

Integrated Performance Report

Strategic Overview



December 2017

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for December 2017. An owner is identified for each key metric and the report aligns metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. This single report plots a clear line between our objectives, priorities and activities. The intention is to continue to develop the report such that it can showcase the breadth of the organisation and its achievements, meet the requirements of our regulators and provide an early indication of any potential hotspots and how these can be mitigated. An executive summary of performance against key measures is included in the report which identifies how well the Trust is performing in achieving its objectives. As outlined in last month's report, the transformation and priority programme sections are now being reported as a combined section. This report includes matching each metric against the updated Trust objectives. NHS Improvement has issued an updated Single Oversight Framework (SOF) following a period of consultation. A separate paper on these changes was taken to the December Board, with the most significant impact on the Trust likely to be the introduction of a metric relating to out of area beds. It is recognised that for future development, stronger focus on outcomes would be beneficial.

The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions and will contribute towards streamlining the number of different reports that the board receives.

The Trust's three strategic objectives are:

- Improving health
- Improving care
- Improving resources

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:

- Strategic Summary
- Quality
- National metrics (NHS Improvement, Mental Health Five Year Forward View, NHS Standard Contract National Quality Standards)
- Locality
- Priority Programmes
- Finance
- Contracts
- Workforce

Performance reports are available as electronic documents on the Trust's intranet and allow the reader to look at performance from different perspectives and at different levels within the organisation. Our integrated performance strategic overview report is publicly available on the internet.

Summary		Quality	National Metrics		Locality		Priority Programmes		Finance/Contracts			Workforce			
Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Single Oversight Framework metric		2	2	2	2	2	2	2	2	2	2				2
CQC Quality Regulations (compliance breach)		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green
Improve people’s health and reduce inequalities		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Total number of children & young people in adult inpatient wards 5		0	0	1	1	2	3	2	3	1	2				1
% service users followed up within 7 days of discharge		95%	98.3%	97.5%	97.3%	93.3%	97.2%	96.1%	94.7%	98.2%	98.2%				1
% clients in settled accommodation		60%	82.2%	82.5%	82.2%	81.8%	81.7%	80.8%	80.7%	80.5%	80.2%				1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1		TBA	80.3%			87.5%			Due Jan 18						
Out of area beds 2		<=100 Green, 101 -199 Amber, >=200 Red	295	367	253	351	373	427	479	434	397				3
IAPT – proportion of people completing treatment and moving to recovery		50%	45.6%	49.4%	56.4%	52.4%	49.1%	51.3%	53.3%	54.1%	54.2%				1
Improve the quality and experience of care		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Friends and Family Test - Mental Health		85%	85%	82%	86%	89%	79%	85%	86%	86%	85%				85%
Friends and Family Test - Community		98%	97%	99%	98%	95%	99%	99%	97%	98%	100%				98%
Patient safety incidents involving moderate or severe harm or death		19	22	32	29	28	25	30	40	31					
Safer staff fill rates		90%	110%	111%	103%	112.6%	109%	111.8%	112.9%	115.7%	113.4%				100%
Number of records with up-to-date risk assessment (MH) 3			KPI under development												
IG confidentiality breaches		<=8 Green, 9 -10 Amber,	9	12	12	6	10	6	5	12	7				
% people dying in a place of their choosing 4			Reporting established from Sept 17					82.6%	90.9%	88.6%	87.5%				
Improve the use of resources		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Projected CQUIN Shortfall		£4.2m	£346k	£664k	£842k	£869k	£856k	£856k	£856k	£856k	£136k				£136k
Surplus		In line with Plan	£26k	£53k	£95k	£204k	£226k	£6k	£158k	£235k	£551k				£1020k
Agency spend		In line with Plan	£501k	£426k	£500k	£457k	£446k	£435k	£515k	£531k	£430k				£7m
CIP delivery		£1074k	£472k	£1024k	£1643k	£2306k	£2950k	£3452k	£4117k	£4815k	£5442k				£7.5m
Sickness absence		4.5%	4.8%	4.7%	4.7%	4.8%	4.9%	4.9%	4.9%	5.0%	5.1%				4.50%
Mental Health Act training		>=80%	51.2%	56.9%	70.5%	75.0%	80.3%	81.6%	83.4%	84.7%	86.6%				80%
Mental Capacity Act Training		>=80%	64.9%	69.6%	78.0%	82.5%	86.1%	87.6%	88.9%	90.2%	91.1%				80%

NHSI Ratings Key:
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures

Notes:
 1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This is a new KPI and is still under discussion with commissioner so may see further developments to this in future months. Recent development of this indicator has taken place in conjunction with commissioners. When first reported in Q1, reporting was against second contact, following review, it is felt that service delivery starts at the first contact and as a result the Q1 figure has been amended to reflect this.
 2 - Out of area beds - this identifies the number of out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for Adult Acute and PICU Mental Health Services only. Whilst there has been improvements the number of days used remains above plan.
 3 - data for this indicator is currently being identified and will be reviewed internally before being included in this report. It is anticipated we will be able to flow this data from October data which will be included in the November report.
 4 - Data is now available for this indicator.
 5 - further detail regarding this indicator can be seen in the National Metrics section of this report.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- A number of targets and metrics are currently being developed and some reported quarterly.
- Opportunities for benchmarking are being assessed and will be reported back in due course.
- More detail on areas of underperformance are included in the relevant section of the IPR.

The performance information above shows the performance rating metrics for the new Single Oversight Framework which captures Trust performance against quality, finance, operational metrics, strategy and leadership under one single overall rating. The most significant reasons for the Trust to be rated as 2 were relates to our 16/17 agency expenditure performance and our financial risk.

Areas to Note:

Finance

- Reported pre-STF surplus of £0.3m generated in December driven by recognition of £0.5m CQUIN risk reserve income as confirmed by NHSI
- Cumulatively there is now a pre STF surplus of £551k which is £152k ahead of plan. Q3 STF income was achieved
- In-month out of area bed costs were £286k meaning the year-to-date overspend is now in excess of £1.7m.
- Agency costs reduced by £100k to £430k in the month largely due to cost and use of medical locums in the latter part of the month. Year to date agency costs are 41% lower than last year and remain a little below our cap.
- Pay costs were lower than last month principally due to the transfer of Intermediate Care ward staff to Barnsley Hospital
- CIP delivery of £5.4m is £0.6m lower than plan
- Achievement of the year-end control pre STF total of £1.02m total remains a significant challenge given the variances associated with out of area beds and reduced income.
- Cash is slightly ahead of plan at £22.2m due to the timing of capital expenditure and asset disposal receipts

NHSI Indicators

- The Trust continues to perform well against the vast majority of nationally reported measures
- IAPT – proportion of people moving to recovery of 54.2% was the fifth consecutive month the target of 50% has been achieved
- There was an increase in total number of bed days used by Children and Younger People in Adult wards to 38

Quality

- The number of under 18 admissions to adult wards remains a concern although the appropriate governance is in place. Tier 4 capacity is being addressed through STP working
- Safe staffing levels have been maintained, however pressures continue to be present in some areas, resulting in a dilution of skill mix to maintain safe ratios
- Medicine omission rates show good progress
- Delayed transfers of care show a steady increase which requires close monitoring
- Incident reporting levels remain within range however the serious incident levels in Q3 are subject to review

Locality

- Sustained improvement in Improving Access to Psychological Therapies (IAPT) performance in Barnsley.
- Work taking place with Wakefield District Housing to implement a pilot scheme to support service users with housing or accommodation related issues.
- The Trust has been successful with a proposal to develop a Forensic Learning Disability service.
- Positive initial feedback from NHSI team following Kirklees IAPT review.

Priority Programmes

- Clinical record system implementation is on track.
- Initial proposals for Older Peoples Transformation have been shared with Partnership Board.

Workforce

- Mental Health Act and Mental Capacity training continue to remain above the 80% threshold.
- Sickness absence remains at 5.4% in December (5.1% year to date).
- Appraisal compliance has now exceeded the 95% target across all levels in the Trust.
- Information Governance completed training has dropped to 83.8% and remains below the 95% threshold.

Summary	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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Quality Headlines

Work has been undertaken to identify additional quality metrics, some of these are under development and are likely to be in place by the end of quarter 1. For the new indicators where historic data is available, this has been included. These indicators can be used to measure progress against some of the Trusts quality priorities for 2017-18.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safe	TB	6	0	0	1	2	1	0	0	0	0	0	0	0	0	1	0	0	4
C-Diff	C Diff avoidable cases	Improving Care	Safe	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	14% 23/168	7% 12/162	18% 28/158	12% 23/195	20% 13/63	14% 11/77	24% 19/77	24% 18/73	16% 9/58	22% 11/50	3% 2/69	13% 7/56	9% 4/43	19.8% 43/217	18.2% 38/208	7.7% 13/168	4
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	72%	71%	71%		85%	82%	86%	89%	79%	85%	86%	86%	85%	84%	84%		2
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	99%	97%	99%	98%	95%	99%	99%	97%	98%	100%	98%	98%		4
	Total number of reported incidents	Improving Care	Safety Domain	TB	N/A	3509	3405	3293	2946	848	1023	978	1083	1084	896	995	996	949	2849	3063	2940	N/A
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) »	Improving Care	Safety Domain	TB	N/A					15	16	26	20	24	14	22	22	19	57	58	63	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) »	Improving Care	Safety Domain	TB	N/A	10	19	19	20	1	0	2	3	1	4	1	6	2	3	8	9	N/A
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) »	Improving Care	Safety Domain	TB	N/A	73	79	73	84	3	6	4	6	3	7	7	12	10	13	16	29	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	16.8%	17.7%	Data not avail	18.70%	15.8%	13.0%	25.7%	24.2%	23.3%	25.3%	17.5%	15.3%	16.7%	18.2%	24.3%	16.5%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%					110%	111%	103%	112.6%	109%	111.8%	112.9%	115.7%	113.4%	109%	111.1%		4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%					109.7%	109.7%	100%	96.5%	91.2%	94.5%	99.5%	101%	96.6%	107%	94.1%		4
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	N/A	98	95	78	86	27	25	30	32	31	29	16	26		82	92	42	N/A
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	1	4	3	2	0	1	1	0	1	0	1	1		2	1	2	3
	Complaints closed within 40 days	Improving Health	Responsive	TB	80%					28%	10%	24%	0%	10%	11%	17%	0%	19%	under review	12.7%	12%	1
	Referral to treatment times	Improving Health	Responsive	KT/SR/ICH	TBC					11/39	2/20	6/25	0/18	2/20	2/12	0/18	4/20		8/63	6/50		
	Un-attended appointments »	Improving Health	Effective	KT/SR/ICH	TBC		2.2%	2.9%	2.6%	5.0%	4.6%	4.3%	3.8%	3.5%	3.3%	2.7%	2.7%	2.5%	4.3%	3.3%		
	Number of Information Governance breaches »	Improving Health	Effective	MB	<=8	36	25	29	36	9	12	12	6	10	6	5	12	7	33	22	24	
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	79.26%	N/A	80%										74%	75%		N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	N/A	65.19%	N/A	66%										60%	64%		N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	Data not avail until Oct 16.		141	81	19	44	18	33	45	35	56	33	59	81	113	148	N/A
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	N/A	73	86	83	86					216					154			N/A
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	N/A	Reporting established from Oct 16		0	2					19					9			N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	Reporting established from Oct 16		0	1					1					1			3
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	KT/SR/ICH	80%	85.6%	85.0%	83.0%	85.2%	85.2%	85.0%	85.5%	85.0%	85.3%	85.6%	81.4%	85.4%	85.0%	85.2%	85.6%		4
	% of prone restraint with duration of 3 minutes or less »	Improving Care	Safety Domain	KT/SR/ICH	80%	Reporting Established from July 16	79.7%	75.6%	66.3%	68.40%	75.70%	75%	77%	80%	80%	79%	69%	82%	75%	80%	77%	4
	Delayed Transfers of Care	Improving Care	Effective	KT/SR/ICH	7.5%	2.2%	2.6%	3.1%	2.7%	1.9%	1.7%	1.1%	1.7%	2.8%	2.8%	2.70%	2.4%	2.9%	1.6%	2.3%		4
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/ICH	TBC																	
	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	KT/SR/ICH	TBC		39.5% (March 17)			38.3%				39.74%			39.41%		38.3%	39.74%	39.41%	
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	162	158	136	95	38	52	49	39	54	46	41	43	66	139	139	150	
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A		Data not avail			104	140	101	144	159	121	134	132	176	345	424	442	N/A

* See key included in glossary

- 1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT 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 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT 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 IG breach target is based on a year on year reduction of the number of breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches.
- 4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears.
- 6 - This is the year to date position for mental health direct uncompleted appointments which is a snap shot position at a given point in time. The increase in uncompleted appointments in April 17 is due to the report only including at 1 months worth of data.
- 7 - This shows the clinical staff (excluding medical staff) who were employed during the reporting period and of these, how many have received supervision in the last 12 months. Please note that services only been fully using the system since December 2016.
- 8 - The threshold has been locally identified and it is recognised that this is a challenge. From June 17, the monthly data reported is a rolling 3 month position.
- 9 - Incidents may be subject to regrading as more information becomes available.

Quality Headlines

During 2017/17 the Trust undertook some work to develop the key quality measures. There are a small number that require additional development, particularly relating to CAMHS Referral to Treatment waiting times. For which some national guidance is awaited.

As part of the Trust's ongoing review of quality, additional metrics have been identified for reporting in 2017/18 relating to:

- **Number of records with up to date risk assessment** - the data for this is being identified using Sainsbury's level 1 risk assessment. This metric will also allow the Trust to track improvement required within data quality plan. It is anticipated reporting will commence from February 17 (January 17 data) - data is currently being reviewed and validated.

- **Complaints closed within 40 days** - The Trust takes complaints about services very seriously and wants to ensure a response that resolves the issues raised. The Trust is committed to learning lessons from feedback recognising the valuable opportunity to reflect on the care offered and use this as a means of improving.

The Trust adopts an approach to complaints and feedback that promotes resolving issues at service line wherever and whenever this is possible. The customer service team maintain central oversight and management of the complaints process with support offered to service colleagues.

The quality of the Trust's resolution of complaints is under review. The current process involves investigators, general managers, service directors, nursing and medical directors as appropriate and the Chief Executive. Given the number of people involved, this can result in delay in offering a response, often exceeding the internal 40 day target. The 40 day target was set by the Trust and is much more ambitious than the national six month target set under NHS complaint regulations.

The purpose of the review is to increase ownership of issues at service line and promote a more timely response to the complainant. The Director of Nursing and Quality is leading on this work which is being taken forward through the Operational Management Group. The intention is to introduce steps to ensure service involvement as soon as possible when issues are raised and scrutiny of completed investigation toolkits by Trios before they are returned to Customer Services. Draft responses will then be prepared in Customer Services. Drafts will be reviewed by Trios to ensure all clinical issues are identified and addressed and that the investigation has provided sufficient information to enable a full response. Deputy district directors will then review and sign off the draft response, with a final (edited if required) version shared with the Chief Executive for review and signature. In light of the service developments the 40 day target has been suspended until 1st April 2018, when additional targets will also be included to demonstrate performance of the complaints management process.

- **% of prone restraint with duration of 3 minutes or less** - The number of restraint incidents occurring over 3 minutes during December 17 has decreased. This relates to 7 incidents out of 39 being for 3 minutes or more. All had cogent reasons for restraint. Training is provided giving alternatives to the use of prone restraint and why they are preferable. If prone restraint is used, staff must clearly identify why alternatives could not be used. This allows for staff reflection on the potential use of alternatives. Length of time in prone restraint can be accurately measured in Datix against the target of less than 3 minutes duration. The range of actual prone restraints over 3 minutes has been 4 – 9 in any one month in last 6 months. Because the overall numbers of prone restraints are usually relatively small, the percentage is always liable to be affected greatly by 1 or 2 extra as, for example, August recorded only 4 restraints above 3 minutes, giving a total 86.2% below 3 minutes, September had one more (5) but because there were actually 9 less prone restraints in total – the figure less than 3 minutes drops by 10% to 76%.

- **NHS Safety Thermometer - Medicines Omissions** – This only relates to Inpatient areas in Calderdale, Kirklees and Wakefield. SWYPFT has been focusing on reducing medication omissions on in-patient areas for the past 3.5 years. The Mental Health Safety Thermometer's national data has shown that the trust has been an outlier when benchmarked to other mental health/combined trusts. The national average for medication omissions on in-patient units is currently at 16%, SWYPFT has been around the 24% mark, however there has been a concerted effort to identify specific medication omissions in given clinical scenarios over the past year and I'm pleased to report the quarter 3's average for SWYPFT is currently 16.5% with some areas recording figures significantly below the national average namely Calderdale & Kirklees OPS wards, Wakefield adult and OPS wards and the Horizon unit.

- **Falls reduction** - There has been an increase in Falls during the month linked to acuity, mobility and staffing issues (larger number of bank staff than usual). In 2014, the Trust joined the national Sign up to Safety campaign, and made five pledges to improve patient safety. The pledges are being addressed through the Patient Safety Strategy implementation plan. The Trust committed to reduce avoidable harm by 2018 in five main areas, including falls. The targets for falls are to 1) reduce the frequency of falls by inpatients by 15% by 2018, and 2) reduce the frequency of inpatient falls resulting in moderate/severe harm or death by 10% by 2018.

The total number of inpatient falls has reduced from 823 in 2014 to 623 in 2016 with a reduction in falls causing moderate or severe harm from 19 in 2014 to 18 by 2016 with a forecast for a further reduction in 2017. The more comprehensive Falls Risk Assessment Tool (FRAT18) has been implemented across the trust's in-patient areas to replace the previous falls screening tool the FRAT5. The FRAT18 is NICE guidelines compliant and covers a greater spectrum of areas screened that have been demonstrated to contribute to falls. The Trust remains on track to achieve the sign up to safety targets for falls by 2018. The target is currently being reviewed to ensure it takes account of some inpatient changes. For the month of August, there was an increase in the number of falls reported. On review of the data, this appeared to be linked to Calderdale BDU whereby a number of fall incidents linked to 3 complex cases - all cases have relevant packages of care in place and daily safety huddles are in place to assist with the prevention and reduction of fall incidents. The number of falls reported in October continues to be within expected levels. In Barnsley in-patient falls across all wards (mental health & non- mental health) remains low with 4.02 falls per 1000 bed days which is very favourable when compared to national average of 4.8 (average of all acute hospitals, OPS & MH areas are significantly higher). A detailed audit undertaken in Barnsley has shown that compliance to NICE Guidelines has improved across the BBDU. The 2017 re-audit shows an improvement of 22% from the previous audit (68%) in 2016. 90% of services are demonstrating best practice and adherence to NICE Guidelines.

- **Safeguarding Adults and Children** - The Safeguarding Team, adults and children work together to promote the safeguarding agenda, upskilling and strengthening the 'Think Family' model, through joint supervision, training and learning.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Safety First

Summary of Incidents During 17/18 to December 2017

	Q1 17/18	Q2 17/18	Q3 17/18	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Total
Green no harm	1764	1891	1752	536	625	603	662	670	559	606	584	562	5407
Green	781	853	812	228	286	267	317	294	242	271	262	279	2446
Yellow	227	231	276	66	86	75	77	89	65	86	107	83	734
Amber	57	59	63	14	18	25	18	25	16	21	29	13	179
Red (should not be compared with SIs)	20	29	37	4	8	8	9	6	14	11	14	12	86
Total	2849	3063	2940	848	1023	978	1083	1084	896	995	996	949	8852

* incidents may be subject to regarding as more information becomes available

- All serious incidents are investigated using Root Cause and Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages. The report for 2016/17 has recently been added.
- Incident reporting levels remain within the normal range.
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group receive a monthly report.
- No Never events reported in December 2017.

The information comes off a live system so is accurate at the time the report is ran but is subject to changes following review by managers. This data set cannot be replicated at a future date as it will change.

Mortality Update

- A new Trust policy on 'Learning from Healthcare deaths – the right thing to do' was approved by Trust Board on 3 October 2017. The Policy sets out the Trust's approach to reporting and learning from deaths from 1 October 2017 in line with national guidance.
- The policy has a review date of April 2018 to ensure it can capture any national and local developments quickly. The data and learning from Quarter 1 has been published on the internet - <http://www.swyt.nhs.uk/learning-from-deaths/Pages/default.aspx>, the plan is to include this information going forward in the quarterly incident reports.
- Staff should ensure they understand their roles, responsibilities and which deaths should be reported on Datix, to ensure we do the right thing for service users who have died.
- The policy was developed following work regionally with other providers facilitated by Mazars to agree common scope, improve mortality reporting and review arrangements.
- The scope of what is reportable on Datix as an incident has changed with the introduction of this policy. All reportable deaths will require the manager to review and update both the 'Death of a service user' and 'Managers 48 hour review' sections on Datix to ensure timely processing of mortality data.
- Work continues to further develop the governance processes and ensuring our internal action plan progresses
- Quarter 1 overarching data Learning from Healthcare Deaths report went to Trust Board on 31/10/17 and is now available on the intranet and website.
- Of note, the total number of deaths reported on SWYPFT clinical systems where there has been system activity within 180 days of date of death has been recalculated because of a technical error with the data warehouse. This has now been resolved and the number has changed from 967 to 730.

	Q1	Q2	Q3	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Total
Suicide (incl apparent) - community team care - current episode	4	10	13	1	1	2	5	2	3	4	4	5	27
Pressure Ulcer - grade 3	1	1	3	0	0	1	1	0	0	1	1	1	5
Information disclosed in error	1	1	2	0	1	0	0	0	1	0	2	0	4
Suicide (incl apparent) - community team care - discharged	0	2	2	0	0	0	1	0	1	1	0	1	4
Physical violence (contact made) against other by patient	1	1	1	0	0	1	0	0	1	1	0	0	3
Administration/supply of medication from a clinical area	0	1	1	0	0	0	1	0	0	0	1	0	2
Death - confirmed related to substance misuse (drug and/or alcohol)	1	0	1	1	0	0	0	0	0	0	1	0	2
Fire / Fire alarm related incidents	1	1	0	0	0	1	1	0	0	0	0	0	2
Self harm (actual harm)	2	0	0	0	1	1	0	0	0	0	0	0	2
Death - cause of death unknown/unexplained/awaiting confirmation	0	1	0	0	0	0	0	0	1	0	0	0	1
Formal patient absent without leave	0	0	1	0	0	0	0	0	0	0	1	0	1
Illegal Acts	1	0	0	1	0	0	0	0	0	0	0	0	1
Informal patient absent without leave	0	0	1	0	0	0	0	0	0	0	0	1	1
Self harm (actual harm) with suicidal intent	0	0	1	0	0	0	0	0	0	0	0	1	1
Suicide (incl apparent) - inpatient care - current episode	0	0	1	0	0	0	0	0	0	0	1	0	1
Vehicle Incident	1	0	0	0	0	1	0	0	0	0	0	0	1
Homicide by patient	1	0	0	0	0	1	0	0	0	0	0	0	1
Physical/sexual violence by other	1	0	0	0	0	1	0	0	0	0	0	0	1
Total	15	18	27	3	3	9	9	2	7	7	11	9	60

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Safer Staffing

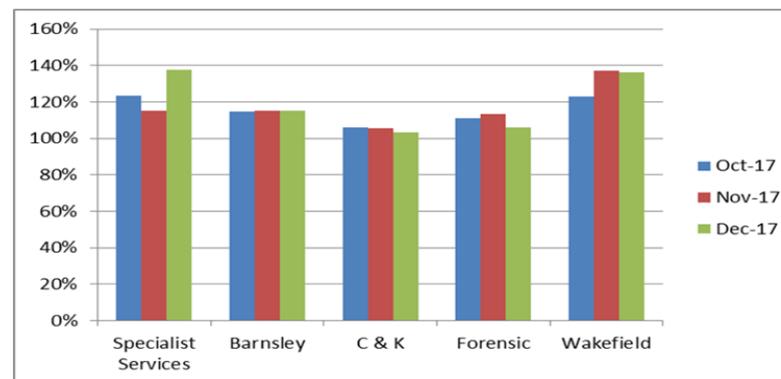
Overall Fill Rates: 113.4%

Registered fill rate: (day + night) 96.6%

Non Registered fill rate: (day + night) 129.9%

Overall fill rates for staff for the all inpatient areas remain above 90%.

Overall Fill Rate			
Unit	Oct-17	Nov-17	Dec-17
Specialist Services	124%	115%	137%
Barnsley	113%	114%	115%
C & K	106%	106%	103%
Forensic	111%	113%	106%
Wakefield	123%	137%	136%



For the fourth consecutive month no ward fell below a 90% overall fill rate in December. Of the 30 inpatient areas listed, Ward 19 will be split into 2 wards in the near future, 20 (66%) achieved greater than 100%. Indeed of these 20 areas, 10 again achieved greater than 120%.

Registered On Days (Trust Total 91.2%)

There has been a increase in the number of wards that have failed to achieve 80%, three wards in all (10%) compared to two (6.6%) in November. Chippendale has remained the same (68%), Johnson decreasing to 72.5% (-17.1%) and Priestley decreasing to 75.4% (- 11.2%).

Registered On Nights (Trust Total 102.1%)

The number of wards who are achieving 100% and above fill rate on nights remains above 66% (20 wards). Elmdale remained below the 80% threshold (79%) however it again increased its fill rate (+0.7 %). Johnson also had a decrease of 2.5% dropping below the threshold (78.8%).

Average Fill Rates for Barnsley BDU remained consistent at 115%. Calderdale and Kirklees BDU were 103%, a decrease of 3%. Forensic BDU were 106% with a decrease of 7%. Wakefield BDU were 136% with a decrease of 1%. Specialist services were 137% with an increase of 22%.

Information Governance

There has been a reduced number of IG incidents during December 2017 relating to confidentiality breaches with the total reported being 7:

- 6 incidents of data being disclosed in error, largely due to documents being sent to the wrong recipient or address
- An incident of one patient's medication card being taken and retained by another patient

- Focus is being applied to achievement of 95% staff training by the end of March
- Communication plan continues to be delivered with key messages in respect of use of correct addresses, ensuring private conversations are not overhead and taking care of confidential information when teams relocate office bases.

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Commissioning for Quality and Innovation (CQUIN)

For 2017/18, the CQUIN schemes are part of a national two year scheme. A number of the indicators work across partner organisations and collaboration will be required. The national CQUIN indicators on improving the health of our staff, and Physical Health for people with Severe Mental Illness are retained from the 2016/17 scheme and new indicators for the Trust are:

- Preventing ill health by risky behaviours – alcohol and tobacco
- Child and Young Person MH Transition
- Improving services for people with mental health needs who present to A&E

A Trust lead for each of these indicators has been identified, work continues to review the indicators in conjunction with the commissioner and work streams have been established with representation from commissioner and acute trust partner organisations where indicators span across providers requiring joint working. Progress on this is being monitored via the Trust CQUINS leads group.

Risks in performance currently relate to:

- Improvement of health and wellbeing of NHS Staff and are linked to the requirement to achieve a 5% increase in specific questions in the staff Health & Wellbeing survey, the baseline is currently very high and to achieve this would mean that SWYPFT would be one of the best in the country.
- Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)
 - o Part a is reliant upon the result of national audit data which will be available in Q4. All elements of a record being audited need to achieve the standard, if all not achieved, this results in a fail for the whole record.
 - o Part b – results for Q4 achievement dependant on local audit reviewing success of sharing and exchanging information. Audit will be across multiple organisations, SWYPT process robust but cannot guarantee others will be.
- Risky Behaviours – some under performance in Q2 against national thresholds. Significant amount of work linked to these indicators, the guidance is ambiguous. Q3 position looks more positive with all areas forecast to achieve.

Forensic services will continue with the national forensic scheme, this will include 2 indicators, both of which the indicators are a continuation of the 2016/17 scheme:

- Recovery colleges for medium and low secure patients
- Reducing restrictive practices within adult low and medium secure services.

NHSI has confirmed the 0.5% CQUIN risk reserve can now be recognised. The full year forecast is for a £136k shortfall in achievement.

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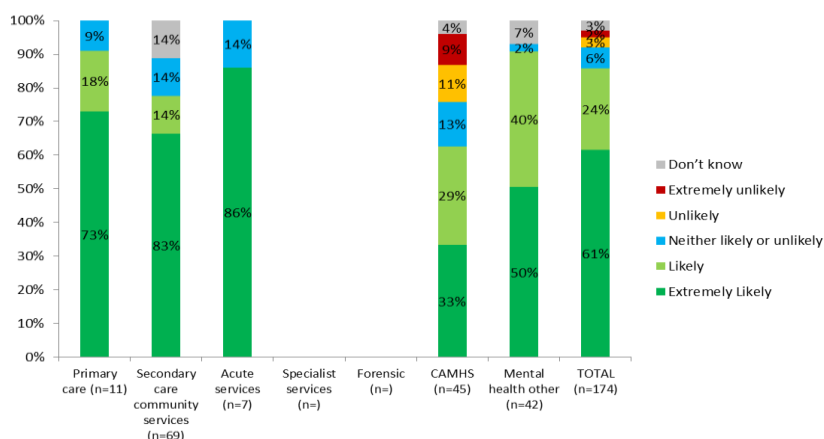
Workforce

Patient Experience

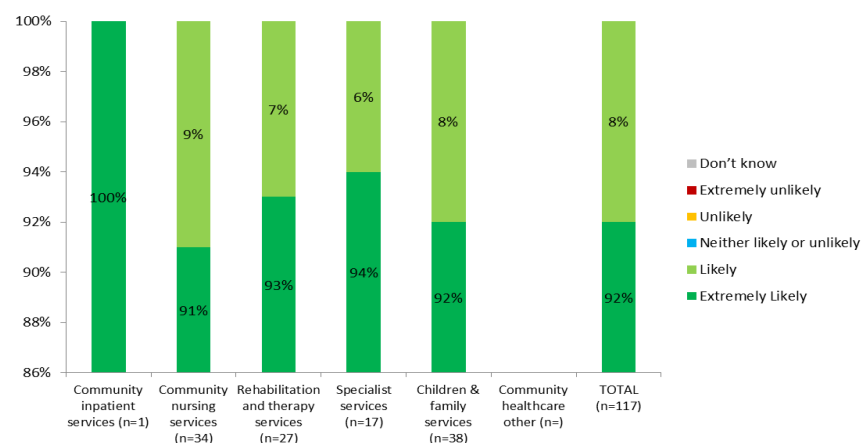
Friends and family test shows

- Community Services – 100% would recommend community services.
- All service lines achieved 91% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 85% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 33% (CAMHS) and 86% (Acute care services)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Joint Managing Aggression and Violence (MAV) and Immediate Life Support (ILS) Training

Due to concerns at the lack of knowledge and skills in identifying and managing physical health issues including during the use of restraint, a pilot that amalgamated the Managing Aggression and Violence (MAV) 2 day update and Immediate Life Support training ran in December 2017. Day one was MAV physical and non-physical skills. Day 2 was ILS in the morning and a series of simulations/ Objective Structured Clinical Examinations (SCE) in the afternoon. These would cover both MAV and ILS situations.

Feedback from students was positive, the simulations were felt to be realistic and a greater awareness of physical health monitoring was shown. Staff felt it was useful to simulate MAV and medical emergencies in a safe environment.

There is a cost effective use of time as ILS is contained within the MAV update. ILS training figures will improve dramatically in inpatient teams. Patient safety will be enhanced due to increased awareness of health monitoring. Managing emergencies of all kinds will improve due to simulated learning.

Future developments will be to amalgamate the 4 day MAV course with ILS and OSCE/simulations into a 5 day course aimed primarily at new starters and improving the training environment to replicate rooms and corridors in simulations

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Care Quality Commission (CQC)

1. CQC action plan – CQC – rating Green

The majority of the actions on the plan are now complete. However there remain a small number of actions that will continue to present a risk for the trust in the foreseeable future, e.g. waiting times in CAMHS. A paper outlining progress against the action plan and next steps will be presented to the CGCSC on 6th February 2018.

2. CQC Inspection 2018

Provider Information Request (PIR) –this was received on 12th November and submitted on 5th December within the required timescales. The PIR request will be an annual occurrence with a refresher at 6 monthly intervals.

A PIR process is being developed, led by Quality Improvement & Assurance Team to ensure effective management of future data requests.

The PIR identified several areas that require focused intervention. The quality improvement group have identified work streams and leads for this targeted work.

Next stage in process: the Trust is unsure when the CQC will visit. From the recently updated inspection guidance it appears that the CQC will review our data, hold a management review meeting and decide when they need to visit. We do know that this will be within a twelve month timeframe and all visits will be unannounced (or very short notice – i.e. inpatient areas may receive 30 mins notice and community teams 24 hour notice of a visit). We also know the CQC will visit areas where they consider there is a risk. We need to be prepared that the CQC can visit at any time.

3. Registration activity

The Trust is required to have an up to date statement of purpose, which lists the details of the services we are registered to deliver. Trust staff have been reminded to notify QIAT if they make any changes to services, i.e. new businesses, new premises, decommissioning business. If we are not registered to provide a service, or don't have the correct location registered on our registration certificate we are in breach of the requirements of the Health & Social Care Act and can be fined.

4. Ward 18 focussed visit.

The CQC undertook a visit on ward 18 on 21st December 2017 and focussed on the SAFE domain. Verbal feedback received was positive and we await the report from the CQC.

5. Children who are looked after and safeguarding (CLAS) Care Quality Commission (CQC) inspection

The Safeguarding Team have actively supported Kirklees practitioners through the CQC CLAS process providing information prior to the visit in a timely manner and throughout.

The Safeguarding Team produced a briefing document amalgamating the past learning from both the Calderdale and Wakefield inspections to support and prepare the staff for the current CQC CLAS inspection.

Safeguarding Children

The Safeguarding Team has continued to support the 'mock JTAI neglect' and domestic abuse task and finish groups in Calderdale and Wakefield.

The Safeguarding Team continues to provide assurance to the Safeguarding Children Board (SCB) and information for potential Serious Case Review's (SCR's) and Learning Lessons Reviews (LLR's) has been provided to the SCB's in a timely manner.

The Safeguarding Team has participated in Barnsley Safeguarding Children Board (BSCB) multi-agency audits. The Section 11 audit has been submitted to BSCB. The safeguarding Team completed and submitted a self-assessment document for our approach to domestic abuse.

Safeguarding Adults

The Safeguarding Team co-ordinated and chaired a Safeguarding Planning Meeting as the case was complex and included allegations of sexual, financial and psychological abuse. There were cross boundary issues to take into consideration, therefore taking into account safeguarding processes and procedures for West and North and York. The case involved a number of agencies including the Police.

The Safeguarding Team have submitted an Individual Management Review for a Safeguarding Adult Review (SAR) and will cascade learning when the findings, recommendations and actions have been provided by the SAR panel.

The Safeguarding Team have provided self-assessment documents for both Wakefield and Kirklees.

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Infection Prevention Control (IPC)

Flu

In line with public Health England the Trust continues to actively encourage staff to get their Flu vaccination. Flu does kill on average 8000 people annually. The number of staff who have currently received their flu jab is:

Barnsley District	719	978	73.5%
Calderdale and Kirklees District	469	650	72.2%
Forensic Services	243	340	71.5%
Specialist Services	208	300	69.3%
Support Services	44	44	100%
Wakefield District	242	341	71.0%
Total	1,925	2,653	72.6%

The trust was praised at the Barnsley Health Protection Board (HPB) (where Yorkshire & Humber (Y&H) is represented), with regards to vaccinating inpatients.

Feedback from Public Health England (PHE) is that the cases of influenza for Y&H are higher than last year, but is still less than the national average. Cases are continuing to go up.

The Head of Security & Emergency Resilience is in the process of reviewing and updating the Pandemic Flu Policy, this has been circulated to key personnel for comment.

The trust is reporting any flu cases to The DH National Winter Team. This was in response to indications from National PHE that Flu cases in hospitals are rising. This was put in place in December and we are continuing with the process. This was originally up to the end of January, but this may continue longer.

At the Barnsley Health Protection Board (16th January 2018) SWYPFT were provided with positive feedback in regards to the Vaccination and Immunisation Team's work around the Flu Vaccination Programme and how the school based programme continues to grow from strength to strength. Also positive feedback was provided in regards to the data which has been collected and reported on via the child health team.

IPC training is stable and above 80% threshold.

Up to Q3 there has been 3 confirmed case of C difficile for Barnsley BDU (MVH), all presented at PIR meeting and deemed unavoidable, Barnsley BDU has a locally agreed C difficile Toxin Positive Target of 6 Increased incidence of Influenza B

December 2017 - The Stroke Rehabilitation Unit (SRU) at Kendray Hospital experienced an increased incidence of Influenza B, where patient's experienced symptoms of Influenza. The ward implemented a number of actions and control measures to manage the situation. Early identification of symptomatic patients' demonstrates excellent practice from ward staff. A total of 7 patients had symptoms, 3 of which tested negative for viral infection and 4 confirmed cases of Influenza B. Positive patients commenced on a treatment dose of antivirals and the rest of the patients were treated with anaphylaxis doses of antivirals as per Public Health England guidance.












Summary	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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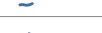

This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:




- NHS Improvement Single Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The below table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold.
- Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Single Oversight Metrics

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	SR	92%	98.2%	97.0%	97.5%	98.7%	98.9%	97.8%	98.20%	98.8%	96.0%	95.7%	96.0%	94.6%	94.5%	98.3%	96.8%	95.0%	4	
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	SR	99%	99.6%	100%	100%	100%	99%	100%	100.0%	100.0%	100.0%	100%	100%	100%	100%	99.7%	100.0%	100.0%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	SR/CH	95%	96.9%	99.3%	99.2%		95.6%	98.3%	100.0%	97.8%	96.9%	95.2%	97.2%	95.3%	97.9%	98.5%	96.6%	96.9%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	SR/CH	95%	96.7%	97.8%	97.3%	97.5%	98.3%	97.5%	97.3%	93.3%	97.2%	96.1%	94.7%	98.2%	98.2%	97.6%	95.5%	96.9%	4	
Data completeness: Identifiers (mental health)	Improving Health	Responsive	SR/CH	95%	98.1%	99.7%	99.8%	99.7%	Data Not avail	99.7%	99.8%	99.8%	99.8%	99.7%	99.8%	99.8%	99.70%	99.8%	99.7%	99.70%	4	
Data completeness: Priority Metrics (mental health)	Improving Health	Responsive	SR/CH	85% (by end March 17)	Reporting developed from Oct 16		42.3%	61.1%	58.9%	60.4%	59.6%	59.8%	60.1%	60.1%	69.1%	69.1%	69.05%	59.6%	60.1%	69.05%	2 *	
IAPT - proportion of people completing treatment who move to recovery	Improving Health	Responsive	SR/CH	50%	50.1%	52.5%	48.0%	50.5%	45.6%	49.4%	56.4%	52.4%	49.06%	51.25%	53.33%	54.05%	54.22%	50.1%	49.2%	53.8%	3	
IAPT - Treatment within 6 Weeks of referral	Improving Health	Responsive	SR/CH	75%	76.1%	83.6%	88.9%	86.0%	80.3%	84.2%	81.2%	79.4%	80.90%	82.78%	87.68%	91.57%	90.60%	81.9%	81.1%	89.8%	4	
IAPT - Treatment within 18 weeks of referral	Improving Health	Responsive	SR/CH	95%	98.9%	99.3%	97.9%	99.9%	99.6%	99.4%	99.6%	99.6%	99.31%	99.01%	99.51%	99.44%	100.00%	99.5%	99.4%	99.6%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	SR/CH	50%	77.5%	82.0%	82.2%	73.6%	86.1%	88.9%	89.2%	76.3%	96.1%	80.9%	92.3%	81.2%	94.1%	89.2%	84.4%	89.5%	4	
% clients in settled accommodation	Improving Health	Responsive	SR/CH	60%	Reporting developed from Sept 16		82.7%	82.9%	82.2%	82.5%	82.2%	81.8%	81.8%	80.8%	80.7%	80.4%	80.2%	82.2%	80.8%	80.2%	4	
% clients in employment	Improving Health	Responsive	SR/CH	10%	Reporting developed from Sept 16		8.3%	8.8%	9.3%	8.8%	9.0%	9.3%	9.3%	8.7%	8.4%	8.4%	8.6%	9.0%	8.7%	8.6%	1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	SR/CH					Due Q4							Due Q4			2				

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	SR/CH	TBC	14	2	60	86	0	1	3	42	45	21	22	2	38	4	108	62	N/A	
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	SR/CH	TBC	4	1	4	3	0	1	1	2	3	2	3	1	2	2	7	6	N/A	
Number of detentions under the Mental Health Act	Improving Care	Safe	SR/CH	TBC	167	174	156	168		212			221			186		212	221	186	N/A	
Proportion of people detained under the MHA who are BME	Improving Care	Safe	SR/CH	TBC	15.0%	10.3%	10.9%	19.6%		10.8%			13.6%			15.1%		10.8%	13.6%	15.1%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	90%	97.8%	97.9%	97.8%	98.0%	95.9%	97.0%	98.7%	98.0%	97.9%	97.1%	96.5%	97.9%	98.4%	98.7%	97.1%	98.4%	4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	99%	99.5%	99.6%	99.7%	99.7%	Data Not avail	99.7%	99.7%	99.7%	99.7%	99.7%	99.9%	99.8%	99.8%	99.7%	99.8%	99.8%	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	90%	89.6%	91.1%	94.0%	90.2%	Data Not avail	89.8%	89.3%	89.4%	90.2%	90.9%	91.0%	90.9%	90.8%	89.3%	90.3%	90.8%	4	

* See key included in glossary.

1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.

2 - BME includes mixed, Asian/Asian British, black, black British, other

3 - There was no April Primary submission this month due to the transition to MHSDS v2. Data to flow monthly from May 17 onwards.

Areas of concern/to note:

- The Trust continues to perform well against the vast majority of NHSI metrics
- Within the IAPT people moving to recovery indicator has shown an increase. The revised and now final position for November is 54.0% and the figure for December is currently showing as 54.2% both of which are above threshold. Performance for each service for the month of November showed improvement on the primary submission and each service was above the threshold in November. The December remary figures show that all services are again above threshold - this is expected to improve further in the refresh submission. The year to date performance remains above 50% at 51.4%. Remedial work on the data and robust data quality checking and analysis continue. For Barnsley, the 50% threshold has now been maintained since August 17. Progress on the action plan continues and this is reviewed and agreed in conjunction with the commissioner.
- Whilst below target, data completeness priority metrics for mental health has maintained the improvement seen in October though there has been a very slight dip in December compared to November. Focus has previously been on collecting this information for patients on the care programme in line with the public sector agreement indicator – the collection for all service users is now an area of focus
- Total beds days of Children and Younger People aged under 18 increased to 38 days in December and relates to the admission of one 17 year old at the end of November who remains an inpatient and a second 17 year old who was admitted in December for 7 days. The Trust has robust governance arrangements in place to safeguard young people when they are admitted to our adult wards; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. Work is taking place as part of the new models of care programme to address this issue. The Trust have 2 beds that can be made available (1 male, 1 female) in the event of national unavailability. We routinely notify the CQC of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements.

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This section of the report is to be developed during 2017/18 and populated with key performance issues or highlights as reported by each BDU.

Barnsley BDU:

- The Improving Access to Psychological Therapies (IAPT) team has sustained the improvement in its performance and has continued to meet all key performance indicators. Work continues in line with the action plan and the service is working closely with the CCG to achieve closure of the Contract Performance Notice
 - An increase has been noted in Managing Aggression and Violence (MAV) incidents involving violence toward staff from patients. All incidents are discussed with the Managing Aggression and Violence team and any learning identified and shared with the staff team.
 - The service continues to work with the CCG around waiting lists for psychology in the community. A new clinical pathway has been introduced to enable service users to access psychological support more quickly, but additional resources are required non recurrently to help the service to address the backlog of people waiting for one to one therapy.
- The Exchange Recovery College has been successful with a local bid to provide Mental Health First Aid Training
- Neighbourhood Nursing Service is 20% over performance which is reflective of the position with the patient flows from the acute Trust in terms of A and E attendances and admissions.
 - Intermediate care – the community service configuration is being re profiled as all staff are now back from being redeployed to the Transition ward at Barnsley Hospital NHS Foundation Trust (BHNFT).
 - Sickness and absence grip – further training sessions for staff in the BDU continue- all cases are being managed appropriately.

Calderdale & Kirklees BDU:

Key Issues

- Working with Locala under the Care Closer to Home (CC2H) contract to review performance and activity over first 2 years (of 5) and to agree direction of travel for next 3. New incentive schemes under discussion.
 - An away day with the Calderdale Vanguard is taking place to discuss and build on leaders statement and to build on "Calderdale Cares: Moving Forward on Health and Social Care".
 - Continuing work with Calderdale and Kirklees Local Authorities on developing Business cases for access to Better Care Funds (BCF). Focus on two projects which are within the BCF offer.
1. Additional 7 day support to all wards to focus on support for early discharge and Delayed Transfers of Care (DTOC). To be a link to housing, benefits and at home rapid support on discharge. Both Local Authorities supportive. Costed model now shared with both councils.
 2. To develop the older adult Intermediate Support Team (IST) model in Calderdale, which reflects the Older Adult transformation model.
- A and E board. Recognition of severe pressures on local systems and the offer and work done by SWYPFT to mitigate attendances and flow in Acute beds and Emergency Departments.
 - NHS Improvements IST diagnostic review for IAPT services took place. Initial feedback suggests a £1.5 million shortfall in investment across the 2 CCGs. (£32-42 per head as opposed to National investment of £62-72). The review team were very impressed by our activity, innovation, leadership and the clinical services. KPIs have improved to within requirements and remain under close review and scrutiny. The team will need to focus on Cognitive Behavioural Therapy (CBT) productivity and referral and waiting list management, however these are within current action plans.

Strengths

- Good track record in achieving KPI targets.
- Improved and sustained performance across all service lines.
- Sickness levels on target and absence management is positive in spite of an upturn in absences.
- Workforce redesign for Advanced Practitioners developing well.
- Good levels of staff supervision, which has improved.
-

Challenges

- Difficulty recruiting to vacancies.
- Occupancy levels (high above 95%) continue to be monitored closely.
- Adult bed capacity/Out of Area placements (OAPs) has improved but remains extremely challenging. Additional focus now on this, with management challenges on pre-weekend and weekend admissions now subject to community team leader reviews.

Areas of Focus

- Sustained oversight of IAPT performance.
- Reduction of Sickness in hotspots
- Continue to improve performance in service area hotspots.
- Achieve Mandatory training levels in IG before end of January

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Forensic BDU:

Medium and Low Secure

- Both Medium and Low Secure are undergoing the Quality Network for Forensic Mental Health Services, 23rd/24th January. The process occurs annually and is a supportive and developmental peer review.
- National service review continues. There is a West Yorkshire steering group which is likely to be pivotal in determining the way forward.
- Strong focus on the reduction of sickness levels continues with the emphasis being on adherence to the sickness procedure and implementation of localised wellbeing initiatives.
- Occupancy levels (current year to date position is 85%) continue to be monitored closely.
- The Trust has been successful with its bid to develop a Forensic Learning Disability Community Service. Implementation planning will begin shortly.

Forensic CAMHS

- Sickness levels are currently very high in this team and contingency plans are in place for safe delivery of the service.
- Implementation of the region wide Forensic Service is imminent.

Specialist BDU:

Specialist Services

- The year to date (YTD) sickness rate remains relatively consistent and above target. Sickness continues to be proactively managed with support/training from HR colleagues.
- Across the BDU performance against all mandatory training indicators is green or amber rated with the exception of Information Governance. This is being actioned as a priority.

CAMHS

- A renewed focus on data quality, specifically in relation to ethnicity recording, is being progressed.
- A business case has been presented to Calderdale CCG regarding the CAMHS offer for 2018/19. This may inform future decisions regarding service procurement.
- A CQC safeguarding themed inspection has been undertaken in Kirklees

Learning Disability

- The significant improvements in data quality continue to support the targeting of management action in improving waiting times and risk assessment

Wakefield BDU:

- The service is working with Wakefield District Housing around a proposal to pilot secondment of a Housing Worker to the Acute Service Line. This will support in patients who have housing or accommodation related issues and is expected to reduce delays in patient flow and Delayed Transfers of Care (DTOCs)
- Reductions in out of area bed placements have begun to take effect since the new approach to only using these placements when all other options have been exhausted commenced
- Work continues with the CCG to address the needs of a service user from Devon who remains an inpatient on Psychiatric Intensive Care Unit (PICU). There has been a lack of cooperation from the Responsible Commissioner in Devon and this has been escalated nationally to seek resolution
- The BDU is actively participating in a weekly conference call across the West Yorkshire Sustainability and Transformation Partnerships (STP) to discuss any Section 136 issues arising from the changes to the Police and Crime Bill. This issue has been escalated nationally to gain a resolution.
- Positive feedback has been received from West Yorkshire Police about the 136 response in Wakefield and the staff involved.

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Summary:

• Reporting of progress is monthly for those priority programmes that are identified in the two groups of 'major transformation' and 'significant improvement'. Priority programmes not in these two groups are reported bi-monthly on the IPR and are noted accordingly in this update. Priority highlights in this report include:

Flow and out of area beds:

• Pressures continue on the bed system though Out of Area (OOA) numbers have continued to reduce through December (and into early January). Acute and PICU placements have reduced though there remain five longer term PICU placements that are proving more difficult to bring back into the Trust. Progress against the current plan is on track however the risk for this priority is still rated as red due to the fact usage remains above plan and previous trajectories and a period of sustained reduction is required to provide greater assurance.

• The Change Acceleration Programme work in early December will further help frame a sustainable plan for OOA spend.

Older Peoples Transformation

• Proposals for the proposed model are prepared and shared with the partnership board.

• Community and inpatient workforce workshops have been held. The proposed inpatient workforce is close to being finalised, and there is an emerging workforce model being developed for the community services.

• Areas where we hope for more consistency have been identified and include: establishment of Advanced Clinical Practitioner Roles; Psychology and supporting AHP and nursing professional roles delivering psychological intervention; development of Nursing Associate/Associate practitioner roles; more consistent approach to banding and roles of AHPs and nursing practitioners across the Trust.

Clinical Record System

• Final system demo took place at Fox View in December.

• Clinical record system to include co-design activities have commenced in Forensics, CAMHS, Learning Disabilities and ADHD services (early adopter sites to test the approach)

• Core change team attended change acceleration programme to develop a change strategy

Priority	Scope	Update	Area	RAG
IMPROVING HEALTH				
Strategic Priority One: People First				
Enhancing Liaison Services	Transition to a new framework for liaison services. Identification of where current gaps in provision are and support development of plans for appropriate liaison services to support commissioner intentions to work towards CORE 24 compliance by 2020. Establishment of a benefits realisation framework to support the 3 year evaluation of the project.	Wakefield <ul style="list-style-type: none"> Recruitment - All staff now in post. Gathering data as requested for evaluation. Review meeting set up for early February to look at progress against key performance indicators Calderdale <ul style="list-style-type: none"> Bid for an early release of wave 2 part funding to support the recruitment of two posts has been successfully secured. Interviews are scheduled to take place in early January 2018. Barnsley <ul style="list-style-type: none"> The CCG are supportive of a Wave 2 bid for Core 24 monies and steps are being taken by the service to support this. 	Progress Against Plan	
		Risks are being managed and mitigated within the services	Management of Risk	
Improving People's Experience and Equalities	A structured approach to ensuring that we collect and act on patient experience feedback building upon our current strong foundations. We have identified five objectives for improvement during 2017/2018, including a programme to formally connect with other priority objectives.	This priority is updated in the Quality section of this integrated performance report		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
Recovery based approaches	Further develop a range of innovative initiatives which promote recovery focused approaches in order to meet the Trust mission, including: Co-produce an integrated recovery development plan Test new approaches to recovery, developing from what we learn in order to maximise effectiveness and impact Continue to build, support and sustain recovery work which has already been undertaken or is already planned	Progress on this priority is reported bi-monthly on the Integrated Performance Report. The narrative update below is the last update to the Integrated Performance Report from December. The next update will be in the February 2018 report. • A milestone plan has been agreed by the Transformation Board. This includes the testing of new approaches to recovery development. • Progress includes work on the alignment of the work of Altogether Better, Creative Minds, the Mental Health Museum, Recovery Colleges and Spirit in Mind through a workshop and subsequent development plan. • Also further work has been conducted evaluation in line with the Trust approach to measuring impact on individuals and communities in line with the Trust mission • Work continues to build, support and sustain recovery work which has already been undertaken including sustaining and developing the five recovery colleges and development of the Trust approach to using 'Lived Experience'.				Overall Priority Performance
Physical /Mental Health	Improve the physical health of people with mental health difficulties and the mental health of people with physical health difficulties	Progress on this priority is reported bi-monthly on the Integrated Performance Report. The next scheduled update will be in February 2018.				Overall Priority Performance
Strategic Priority Two: Joining up Care						
Supporting place-based plans	Develop place based plans for each district which are part of the Trust Strategy	Discussed quarterly at Strategic Board and monthly updates to Executive Management Team (EMT) so no direct update required in this section of the Integrated Performance Report.				
Accountable Care in Barnsley and Wakefield	Work with partners as part of the development of accountable care systems. Influence the SWYPFT role in each Accountable Care Organisation (ACO).	Discussed quarterly at Strategic Board and monthly updates to EMT so no direct update required in this section of the Integrated Performance Report.				
New models of care and vanguards	Work with partners to introduce new models of Care across SWYPFT footprint	Musculo Skeletal (MSK) - this service has recently been the subject of a tender exercise. Tender successfully awarded in mid December with requirement for increased activity. Work has commenced on a mobilisation plan. Respiratory Services - The Trust provide pulmonary rehabilitation services as part of an Alliance agreement, Implementation is on target. Key performance indicators, Quality Indicators and data flows have now been agreed. Pulmonary rehabilitation targets continue to be challenging. referral targets to pulmonary rehabilitation have been included within the PDA contract for 2018-19, referral levels will continue to be monitored. Diabetes - this service has recently been the subject of a tender exercise. The Tender will be awarded in January 2018. If SWYPFT are unsuccessful in securing this tender then work will commence on TUPE transfer of staff and services commencing January 2018. Intermediate Care - The Intermediate Care transition ward moved to Barnsley Hospital NHS Foundation Trust as planned at the beginning of December 2017, with a transition period where some Trust staff continue to support the ward on a service level agreement in place until mid January 2018. Mobilisation of the new model continues with key workstreams linked to key performance indicators, Information Management & Technology and assessment processes progressing well. Clinical thresholds across the pathway have been developed and are awaiting Alliance sign off. An interim solution is in place for the Independent Sector Care Home beds which is being mobilised (care home staff training, standardisation of paperwork, IPC review etc.) Barnsley Metropolitan Borough Council are leading the procurement process moving forward. Mobilisation within SWYPFT Intermediate Care community services continues, recruitment to the staffing model has commenced and work is ongoing to induct and upskill staff who transferred from the Intermediate Care wards to meet the required community competencies.			Progress Against Plan	
	Barnsley Intermediate Care, Respiratory, Diabetes and Musculo-Skeletal service.					
			The Partnership Intermediate Care Mobilisation Team meeting manages the risks and has produced a risk log on behalf of the Alliance which reports to Barnsley Accountable Care Organisation New Models of Care implementation group (and Alliance Management Team as appropriate) on a monthly basis. Other risks are being managed internally by services as part of business as usual.			Management of Risk

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New models of care and vanguards Wakefield - Care Home Vanguard and Public Health as part of Connecting Care Vanguard Calderdale - Prevention and Supporting Self Management Vanguard	Work with partners to introduce new models of Care across SWYPFT footprint Wakefield - care home vanguard and public health Calderdale - Prevention and Supporting Self Management Vanguard	<p>Wakefield</p> <ul style="list-style-type: none">• Portrait of a Life (POAL) as part of Wakefield Care Home Vanguard: training and support session on life story work and person centred care interventions provided to 12 of 13 care homes for Wave 2 2017/2018 and to one assisted living facility. Project is on track and meeting key performance indicators.• Wakefield Connecting Care: Work is being undertaken to align SWYPFT involvement in new models of care. Steps are being taken to move to a single leadership model for Connecting Care, Mid Yorkshire NHS Hospitals Trust (MYHT) and Adult Social Care, Wakefield Metropolitan District Council (WMDC).• Care Navigation: The role out across Wakefield GP's is on plan. Directory of Services redesigned and working well. Extracting data from the GP systems had been problematic, resulting in data not reflecting output correctly. CCG are investigating improvement to coding.• Public Health – Live Well Wakefield service, led by Nova, is performing well and meeting all key performance indicators. Feedback from commissioners has been very positive and the partnership with Nova is working well. <p>A partnership bid for the provision of social prescribing in Wakefield for the next three years is under development.</p> <p>Calderdale.</p> <p>A single plan for Calderdale is under development. Work continues to develop an integrated community service offer through implementation of five localities by April 2018.</p>	Progress Against Plan	
	Risks are managed by the Vanguard projects which report into the Vanguard Project Management Office (Wakefield) and Vanguard Board (Calderdale) on a monthly basis - there are no significant risks to date.	Management of Risk		
IMPROVING CARE Strategic Priority Three: Quality Counts, Safety First				
Patient Safety	Continue to implement the patient safety strategy including: Measuring and monitoring patient safety framework awareness and use in practice; establish a sustainable resource to support the roll out and continuing support for safety huddles; develop a process and resources for considering human factors within incident review 'So what' ... acting on learning from feedback.	This priority is updated in the Quality section of this integrated performance report		

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Older Peoples Services Transformation

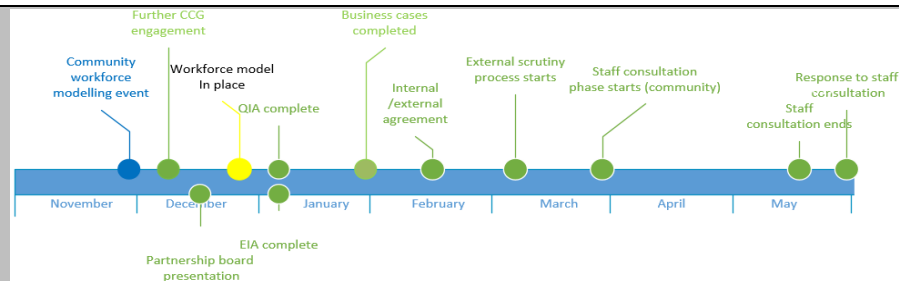
Co-produce, develop and agree a new model of care for Older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.

- Proposals for the model were shared with the partnership board in December.
- Community and inpatient workforce workshops have been held between September to December and a number of follow-on meetings have also focussed issues that have been raised. The inpatient workforce is close to being finalised, and there is an emerging workforce model in place for the community services. Whilst we are looking at implementing good and consistent practice across the model, we acknowledge likely differences that will remain due to local differences such as local contract agreements and differing historical investment.
- Areas where we hope for more consistency include:
 - Establishment of Advanced Clinical Practitioner Roles
 - Psychology and supporting Allied Health Professional and nursing professional roles to become more skilled at delivery of psychological intervention.
 - Development of Nursing Associate/Associate practitioner roles.
 - More consistent approach to banding and roles of AHPs and nursing practitioners across the trust, considering generic roles, with protected staffing numbers of certain professional groups
- Draft Equality Impact Assessments are now in place and to be finalised in January. Quality Impact Assessment review panel scheduled for 18 January.
- An inpatient peer review session held in December with some follow work ongoing. Early findings suggest that some of the long stays on the wards would be avoidable with new system.
- Detailed estates options are being modelled and costed up. To be finalised in January.
- Inpatient questionnaires – visits held to each inpatient site in December. Information now being compiled and to be reviewed in January.
- Further meetings with Local Authorities planned for early 2018.

Progress Against Plan

Workforce modelling has been a challenge (and there are still challenges). The complexity of the differing workforce models already in place across the Trust has been a challenge and the project team has undertaken extensive, comprehensive levels of rigour to unpick and understand this with a view to bringing a transformational model to this stage. However, there needs to be serious consideration as to the ability to deliver a truly corporate Older people service model without large scale variation that is already in place. The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the business delivery units remain.

Management of Risk

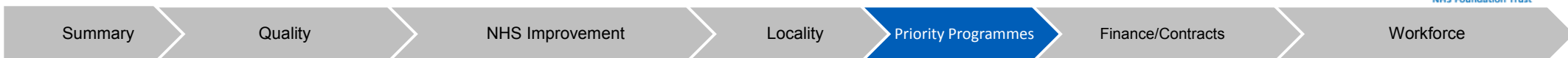


Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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Improving autism and ADHD	Address issues in relation to access and equity across these services. Work is occurring operationally internal to the Trust that will reflect developments through the West Yorkshire (Sustainability and Transformation Plan) STP- yet to be developed.	<ul style="list-style-type: none"> • Work continues on finalising the detail for this priority and developing an implementation plan. 	Progress Against Plan	
		No known risks at this time	Management of Risk	
		Implementation plan will be developed once the scope for this priority is clearer.		
Perinatal mental health	To implement the new service within the Trust. To evaluate the impact in terms of outcomes, experience and use of resources	<ul style="list-style-type: none"> • Recruitment now completed • Locum staff appointed to cover recruitment and notice periods • First consultant psychiatrist will commence with the team 15-01-18 • Second consultant psychiatrist will commence after negotiated notice period. • College Centre for Quality Improvement (CCQI) peer review visit held on 05-12-17. On target for all type 1 standards. • Improving Access to Psychological Therapies and Early Intervention in Psychosis interface meetings held • Operational policy completed • Revised spending plans submitted to NHS England and approved • Presentation to Barnsley GPs (Best event) • Invitations to Wakefield and Kirklees GP training events secured • Attended Royal College of Psychiatry Annual Perinatal Mental Health Forum • FACE and Solihull training undertaken by the whole team (clinical assessment tool). • Black and Minority Ethnic and Substance Misuse pathway projects launched • Local outcomes framework at final draft (data collection to commence January). 	Progress Against Plan	
		<p>Risk include:</p> <ul style="list-style-type: none"> • Long term funding isn't received at the end of the NHS England funded phase or that full funding from each locality isn't agreed. No change. • That we don't achieve performance targets – although early signs are reassuring it remains unknown whether the target of 730 cases will be met. <p>Mitigating actions are being taken forward to ensure as many people as possible access the service.</p>	Management of Risk	
West Yorkshire work - CAMHS Tier 4	<p>Work in this priority is focused on supporting Leeds Community Healthcare NHS Trust (LCH) as lead provider in the provision of Tier 4 CAMHS beds, led by Leeds Community Healthcare. Aim of the project is to improve access times.</p> <p>SWYPFT is a Partner in this contract together with Leeds and York Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust. Funding has been secured through STP NMoC work stream</p>	<ul style="list-style-type: none"> • Initial draft business case to NHSE was produced on 4 August 2017. • Production of the final business case was scheduled for submission by 30 September 2017 but this has been delayed pending a review of NHSE funding for this new model of care. Work continues in scoping the extent and role of Trust in this priority programme. 	Progress Against Plan	
		<p>Risk management has yet to commence for this priority as part of the planning phase for this new model of care but progress has been reflected as amber due to delayed in NHSE funding for this new model of care.</p>	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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West Yorkshire work – Secure Adult MH	Forensics – Leading the work with other providers across Yorkshire and Humber	• A bid was submitted through the West Yorkshire sustainability and transformation partnership (STP) for new models of Care (NMoC) was unsuccessful, however the Trust is continuing in defining a review of forensics services through specialist community work.	Progress Against Plan	
		Risk management has yet to commence for this priority as part of the planning phase for this new service	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		
West Yorkshire work – Suicide prevention	Leading West Yorkshire STP wide work on zero suicides	This priority is updated in the Quality section of this integrated performance report		
West Yorkshire work Eating Disorders	Eating Disorders- Provision of community treatment services for eating disorders across West Yorkshire lead by Leeds and York Partnership NHS Foundation	<ul style="list-style-type: none"> • Work in this priority is focused on supporting the Leeds and York Partnership NHS Foundation Trust as lead provider in the provision of a West Yorkshire wide new model for community treatment services for adults with eating disorders. The adult eating disorders service, called the Eating Disorders West Yorkshire and Harrogate Network (EDWYHN) has SWYPFT as a partner as part of the West Yorkshire STP. • Funding has been secured through STP NMoC work stream • Work continues on the role of SWYPFT in the service • Governance arrangements now complete • Planning sessions are being programmed to clarify the implementation aspects for SWYPFT 	Progress Against Plan	
		No known risks at this time	Management of Risk	
		Implementation plan in development		
Quality priorities	Delivery of the quality priorities as set out in the Quality account	This priority is updated in the Quality section of this integrated performance report		
Community Forensic CAMHS	SWYPFT, as lead provider, to provide forensic CAMHS services across Yorkshire and Humberside in partnership with: Sheffield Children's Hospital; Tees, Esk and Wear Valleys FT and; Humber FT.	<p>Work on this priority programme progresses well since award of the contract as lead provider by NHS England. Activities completed for the period of December include:</p> <ul style="list-style-type: none"> • Governance continues to work effectively through monthly steering group meetings (including representatives from each of the partners and NHS England) • With agreement with the central NHS England team implementation of the Yorkshire & Humber service has shifted to commence taking referrals through the Single Point of Access (SPA) in January/February 2018. • Themed SWYPFT groups are now meeting for areas of: Communications and Marketing; SPA/Assessments/Pathways; Safeguarding and Risk/Quality and Governance; Workforce/Training; Transitions; Data/Performance and key performance indicators. • Discussions are nearing completion on the Forensic CAMHS model prior to implementation and pathway mapping is nearing completion and agreement with partners. • Initial approval of the submitted Forensic CAMHS implementation plan and supportive narrative has been sought and there is now only final workforce figures due from one of the partners that will finalise the plan. • Financial meetings between SWYPFT Deputy Director of Forensics and partner senior executive management have been conducted following the release of the financial envelope for each partner geographical area. 	Progress Against Plan	
		<ul style="list-style-type: none"> • There are currently no high level risks identified in this project. • Risk sharing agreements are being developed for the partnership 	Management of Risk	
		<p>The timeline chart illustrates the project schedule from September 2017 to May 2018. Key milestones are marked with colored dots and labels: 'Project Governance Agreed' (blue dot, Sept 2017), 'Submission of Implementation plan' (blue dot, Nov 2017), 'Service Model Confirmed' (green dot, Jan 2018), 'Referrals through SPA' (green dot, Feb 2018), and 'Benefits Realisation' (green dot, Apr 2018). Below the main timeline, three additional milestones are noted: 'Partnership Governance Agreed' (blue dot, Oct 2017), 'Stakeholder Engagement Complete' (green dot, Jan 2018), and 'Outcomes and Reporting Finalised' (green dot, Feb 2018).</p>		



Strategic Priority Four: Compassionate Leadership

Leadership development	Leadership and management strategy which includes development of an integrated change network	<p>Actions achieved for this priority programme within agreed timescale:</p> <ul style="list-style-type: none"> • Values into Behaviours - shared and roll-out planned after launch in Q1 2018; incorporated into revised Appraisal • Learning Needs Analysis - completed • Leadership and management framework – leaders/managers expectations obtained and incorporated • Corporate Leadership and management offer – developed further and costed • SWYPFT Leadership and management programmes – shared via Workforce Planning workshops; implemented and collaborative programmes with Bradford District Care Trust and Leeds & York Partnership Trusts agreed • Moving Forward programme – launched <p>Revised implementation plan with extension to agreed timescales now in place:</p> <ul style="list-style-type: none"> • Middle Ground 5: first run (pilot) confirmed for February & March 2018 and first run of the programme agreed 2018. Revisions agreed & redesign underway. Development is on track with final proposals to be presented to EMT by end of January 2018. • TRIO development programme: Review of needs completed as part of Workforce Planning workshops within 2018/19 Business Planning and Workforce Plans. • Maximising Potential: Funding via 'In Place Leadership Fund secured; development (workshops and pilot) is ahead of schedule. Launch of the programme is linked to the launch of the new streamlined appraisal process, which is due early in Q1 2018. <p>All other work-streams / key deliverables progressing as per agreed timescales.</p>	Overall Priority Performance	
Change and quality improvement	Develop and agree Quality Strategy which includes the Integrated Change Framework	Further work has been undertaken on the quality strategy which is due to be presented into the Executive Management Team on 18th January 2018. This strategy includes how the Trust assures quality as well as how we improve quality. The Integrated Change Framework is aligned and integrated with this strategic approach.	Overall Priority Performance	
Membership	Develop an approach to membership which maximises the impact of members in key activities	<p>Progress continues well on this membership priority:</p> <ul style="list-style-type: none"> • A membership project group is now in place and meeting regularly • A revised and improved implementation plan is in place and active - aligned firmly with the Trust strategy for membership. • Communication plan being developed. • Progress is on target against the revised plan hence RAG rating of green. Implementation actions are across two years - 2017/2018 and 2018/2019 • No identified risks are of concern for this priority 	Overall Priority Performance	

IMPROVING USE OF RESOURCES

Strategic Priority Five: Operational Excellence

	<p>Improve flow and reduce/eliminate use of out of area beds so that everyone is in the right bed including their own.</p> <p>This is part of the West Yorkshire STP work stream for acute inpatient shared bed base and development of Psychiatric Intensive Care Units (PICU). By March 2018 the Trust will have a shared bed base across West Yorkshire.</p>	<ul style="list-style-type: none"> • There are still pressures on the bed system though out of area numbers have continued to reduce through December (and into early January). Acute and Psychiatric Intensive Care Units (PICU) placements have reduced, though there remains 5 longer term PICU placements that are proving more difficult to repatriate. • A small group focussing on PICU admissions has agreed that each admission to PICU will be reviewed in order to see if other options could have been possible as part of ongoing work. • We are awaiting approval of the process for avoiding out of area placements. The aim is to ensure all options have been explored before admitted someone where it might lead to an out of area placement, whilst ensuring patient safety remaining a key priority. • Three day Change Acceleration Programme (CAP) training and workshop undertaken by a sub group of the out of area board. - comprehensive stocktake of current position undertaken detailing actions already undertaken, planned and proposed. - Prioritisation tree produced that identifies all contributory factors to people being placed out of area. Data is being added to this so that it is easy to identify those which have the most effect. - action plan being consolidated from the recommendations agreed following the stocktake 	Progress Against Plan	
		Current risk is that we continue to overspend on Out of Area Beds and people have to travel far for their care unless pressures on the system are reduced. This risk had moved off trajectory briefly but we continue with remedial activity and the impact has been a recent reduction in placements, though the risk still rated red.	Management of Risk	

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Flow and out of area beds				
Workforce – sickness, rostering, skill mix and agency	Effective management of workforce to increase effectiveness and efficiency. These are operational excellence projects to develop standards ways of working and increase efficiencies in areas of sickness, rostering and agency spend	This priority is updated in the Workforce section of this integrated performance report. Sickness absence performance is in the Summary section of the integrated performance report under the heading 'Improve the use of Resources' and within the workforce section of the report performance is summarised for sickness absence; turnover and stability; and on the workforce performance wall.		
Effective use of supplies and resources	Effective use of non-pay money to support high quality care through effective use of resources	Progress on this priority is reported bi-monthly on the integrated performance report.	Overall Priority Performance	
CQUIN	Deliver Trust CQUINS	This priority is updated in the Finance and Contracts section of this integrated performance report		
Financial sustainability and CIP	Develop and deliver Cost Improvement Programme (CIP).	This priority is updated in the Finance and Contracts section of this integrated performance report		

Strategic Priority Six: Digital by Default

Clinical record system	Plan and deliver a new clinical record system which supports high quality care	<ul style="list-style-type: none">• All Core Programme team positions now appointed.• The Core Programme team have completed their 'SystmOne Train the Trainer' training.• Co-Design activities have commenced in Forensics, CAMHS, Learning Disabilities and ADHD services (each of which are early adopters to test the method/approach)• Final system demonstration was held at Fox View Hub on 4th December• Change Management plan including communication plan, stakeholder engagement plan and business change plan developed and being implemented.• Core Change team attended CAP development day to accelerate the development of a shared understanding of the change programme and development of a change strategy.• Open day scheduled at Folly Hall on 23rd January 2018	Progress Against Plan	
		<p>Initial risks identified as:</p> <ul style="list-style-type: none">• Staff not engaging sufficiently• Any resources allocated/committed to the Clinical record system programme are re-prioritised• Full list of services, sites and users not yet fully established.• Work is ongoing as part of initiation stage of the programme to identify mitigation actions for the risks identified	Management of Risk	
		<p>The timeline illustrates the progression of the clinical record system project from October 2017 to May 2019. It is divided into four main phases: INITIATION, CO-DESIGN, CO-CREATE, and CO-DELIVER. Key milestones include the employment of the Core Programme Team, completion of training, workshops, configuration, validation, and the final implementation review. The project concludes with the closure and handover to BAU.</p>		

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Digital health

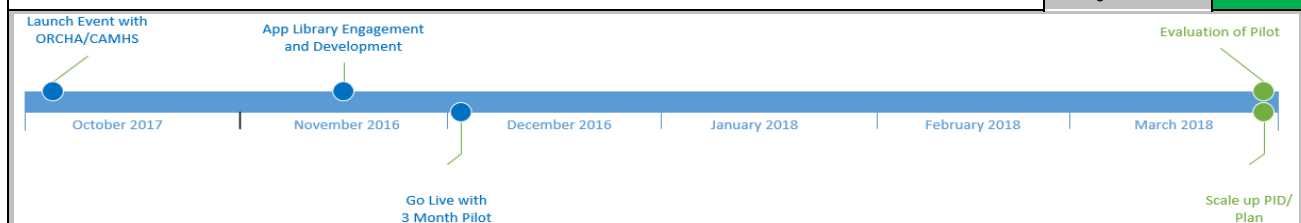
Improve access to digital health opportunities.
Identify our approach to supporting digital health developments.
Increase digital clinical practice.

- ORCHA delivered an initial presentation to the project team showing how the platform works, and ORCHA training undertaken by the CAMHS teams with Kirklees, Barnsley and Wakefield staff using a train the trainer approach
- Micro-site URL developed and branding/colour scheme and design co designed and agreed
- Designs for materials such as posters, postcards and pull up banners were agreed with the project team and distributed to clinical staff
- Work completed with IM&T/IG to satisfy the information governance toolkit.
- Equality Impact Assessment / Quality Impact Assessment commenced
- Communications plan produced which includes press release and key messages for local intranet and social media, as well as regular updates in the bulletin
- Project licences distributed to 43 clinicians to date
- Project pilot launch date 12-12-17
- Fortnightly calls with the project team continue to be held
- The top three searched items to date are: Brain in Hand, Skin Vision and Fabulous-motivate Me!

Progress Against Plan

The project has now been extended to all teams in each of the Business Delivery Units.

Management of Risk



Data driven improvements and innovation

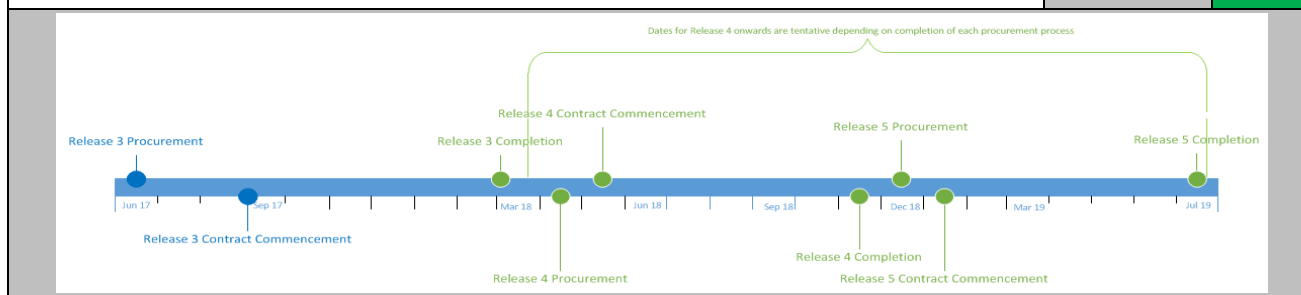
Increase the accessibility of good quality, easy to use data which informs improvement.

- Progress on this priority is reported bi-monthly on the integrated performance report. The narrative update below is the last update to the integrated performance report. from December and the next update will be in the February 2018 report.
- All substantive posts in the Business Intelligence team have been filled
 - Mortality reporting has been developed to support Learning from Deaths - brings together data from Rio, SystmOne and Datix
 - Daily reporting now available on out of area placements and sent daily to Patient Flow Co-ordinators
 - New SharePoint portal launched to provide access to Performance & Information reporting
 - Work is ongoing to finalise reporting for the Working Age Adult Acute Pathway
 - Release 3 of the Business Intelligence Programme is underway with support from an external supplier - this is a six month release focussed on supporting Neighbourhood Nursing Services in Barnsley - expected delivery is March 2018

Progress Against Plan

- A number of staff working on the BI programme are also involved in the new clinical record system implementation, there is a risk that this will impact resource availability for the BI programme and in turn impact delivery. Close working with Clinical Records System delivery team to minimise this risk.

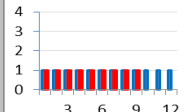
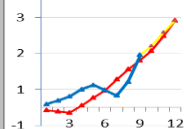
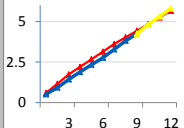
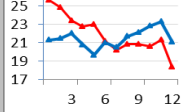
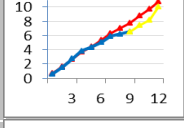
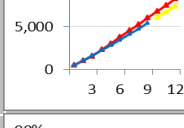
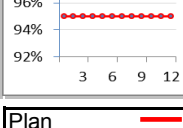
Management of Risk



Implementation deliverables	RAG Ratings
● On Target to deliver within agreed timescales	● On Target to deliver within agreed timescales/project tolerances
● On Trajectory but concerns on ability/confident to deliver within agreed timescales	● On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
● Off Trajectory and concerns on ability/capacity to deliver within agreed timescales	● Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
● Action will not be delivered within agreed timescales	● Actions will not be delivered within agreed timescales/project tolerances
● Action Complete	● Action Complete

Overall Financial Performance 2017 / 2018

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Risk Rating	1	1	The NHS Improvement financial and use of resources risk rating is maintained at 1 for the 9 months to the end of December 2017. The individual I & E margin and Distance from plan rating has improved from 2 to 1 meaning that all ratings are 1.	
2	Normalised Surplus (inc STF)	£1.5m	£2.4m	December 2017 finance performance excluding STF is a surplus of £0.3m. Confirmation was received from NHSI that income of £0.5m relating to the CQUIN risk reserve could be recognised. This has improved the year to date position to £0.2m ahead of plan ensuring that Q3 STF income (£0.4m) has been achieved. Achievement of the full year control total remains a significant challenge.	
3	Agency Cap	£4.2m	£5.8m	Agency expenditure in December 2017 is lower than previous months at £430k. This exceeds the in-month cap but cumulative agency expenditure remains below the cap. The forecast exceeds the cap by 2% given schemes to improve access times and an increase in medical vacancies.	
4	Cash	£22.2m	£21.1m	The Trust cash position has improved in December with continued focus on working capital management and lower than plan capital expenditure. Whilst further expenditure, and in turn cash reductions are forecast the overall forecast cash position remains healthy.	
5	Capital	£6.5m	£10m	Capital Expenditure is £1.2m lower than plan meaning that 35% of the full year expenditure will take place in Q4	
6	Delivery of CIP	£5.4m	£7.4m	Year to date CIP delivery is £0.6m behind plan. The forecast position is £0.8m below plan.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

Red	Variance from plan greater than 15%
Amber	Variance from plan ranging from 5% to 15%
Green	In line, or greater than plan

Plan	—
Actual	—
Forecast	—

Summary

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Contracting

Contracting Issues - General

SWYPFT was successfully awarded the contract for the provision of MSK services in Barnsley following a competitive tender process. The new contract commences on 1 April 2018 and work is ongoing with the CCG to mobilise the new service model. The contract for the provision of Community Diabetes Services in Barnsley has been awarded to BHNFT and will transfer from 1st April 2018. Implementation of mobilisation plans continues for the following services: Doncaster Smoke Free, Wakefield TB, Regional Community Forensic CAMHs Services and Secure Stairs within the Forensics Secure Estate. Work continues on implementation of the Exit Plan from Smoke Free services in Rotherham. Contract award for School Flu Vaccinations is expected in January 2018. SWYPFT was successful in application for non-recurrent NHSE Mental Health Winter Pressures Monies to facilitate an increase in capacity to accommodate pressures within Mental Health Services across Barnsley, Wakefield, Calderdale and Kirklees. This will allow the Trust to strengthen discharge co-ordination, support all age mental health liaison services, enhance IHBT provision and increase capacity of mental health assessment teams.

CQUIN

The Q2 CQUIN position has been finalised with all commissioners, £483k was achieved against the total available of £499k.

Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across Intermediate care, Respiratory, MSK, Diabetes and Stroke services. SWYPFT was successfully awarded the contract for the provision of MSK services in Barnsley following a competitive tender process. The new contract commences on 1 April 2018 and work is ongoing with the CCG to mobilise the new service model. The contract for the provision of Community Diabetes Services in Barnsley has been awarded to BHNFT and will transfer from 1st April 2018. The services currently under the Barnsley alliance contract (Neighbourhood Nursing Service, Right care Barnsley, BREATHE) are being moved to an NHS Standard Contract with an overarching alliance agreement that binds the contracts together. The governance arrangements in place currently (i.e. Alliance Leadership Team & Alliance Management Team) will remain the same in order to manage services that span multiple contracts. Following formal notice that Care Navigation Services in Barnsley would be decommissioned from 31st January 2018 work continues in implementing the Exit Plan. Formal notice has also been received from Bassetlaw CCG that the Care Navigation Service is to be decommissioned with effect from 1st November 2018. An Exit Plan has been put in place to ensure a smooth closure and identify actions to mitigate risk.

Contracting Issues - Calderdale

Key priorities relate to a sustainable 24/7 crisis resolution service, pressures within Psychology services and the provision of specialist autism spectrum disorder services for adults. Key ongoing work streams include the mobilisation and implementation of the expansion of Improving Access to Psychological Therapies services to Long Term Conditions and full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Development of the THRIVE model of delivery for CAMHs services in Calderdale continues between commissioners and providers.

Contracting Issues - Kirklees

The current priority areas of work related to Kirklees CCG's contracts include IAPT services and expansion to Long Term Conditions and the reconfiguration of adult mental health rehabilitation services. Commissioning of sustainable specialist ASD Services for Adults remains a priority.

Contracting Issues - Wakefield

A key ongoing work stream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Transformation of CAMHs services remains a key priority and work stream with commissioners. Mobilisation continues in relation to the new contract for the provision of TB services commencing 1 April 2018.

Contracting Issues - Forensics

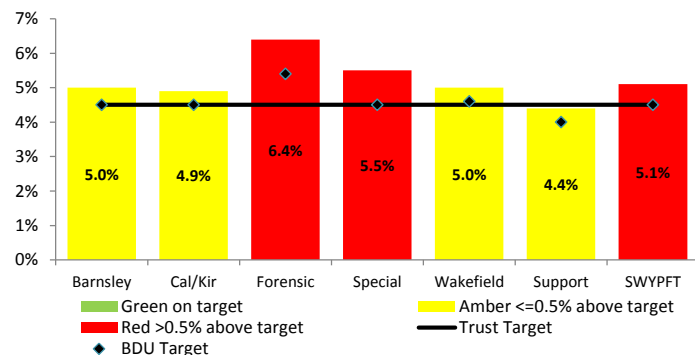
Following successful award of the Lead Provider role for the Yorkshire & Humber delivery of Community Forensic CAMHs services work continues on mobilisation. A bid to NHSE to support the implementation of Secure Stairs within the Forensics Secure Estate was confirmed successful and work is ongoing with NHSE regarding mobilisation and contracting arrangements.

Contracting Issues - Other

The new contract for Smoke Free Services in Sheffield commenced on 1 October 2017 and implementation of the new model of service delivery continues. Meetings with Doncaster Commissioners continues regarding the mobilisation plan for the new Smoke Free Services model to commence 1 April 2018. The Integrated Health & Wellbeing Services contract for Rotherham, which includes Smoke Free Services currently provided by SWYPFT, has been awarded to Park Healthcare to commence 1 April 2018. SWYPFT continues to meet with Commissioners in relation to the Exit Plan. A contract extension for three years for the continued provision of Smoke Free Services in Wakefield is being finalised with Wakefield District Council, new contract documents awaited.

Human Resources Performance Dashboard - December 2017

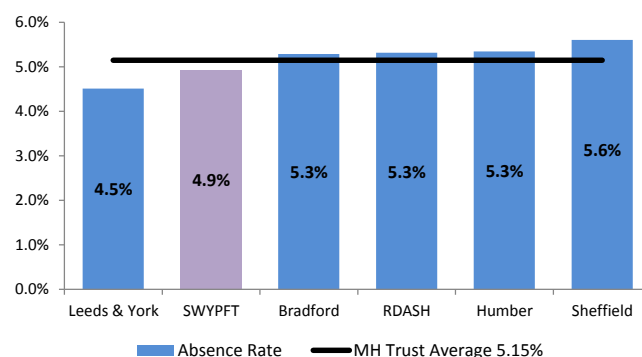
Sickness Absence



Current Absence Position - December 2017

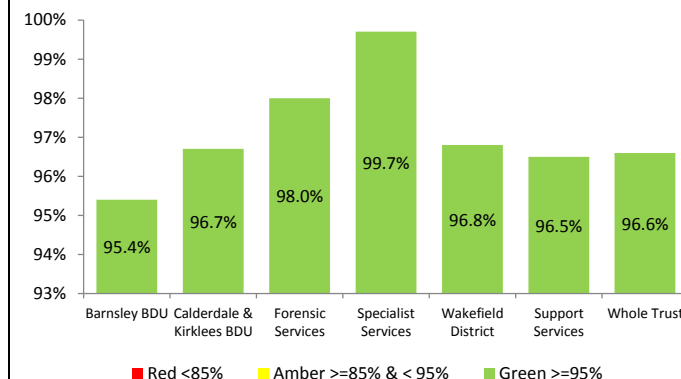
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.9%	5.8%	7.4%	4.7%	5.1%	4.8%	5.6%
Trend	↑	↑	↓	↑	↓	↑	↑

The Trust YTD absence levels in December 2017 (chart above) were above the overall 4.5% target at 5.1%.



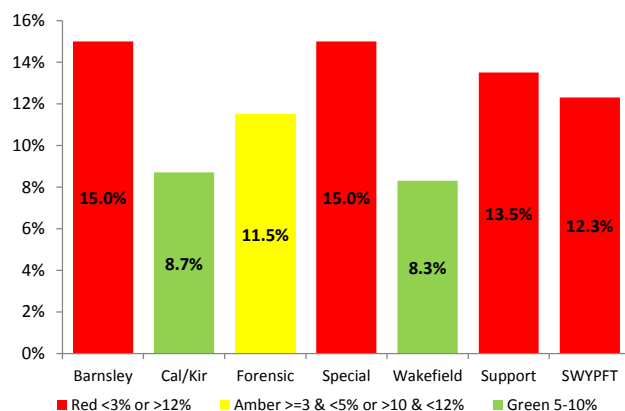
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2017 to August 2017. During this time the Trust's absence rate was 4.93% which is below the regional average of 5.15%.

Appraisal Data - All Staff (including Medical staffing)



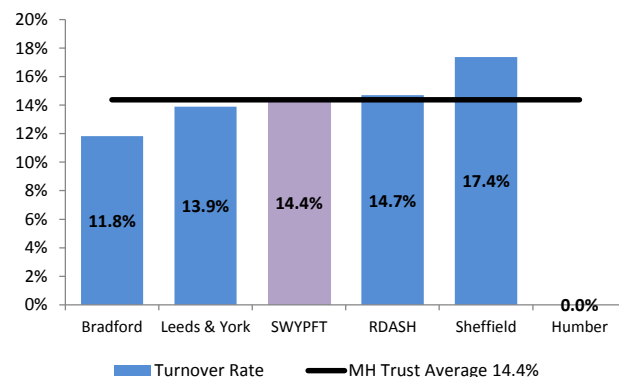
The above chart shows the appraisal rates for all staff for the Trust to the end of December 2017. The appraisal target is 95% and over. For staff at Band 6 and above, all appraisals should be completed by the end of June and Band 5 and below, by end of September in each financial year.

Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of December 2017. Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.

*The turnover data excludes recently TUPE'd services



This chart shows turnover rates in MH Trusts in the region for the 12 months ending in September 2017. The turnover rate shows the percentage of staff leaving the organisation during the period. This is calculated as: leavers/average headcount.

SWYPFT figures exclude decommissioned service changes. Figures for Humber are not available.

Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of December 2017. The Trust continues to achieve its 80% target for fire lecture training with only one area failing to reach the target in December.

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Workforce - Performance Wall

Trust Performance Wall																
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.4%	5.0%	5.1%	5.1%	4.8%	4.7%	4.7%	4.8%	4.9%	4.9%	4.9%	5.0%	5.1%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	6.1%	5.8%	5.3%	4.8%	4.6%	4.8%	5.0%	5.2%	5.0%	5.2%	5.5%	5.4%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	93.7%	94.4%	94.9%	5.2%	17.6%	61.3%	80.9%	89.0%	91.0%	92.7%	97.6%	98.1%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	91.4%	92.8%	93.6%	1.9%	5.3%	18.4%	31.1%	46.2%	75.8%	82.7%	95.5%	95.7%
Aggression Management	Improving Care	Well Led	AD	>=80%	77.6%	77.2%	76.6%	76.4%	75.6%	78.1%	76.6%	77.0%	77.6%	76.4%	79.0%	78.0%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	72.8%	73.8%	73.9%	75.2%	75.3%	74.7%	73.1%	71.9%	73.4%	72.8%	75.4%	76.6%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	55.3%	60.4%	62.2%	64.8%	65.3%	69.1%	74.6%	77.3%	79.2%	80.7%	82.3%	82.5%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.0%	89.4%	88.2%	87.3%	86.6%	86.0%	86.6%	87.1%	85.7%	85.4%	87.0%	86.9%
Fire Safety	Improving Care	Well Led	AD	>=80%	84.0%	82.9%	82.7%	81.5%	82.0%	81.5%	81.8%	82.6%	82.8%	82.8%	83.3%	82.4%
Food Safety	Improving Care	Well Led	AD	>=80%	82.9%	82.6%	82.1%	82.6%	81.2%	80.3%	79.1%	79.2%	77.0%	76.2%	78.4%	78.6%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	83.6%	83.6%	83.4%	83.0%	83.5%	84.0%	83.7%	83.6%	82.3%	81.8%	83.2%	83.2%
Information Governance	Improving Care	Well Led	AD	>=95%	91.9%	95.2%	96.1%	92.0%	91.7%	91.3%	90.4%	89.1%	88.3%	86.2%	85.9%	83.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	80.5%	81.9%	81.7%	81.1%	77.3%	78.8%	79.3%	79.3%	79.3%	80.7%	81.6%	81.9%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	48.2%	53.1%	64.1%	64.9%	69.6%	78.0%	82.5%	86.1%	87.6%	88.9%	90.3%	91.1%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	23.2%	30.5%	47.9%	51.2%	56.9%	70.5%	75.0%	80.3%	81.6%	83.4%	84.7%	86.6%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		TBC			39.5%									
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	89.7%	89.4%	89.1%	88.5%	88.0%	86.7%	86.2%	86.0%	86.3%	86.3%	87.4%	87.8%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	87.6%	87.0%	85.6%	85.5%	84.8%	83.6%	84.3%	84.7%	84.8%	84.1%	85.4%	85.1%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	95.1%	94.7%	93.7%	93.3%	91.2%	91.7%	93.2%	94.2%	94.2%	92.9%	93.4%	93.3%
Bank Cost	Improving Resources	Well Led	AD	-	£505k	£493k	£722k	£398k	£457k	£579k	£576k	£518k	£614k	£545k	£534k	£534k
Agency Cost	Improving Resources	Effective	AD	-	£662k	£729k	£833k	£501k	£426k	£500k	£457k	£446k	£435k	£515k	£531k	£430k
Overtime Costs	Improving Resources	Effective	AD	-	£19k	£15k	£12k	£16k	£13k	£9k	£9k	£12k	£12k	£7k	£10k	
Additional Hours Costs	Improving Resources	Effective	AD	-	£41k	£48k	£53k	£56k	£36k	£48k	£44k	£38k	£45k	£44k	£50k	
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£592k	£527k	£561k	£476k	£504k	£487k	£493k	£527k	£499k	£542k	£542k	£508k
Business Miles	Improving Resources	Effective	AD	-	284k	287k	273k	289k	245k	285k	299k	267k	283k	291k	265k	305k

1 - this does not include data for medical staffing.

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Workforce - Performance Wall cont....

Notes:

All mandatory training subjects this month (with exception of information Governance) have seen their training compliance percentages increase

Green Compliance Status:

- Mental Health Act – 86.6% Continues to increase, up 2% on last month. The Trust has begun work developing Mental Health Act (MHA) eLearning courses to meet the refresher compliance requirement in the coming years. New registered clinical staff will be required to attend face to face classroom training to meet their initial competency requirement. There will be the option for non-registered clinical staff to attend face to face classroom training or completing an e-learning course
- Mental Capacity Act – 91.1% Continues to increase each month. The Trust has developed eLearning refresher courses, which have now been signed off by the original provider SCIE. This will provide the resource for the refresher compliance requirement in the coming years. New registered clinical staff will be required to attend face to face classroom training to meet their initial competency requirement. There will be the option for non-registered clinical staff to attend face to face classroom training or completing an e-learning course
- Equality and Diversity – 86.9% No change on last month
- Fire Safety – 82.4%. Down 1% on last month. The 95% compliance requirement for ward based staff is monitored at service level. A particular hot spot of low compliance is Barnsley BDU Mental Health Acute Care with 65%
- Infection Control and Hand Hygiene – 83.2% No change on last month
- Safeguarding Adults – 87.8% ½% increase on last month
- Safeguarding Children – 85.1% No significant change on last month. Additional work has been undertaken by the safeguarding team to target 'hotspot' areas and this has seen an increase in uptake for mandatory courses.
- Sainsbury's Tool – 93.3% No change on last month
- Clinical Risk – 82.5% Slight increase on last month. As well as the eLearning provision, bespoke face to face training has been facilitated for a number of services, giving the opportunity for a collective learning experience through sharing knowledge and exploring scenarios
- Moving and Handling – 82% ½% increase on last month

Amber Compliance Status:

- Food Safety – 78.6% Slight increase on last month. The Food Safety team are currently reviewing staff groups for Food Safety training and methods of training, which will aim to target training at staff groups according to their role
- Aggression Management – 78% 1% decline on last month. The MAV team continue to put on extra training sessions to the ones already scheduled to meet demand. The Aggression Management/Physical Interventions is at 88.4% compliance (Forensic services at 90%). The sub 80% overall rating is due to 70.3% Personal Safety and Breakaway-Non Clinical, and 74.7% De-esc and Breakaway-Clinical
- Cardio Pulmonary Resuscitation – 76.6% The second month that CPR compliance has increased (3% over last 2 months) The Team have introduced a number of initiatives, to continue to improve compliance. The Pilot of combining CPR (ILS) with Managing Aggression and Violence (MAV) has now been evaluated and out for consultation to inform of next steps

Red Compliance Status:

- Data Security Awareness Level 1 (formally Information Governance) – 83.7% which is a 2% decline on last month.

In November and December 2017, the Trust had 439 staff that did not attend their booked mandatory training course. This will have an impact on the overall compliance percentage, as many of these staff will have gone out of compliance whilst waiting for another course to become available

Sickness

- The Trusts year to date position is 5.1%, which continues to be above the Trusts threshold.
- BDUs continue to focus on long term sickness and the recent staffing summit identified some further potential areas which are being explored that may assist with reducing sickness absence.
- Inpatient areas sickness rates are an area for focus and a Health and Wellbeing Trainer has been appointed to focus on supporting staff in these areas.
- A system of immediate referral into Occupational Health using ERostering has been developed for absence due to MSK and Stress.
- A coordinated system for reasonable adjustments or redeployment for staff is being finalised to support people to remain at work
- Further training support is being rolled for managers on wellbeing and effective absence management.
- The Trust has introduced a fast track facility for episodes of sickness related to musculoskeletal and stress management.
- Pilots are taking place in Wakefield and Forensic BDUs to deep dive into the absences.
- Workshops have been established for managers to assist with the management and sickness review process with a focus on wellbeing and attendance.

Publication Summary

This section of the report identifies any national guidance that may be applicable to the Trust.

National Institute of Clinical Excellence

Decision making and mental capacity

This draft guidance recommends that health and social care professionals should support people to overcome any difficulties they may face when making decisions. It advises that staff should take a neutral stance on any decisions and that using visual aids or involving family members can help with decision making for those with diminished mental capacity. NICE will be accepting comments and feedback on this draft guidance until 5 February 2018.

[Click here for link to consultation](#)

NHS England

Guidance on national variations to existing 2015/16, 2016/17 and 2017–19 (November 2016 edition) full-length contracts, and 2016/17 and existing 2017–19 (November 2016 edition) shorter-form contracts
This document contains guidance on completing the mandatory national variations to existing full-length NHS standard contracts on the 2015/16, 2016/17 and 2017–19 (November 2016 edition) forms, and existing shorter-form contracts on 2016/17 and 2017–19 (November 2016 edition) forms, to enact changes reflected in the NHS standard contract 2017–19 (January 2018 edition). It is relevant for commissioners and providers who are parties to an existing commissioning contract which extends beyond 31 January 2018.

[Click here for link to guidance](#)

This section of the report identifies publications that may be of interest to the board and its members.

NHS sickness absence rates: August 2017

NHS workforce provisional statistics: September 2017

NHS diagnostic waiting times and activity data: August 2017

Direct access audiology referral to treatment waiting times: October 2017 - the Trust contributes to this reporting and local performance can be seen in the national metrics section of this report.

Mixed-sex accommodation breach data: November 2017 - the trust reports against this national metric and has no breaches to declare to date. Local performance can be seen in the quality section of this report.

NHS Improvement provider bulletin: 20 December 2017 - case studies of learning from deaths.

Public Health England vaccines update: December 2017

Referral to treatment waiting times statistics for consultant-led elective care for November 2017, and revisions for April to September 2017

Early intervention in psychosis access and waiting time experimental statistics for November 2017

Diagnostics waiting times and activity for November 2017 - the Trust contributes to this reporting and local performance can be seen in the national metrics section of this report.

Delayed transfers of care for November 2017 - the Trust contributes to this reporting and local performance can be seen in the Quality section of this report.

NHS Improvement provider bulletin: 10 January 2018 - updated threshold for senior managers, adult mental health first aid instructor courses

Children and young people's health services monthly statistics, England: August and September 2017

Mixed-sex accommodation breaches: December 2017

Direct access audiology waiting times: November 2017

Diagnostic imaging dataset: September 2017

NHS Improvement provider bulletin: 17 January 2018 - revised never events policy and framework, new lean programme, new retention improvement resource



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

Month 9 (2017 / 18)

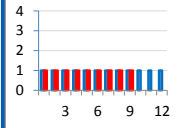
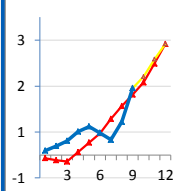
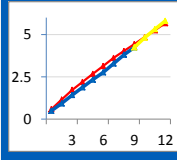
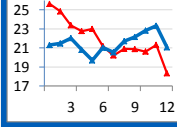
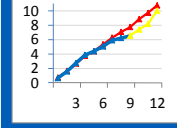
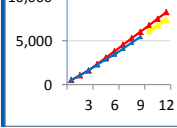
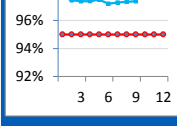





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1.0		Executive Summary / Key Performance Indicators			
Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	1	1	The NHS Improvement financial and use of resources risk rating is maintained at 1 for the 9 months to the end of December 2017. The individual I & E margin and Distance from plan rating has improved from 2 to 1 meaning that all ratings are 1.	
2	Normalised Surplus (inc STF)	£1.5m	£2.4m	December 2017 finance performance excluding STF is a surplus of £0.3m. Confirmation was received from NHSI that income of £0.5m relating to the CQUIN risk reserve could be recognised. This has improved the year to date position to £0.2m ahead of plan ensuring that Q3 STF income (£0.4m) has been achieved. Achievement of the full year control total remains a significant challenge.	
3	Agency Cap	£4.2m	£5.8m	Agency expenditure in December 2017 is lower than previous months at £430k. This exceeds the in-month cap but cumulative agency expenditure remains below the cap. The forecast exceeds the cap by 2% given schemes to improve access times and an increase in medical vacancies.	
4	Cash	£22.2m	£21.1m	The Trust cash position has improved in December with continued focus on working capital management and lower than plan capital expenditure. Whilst further expenditure, and in turn cash reductions are forecast the overall forecast cash position remains healthy.	
5	Capital	£6.5m	£10m	Capital Expenditure is £1.2m lower than plan meaning that 35% of the full year expenditure will take place in Q4	
6	Delivery of CIP	£5.4m	£7.4m	Year to date CIP delivery is £0.6m behind plan. The forecast position is £0.8m below plan.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	
Red Variance from plan greater than 15%					Plan 
Amber Variance from plan ranging from 5% to 15%					Actual 
Green In line, or greater than plan					Forecast 

The Trust is regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources calculation as outlined below. The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right.

NHS Improvement has provided an updated Single Oversight Framework for 2018 / 2019 and beyond. There is limited impact on the finance rating.

Area	Weight	Metric	Actual Performance		Plan - Month 9	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.3	1	3.2	1
	20%	Liquidity (Days)	18.3	1	12.6	1
Financial Efficiency	20%	I & E Margin	1.0%	1	0.8%	2
Financial Controls	20%	Distance from Financial Plan	0.3%	1	0.0%	1
	20%	Agency Spend	-4.3%	1	-6.5%	1
Weighted Average - Financial Sustainability Risk Rating				1	1	

Impact

The current risk rating is 1 which is the highest possible score. The I & E margin has improved from a rating of 2 to a rating of 1 as the year to date position is now ahead of plan. This is following confirmation from NHSI that the income relating to the CQUIN risk reserve can now be recognised (£0.5m) given the fact the Trust achieved its 2016/17 control total.

Definitions

Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

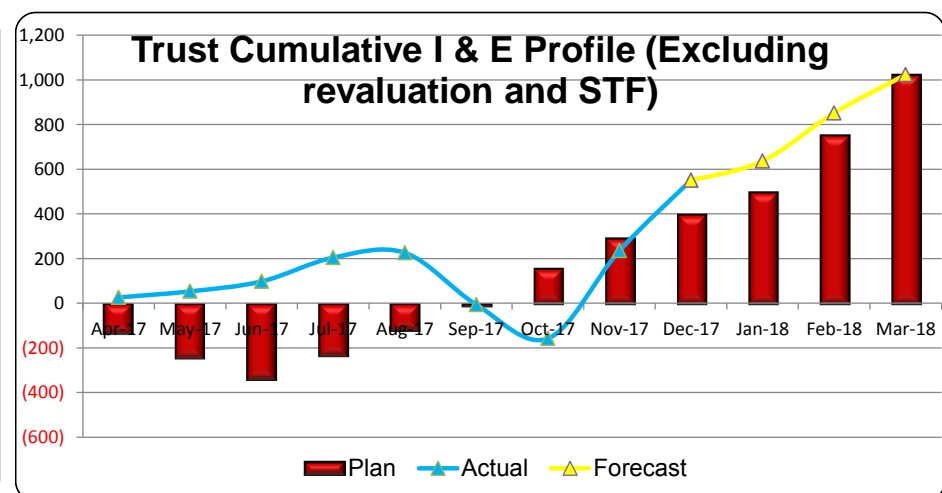
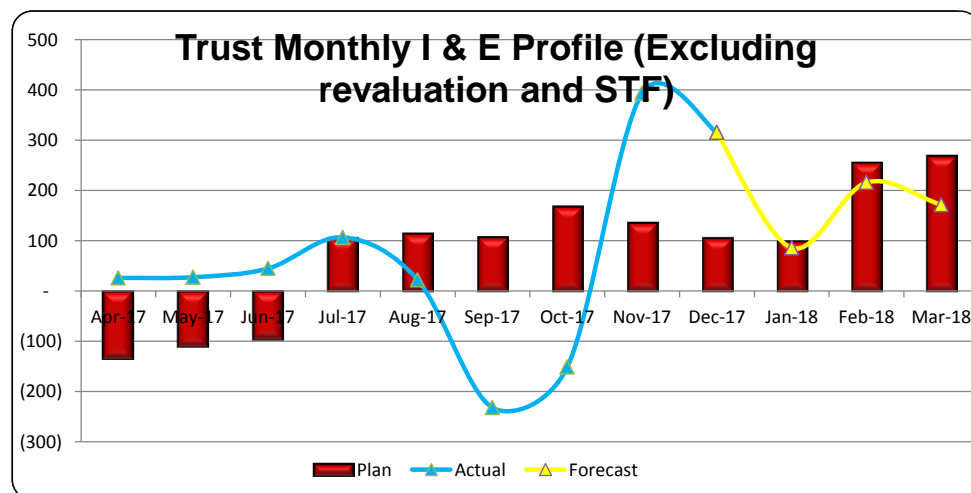
Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

I & E Margin - the degree to which the organisation is operating at a surplus/deficit

Distance from plan - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

Agency Cap - A cap of £5.6m has been set for the Trust in 2017 / 2018. This metric compares performance against this cap.

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,261	17,308	48	Clinical Revenue	155,259	154,340	(919)	206,688	204,504	(2,184)
				17,261	17,308	48	Total Clinical Revenue	155,259	154,340	(919)	206,688	204,504	(2,184)
				1,362	1,302	(60)	Other Operating Revenue	10,616	10,536	(79)	14,002	13,778	(224)
				18,623	18,611	(12)	Total Revenue	165,875	164,876	(999)	220,690	218,282	(2,408)
4,250	4,068	(182)	4.3%	(14,200)	(13,629)	572	Pay Costs	(127,900)	(124,601)	3,298	(170,090)	(166,301)	3,789
				(3,654)	(3,637)	17	Non Pay Costs	(31,204)	(32,875)	(1,671)	(41,411)	(43,815)	(2,404)
				44	(303)	(347)	Provisions	366	114	(252)	686	2,050	1,365
4,250	4,068	(182)	4.3%	(17,810)	(17,569)	241	Total Operating Expenses	(158,739)	(157,362)	1,376	(210,815)	(208,065)	2,750
4,250	4,068	(182)	4.3%	813	1,042	229	EBITDA	7,136	7,514	377	9,875	10,217	342
				(427)	(453)	(25)	Depreciation	(4,223)	(4,448)	(225)	(5,500)	(5,838)	(338)
				(283)	(284)	(1)	PDC Paid	(2,548)	(2,555)	(7)	(3,397)	(3,407)	(10)
				4	10	6	Interest Received	34	40	6	45	52	7
4,250	4,068	(182)	4.3%	106	315	209	Normalised Surplus / (Deficit) Excl.STF	399	551	151	1,023	1,023	0
				140	418	278	STF	906	906	0	1,394	1,394	0
4,250	4,068	(182)	4.3%	246	733	487	Normalised Surplus / (Deficit) Incl SFT	1,305	1,457	151	2,417	2,417	0
				0	(859)	(859)	Revaluation of Assets	0	(859)	(859)	0	(859)	(859)
4,250	4,068	(182)	4.3%	246	(125)	(371)	Surplus / (Deficit)	1,305	598	(707)	2,417	1,559	(858)



December 2017 financial performance is a surplus of £315k. Excluding the risk reserve CQUIN (recognised in month for April to December) this is an underlying deficit of £225k.

Month 9

The December position is a pre STF surplus of £315k. The normalised year to date position is a pre STF surplus of £551k and a surplus of £1,457k including quarters 1 to 3 STF funding. This is £151k ahead of plan. The key headlines are below:

In month £0.5m of income relating to the CQUIN risk reserve has been recognised given confirmation by NHSI. This masks the continuation of previous trends with underspends in pay offset by overspends on out of area beds and below plan CIP achievement. An underlying deficit in excess of £0.1m was recorded, the fourth consecutive month of underlying deficit. The cumulative position is now ahead of plan and as such the STF income for Q3 has been achieved and recognised.

Income

Income for the year to date is £919k lower than planned with the full breakdown on page 7. Of this value £1m relates to reduced income for delivery of Intermediate Care services. £18k relates to Quarter 2 shortfall against the Ill health by risky behaviour (Smoking, Alcohol) CQUIN across most Commissioners. A further £167k relates to delays in staffing recruitment for specific projects which in turn has resulted in lower pay costs. Income associated with the sale of Trust beds to non local commissioners is £314k higher than plan.

Pay Expenditure

The Trust continues to run with a number of vacancies and utilises temporary (both internal bank and external agency) staff to meet clinical and service requirements. The most significant pay savings year to date are within Nursing, Medical and Psychology. Agency expenditure in December is lower than recent months largely due to medical agency leave in the month. This is partly offset by increased nursing agency to cover acuity and sickness. The level of spend was 5% over the lower cap limit that took effect from November. Cumulatively agency spend remains below the cap.

Non Pay Expenditure

December out of area bed spend was £286k, which whilst lower than the cost incurred in September and October was the third highest value of the year. The cumulative overspend is now £1.7m. Drugs expenditure and clinical supplies such as dressings also remain pressures. These are currently being partly offset by non clinical spend areas such as travel, office costs and property. Excluding out of area beds and drugs costs non-pay is showing a £0.5m saving.

Revaluation of Assets

The December position includes the impact of the annual asset revaluation exercise. The change in value is due to both market conditions and the impact of investment made by the Trust. This transaction affects both the Trust Balance Sheet and I & E position with the main I & E component relating to the Non-Secure development work completed to date. This is deemed an exceptional adjustment and as such is excluded from the Trust control total assessment.

Forecast

Full year forecast currently remains in line with plan, but there are a number of significant risks identified. These include out of area bed usage, CIP delivery, reduced service provision and CQUIN delivery.

Agency expenditure is forecast to end the year £137k (2%) higher than the cap.

Income Information

The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position (page 5). The majority of Trust income is secured through block contracts and therefore there has traditionally been little variation to plan.

The budget values are reconciled against signed and agreed contracts with any movement highlighted. Budgets have increased by £0.1m in month 9 due to funding received for the Core 24 A & E Mental Health Liaison pilots. Expenditure relating to this has been recognised within the BDUs.

Winter Pressure funding from NHS England has also been confirmed and will be recognised in Q4. As expenditure plans are finalised the budget will also be added here. Other parts of our local system, such as local A & E departments, have also secured funding which will impact on to Trust services and the support we provide.

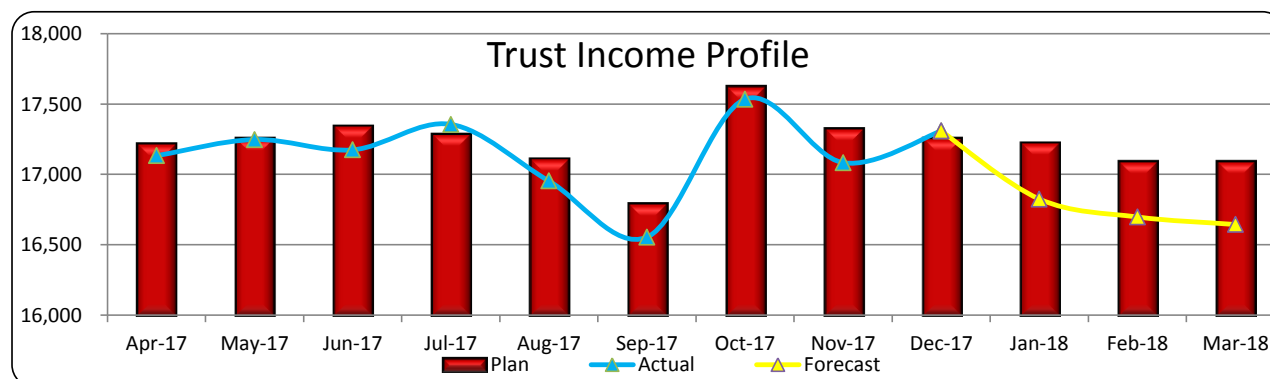
In month 9 NHSI confirmed that income relating to the CQUIN risk reserve could be recognised in both the year to date and forecast positions. This totals £0.7m for the full year and £0.5m year-to-date.

The year to date and forecast variances are shown below. This highlights that the significant element of both relates to changes in income relating to Intermediate Care. Delivery of this service has changed in year and forms part of our ongoing Alliance / Accountable Care system arrangement. Formal contract documentation remains outstanding at which point budgets will be realigned to match current service delivery with a reduction on BDU and Quality Academy operational budgets.

Other adverse variances typically relate to specific projects. Recruitment has taken place later than originally planned and as such reduced income has been received to date. This is offset by reduction expenditure within the BDUs.

Commissioner	Year to Date			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	114,453	114,268	(186)	(18)	(167)	(186)
Specialist Commissioner	17,500	17,500	(0)	0	(0)	(0)
Alliance	9,718	8,697	(1,021)	0	(1,021)	(1,021)
Local Authority	3,668	3,641	(27)		(27)	(27)
Partnership	5,159	5,159	0	0	0	0
Other	4,761	5,075	314	0	314	314
Total	155,259	154,340	(919)	0	(18)	(919)

Budget	Forecast		Variance Headlines		
	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
151,547	151,094	(453)	(154)	(299)	(453)
23,333	23,333	(0)	0	(0)	(0)
13,712	11,402	(2,309)	0	(2,309)	(2,309)
4,970	4,972	2		2	2
6,879	6,879	(0)	0	(0)	(0)
6,248	6,824	576	0	576	576
206,688	204,504	(2,184)	(154)	(2,030)	(2,184)



CQUIN Risk - Summary		
	YTD	Forecast
Wellbeing Improvement	0	136
Ill Health by Risky behaviour	18	18
STP Reserve	0	0
Total	18	154

Our workforce is our greatest asset and one in which we continue to invest in ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for circa 75% of total Trust expenditure.

The Trust workforce strategy continues to be developed but 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.

Total Pay costs in December were very similar to both October and November.

	Apr-17 £k	May-17 £k	Jun-17 £k	Jul-17 £k	Aug-17 £k	Sep-17 £k	Oct-17 £k	Nov-17 £k	Dec-17 £k	Jan-18 £k	Feb-18 £k	Mar-18 £k	Total £k
Substantive	12,841	13,094	13,040	12,842	12,850	12,509	12,791	12,771	12,616				115,353
Bank & Locum	411	472	620	505	558	701	583	575	583				5,008
Agency	501	426	500	457	446	435	515	531	430				4,241
Total	13,752	13,992	14,161	13,804	13,854	13,645	13,889	13,876	13,629	0	0	0	124,601
16/17	14,559	14,350	14,633	14,634	14,502	14,456	13,994	14,034	14,050	14,020	14,081	14,008	171,321
Bank as %	3.0%	3.4%	4.4%	3.7%	4.0%	5.1%	4.2%	4.1%	4.3%				4.0%
Agency as %	3.6%	3.0%	3.5%	3.3%	3.2%	3.2%	3.7%	3.8%	3.2%				3.4%

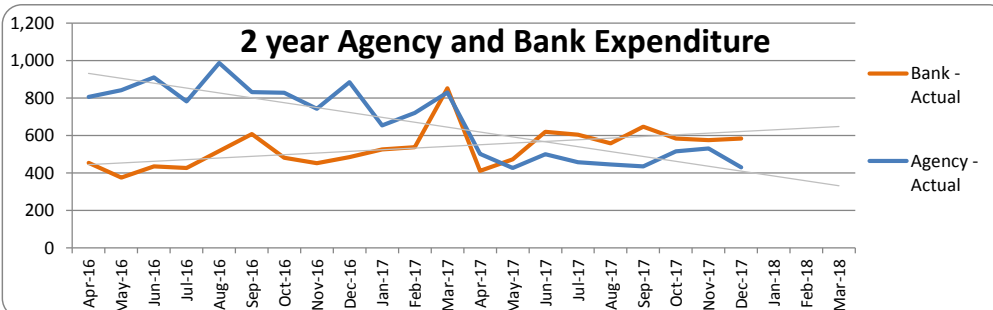
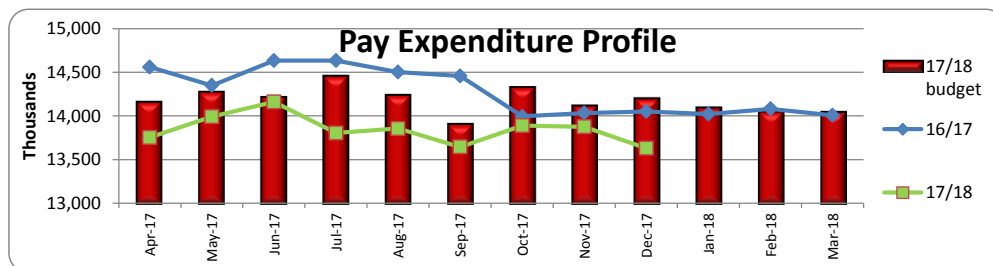
Year to Date expenditure - by staff group				
	Substantive £k	Temp £k	Agency £k	Total £k
Medical	13,472	304	2,004	15,780
Nursing Registered	40,264	1,776	455	42,494
Nursing	13,243	2,123	973	16,339
Other	29,322	303	765	30,389
Admin	19,253	503	43	19,799
Total	115,553	5,008	4,241	124,801

December WTE Analysis					
	Budgeted	Contracted	Bank	Agency	Variance
Medical	212	171	16	55	30
Qualified Nursing	1,445	1,288	52	1	(104)
Unqualified Nursing	682	619	47	7	(10)
Other Clinical	841	778	29	2	(32)
A & C	847	749	1	0	(98)
Other	329	294	0	2	(34)
Staff Vacancy Factor	(107)	0	0	0	107
Total	4,250	3,899	145	66	(141)

Key Messages

Both 2016/17 and 2017/18 have seen an increased focus on reducing agency staffing. The graph above shows the downward trend in the use of agency staffing until September when it increased as a result of increased Agency Medical usage to cover vacancies and initiatives to improve access in some services. Some agency staff have moved to bank posts and a more moderate increase in month on month bank usage can be seen. Agency use is forecast to increase further this year, bank usage is forecast to marginally increase. The WTE Analysis table above presents the budgeted WTE across staffing categories and demonstrates that whilst overall agency and bank usage are covering gaps in services the actual staffing profile is currently altered from plan with the use of temporary staff.

Substantive pay dipped in September due to a one off adjustment to recognise pay costs no longer expected to be charged. As a pass through cost this was offset by a corresponding change in income.



Agency Spend is forecast to breach the NHS Improvement agency cap for the remainder of the year

Reduced spend in December 2017 is not forecast to continue into Quarter 4

Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends are presented below.

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

The Trust had experienced increased levels of agency spend rising from £3.6m in 2013 / 2014 to £9.8m in 2016 / 2017. This increase was across all staffing groups.

These trends were being experienced nationally within the NHS and as a result NHS Improvement introduced a number of metrics and guidance designed to support Trusts reducing their reliance and spend on agency staff. One of these measures was the introduction of a maximum agency cap (as monitored within the Trusts risk rating). The Trust cap for 2016 / 2017 was £5.1m and was breached by 93%.

The realisation of a number of actions from work streams established in 2016 / 2017 has resulted in reduced agency spend in the current year. These can be allocated to 2 main themes :

* Reduction in the number of agency staff used - this is especially evident within the Admin & Clerical category where the Trust currently has 2 wte individually approved to the end of January.

* Reduction in the hourly rate paid. In particular this relates to qualified nursing staff who are now all paid within the NHS Improvement capped rates. 15 out of 19 medical locums continue to be paid higher than the NHSI caps. These have been individually approved by the Trust Medical Director and are reported weekly to NHSI.

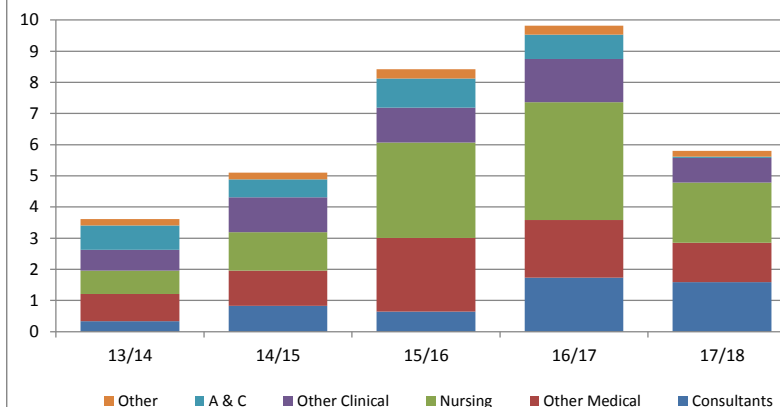
Agency expenditure reduced by £101k between November and December to £430k. This breaches the agency cap (£410k) for the third month and agency spend is forecast to be higher than cap for the remainder of the year. The forecast outturn at December is £137k (2%) above cap.

The reduction in December's expenditure relates to medical expenditure, medical agency was lower due to annual leave taken throughout December. Underspends were partly offset by a small increase in nursing agency.

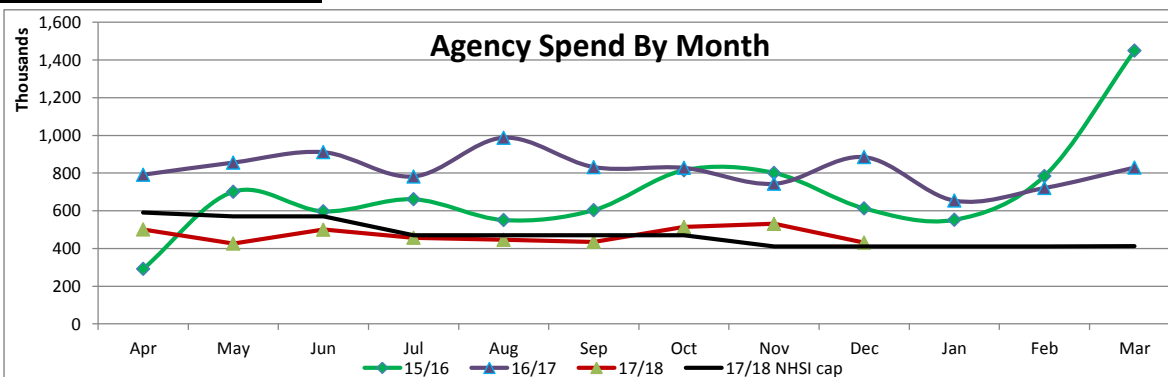
Medical agency is forecast to increase in Quarter 4, all other agency is forecast to remain at current levels.

Across all agency categories spend has reduced on 2016 / 2017. YTD has reduced by £3.4m (44%).

Agency Expenditure Trends (£m)



Agency Spend By Month

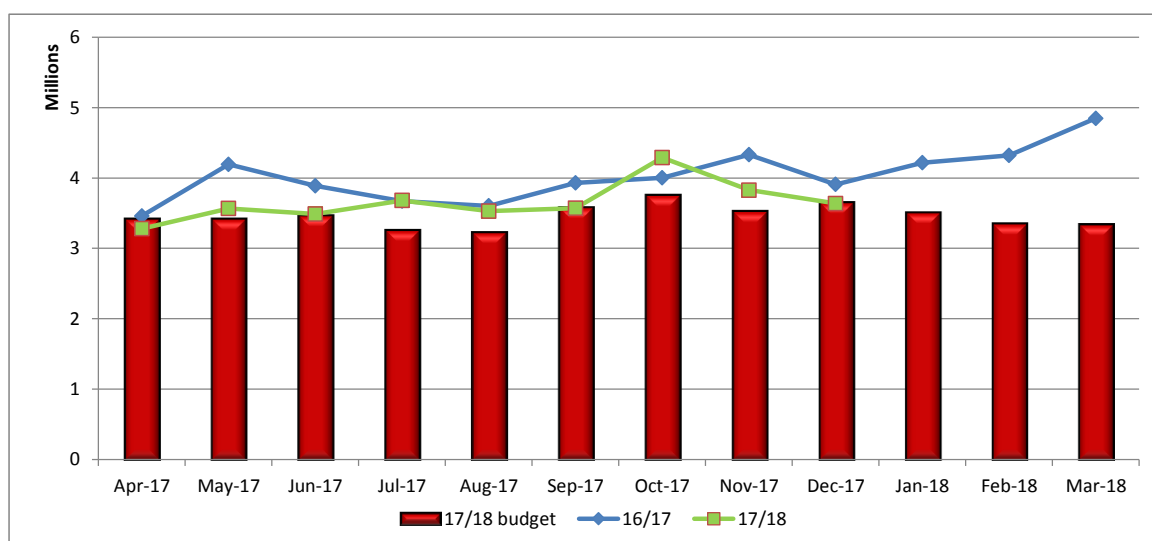


Whilst pay expenditure represents approximately 75% of all Trust spend non pay expenditure presents a number of key financial challenges. This analysis focusses on non pay expenditure within the BDUs and Corporate Services and therefore excludes provisions and capital charges (depreciation and PDC).

The Trust is forecasting to spend considerably less on non pay compared to last year. For the year to date this is £2.1m less than the same period in 2016 / 2017. This is driven by a number of key areas which are highlighted below. Excluding the impact of out of area and drugs a saving against plan of £508k has been achieved to date.

	Apr-17 £k	May-17 £k	Jun-17 £k	Jul-17 £k	Aug-17 £k	Sep-17 £k	Oct-17 £k	Nov-17 £k	Dec-17 £k	Jan-18 £k	Feb-18 £k	Mar-18 £k	Total £k
2017 / 2018	3,281	3,568	3,488	3,681	3,529	3,570	4,292	3,829	3,637				32,875
2016 / 2017	3,459	4,193	3,890	3,671	3,604	3,931	4,002	4,331	3,909	4,217	4,322	4,849	48,379

	Budget	Actual	Variance
	YTD	YTD	
Non Pay Category	£k	£k	£k
Clinical Supplies	2,322	2,601	(279)
Drugs	2,254	3,003	(749)
Healthcare subcontracting	2,740	4,170	(1,430)
Hotel Services	1,560	1,333	227
Office Supplies	3,190	3,270	(80)
Other Costs	3,428	3,102	325
Property Costs	5,184	5,278	(94)
Service Level Agreements	4,522	4,552	(29)
Training & Education	564	564	(0)
Travel & Subsistence	3,282	2,912	370
Utilities	1,004	923	80
Vehicle Costs	1,154	1,166	(12)
Total	31,204	32,875	(1,671)
Total Excl OOA and Drugs	26,210	25,703	508



Key Messages

Healthcare subcontracting relates to the purchase of all additional bed capacity. As such this includes commissioner commissioned activity which is provided through this method. The Out of Area focus provides further details on this.

Drugs continue to present a significant financial pressure. The changes to the supply of drugs to the Trust are now embedded and actions are commencing to identify savings opportunities. Drugs expenditure analysis has also highlighted the impact that changes in drugs prices (for example increase in drug costs due to concessions applied to two widely prescribed drugs) which is adding additional cost.

Central funding of Microsoft licences ceased in June creating a pressure of £433k in the year.

Cost reductions and savings are being made where ever possible and have focussed on non-clinical areas such as travel and office supplies.

In this context the term Out of Area expenditure refers to spend incurred in order to provide clinical care to Service Users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key trends are highlighted below.

- Specialist health care requirements of the Service User not available directly from the Trust or not specifically commissioned.
- No current bed capacity to provide appropriate care

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

This analysis excluded activity relating to Locked Rehab in Barnsley.

Out of Area Expenditure Trend (£)

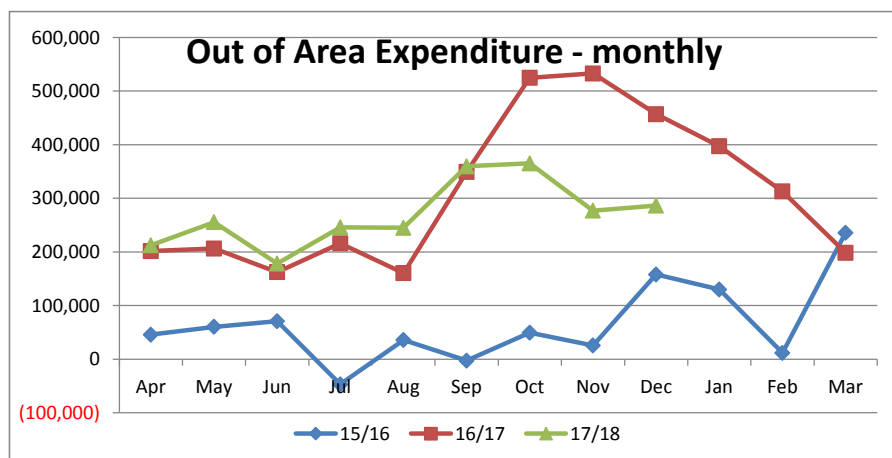
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365	277	286				2,424

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
15/16	104	152	192	190	246	42	92	119	180	338	439	504	2,598
16/17	294	272	343	310	216	495	755	726	679	624	416	364	5,494
17/18	295	367	253	351	373	427	479	434	430				3,409

Bed Day Information 2017 / 2018 (by category)

PICU	199	168	168	169	195	216	239	314	216				1,884
Acute	96	192	85	182	148	181	209	119	183				1,395
Gender	0	7	0	0	30	30	31	1	31				130



Expenditure on Out of Area placements increased significantly during 2016 / 2017 but through continued action usage did reduce in Quarter 4. This trend continued in Quarter 1 2017 / 2018 but has increased since Quarter 2. High demand is being observed across the Trust and also nationally.

Overall out of area demand continues to be high. December activity remains at a similar level to the previous month. Actions continue and alternatives to out of area placements are being explored and piloted, activity is forecast to slowly reduce in Quarter 4. This is led by the Project Board.

The year to date overspend, for the activity covered in this section of the report, is £1.73m.

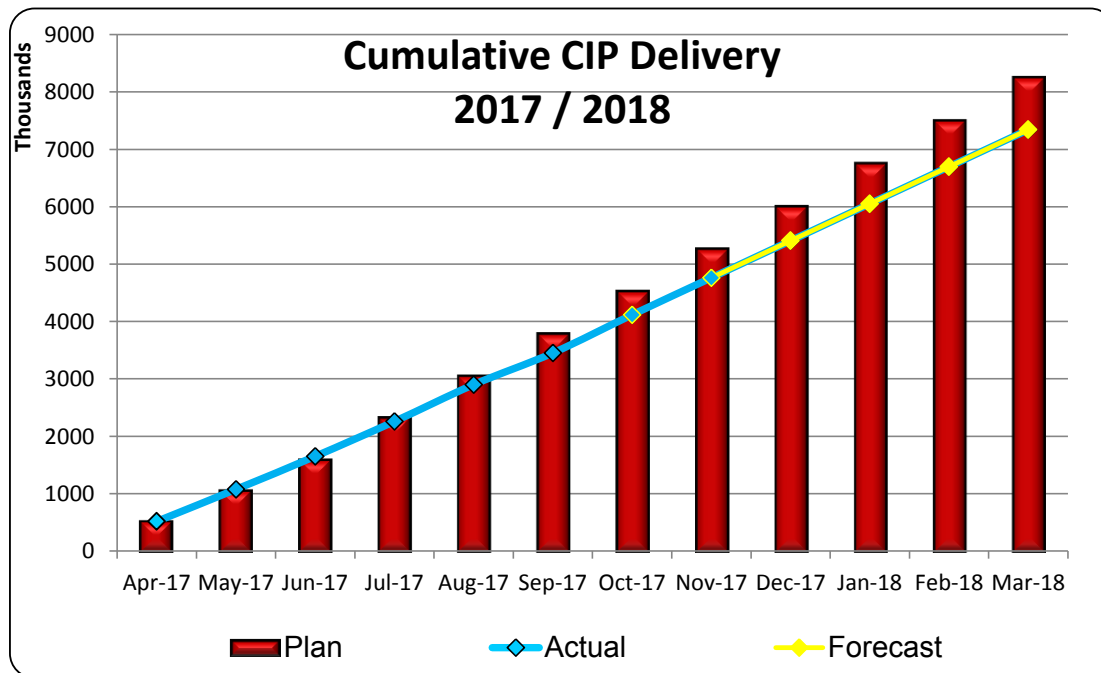
As at the end of December 2017 the Trust has 5 PICU patients who remain Out of Area due to the complexity of their care. This includes patients in gender specific environments. Costs associated with this care totals £247k to the end of December.

2.1 Cost Improvement Programme 2017 / 2018

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Cumulative	537	1,074	1,610	2,341	3,072	3,809	4,546	5,283	6,021	6,768	7,515	8,262	6,021	8,262

Delivery as originally planned	401	809	1,272	1,769	2,261	2,744	3,286	3,821	4,330	4,839	5,348	5,858	4,330	5,858
Mitigations - Recurrent & Non-Recurrent	116	266	378	490	639	708	829	971	1,112	1,260	1,408	1,556	1,112	1,556
Total Delivery	516	1,075	1,650	2,259	2,900	3,452	4,115	4,791	5,442	6,099	6,756	7,414	5,442	7,414

Variance	(20)	1	40	(82)	(172)	(357)	(431)	(492)	(579)	(669)	(758)	(848)	(579)	(848)
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The Trust identified a CIP programme for 2017 / 2018 which totals £8.3m. This included £1.6m of unidentified savings for which specific schemes need to be defined and delivered.

Savings identified against the Cost Improvement Programme total £5.4m to date. This is £0.6m behind plan. The majority (80%) has been delivered in line with original savings plans.

Task and Finish groups, including e-rostering and non pay review, continue and as new savings are identified they will be captured in this report.

As part of the Trust Annual Planning process for 2018 / 2019 work continues on the identification of recurrent savings. If progress is made in Qtr 4 this will be reported accordingly.

	2016 / 2017 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	111,199	115,295	117,616	1
Current Assets				
Inventories & Work in Progress	166	215	166	
NHS Trade Receivables (Debtors)	2,138	2,299	1,996	2
Other Receivables (Debtors)	8,289	7,408	7,947	3
Cash and Cash Equivalents	26,373	20,890	22,156	4
Total Current Assets	36,966	30,812	32,265	
Current Liabilities				
Trade Payables (Creditors)	(7,213)	(6,234)	(5,142)	5
Capital Payables (Creditors)	(1,157)	(752)	(548)	5
Accruals	(9,912)	(12,056)	(10,820)	6
Deferred Income	(754)	(950)	(932)	
Total Current Liabilities	(19,036)	(19,992)	(17,442)	
Net Current Assets/Liabilities	17,929	10,820	14,823	
Total Assets less Current Liabilities	129,128	126,115	132,439	
Provisions for Liabilities	(7,550)	(5,763)	(6,575)	
Total Net Assets/(Liabilities)	121,578	120,352	125,864	
Taxpayers' Equity				
Public Dividend Capital	43,665	43,665	43,665	
Revaluation Reserve	18,766	18,413	23,517	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,928	53,054	53,462	7
Total Taxpayers' Equity	121,578	120,352	125,864	

The Balance Sheet analysis compares the current month end position to that within the annual plan. The previous year end position is included for information.

1. Capital expenditure is detailed on page 15. The annual estate revaluation has been undertaken at 31st December 2017. This resulted in a net increase in the value of Trust assets of £5m due to improved market factors.

2. NHS debts remain slightly lower than plan. The Trust is undertaking the Month 9 agreement of balances exercise which should help resolve any outstanding issues.

3. Other debtors are slightly higher than planned. Non-NHS Debtors continue to be chased for payment.

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 17.

5. Creditors continue to be paid in a timely manner as demonstrated by the Better Payment Practice Code.

6. Accruals remain slightly lower than planned.

7. This reserve represents year to date surplus plus reserves brought forward.

Debtor management forms a key part of the Trust cash management process.

Debtors have increased this month primarily due to outstanding Quarter 2 CQUIN charges

The Trust has continued to proactively chase all outstanding debts as part of its cash management process.

The intention of this review and dialogue with outstanding debtors is to reduce the length of time taken to receive cash payment and also identify, and resolve, any issues at the earliest possible opportunity.

This review is undertaken alongside an assessment of accrued income. This ensures that invoices are being raised in a timely fashion. Based upon values this will either be monthly or quarterly in arrears.

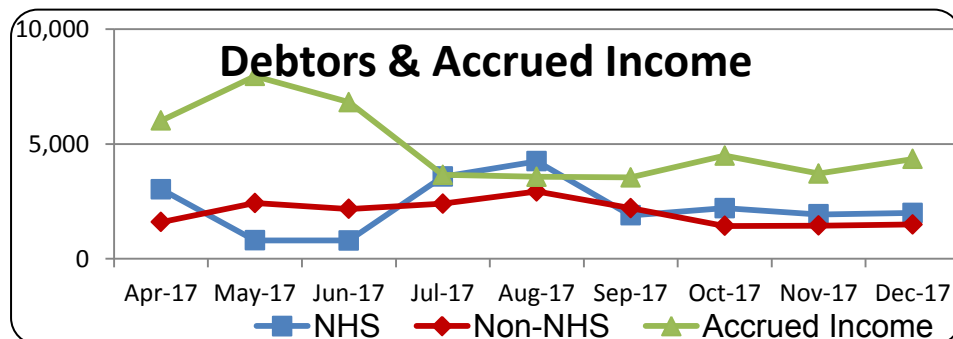
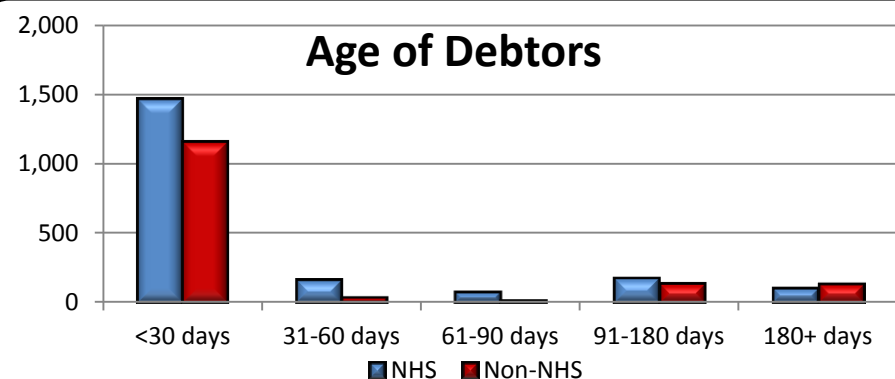
The majority of outstanding debtors, as at the end of December 2017, are less 60 days (81%). Debts older than 180 days have increased from £180k to £241k.

The majority of this increase is NHS Debtors which have increased from £67k to £105k.

The month 9 agreement of balances exercise is underway which will provide additional national focus in resolving outstanding

The in year profile of debtors is shown to the left. Accrued income has been added for context with invoices continuing to be raised in a timely manner.

The graph shows that debtors increased as invoices were raised at the end of Quarter 1. These have subsequently been paid and invoices are being issued on a rolling programme.



3.1

Capital Programme 2017 / 2018

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	1,558	1,150	845	(305)	1,450	(107)	3
Equipment Replacement	44	44	58	14	58	14	
IM&T	2,121	1,296	698	(598)	1,246	(875)	4
Major Capital Schemes							
Fieldhead Non Secure	7,030	5,249	4,957	(292)	7,290	260	2
VAT Refunds	0	0	(39)	(39)	(39)	(39)	
TOTALS	10,753	7,739	6,519	(1,220)	10,005	(748)	1

The capital programme has been revised to reflect a lower spend. Schemes have been deferred to protect the Trust cash position.

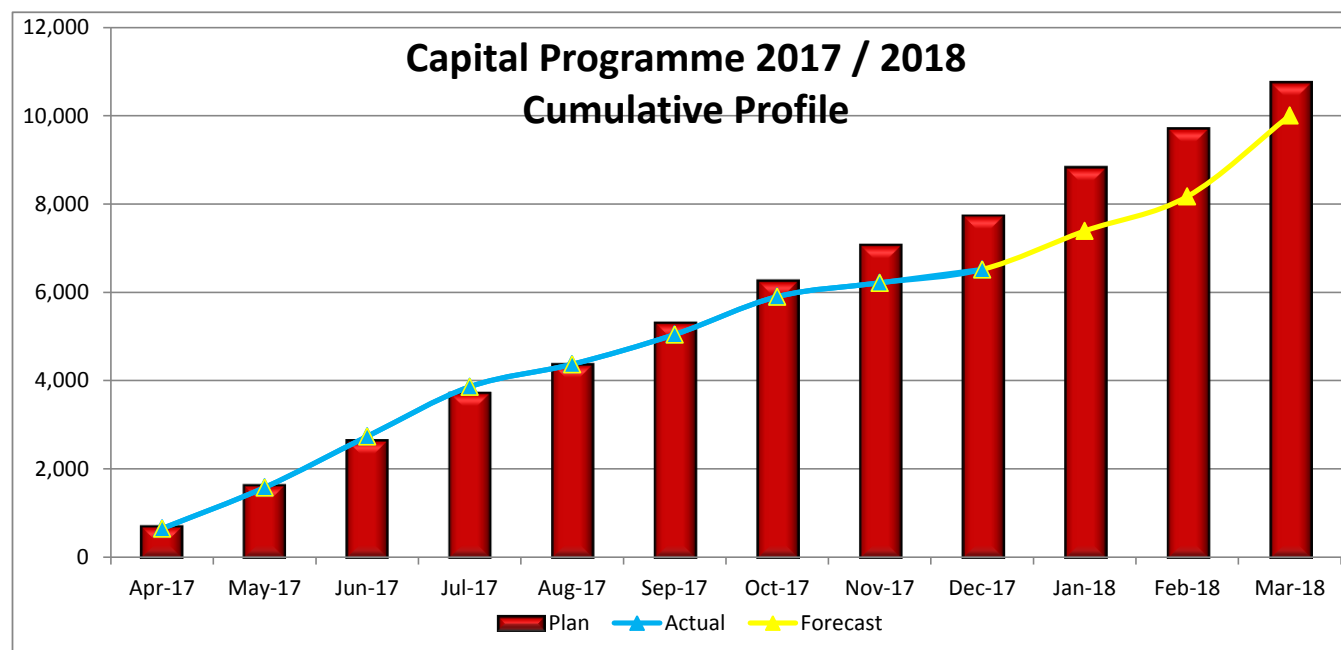
Capital Expenditure 2017 / 2018

1. The year to date position is £1.2m lower than plan (16%). This covers spend across a whole range of schemes.

2. Ground work issues associated with phase 4 of the Fieldhead Non Secure programme have now been resolved.

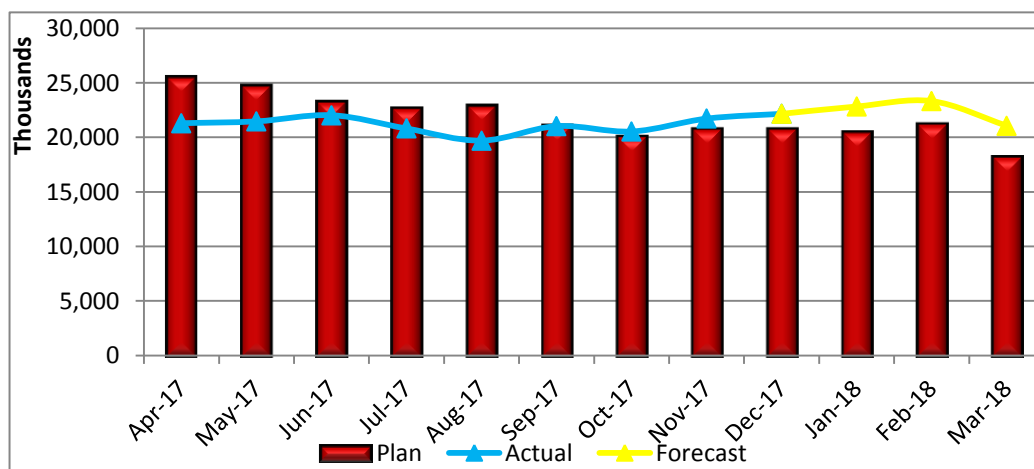
3. Minor works has been revised to reflect a lower spend to protect the Trust cash position. The reduction follows a review of priorities and included a risk assessment.

4. IM & T forecast has been reduced to reflect the current programme. This is primarily timing associated with the Clinical Record System.

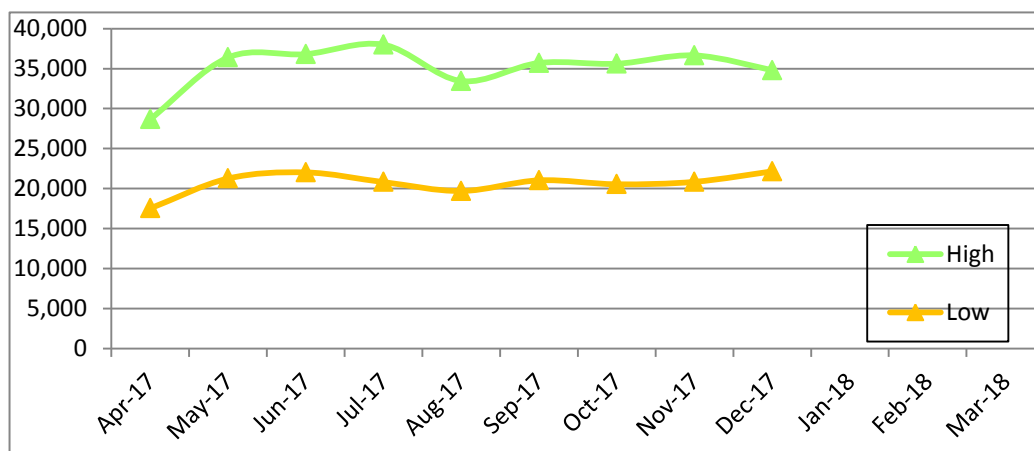


3.2

Cash Flow & Cash Flow Forecast 2017 / 2018



	Plan £k	Actual £k	Variance £k
Opening Balance	25,495	26,373	
Closing Balance	20,890	22,156	1,266



**Cash is above plan.
Actions continue to strengthen
further.**

Focus has continued on cash and in particular chasing of outstanding debtors. Debtors have reduced again and the team continue to look at best practice to improve further.

A detailed reconciliation of working capital compared to plan is presented on page 17.

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.

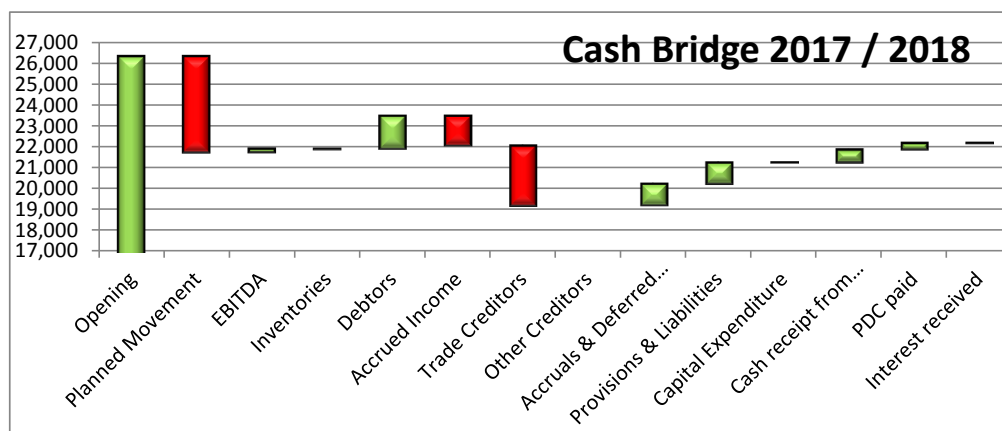
The highest balance is: £34.8m

The lowest balance is: £22.2m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	25,495	26,373	878	1
Surplus (Exc. non-cash items & revaluation)	8,200	8,361	161	
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(700)	886	1,586	2
Accrued Income / Prepayments	(750)	(2,170)	(1,420)	5
Trade Payables (Creditors)	0	(2,875)	(2,875)	6
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	50	1,087	1,037	3
Provisions & Liabilities	(2,000)	(975)	1,025	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(7,740)	(7,129)	611	
Cash receipts from asset sales	0	309	309	4
PDC Dividends paid	(1,698)	(1,751)	(53)	
PDC Dividends received			0	
Interest (paid)/ received	36	40	4	
Closing Balances	20,893	22,156	1,263	



The plan value reflects the March 2017 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. Brought forward cash position was higher than planned.
2. Debtors are lower than plan. Successful action continues to pursue old and high value debts.
3. Accruals are being reviewed with key suppliers chased for invoices. This helps provide assurance over the year to date position.
4. Trust assets (South Kirby and Darfield Health Centres) have been sold in June and August 2017 which were originally planned to be sold in Quarter 4 2017 / 2018. These disposals form part of the overall Trust Estates Strategy.

Factors which decrease the cash position against plan:

5. Accrued income continues to be higher than plan. The majority of this relates to NHS Barnsley CCG. Work is ongoing to agree the final balance.
6. Creditors are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code.

The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

4.0

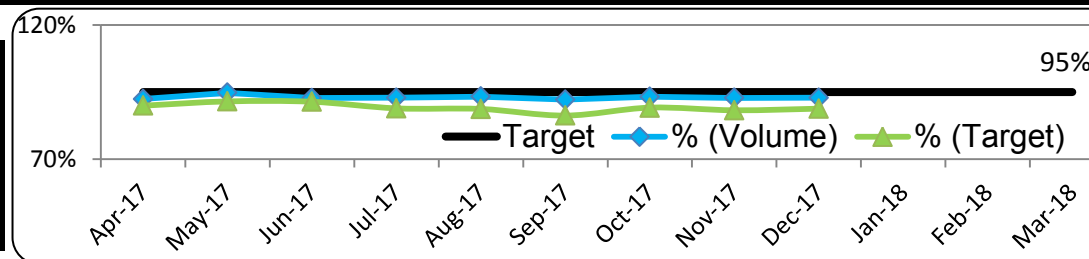
Better Payment Practice Code

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

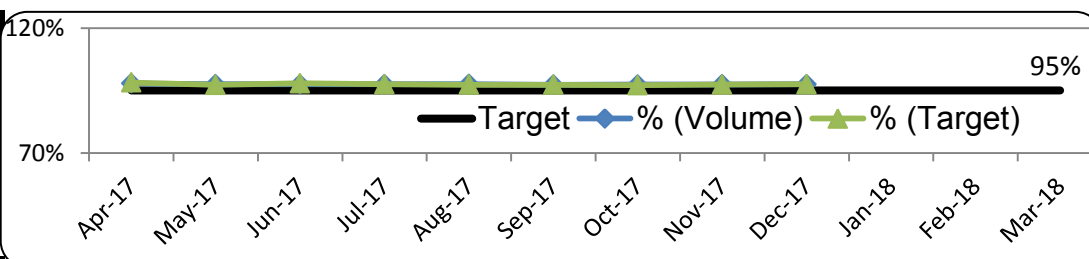
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

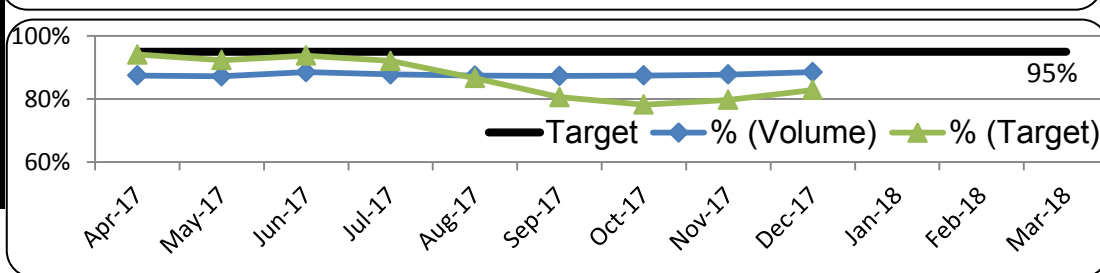
NHS		
	Number	Value
	%	%
Year to November 2017	93%	88%
Year to December 2017	93%	89%



Non NHS		
	Number	Value
	%	%
Year to November 2017	97%	97%
Year to December 2017	97%	98%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to November 2017	88%	80%
Year to December 2017	88%	83%



4.1

Transparency Disclosure

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

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.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
01-Dec-17	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	3055393	31,010
07-Dec-17	Property Rental	Barnsley	Community Health Partnerships	3056204	32,445
28-Nov-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3054978	43,148
19-Dec-17	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3057631	44,944
06-Dec-17	Staff Recharge	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3055923	46,098
14-Dec-17	CNST contributions	Trustwide	NHS Litigation Authority	3057082	47,581
27-Nov-17	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3054847	53,336
09-Nov-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3053300	54,984
22-Dec-17	Staff Recharge	Trustwide	Wakefield MDC	3057954	62,317
19-Dec-17	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3057632	219,053
19-Dec-17	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3057631	219,053

- * 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 CIP 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
- * 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 - This is the surplus we expect to make for the financial year
- * Target Surplus - This is the surplus the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2016 / 2017 the Trust were set a control total surplus.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * 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.
- * IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.50%	4.70%	4.70%	4.80%	4.90%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.90%	5.10%	5.20%	5.10%	5.60%	5.90%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	82.70%	84.60%	86.10%	87.50%	95.40%	96.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	39.90%	50.30%	70.70%	75.60%	94.50%	94.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.40%	80.00%	78.40%	77.80%	79.10%	77.60%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.00%	74.70%	76.40%	74.40%	75.80%	78.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	82.70%	84.30%	86.60%	88.80%	88.10%	87.40%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.70%	89.70%	88.90%	88.60%	89.10%	89.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	78.30%	77.20%	77.00%	78.20%	77.50%	77.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.30%	67.10%	63.30%	65.00%	62.60%	62.50%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.50%	84.50%	81.60%	81.70%	82.20%	81.70%
Information Governance	Resources	Well Led	AD	>=95%	88.00%	85.40%	84.30%	82.40%	83.40%	82.30%
Moving and Handling	Resources	Well Led	AD	>=80%	82.70%	82.60%	82.50%	82.10%	82.70%	81.80%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.90%	85.60%	85.80%	87.60%	87.60%	84.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.10%	85.80%	85.60%	85.00%	85.60%	84.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.90%	96.00%	95.50%	94.90%	95.30%	94.50%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	73.60%	76.50%	79.40%	82.10%	83.60%	84.40%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	64.10%	68.00%	71.80%	74.00%	74.30%	78.10%
Agency Cost	Resources	Effective	AD		£109k	£84k	£71k	£101k	£68k	£68k
Overtime Costs	Resources	Effective	AD		£2k	£3k	£3k	£2k	£4k	
Additional Hours Costs	Resources	Effective	AD		£22k	£21k	£21k	£25k	£29k	
Sickness Cost (Monthly)	Resources	Effective	AD		£156k	£160k	£162k	£166k	£165k	£185k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		111.16	110.21	108.86	106.64	111.36	158.63
Business Miles	Resources	Effective	AD		104k	96k	98k	106k	89k	107k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.40%	4.50%	4.60%	4.70%	4.80%	4.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.60%	5.10%	4.80%	5.10%	5.70%	5.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	81.20%	89.10%	92.60%	93.70%	97.60%	97.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	21.70%	40.50%	78.00%	84.50%	95.20%	95.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	74.20%	75.90%	77.40%	75.80%	78.90%	76.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	72.80%	70.10%	70.90%	72.40%	74.30%	72.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	79.20%	80.60%	81.30%	79.90%	81.70%	82.40%
Equality and Diversity	Resources	Well Led	AD	>=80%	82.50%	83.00%	82.00%	81.10%	84.10%	83.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.70%	84.40%	84.00%	81.60%	81.40%	80.70%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.70%	80.90%	79.60%	76.30%	81.10%	82.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	79.90%	80.50%	80.50%	81.70%	83.10%	82.70%
Information Governance	Resources	Well Led	AD	>=95%	91.00%	90.80%	90.40%	87.40%	85.00%	84.90%
Moving and Handling	Resources	Well Led	AD	>=80%	75.40%	74.00%	76.00%	75.60%	77.80%	79.30%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	83.00%	82.80%	82.90%	81.70%	84.50%	85.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	78.90%	78.00%	79.00%	79.00%	79.60%	78.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.60%	95.40%	95.70%	93.80%	94.10%	94.00%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	88.10%	89.50%	90.60%	90.90%	92.60%	92.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	84.00%	85.00%	86.30%	88.20%	89.60%	90.40%
Agency Cost	Resources	Effective	AD		£58k	£84k	£65k	£101k	£139k	£92k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£6k	£2k	£6k	
Additional Hours Costs	Resources	Effective	AD		£3k	£0k	£1k	£0k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£99k	£117k	£107k	£124k	£124k	£127k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		80.1	88	89.58	72.68	66.03	92.96
Business Miles	Resources	Effective	AD		69k	54k	68k	68k	56k	£64k

Appendix - 2 - Workforce - Performance Wall cont....

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.70%	5.90%	5.90%	6.10%	6.30%	6.4%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.40%	6.40%	6.20%	7.30%	7.70%	0.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	93.20%	93.50%	93.50%	96.20%	98.70%	98.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	39.30%	45.00%	70.40%	84.00%	97.80%	97.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.30%	82.30%	84.10%	84.30%	85.50%	85.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.10%	77.60%	77.40%	73.50%	76.50%	79.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	73.50%	75.60%	75.30%	79.90%	83.20%	82.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.70%	87.70%	84.20%	86.20%	87.60%	87.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.20%	84.20%	86.70%	86.90%	89.00%	90.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	90.00%	90.00%	87.20%	85.10%	87.10%	86.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.70%	86.70%	85.70%	86.00%	87.30%	85.4%
Information Governance	Resources	Well Led	AD	>=95%	91.40%	88.40%	88.80%	89.30%	90.30%	87.2%
Moving and Handling	Resources	Well Led	AD	>=80%	85.20%	85.20%	85.00%	86.70%	88.00%	87.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.60%	89.90%	88.80%	89.50%	89.00%	89.00%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	84.00%	86.20%	84.50%	84.00%	85.60%	87.10%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	70.00%	70.00%	69.00%	70.40%	76.90%	77.80%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	85.40%	90.40%	89.30%	91.00%	92.10%	92.60%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	79.30%	86.00%	82.50%	84.50%	84.40%	86.5%
Agency Cost	Resources	Effective	AD		£43k	£51k	£68k	£60k	£47k	£30k
Overtime Costs	Resources	Effective	AD		£0k	£6k	£0k		£0k	£130k
Additional Hours Costs	Resources	Effective	AD		£3k	£3k	£5k	£2k	£1k	
Sickness Cost (Monthly)	Resources	Effective	AD		£48k	£56k	£56k	£67k	£71k	
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.16	48.61	40.43	37.35	35.35	36.55
Business Miles	Resources	Effective	AD		5k	6k	9k	8k	7k	12k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.70%	5.60%	5.80%	5.80%	5.60%	5.50%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.50%	5.50%	6.50%	5.90%	4.40%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	57.70%	82.70%	87.80%	92.50%	99.50%	99.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	26.30%	46.20%	66.40%	79.30%	100.00%	100.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.60%	75.60%	74.20%	74.30%	76.30%	74.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	64.60%	68.10%	74.60%	76.30%	78.10%	76.10%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	63.20%	72.50%	78.80%	83.20%	85.70%	85.20%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.40%	87.30%	85.60%	85.30%	87.10%	86.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.40%	81.10%	81.10%	82.50%	84.90%	80.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	56.50%	58.30%	66.70%	76.90%	70.80%	73.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.80%	83.90%	83.30%	81.50%	83.50%	82.30%
Information Governance	Resources	Well Led	AD	>=95%	90.80%	91.30%	91.30%	87.30%	85.30%	82.70%
Moving and Handling	Resources	Well Led	AD	>=80%	80.10%	80.90%	78.90%	78.20%	79.90%	79.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	82.30%	83.30%	86.20%	85.30%	87.80%	88.20%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.70%	86.10%	87.00%	86.70%	86.60%	86.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	88.50%	92.10%	92.80%	91.60%	91.90%	91.60%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	79.60%	86.50%	90.10%	91.70%	92.80%	93.60%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	73.00%	81.40%	83.70%	86.10%	87.30%	88.40%
Agency Cost	Resources	Effective	AD		£163k	£156k	£147k	£181k	£196k	£184k
Overtime Costs	Resources	Effective	AD		£2k		£0k	£0k	£0k	
Additional Hours Costs	Resources	Effective	AD		£4k	£2k	£2k	£1k	£2k	
Sickness Cost (Monthly)	Resources	Effective	AD		£60k	£63k	£71k	£63k	£48k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.96	41.72	44.58	51.71	39.29	52.42
Business Miles	Resources	Effective	AD		47k	39k	43k	34k	44k	46k

Appendix 2 - Workforce - Performance Wall cont....

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.40%	4.40%	4.30%	4.30%	4.30%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.50%	4.50%	3.70%	4.30%	4.30%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.80%	98.90%	95.20%	97.10%	98.00%	98.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	15.20%	37.60%	83.60%	89.80%	95.40%	95.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	68.40%	68.20%	68.80%	63.40%	69.40%	69.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.30%	62.10%	61.30%	65.50%	85.70%	82.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.70%	86.60%	84.00%	83.90%	87.00%	87.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.40%	88.30%	89.30%	88.00%	89.50%	86.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.60%	97.50%	99.10%	94.90%	99.10%	100.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.70%	85.50%	83.90%	81.20%	83.80%	85.4%
Information Governance	Resources	Well Led	AD	>=95%	91.70%	91.40%	90.30%	88.60%	86.70%	81.4%
Moving and Handling	Resources	Well Led	AD	>=80%	79.60%	81.30%	81.30%	88.50%	87.80%	89.0%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.50%	89.10%	89.20%	88.00%	89.10%	88.4%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.80%	91.70%	92.90%	91.60%	94.70%	95.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	0.00%	0.00%	0.00%	0.00%	100.00%	100.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	98.10%	98.50%	98.20%	97.90%	97.90%	98.6%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	68.20%	78.40%	93.80%	75.00%	86.70%	86.2%
Agency Cost	Resources	Effective	AD		£0k	£-3k	£0k	£12k	£5k	£4k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£0k	£1k	£0k	
Additional Hours Costs	Resources	Effective	AD		£10k	£9k	£12k	£11k	£13k	
Sickness Cost (Monthly)	Resources	Effective	AD		£75k	£74k	£60k	£75k	£68k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		41.18	37.56	54.11	59.23	58.15	62.71
Business Miles	Resources	Effective	AD		38k	34k	28k	36k	36k	38k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	5.20%	5.30%	5.10%	5.00%	5.00%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	5.80%	5.90%	4.20%	4.20%	5.10%	5.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	82.40%	95.10%	97.20%	97.20%	99.40%	99.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	48.80%	65.80%	84.20%	88.70%	94.40%	94.40%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.10%	79.40%	82.00%	81.90%	83.50%	83.50%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	64.50%	66.20%	66.00%	65.80%	72.00%	75.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	68.20%	69.00%	70.30%	72.90%	74.30%	75.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.80%	87.50%	87.40%	86.60%	86.50%	85.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.60%	85.80%	85.10%	86.80%	86.70%	87.60%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.20%	71.30%	69.20%	69.90%	72.70%	71.80%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.10%	80.90%	81.10%	80.30%	81.20%	83.40%
Information Governance	Resources	Well Led	AD	>=95%	92.90%	91.70%	89.50%	87.30%	89.60%	87.40%
Moving and Handling	Resources	Well Led	AD	>=80%	71.00%	69.90%	68.70%	70.30%	71.50%	73.10%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.20%	88.10%	87.30%	87.00%	87.80%	90.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	80.00%	81.10%	79.40%	77.10%	79.50%	80.60%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.40%	94.10%	93.80%	92.60%	92.90%	93.70%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	73.70%	83.70%	84.30%	86.00%	88.20%	90.50%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	67.20%	78.40%	79.00%	81.10%	83.90%	86.50%
Agency Cost	Resources	Effective	AD		£83k	£74k	£84k	£60k	£76k	£90k
Overtime Costs	Resources	Effective	AD		£1k	£3k	£4k	£2k		
Additional Hours Costs	Resources	Effective	AD		£2k	£2k	£4k	£4k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£56k	£58k	£38k	£43k	£55k	£57k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		45.19	45.35	43.73	50.39	48.33	45
Business Miles	Resources	Effective	AD		37k	38k	37k	41k	31k	37k

Glossary

ADHD	Attention deficit hyperactivity disorder	HEE	Health Education England	NMoC	New Models of Care
AQP	Any Qualified Provider	HONOS	Health of the Nation Outcome Scales	OOA	Out of Area
ASD	Autism spectrum disorder	HR	Human Resources	OPS	Older People's Services
AWA	Adults of Working Age	HSJ	Health Service Journal	ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related Applications
AWOL	Absent Without Leave	HSCIC	Health and Social Care Information Centre	PbR	Payment by Results
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield	HV	Health Visiting	PCT	Primary Care Trust
BDU	Business Delivery Unit	IAPT	Improving Access to Psychological Therapies	PICU	Psychiatric Intensive Care Unit
C&K	Calderdale & Kirklees	ICD10	International Statistical Classification of Diseases and Related Health Problems	PREM	Patient Reported Experience Measures
C. Diff	Clostridium difficile	ICO	Information Commissioner's Office	PROM	Patient Reported Outcome Measures
CAMHS	Child and Adolescent Mental Health Services	IG	Information Governance	PSA	Public Service Agreement
CAPA	Choice and Partnership Approach	IHBT	Intensive Home Based Treatment	PTS	Post Traumatic Stress
CCG	Clinical Commissioning Group	IM&T	Information Management & Technology	QIA	Quality Impact Assessment
CGCSC	Clinical Governance Clinical Safety Committee	Inf Prevent	Infection Prevention	QIPP	Quality, Innovation, Productivity and Prevention
CIP	Cost Improvement Programme	IPC	Infection Prevention Control	QTD	Quarter to Date
CPA	Care Programme Approach	IWMS	Integrated Weight Management Service	RAG	Red, Amber, Green
CPPP	Care Packages and Pathways Project	KPIs	Key Performance Indicators	RIO	Trusts Mental Health Clinical Information System
CQC	Care Quality Commission	LA	Local Authority	SIs	Serious Incidents
CQUIN	Commissioning for Quality and Innovation	LD	Learning Disability	S BDU	Specialist Services Business Delivery Unit
CROM	Clinician Rated Outcome Measure	MARAC	Multi Agency Risk Assessment Conference	SK	South Kirklees
CRS	Crisis Resolution Service	Mgt	Management	SMU	Substance Misuse Unit
CTLD	Community Team Learning Disability	MAV	Management of Aggression and Violence	SRO	Senior Responsible Officer
DoC	Duty of Candour	MBC	Metropolitan Borough Council	STP	Sustainability and Transformation Plans
DoV	Deed of Variation	MH	Mental Health	SU	Service Users
DoC	Duty of Candour	MHCT	Mental Health Clustering Tool	SWYFT	South West Yorkshire Foundation Trust
DQ	Data Quality	MRSA	Methicillin-resistant Staphylococcus Aureus	SYBAT	South Yorkshire and Bassetlaw local area team
DTOC	Delayed Transfers of Care	MSK	Musculoskeletal	TB	Tuberculosis
EIA	Equality Impact Assessment	MT	Mandatory Training	TBD	To Be Decided/Determined
EIP/EIS	Early Intervention in Psychosis Service	NCI	National Confidential Inquiries	WTE	Whole Time Equivalent
EMT	Executive Management Team	NHS TDA	National Health Service Trust Development Authority	Y&H	Yorkshire & Humber
FOI	Freedom of Information	NHSE	National Health Service England	YHAHSN	Yorkshire and Humber Academic Health Science
FOT	Forecast Outturn	NHSI	NHS Improvement	YTD	Year to Date
FT	Foundation Trust	NICE	National Institute for Clinical Excellence		
FYFV	Five Year Forward View	NK	North Kirklees		

KEY for dashboard Year End Forecast Position / RAG Ratings	
4	On-target to deliver actions within agreed timeframes.
3	Off trajectory but ability/confident can deliver actions within agreed time frames.
2	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
1	Actions/targets will not be delivered
	Action Complete

NB: The Trusts RAG rating system was reviewed by EMT during October 16 and some amendments were made to the wording and colour scheme.