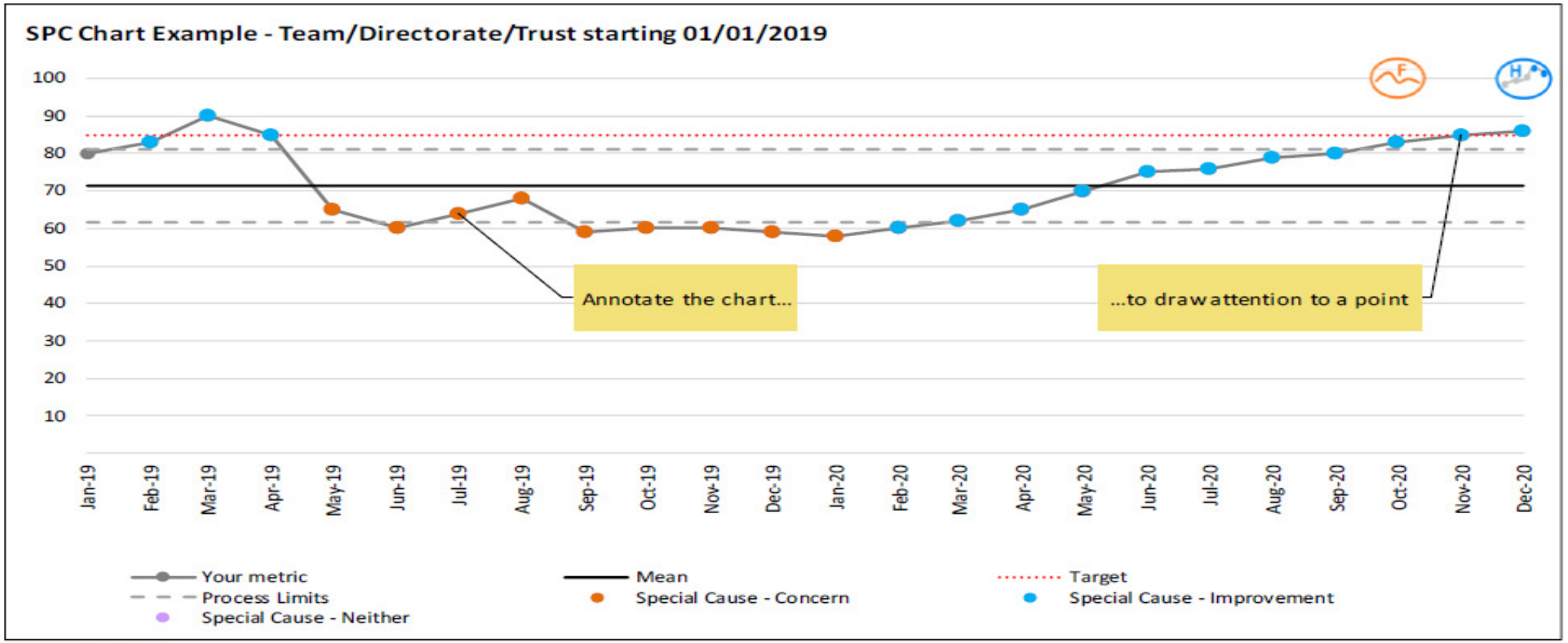
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data 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 3 - 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.