

# Integrated Performance Report

## Strategic Overview



**October 2017**

With **all of us** in mind.



# Table of Contents

	Page No
Introduction	4
Summary	5 - 7
Quality	8 - 14
National Metri	15 - 16
Locality	17 - 19
Priorities	20 - 27
Finance /Contracts	28 - 29
Workforce	30 - 32
Publication Summary	33 - 34
Appendix 1 - Finance Report	35 - 55
Appendix 2 - Workforce Wall	56 - 58
Glossary	59

## Introduction

Please find the Trust's Integrated Performance Report for October 2017. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the 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. The report is now more in line with the vision of having a single report that 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 as well as meeting the requirements of our regulators and providing 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 has been provided on these changes, 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 is required and a clearer approach to monitoring progress against Trust objectives 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
- Transformation
- 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						1
CQC Quality Regulations (compliance breach)		Green	Green	Green	Green	Green	Green	Green	Green						Green
<b>Improve people's health and reduce inequalities</b>		<b>Target</b>	<b>Apr-17</b>	<b>May-17</b>	<b>Jun-17</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>	<b>Year End Forecast</b>
Total number of children & young people in adult inpatient wards <sup>5</sup>		0	0	1	1	2	3	2	3						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%						1
% clients in settled accommodation		60%	82.2%	82.5%	82.2%	81.8%	81.7%	80.8%	80.7%						1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks <sup>1</sup>		TBA	80.3%			87.5%									
Out of area beds <sup>2</sup>		<=100 Green, 101 -199 Amber, >=200 Red	285	377	255	347	370	433	477						3
IAPT –proportion of people completing treatment and moving to recovery		50%	45.6%	49.4%	56.4%	52.4%	49.06%	51.25%	51.95%						1
<b>Improve the quality and experience of care</b>		<b>Target</b>	<b>Apr-17</b>	<b>May-17</b>	<b>Jun-17</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>	<b>Year End Forecast</b>
Friends and Family Test - Mental Health		85%	85%	82%	86%	89%	79%	85%	86%						85%
Friends and Family Test - Community		98%	97%	99%	98%	95%	99%	99%	97%						98%
Patient safety incidents involving moderate or severe harm or death			19	22	31	29	29	25	42						
Safer staff fill rates		90%	110%	111%	103%	112.6%	109%	111.8%	112.9%						100%
Number of records with up-to-date risk assessment (MH) <sup>3</sup>			KPI under development												
IG confidentiality breaches		<=8 Green, 9 -10 Amber,	9	12	12	6	10	6	5						
% people dying in a place of their choosing <sup>4</sup>			Reporting established from Sept 17					82.6%	90.9%						
<b>Improve the use of resources</b>		<b>Target</b>	<b>Apr-17</b>	<b>May-17</b>	<b>Jun-17</b>	<b>Jul-17</b>	<b>Aug-17</b>	<b>Sep-17</b>	<b>Oct-17</b>	<b>Nov-17</b>	<b>Dec-17</b>	<b>Jan-18</b>	<b>Feb-18</b>	<b>Mar-18</b>	<b>Year End Forecast</b>
Projected CQUIN Shortfall		£4.2m	£346k	£664k	£842k	£869k	£856k	£856k	£856k						£136k
Surplus		In line with Plan	£26k	£53k	£95k	£204k	£226k	£6k	£158k						£1020k
Agency spend		In line with Plan	£501k	£426k	£500k	£457k	£446k	£435k	£515k						£7m
CIP delivery		£1074k	£472k	£1024k	£1643k	£2306k	£2950k	£3452k	£4117k						£7.3m
Sickness absence		4.5%	4.8%	4.7%	4.7%	4.8%	4.9%	4.9%	4.9%						4.50%
Mental Health Act training		>=80%	51.2%	56.9%	70.5%	75.0%	80.3%	81.6%	83.4%						80%
Mental Capacity Act Training		>=80%	64.9%	69.6%	78.0%	82.5%	86.1%	87.6%	88.9%						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.

**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**

- Pre STF deficit of £151k in October. Cumulative position is now a deficit of £158k, which is £315k adverse to plan
- Out of area beds £1.3m overspent year-to-date.
- Other adverse variances include the CQUIN risk reserve, reductions in income and under-delivery against CIPs
- Agency staffing costs were the highest of the year at £515k in-month, but remains below both last year and the cap
- Use of resources risk rating remains at 1, although two individual metrics are now rated as 2
- CIP delivery is £3.5m, which is £357k below plan
- Cash balance of £20.5m is slightly ahead of plan
- Achievement of the year-end control total remains at risk

**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 at regional and national level but the timescales for resolution remain unclear.
- Safe staffing levels have been maintained, however pressures continue to be present in some areas and resulting in a dilution of skill mix to maintain safe ratios
- Medicine omission rates meet target
- Provider information request has been received from CQC which initiates our well led review.

**NHSI Indicators**

- The Trust continues to perform well against the vast majority of NHSI metrics
- Within the IAPT people moving to recovery indicator the rate achieved is 51.95%, which is marginally above threshold - further detail can be seen in the national metrics section of the report.
- Whilst below target data completeness priority metrics for mental health improved from 60.1% to 69.1% in October
- In month under performance has been seen against the 7 day follow up indicator - 7 patients discharged out of 133 were not followed up within the 7 day timeframe. 5 of those that breached were followed up but outside 7 day window, 2 that breached were due to being unable to engage with service user.

**Locality**

- Intermediate Care ward scheduled to transfer to the management of Barnsley Hospital on December 1st
- Positive feedback received in relation to the South Yorkshire Liaison and Diversion scheme
- Work to the showers at The Dales completed, resulting in available bed capacity increasing by two
- A number of medical staffing gaps in Kirklees and Calderdale
- Configuration of forensic beds under review across West Yorkshire
- Significant improvement in learning Disability waiting times
- Positive results from a good practice visit to the memory service in Wakefield

**Priority Programmes**

- Work progressing well on Forensic Community CAMHs
- Production of community workforce modelling for Older People's Transformation slightly delayed

**Workforce**

- Mental Health Act and Mental Capacity training continue to remain above the 80% threshold.
- Sickness absence increases to 5.2% in October (4.9% year to date).
- Appraisal compliance for Band 6 and above is at 92.7%%, just short of the 95% target.
- Appraisals completed for Band 5 and below has increased to 82.7% as at the end of October (was 46% at end of August 2017). The target is 95% by the end of September 2017.

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	Q1 17/18	Q2 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	1	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	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	19.8% 43/217	18.2% 38/208	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%	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%	98%	4
	Total number of reported incidents	Improving Care	Safety Domain	TB	N/A	3509	3405	3293	2946	848	1025	980	1091	1084	903	982	2853	3078	N/A
	Total number of patient safety incidents resulting in severe harm and death	Improving Care	Safety Domain	TB	N/A	10	19	19	20	4	6	5	9	6	11	14	15	26	N/A
	Total number of patient safety incidents resulting in moderate or severe harm and death	Improving Care	Safety Domain	TB	N/A	73	79	73	84	19	22	31	29	29	25	42	72	83	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%	18.2%	24.3%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%					110%	111%	103%	112.6%	109%	111.8%	112.9%	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%	107%	94.1%	4
	Number of pressure ulcers (attributable) <sup>1</sup>	Improving Care	Safety Domain	TB	N/A	98	95	78	86	27	25	30	32	31	29	16	82	92	N/A
	Number of pressure ulcers (avoidable) <sup>2</sup>	Improving Care	Safety Domain	TB	0	1	4	3	2	0	1	1	0	1	0	0	2	1	3
	Complaints closed within 40 days	Improving Health	Responsive	TB	80%					11/39	2/20	6/25	0/18	2/18	2/12	0/18	8/63	6/50	1
	Referral to treatment times	Improving Health	Responsive	KT/SR/CH	TBC					KPI under development									
	Un-outcome appointments <sup>3</sup>	Improving Health	Effective	KT/SR/CH	TBC		2.2%	2.9%	2.6%	5.0%	4.6%	4.3%	3.8%	3.5%	3.3%	2.7%	4.3%	3.3%	
	Number of Information Governance breaches <sup>3</sup>	Improving Health	Effective	MB	<=8	36	25	29	36	9	12	12	6	10	6	5	33	22	
	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	81	113	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	4
	Number of Duty of Candour applicable incidents <sup>4</sup>	Improving Health	Caring	TB	N/A	73	86	83	86								154		N/A
	Duty of Candour - Number of Stage One exceptions <sup>4</sup>	Improving Health	Caring	TB	N/A	Reporting established from Oct 16		0	2								Data avail Dec 17	9	N/A
	Duty of Candour - Number of Stage One breaches <sup>4</sup>	Improving Health	Caring	TB	0	Reporting established from Oct 16		0	1								1		3
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	KT/SR/CH	80%	85.6%	85.0%	83.0%	85.2%	85.2%	85.0%	85.5%	85.0%	85.3%	85.6%	81.4%	85.2%	85.6%	4
	% of prone restraint with duration of 3 minutes or less <sup>5</sup>	Improving Care	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16	79.7%	75.6%	66.3%	68.40%	75.70%	75%	77%	80%	80%	79%	75%	80%	4
	Delayed Transfers of Care	Improving Care	Effective	KT/SR/CH	7.5%	2.2%	2.6%	3.1%	2.7%	1.9%	1.7%	1.1%	1.7%	2.8%	2.8%	2.78%	1.6%	2.3%	4
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/CH	TBC					KPI under development									
	No of staff receiving supervision within policy guidance <sup>7</sup>	Improving Care	Well Led	KT/SR/CH	TBC					39.5% (March 17)	38.3%			36.90%		To be reported at end of Q3	38.3%	36.90%	
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	162	158	136	95	38	52	49	39	54	46	41	139	139	
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A					104	140	101	144	159	121	134	345	424	

\* 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. The data reported is a refreshed April – September position in this report. October data will be available in the next report. Data correct at 03/11/17. The breach relates to Kirklees, where Duty of Candour was not completed as the patient was not well enough at the time (self harm), and we were unable to ascertain next of kin details.

6 - This is the year to date position for mental health direct unoutcome appointments which is a snap shot position at a given point in time. The increase in unoutcome 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.



## 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 Nov 17.
- 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. Trust policy and procedures on complaints management were most recently reviewed by Trust Board in July 2017 and have been favourably reviewed by the Care Quality Commission (CQC) and highlighted as best practice as part of accreditation against the national Customer Services Excellence standard. The Customer Services Team work with people to resolve their issues and work with staff to support investigation of what happened, identification of any learning and an appropriate response to the complainant. The Team will continue to maintain central oversight and management of the complaints process with the same level of 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 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.

The review has inevitably impacted on the performance of the Trust and this is reflected in the time taken to resolve complaints and in meeting the 40 day target. However, it is anticipated that the new arrangements will improve both the quality and timeliness of complaints resolution and a pilot of the new process is due to take place in selected BDUs starting in December 2017.

- % of prone restraint with duration of 3 minutes or less - The number of restraint incidents occurring over 3 minutes during October 17 has increased. This relates to 9 incidents out of 34 being for 3 minutes or more. The percentage has decreased as the numbers of prone restraints overall rose in October 2017 from 25 to 34 due to an increase in clinical acuity. 3 of the 9 were in Wakefield PICU and other 6 in different wards. All had cogent reasons including management of assaults on staff (5/9), preventing absconding of individuals intent on self harm (2/9), use of property as weapons and to facilitate use of seclusion. 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. October 17 has seen an improvement in the number of inpatient medicines omissions and is now at its lowest level so far this year. Work from last year has focussed on improving the medication omissions particularly "patient refusals" on Older People's Services (OPS) wards.

The figures from the mental health safety thermometer show a downward trend since the start of the sign up to safety campaign.

Average percentage of service users who had at least one medicine omitted

2015/16 23.5%

2016/17 19.9%

2017/18 Quarter 1 18.1%; Quarter 2 24.3%; Quarter 3 17.5% to date

Medicines Refused remains the most common reason for omission. Omitted for a valid clinical reason is the next most common. We are employing a variety of different behavioural change techniques including awareness raising through bulletins and posters, visual prompts on charts and face to face discussions within multidisciplinary teams to further reduce the burden of missed doses on both individuals and the trust.

- Falls reduction - 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.

- Supervision – the figure does not include some staff within integrated teams at present. Once the baseline is finalise an improvement trajectory will be applied.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

## Safety First

### Summary of incidents during Q1 17/18, October 2017

Summary of Incidents	Q1 17/18	Q2 17/18	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep-17	Oct-17		Q1	Q2	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Total
Green no harm	1768	1907	536	626	606	671	669	567	592	Suicide (incl apparent) -	4	10	1	1	2	5	2	3	4	18
Green	781	853	228	287	266	317	294	242	270	Suicide (incl apparent) - community team care - discharged	0	2	0	0	0	1	0	1	1	3
Yellow	227	230	66	86	75	77	89	64	87	Physical violence (contact made) against other by patient	1	1	0	0	1	0	0	1	1	3
Amber	57	58	14	18	25	17	25	16	21	Pressure Ulcer - grade 3	1	1	0	0	1	1	0	0	1	3
Red (should not be compared with SIs)	20	30	4	8	8	9	7	14	12	Fire / Fire alarm related incidents	1	1	0	0	1	1	0	0	0	2
<b>Total</b>	<b>2853</b>	<b>3078</b>	<b>848</b>	<b>1025</b>	<b>980</b>	<b>1091</b>	<b>1084</b>	<b>903</b>	<b>982</b>	Information disclosed in error	1	1	0	1	0	0	0	1	0	2
										Self harm (actual harm)	2	0	0	1	1	0	0	0	0	2
										Administration/supply of medication from a clinical area	0	1	0	0	0	1	0	0	0	1
										Death - cause of death unknown/ unexplained/ awaiting confirmation	0	1	0	0	0	0	0	1	0	1
										Death - confirmed related to substance misuse (drug and/or alcohol)	1	0	1	0	0	0	0	0	0	1
										Illegal Acts	1	0	1	0	0	0	0	0	0	1
										Vehicle Incident	1	0	0	0	1	0	0	0	0	1
										Homicide by patient	1	0	0	0	1	0	0	0	0	1
										Physical/sexual violence by other	1	0	0	0	1	0	0	0	0	1
										<b>Total</b>	<b>15</b>	<b>18</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>40</b>

- 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 October 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://nww.swyt.nhs.uk/learning-from-deaths/Pages/default.aspx>, the plan is future is to include this on a quarterly basis within the performance report.
- 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 Mazars to agree common scope, improve mortality reporting and review arrangements.
- The scope of what is reportable on Datix as an incident has changed in the 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.

Summary

**Quality**

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

A report has been completed on Apparent Suicides reported in 2016/7. In future this will be part of the annual incident report and replaces the previous undetermined death audit. The report examines key pieces of data similar to that supplied to the National Inquiry into Suicide and Homicide. The report has been circulated to the clinical reference group by the associate medical director who is coordinating the response with suggestions of recommended pieces of work. This will then be submitted to EMT.

In 2015, the Trust developed a patient safety strategy 2015-18 to build on the existing robust governance processes. This supports the Trust priority to improve care by ensuring quality counts and safety is put first. The aims of the Strategy are to:-

1. Improve the safety culture throughout the organisation whilst supporting people in their recovery journey.
2. Reduce the frequency and severity of harm resulting from patient safety incidents.
3. Enhance the safety, effectiveness and positive experience of the services we provide.
4. Reduce the costs both personal and financial associated with patient safety incidents.

This year, the implementation plan has focused on 10 overarching priority areas including:

- ☐ Each Business Delivery Unit identified their top 5 patient safety priorities for 2017 which they are progressing locally
- ☐ Improved Patient Safety information internally and externally
- ☐ Work has been done to explore a range of improvement methodologies and how they could be used in the Trust to improve patient safety. This has included researching and piloting safety huddles, which has shown some results in reducing harm. Plans are being developed to scale this up. Other work around promoting safety conversations and Human factors is underway.
- ☐ We have been improving our understanding of safety culture through the introduction of a safety culture survey in teams who are introducing safety huddles
- ☐ Sign up to safety work has continued and 2016 data showed some positive improvements
- ☐ Suicide prevention strategy implementation group has continued

## Safer Staffing

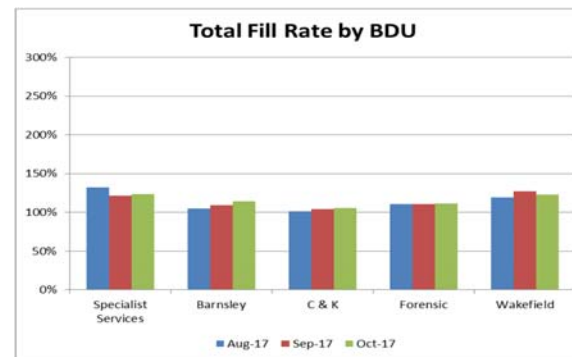
**Overall Fill Rates: 112.9%**

Registered fill rate: (day + night) 99.5%

Non Registered fill rate: (day + night) 126.2%

Overall fill rates for the majority of Trust inpatient areas remain above 90% for both registered and non-registered staff.

Fill Rate	Month		
BDU	Aug-17	Sep-17	Oct-17
Specialist Services	133%	121%	124%
Barnsley	105%	109%	114%
C & K	102%	105%	106%
Forensic	111%	111%	111%
Wakefield	119%	127%	123%
<b>Grand Total</b>	<b>109%</b>	<b>112%</b>	<b>113%</b>



For the second consecutive month no ward fell below a 90% overall fill rate in October. Of the 32 inpatient areas 25 (78.1%) achieved greater than 100%.

Registered On Days (Trust Total 94.5%)

The number of wards which are achieving 100% and above fill rate has increased to 12 (37.5%) in October. There has been a decrease in the number of wards that have failed to achieve 80%, five wards in all (15.6%) compared to six (18.75%) in October. Chippendale had a significant increase (13.5%). These remain mainly focused in the Forensic BDU (Medium Secure Unit)

Registered On Nights (Trust Total 104.6%)

The number of wards which are achieving 100% and above fill rate on nights increased by three wards to 75.% (increased from 65.5%). Thornhill and Elmdale fell below the 80% threshold however both were within 5% of achieving the threshold.

Average Fill Rates for Barnsley BDU were 109%, an increase of 2%. Calderdale and Kirklees BDU were 105%, with an increase of 4%. Forensic BDU were 111% with an increase of 1%. Wakefield BDU were 127% with an increase of 8%. Specialist services were 121% with a decrease of 12% which has to be considered along with the agreed reduction in their staffing template.

Summary

**Quality**

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

## Infection Prevention & Control

## Information Governance

No incidents were reported to the ICO during the month of October 2017. One incident is being investigated internally as it involved a staff member sending person identifiable data to a colleague outside normal working hours via Facebook messenger. Other breaches relate to prescriptions being hand-delivered to the wrong address, correspondence to an incorrect address and filming taking place where staff were accessing clinical systems

## 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.

0.5% of CQUIN monies for 17/18 are currently set aside as part of an STP risk reserve

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.

The Trust is currently forecasting a year end position of £856k shortfall, of which £720k relates to the STP indicator. NHSI have written to all trusts confirming further information will follow in relation to this Indicator, the Trust continues to rate this element of the scheme Red until further guidance is issued from NHSI.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

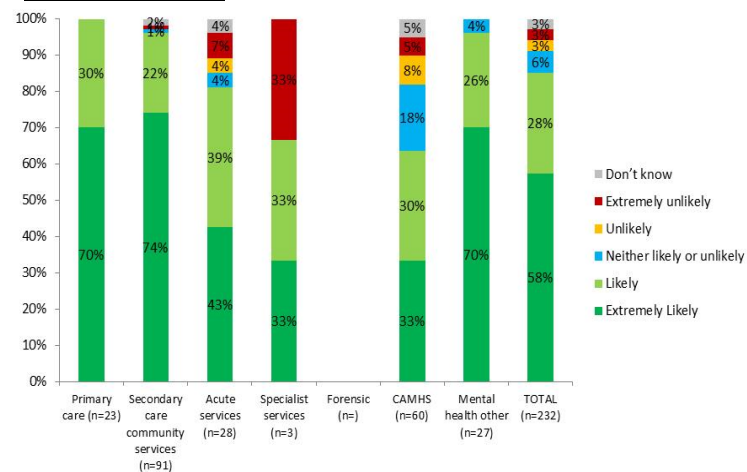
Workforce

## Patient Experience

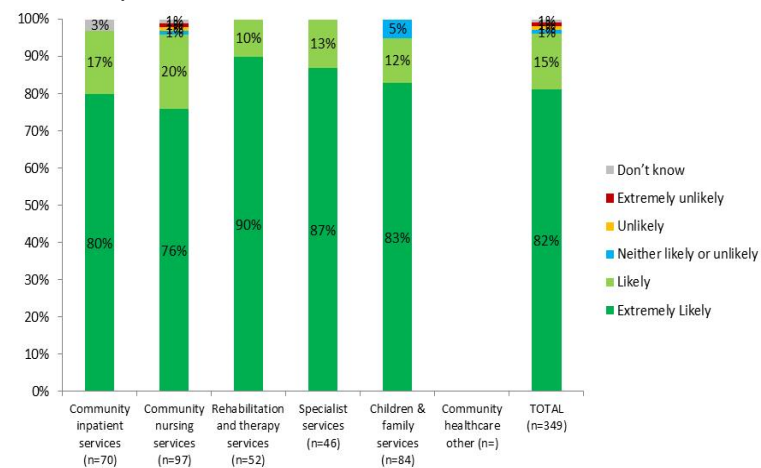
### Friends and family test shows

- Community Services – 97% would recommend community services.
- All service lines achieved 76% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 86% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 33% (CAMH and Specialist services) and 74% (Secondary care services)
- Small numbers stating they were extremely unlikely to recommend.

### Mental Health Services



### Community Services



## NICE

There has been little change from last month, although we continue to monitor any new guidance. The Quality Improvement Team have started distributing the guidance out to BDU's for them to assess applicability. However, progress regarding NICE will be limited because of the CQC pressures on both QIAT and BDU's.

## Safeguarding Children

- Throughout quarter 2 there has been evidence of strong partnership and multi-agency working with the local safeguarding children boards and other agencies to complete a number of audits reviewing cases involving neglect, harmful sexual behaviour and children who have been in custody. The findings of the audits have been incorporated into the safeguarding children training to ensure that the lessons learnt are shared in a timely manner.
- There has been a review of the current training material and the Named Nurse along with support from Learning and Development have completed a workforce plan for 2018 to ensure that the Trust has a well-informed, skilled and knowledgeable workforce where training is accessible in a number of forms and incorporated into the upcoming mandatory training days. Alongside this a workforce development plan for PREVENT training has been produced to meet the requirement of 85% compliance by March 2018 (as set by NHS England). Hotspot areas have been contacted and additional training has been organised. This plan has been discussed and agreed with the Regional PREVENT Coordinator.
- The safeguarding children team have been involved in providing reports and chronologies to a number of potential Serious Case Reviews. The team have also supported practitioners to attend Lesson Learnt and Practitioner events to support the learning into the organisation.
- Additional Child Sexual Exploitation and Domestic Abuse training has been delivered to the Learning Disability services following a theme which had emerged from a number of Datix and advice calls.
- Following a recent child death the Assistant Director of Nursing and the Named Nurse have recently attended a CAMHS development session to provide information about the child death process, an explanation of the Serious Case Review process and the internal processes. This event was well received and described as 'helpful' by the Practice Governance Coach.

Summary

**Quality**

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

## Safeguarding Adults

- Three members of the team were nominated at the Trust awards ceremony, with 2 runner up awards.
- The safeguarding Adults team have:
  - been involved in Supporting staff through complex self-neglect cases, chairing the meetings and supporting process,
  - included as part of the safeguarding forum external speakers including representatives from family Support, domestic abuse, advocacy services and the national centre for domestic violence
  - have co facilitated the domestic abuse / CSE training for learning disability team.
  - Have provided chronology information in a timely manner to the Safeguarding Adult Boards to support potential Safeguarding Adult Reviews in Kirklees and Calderdale
  - Have facilitated a presentation on the Forensic learning lessons event
  - Contributed to the safeguarding week

## CQC

### CQC inspection

Since April 2017, the CQC have implemented a new assessment framework. As a result, there will be a more targeted approach to inspection way inspections are conducted with less comprehensive inspections. The CQC will undertake an annual announced well-led review and this will involve CQC speaking with senior members of our organisation. In addition, at least one of our core services will be inspected each year. They are likely to target those services that previously received a 'requires improvement' rating and these visits will be unannounced.

On 14th November 2017 we received a Provider Information Request (PIR), with 144 requests for information. The PIR is made 20-24 weeks prior to our well-led review date and we have three weeks until 5pm on the 5th December 2017 to respond. During the 12-24 week period prior to our well-led review we can expect CQC to carry out at least one unannounced visit to our core services. Therefore, the earliest date the unannounced visit(s) could occur is 6th February 2018 and the earliest the well-led inspection could take place is 3rd April 2018.

In the interim period, our existing CQC inspection action plan will be updated and completed and further areas for development will be identified and addressed.

CQC Re inspection MUST/SHOULD Do action plan – progress report October 2017

Following the January 2017 re inspection the CQC issued the Trust with 7 MUST Do and 15 SHOULD Do actions across 4 core service lines including 6 SHOULD do actions trust wide. We also have an outstanding regulatory breach from the March 2016 CQC visit which has been added to the 7 MUST Do actions from the March 2017 re-visit, therefore we now have 8 MUST Do actions.

The RAG ratings on the action plan were agreed on 19th October with the Clinical Governance Group.

		October 2017	
		MUST (n =8)	SHOULD (n=15)
Blue		1 (12.5%)	5 (33%)
Green		3 (37.5%)	5 (33%)
Green	Amber	1 (12.5%)	2 (13.5%)
Amber	Red	2 (25%)	3 (20%)
Red		1 (12.5%)	0

### CQC action plan headlines

- Services continue to actively monitor their progress with their action plans.
- Half of the 'must do' actions have either been completed or will be within agreed timeframes.
- The majority of 'should do' actions (66%) have either been completed or are on track to be done within the given timescales.
- The red 'must do' action is about the access to psychological therapies within community mental health services for adults. A desktop quality monitoring review found that serious concerns remain around this issue.
- There are now three amber/red rated 'must do's whereby timescales for completed actions have not been met. The first is in relation to completion and accessibility of clinical risk assessments onto the electronic care record system in community services for people with a learning disability or autism. The second issue remains around waiting times within the CAMHS services and the other is in relation to staff supervision difficulties in one Calderdale acute mental health unit although this situation is improving.
- The amber/red 'should do's relate to staff appraisals and ILS training within our Forensics service. Whilst improvements remain ongoing, again there is concern that the actions will not be delivered within the agreed timeframes. The use of lone working devices continues to be an issue within CAMHS and the Trust wide 'should do' regarding supervision is still an issue (see above) although again improvements are being made but actions have not been completed within the given timescales.

### Monitoring of actions against our CQC action plan by the CQC

- We continue to submit our monthly action plan progress updates to CQC.
- We review core service progress updates as part of the monthly Clinical Governance Group agenda.
- These are also discussed within our regular engagement meetings when we meet directly with CQC and update them on our progress and improvements and about any areas where improvements are still needed.

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	Q1 17/18	Q2 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%	98.3%	96.8%	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%	99.7%	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%	98.5%	96.6%	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%	97.6%	95.5%	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%	99.7%	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%	59.6%	60.1%	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%	51.95%	50.1%	49.2%	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%	87.74%	81.9%	81.1%	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%	99.52%	99.5%	99.4%	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%	89.2%	84.4%	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%	82.2%	80.8%	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%	9.0%	8.7%	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															2	
Due Q4																			
Due Q4																			
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	Q1 17/18	Q2 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	4	108	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	2	7	N/A	
Number of detentions under the Mental Health Act	Improving Care	Safe	SR/CH	TBC	167	174	156	168		212			221		Due Dec 17	212	221	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%		10.8%	13.6%		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	Q1 17/18	Q2 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%	96.9%	98.7%	97.1%	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%	90.7%	99.7%	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%	90.9%	89.3%	90.3%	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
- 7 day follow up indicator has dropped below threshold for the month of October. This relates to 7 patients discharged out of 133 that were not followed up within the 7 day timeframe. 5 of those that breached were followed up but outside 7 day window, 2 that breached were due to being unable to engage with service user.
- Within the IAPT people moving to recovery indicator the rate achieved is 51.95%, which is marginally above threshold. Work progresses against the action plans to improve IAPT performance in both Barnsley and Kirklees. Performance for each service for the month of October based on the primary IAPT minimum dataset submissions is: Barnsley 55.38%, Kirklees 50% (Greater Huddersfield 45.13%, North Kirklees 52.83%) - for Kirklees the service continue to achieve the 50% threshold overall but with under performance in Greater Huddersfield. Since the dip in August, remedial work on the data has taken place and more robust data quality check and analysis are now in place. 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 improved from 60.1% to 69.1% in October. 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 decreased to 21 days in September and remained at a similar level of 22 days in October. 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.



Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/ Contracts

Workforce

This section of the report is to be developed during 2016/17 and populated with key performance issues or highlights as reported by each BDU.

#### **Barnsley BDU:**

##### **Barnsley Hospital intermediate care wards – transition to new model**

In September 2017, wards 4 and 5 intermediate care (IC) wards at Mount Vernon Hospital were transferred to wards 35 and 36 at Barnsley Hospital in preparation for the transition to the new IC model in Barnsley. From 1st December 2017, the inpatient element (called the 'Transition Ward') of the intermediate care service will transfer from SWYPT and be run by Barnsley Hospital NHS Foundation Trust. This is in line with the new model of care being implemented by Barnsley's Alliance Management Team.

With this in mind and following liaison with the Care Quality Commission (CQC), new patients will not be admitted to the one ward (ward 35, which is the only ward now occupied) during the last two weeks of November. This is to ensure there is a safe transition to the new model with as little disruption as possible. During this time, intermediate care beds in care homes will be used as required, with contingency arrangements in place should they be needed.

Close lines of communication have been established between each party in the Alliance and CQC to ensure any risks that emerge during the transition are managed quickly and effectively.

##### **Mental Health**

The BDU has reviewed and refocused its Data Quality action plan and work continues at team and service line level to improve our performance in this area. Progress against this plan will be monitored at Service Line and BDU Management meetings

- A dip in gatekept admissions has been noted in this month's report. Barnsley has maintained 100% gatekeeping for some time and this variance is therefore causing concern. The Team manager is investigating this with an expectation that remedial action will be taken to reinstate 100% compliance.
- SWYPFT hosts the South Yorkshire Liaison and Diversion scheme and is receiving positive feedback in relation to this from the national and regional team. 2 additional posts, funded by BMBC have been secured to support work to develop a Vulnerable Persons Hub in Barnsley. Close partnership working with the Council, the Police and Safer Neighbourhood teams have been instrumental in securing the investment
- The Improving Access to Psychological Therapy (IAPT) service has met all 3 KPIs in October. Progress against the improvement plan and trajectories is positive. The first draft of the national Intensive Support Team (IST) report has been received by the service to be checked for accuracy. A response has been sent to the IST in respect of this.
- Action plan being finalised to address patient flow challenges in community mental health services/teams.

#### **Calderdale & Kirklees BDU:**

- Works to showers on The Dales has meant a two bedroom reduction for past 6-8 weeks. This work was completed on Friday 17th November. There has been some spikes in in-patient acute admissions, mainly males, however, improved bed availability, discharges and some delayed transfer of care (DTOC) reductions has reduced out of area use in the acute pathway.
- Psychiatric Intensive Care Unit (PICU) use and need remains high, especially female PICU.
- DTOC in older adults in Calderdale and in adults have been subject to a great deal of activity and focus. It is now picked up in Greater Huddersfield and Calderdale Better Care Fund reporting and council and clinical commissioning group (CCG) colleagues are providing additional focus and capacity to all DTOC issues including those in mental health services. Some Better Care Fund (BCF) monies in Kirklees and Calderdale are identified for mental health activity. We are working up proposals in both areas.
- Perinatal Mental health service continues to recruit to remaining vacancies. The workforce is nearly complete with the process of recruiting final members of staff underway. The service will open to referrals as from December.
- Improving Access to Psychological Therapies (IAPT) Kirklees/G Huddersfield. An NHS England Intensive Support Team review of the IAPT service commissioned for North Kirklees and Greater Huddersfield has been agreed in order to look at support needed in the system and this is likely to take place in December. The review team are making contact with the CCG and Trust to confirm data that is required. The teams are undertaking weekly reviews of performance based on an agreed action plan with commissioners concerning access targets to treatment and this focus has had a very positive impact on performance and October's figures, although not finalised yet, are good. Access is at around 17.4% against a 16.8 % target and Recovery is now at 55% against a 50% target.
- The business delivery unit (BDU) clinical leads are working to resolve medical staffing gaps. We have a number of Staff Grade and Consultant vacancies due to retirements and moves to other Trust posts, recruitment is underway as well as creating acting up roles and increased sessions to fill in critical gaps. Some vacancies will need to be filled temporarily with locums in order to accommodate capacity in Perinatal service, for instance.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/ Contracts

Workforce

## Forensics BDU:

- Service Review – this work is continuing nationally. Further stakeholder event was held 13th November. Whilst West Yorkshire technically do not need a reduction in overall bed capacity, the configuration of the beds is an issue in order to ensure all service users are catered for within the STP footprint. Our proposal for an LD Community Team across West Yorkshire was submitted. Further meeting arranged to pursue implementation by April 2018. Further focus being placed on strengthening relationships across the W.Yorkshire STP.
- Forensic CAMHs – Work around the implementation of the regional Forensic CAMHs (FCAMH) service is progressing well and the implementation is being negotiated with NHSE. Work around the implementation of Secure Stairs in Adel Beck is progressing well. We are awaiting further information re the roll out across the secure estate.
- 25 Hours Activity - Significant improvements made in the delivery of 25 hours meaningful activity have continued. The service will continue to monitor this to ensure that improvements are embedded..
- Staff Development - The BDU has progressed discussions re supporting a development programme for Band 3's.
- Nursing Times Award – FCAMHs/LCH won the national award for Partnership Working.
- The situation continues with regard to the graded response to request for leave from the Ministry of Justice (MOJ). This continues to remain a concern from clinicians regarding the impact on service user progress and satisfaction. A recovery plan has been provided. The MOJ indicate that this situation may continue for some time. We are continuing to monitor this and its impact on service users.
- Appraisal Figures, Information Governance and Cardio Pulmonary Resuscitation (CPR) training are key hotspots. Managers are working hard to reach the targets required. Additional CPR training sessions have been identified.
- Occupancy – further slight drop to 85% overall.

## Specialist BDU:

### Specialist Services

Year to date (YTD) sickness rates have generally increased. Only Wakefield CAMHS is now within target. A major contributor to overall levels is a small number of staff on long term sickness. All are being proactively managed in accordance with sickness procedures with some additional management support/training now being offered by Human Resource colleagues. However, the recent increase is due to bouts of short-term sickness – essentially anxiety/stress related. Again this is being managed in accordance with procedure and further promotion of health and wellbeing supports is being undertaken

The position in relation to appraisals (Band 5 and Band 6) has significant improved and specialist services is compliant with the agreed target.

### CAMHS

Further consultation is being undertaken with regard to development of a proposal to establish all-age psychiatric liaison teams in Barnsley, Calderdale, Kirklees and Wakefield. This will ensure compliance with the ambitions of the Five Year Forward View strategy and Core 24 agenda.

It has been recently announced that the West Yorkshire and Harrogate STP will receive £13m funding for a new CAMHS inpatient unit (Leeds Community Hospitals Trust). This investment will complement the new models of care work regarding improved crisis response within specialist child and adolescent mental health services. As part of this work 3 care navigators will shortly be appointed across the STP area to strengthen inpatient admission/discharge processes.

The CAMHS waiting list initiative has, at the end October 17, enabled 192 children/young people to receive more timely support and be removed from the waiting list. The initiative has increased staffing to secure additional bank/agency capacity for a 6 month period (September 17 to March 18). In total it is expected that 400 children/young people will be able supported by the initiative.

### Learning Disability

Local reporting identifies significant improvement with regard to waiting times. However, urgent intensive support response times in Barnsley dipped below target in October 17. This is not expected to be a recurrent problem.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/ Contracts

Workforce

#### Wakefield BDU:

- A Good Practice visit has taken place to the Memory Service in Wakefield with extremely positive results and particular comment on the excellent values and approach of the team.
  - Increased scrutiny of requests for Out of Area (OOA) placement, with a problem solving approach to alternative solutions is to be piloted in the Business Delivery Unit (BDU). The Acute General Manager is leading on this with the support of the OOA Project Board to ensure there is a robust and defensible decision making process in place
  - An increase in managing aggression and violence (MAV) incidents is noted in the report. Debriefs with the MAV team are undertaken following each incident to ensure that any lessons are learned.
- Analysis of any trends or themes takes place at the BDU Clinical Governance and Service Line meetings.

Summary

Quality

NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

#### Summary:

- The new framework for reporting on progress made with Trust priority programmes continues this month.
- Reporting is monthly for those 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.

#### Priority highlights in this report include:

- Flow and out of area beds - Pressures continue with this priority through October. Urgent work linked to intensive home based treatment, progress has been made toward resourcing the personality disorder project and it is hoped that project activity can commence in December to impact positively on the performance of this priority. Additional programme management support is being secured to help bolster this priority. Progress and risk is rated as Red due to continued upwards trend in out of area beds
- Older Peoples Transformation - Production of the community workforce modelling has been delayed for this priority and although a revised plan is in place the project is rated as Yellow as the business case will not be submitted as planned in November (actions will not be delivered to agreed timescales/project tolerances)
- Leadership management - a range of workstreams/key deliverables have progressed to agreed timescales in this priority. This programme is still on track and a revised implementation plan with extension to some work-streams is in place.
- Forensic Community CAMHS - Work continues to progress well since award of the contract as lead provider to SWYPFT by NHS England. Partners include Humber, TEWV and Sheffield children's hospital. Discussions continue with partners on the forensic CAMHS model and progress on the implementation of the model is to revised plan.
- Perinatal mental health - New service launched but some delays in recruitment to medical posts has raised risk to this priority to yellow

Priority	Scope	Update	Area	RAG
<b>IMPROVING HEALTH</b>				
<b>Strategic Priority One: People First</b>				
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.	<b>Wakefield</b> <ul style="list-style-type: none"> <li>• Recruitment to clinical posts continues.</li> <li>• Wakefield Clinical Commissioning Group (CCG) have commissioned a review of Psychiatric Liaison Service and a task and finish group has been established.</li> <li>• P&amp;I supporting the service, working in partnership with Wakefield CCG (WCCG) and Mid Yorkshire Hospitals Trust (MYHT), to review data requirements.</li> <li>• A review of the first six months of implementation has been requested by NHS England and a response is being prepared identifying current progress, risks, and issues for submission in November.</li> </ul> <b>Calderdale</b> <ul style="list-style-type: none"> <li>• Steps taken, in conjunction with Calderdale CCG support, to bid for an early release of wave 2 part funding to support the recruitment of two posts.</li> </ul> <b>Barnsley</b>	Progress Against Plan	Green
		Risks are being managed and mitigated within the services	Management of Risk	Green
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.		



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 (IPR). The next scheduled update will be in December 2017.	Overall Priority Performance	N/A
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 IPR. The next scheduled update will be in December 2017.	Overall Priority Performance	N/A
<b>Strategic Priority Two: Joining up Care</b>				
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).	Overall Priority Performance	N/A
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	Overall Priority Performance	N/A
New models of care and vanguards  Barnsley Intermediate Care, Respiratory, Diabetes and MSK	Work with partners to introduce new models of Care across SWYPFT footprint  Barnsley Intermediate Care, Respiratory, Diabetes and Musculo-Skeletal service.	<b>MSK</b> - this service has recently been the subject of a tender exercise. <b>Respiratory Services</b> - As part of the Alliance agreement all providers are working jointly on the development and implementation of a new model for the service, with BHNFT leading the process. Implementation is on target.  <b>Intermediate Care</b> - Following relocation of the two wards at Mount Vernon (MV) to Barnsley Hospital mobilisation of the new model continues with the aim of going live on December 1st. Staff consultation has taken place and there are a number of staff remaining at risk of redundancy.	Progress Against Plan	
		The Intermediate Care Service Partnership project team manages the risks and has produced a risk log on behalf of the Alliance which reports to NMOC implementation group (and AMT as appropriate) on a monthly basis. Other risks are being managed internally by services as part of BAU.	Management of Risk	

Summary

Quality

NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

<p>New models of care and vanguards</p> <p>Wakefield - Care Home Vanguard and Public Health as part of Connecting Care Vanguard</p> <p>Calderdale - Prevention and Supporting Self Management Vanguard</p>	<p>Work with partners to introduce new models of Care across SWYPFT footprint</p> <p>Wakefield - care home vanguard and public health</p> <p>Calderdale - Prevention and Supporting Self Management Vanguard</p>	<p>Wakefield</p> <ul style="list-style-type: none"> <li>•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 9 of 13 care homes for Wave 2 2017/2018. Project is on track and meeting KPIs.</li> <li>• Wakefield Connecting Care: Work is being undertaken to align SWYPFT involvement in new models of care.</li> <li>• Care Navigation: The role out across Wakefield GPs 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 investigating improvement to coding. It is anticipated that this contract will not continue after March 2018.</li> <li>• Public Health – Live Well Wakefield service, led by Nova, is performing well and meeting all KPI's. Feedback from commissioners has been very positive and the partnership with Nova is working well.</li> </ul> <p>A partnership bid for the provision of social prescribing in Wakefield for the next three years is under development, deadline date for submission is 21/11/17.</p> <p>Calderdale.</p> <p>Although not funded by Vanguard, Recovery College Calderdale has been involved with the Vanguard Prevention and Supporting Self-Management work and has been cited by CCCG as providing a useful addition to self-management in Calderdale. The college Principal now appointed and working closely with a range of partners across 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 2017.</p>	Progress Against Plan	
		<p>Risks are managed by the Vanguard projects which report into the Vanguard PMO (Wakefield) and Vanguard Board (Calderdale) on a monthly basis - there are no significant risks to date.</p>	Management of Risk	
		<p>The diagram is a horizontal timeline from September 2017 to March 2018. Key events include:         <ul style="list-style-type: none"> <li>Initial testing of reminiscence sessions within assisted living setting (late September 2017)</li> <li>POAL workshop for carers, families &amp; volunteers (October 2017)</li> <li>Delivery of POAL workshops, follow up workshops, support to elearning for staff within the care home (November 2017)</li> <li>Plan POAL implementation programme for assisted living setting (December 2017)</li> <li>Delivery of POAL implementation programme within assisted living settings (January 2018 to March 2018)</li> <li>Delivery of Care Navigation Training to GP Practices across Wakefield (spanning from September 2017 to March 2018)</li> </ul> </p>		



Summary

Quality

NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

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 & 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		
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.	<ul style="list-style-type: none"><li>• Production of the community workforce modelling has been delayed. The revised plan involves workforce challenge events being held in early December with completion in the new Year.</li><li>• Positive progress has been made around involving current inpatient service users/carers and a tablet based questionnaire is ready for inpatient wards to complete from November.</li><li>• Good progress has also been made to develop the benefits framework and a draft dashboard is in development – 1st draft in November.</li><li>• A QIA panel meeting is being scheduled for December to review both the community and inpatient business case.</li><li>• Further work is scheduled on the Equality Impact Assessment and a plan is now in place to establish these by January 2018.</li><li>• Meeting conducted with commissioners to discuss potential ward options. Further engagement to take place with local authorities.</li><li>• Work ongoing to pull together the proposed configurations of the community model in each locality.</li><li>• Progress made to agree adherence and variation to the model across the Trust. Next steps will be to document the agreed configurations in each locality - which will also be shared with local partners and will have scope to evolve.</li></ul> New timescales for draft business case is end Jan 2018.		Progress Against Plan
		Workforce modelling has been delayed. There is new plan in place to establish a workforce model for community by end December. The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the Business Delivery Units (BDU) remains.		Management of Risk
		<p>The timeline chart illustrates the project schedule from September 2017 to May 2018. It features a horizontal timeline with various milestones marked by colored dots and labels. Key milestones include: EIA activity starts (September 2017), Community workforce modelling complete (October 2017), QIA challenge panel (inpt) (October 2017), QIA challenge local configuration documented (October 2017), QIA complete (November 2017), QIA and EIA complete (November 2017), Business cases completed (December 2017), Int /external agreements (December 2017), Internal /external agreement (January 2018), External scrutiny process starts (January 2018), External scrutiny phase starts (community) (January 2018), External scrutiny phase starts (staff) (January 2018), Staff consultation phase starts (community) (February 2018), Staff consultation phase starts (staff) (February 2018), Staff consultation ends (March 2018), and Response to staff consultation (May 2018).</p>		

Summary

Quality


NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

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"> <li>• Work continues to finalise the detail for this priority</li> <li>• The integrated change team are supporting this work and meetings with the clinical lead for this priority are programmed for November 2017</li> </ul>	Progress Against Plan	
		No known risks at this time	Management of Risk	
		Implementation plan will be developed once the scope for this priority is clear.		
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"> <li>• Service launched and implemented</li> <li>• Full scale launch planned for December 2017 with events in each locality between November 2017 and January 2018. Standard Operating Procedure (SOP) and pathway/internet materials to be reviewed and finalised prior to formal launch.</li> <li>• Additional GP engagement is being planned for early 2018.</li> <li>• Recruitment of remaining posts continues</li> <li>• National team visit conducted on 5 October - awaiting formal feedback.</li> <li>• Performance reporting to central team continues</li> <li>• External communications campaign to accompany launch events ongoing</li> <li>• Multi-agency Networks now established in all localities</li> <li>• Essential training module to be established by end of 2017.</li> </ul>	Progress Against Plan	
		<ul style="list-style-type: none"> <li>• Delay in recruitment to medical posts</li> <li>• If Long term sustainable funding isn't received at the end of the NHS England funded phase, or full funding from each locality isn't agreed there could be a risk to the continuation of the service.</li> <li>• Achievement of performance targets – although early signs are reassuring it remains unknown whether the target of 730 cases will be met. Mitigating actions are being taken forward to ensure as many people as possible access the service.</li> </ul>	Management of Risk	
		 <p>The timeline shows key milestones: Soft launch (September 2017), Benefits framework drafted (October 2017), Full Launch 1st December 2017, Quality Standard Accreditation review visit (December 2017), Steering group review of implementation phase (January 2018), Handover to operational management (February 2018), and Post implementation review / service evaluation (to prepare for contracting meetings with commissioners) (Summer 2018).</p>		
West Yorkshire work - CAMHS Tier 4	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. 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	<ul style="list-style-type: none"> <li>• Initial draft business case to NHSE was produced on 4 August 2017.</li> <li>• 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.</li> <li>• Work continues in scoping the extent and role of Trust in this priority programme</li> </ul>	Progress Against Plan	n/a
		Risk management has yet to commence for this priority as part of the planning phase for this new model of care	Management of Risk	n/a
		Implementation planning will be an integral part of the planning phase of this priority		
West Yorkshire work – Secure Adult MH	Forensics – Leading the work with other providers across Yorkshire and Humber	<ul style="list-style-type: none"> <li>• A bid was submitted through the West Yorkshire STP for NMoC was unsuccessful, however the Trust is continuing in defining a review of forensics services through specialist community work.</li> <li>• Planning work is underway</li> </ul>	Progress Against Plan	n/a
		Risk management has yet to commence for this priority as part of the planning phase for this new service	Management of Risk	n/a
		Implementation planning will be an integral part of the planning phase of this priority		



Summary

Quality

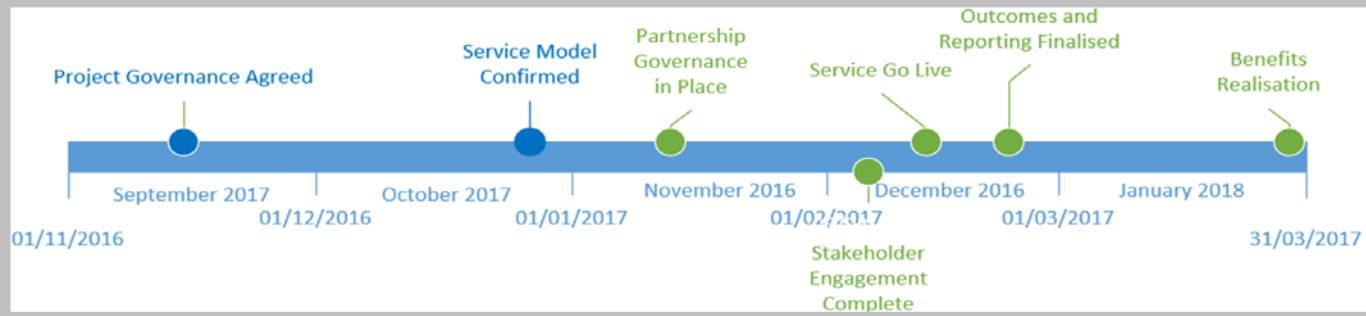
NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

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* (* added in year)	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"><li>• Funding has been secured though STP NMoC work stream</li><li>• Work near completion on the role of SWYPFT in the service</li><li>• Governance arrangements now complete</li><li>• Planning sessions have been arranged through November to clarify the implementation aspects for SWYPFT</li></ul>	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.	<ul style="list-style-type: none"><li>• Work on this priority programme progresses well since award of the contract as lead provider by NHS England</li><li>Specific achievements in line with plan include:</li><li>• Discussions continue with partners on the proposed forensic CAMHS model and progress on the implementation of the model is to revised plan</li><li>• Final amendments made to the implementation plan and supportive narrative prior to submission to NHSE.</li><li>• Formal letters to partners, draft Memorandum of Upstanding (MoU) between partners issued</li><li>• Recruitment to Single Point of Access (SPA) roles is finalised</li><li>• SWYPFT Governance for the project established through transformation board</li><li>• Themed task and finish groups meeting commenced in the areas of: Communications and Marketing; SPA/Assessments/Pathways; Safeguarding and Risk/ Quality and Governance; Workforce/Training; Transitions, and Data/Performance and KPIs</li></ul>	Progress Against Plan	
		<ul style="list-style-type: none"><li>• There are currently no high level risks identified in this project.</li><li>• Risk sharing agreements are being developed for the partnership</li></ul>	Management of Risk	
				
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"><li>• Values into Behaviours - shared and roll-out planned</li><li>• Learning Needs Analysis - completed</li><li>• Leadership and management framework – leaders/managers expectations obtained</li><li>• Corporate Leadership and management offer – costed</li><li>• SWYPFT Leadership and management programmes - implemented</li><li>• Moving Forward programme - launched</li></ul> <p>Revised implementation plan with extension to agreed timescales now in place:</p> <ul style="list-style-type: none"><li>• Middle Ground 5: first run of the programme has been deferred slightly to early 2018, rather than the original planned commencement in late 2017. Development is on track with proposals planned to be presented to EMT by end of November.</li><li>• TRIO development programme: Arising from the Learning Needs Analysis, the BDUs are now wanting to refocus the development on action-orientated learning rather than a more formal development programme, as originally intended. The Leadership and Management Framework will be presented to EMT in November with project still on track for roll-out of a revised programme in Q4.</li><li>• Maximising Potential: 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.</li></ul> <p>All other work-streams / key deliverables progressing as per agreed timescales.</p>	Overall Priority Performance	

Summary

Quality

NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

Change and quality improvement	Develop and agree Quality Strategy which includes the Integrated Change Framework	A draft quality strategy has been produced and shared. Further work is required and this is planned to be completed for the revised Quality Strategy to be presented to Trust Board in December 2017.	Overall Priority Performance	
Membership	Develop an approach to membership which maximises the impact of members in key activities	Progress on this priority is reported bi-monthly in the IPR. The next scheduled update will be in December 2017.	Overall Priority Performance	N/A

## IMPROVING USE OF RESOURCES

### Strategic Priority Five: Operational Excellence

Flow and out of area beds	<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"> <li>Pressures continued on the Out of area (OOA) system through October 2017, despite the additional beds being in use at Fieldhead.</li> <li>In October, senior led weekly phone calls commenced to focus on people that have stayed in beds longer than anticipated.</li> <li>The OOA project board has commissioned urgent work linked to intensive home based treatment, which will involve a peer review of recent admissions to establish whether any of the admissions were avoidable and what we can put in place to stop such admissions in the future.</li> <li>Progress has been made toward resourcing the personality disorder project and it is hoped that project activity can commence in December.</li> </ul>	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 moved off trajectory briefly but there is remedial activity ongoing now to reduce impact, which will be monitored closely. Risk still rated as Red	Management of Risk	
		<p>A graphical timeline of the key milestones identified to end of March 2018 will be developed. Planned activity for future reporting includes</p> <ul style="list-style-type: none"> <li>Peer review of admissions (both from a community and IHBT perspective). Further planning of IHBT strand will follow.</li> <li>Undertake an Intensive Home Based Treatment workforce analysis</li> <li>Weekly review of people identified as having challenges to discharge has started. Activity on repeat admissions to commence.</li> <li>Review senior medical decision-making around out of hours admissions</li> <li>Review out of hours bed management functions</li> <li>Commence Personality Disorder (PD) pathway activity.</li> </ul>		
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	<p>This priority is updated in the Workforce section of this integrated performance report.</p> <p>Sickness absence performance is in the Summary section of the IPR 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.</p>		
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 IPR. The next scheduled update will be in December 2017.	Overall Priority Performance	N/A
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		

Summary

Quality

NHS Improvement

Locality

Priority Programmes

Finance/Contracts

Workforce

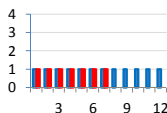
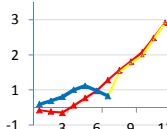
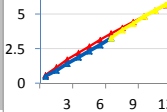
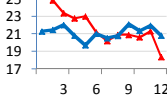
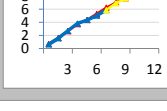
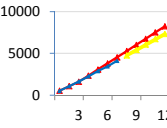
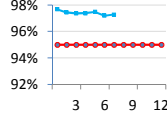
## Strategic Priority Six: Digital by Default

Clinical record system	Plan and deliver a new clinical record system which supports high quality care	<ul style="list-style-type: none"> <li>System demos continue: Kendray on the 20th November, all 25 spaces booked; Fox View Hub on 4th December, all 25 spaces booked</li> <li>14 out of 15 team positions filled</li> <li>Contract detail being finalised, Change Control Notification drawn up and papers drafted for EMT</li> <li>Engagement with individuals, management teams and groups continues including a well received 2 hour session on how the system will support care plans led by Deputy Director of Nursing</li> </ul>	Progress Against Plan	
		High level risks being captured for analysis, reporting and management in project risk register and Datix where appropriate Initial risk register drafted	Management of Risk	
Digital health	Improve access to digital health opportunities. Identify our approach to supporting digital health developments. Increase digital clinical practice.	<ul style="list-style-type: none"> <li>The digital i-hub challenge has generated interest in digital health and particularly the use of e-consultation which is being explored along with IM&amp;T colleagues</li> <li>One of our clinical teams is taking up the beta development of the Digital skills practitioner training with mHabitat in Leeds- we will review how beneficial this has been and possible further involvement</li> <li>Monthly targeted horizon scanning for digital developments is in place</li> <li>Orcha pilot- remains in the co-design phase-engagement with staff and service users regarding the look and feel of the microsite, including marketing materials.</li> </ul>	Progress Against Plan	
		The co-design and reach of the pilot has been extended Trust wide and we are currently engaging with CAMHS teams in all locality areas regarding joining the pilot.	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 IPR. The next scheduled update will be in December 2017.	Overall Priority Performance	N/A

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 7 months to the end of October 2017. The individual I & E margin rating remains at 2 and Distance from plan rating has moved from 1 to 2 as a result of the in-month deficit.	
2	Normalised Surplus (inc STF)	£0.3m	£2.4m	October 2017 finance performance excluding STF is a deficit of £151k. This is below plan due to ongoing out of area bed costs and reduced income. Due the deficit month 7 STF income has not been achieved. Achievement of the full year control total represents a significant challenge. A financial recovery plan is being developed.	
3	Agency Cap	£3.3m	£5.7m	Agency expenditure in October 2017 is higher than previous months at £515k. This exceeds the in month cap but remains under the agency cap year to date. The forecast exceeds the cap by 1% given schemes to improve access times and an increase in medical vacancies.	
4	Cash	£20.5m	£20.8m	The cash position has improved in month bringing the Trust slightly ahead of its plan (£0.3m above plan). Outstanding debts continue to be chased as part of Working Capital Management.	
5	Capital	£5.9m	£10.1m	The majority of spend to date relates to the Non Secure wards on the Fieldhead site with the first phase of wards opening in September 2017. The year end forecast is currently under review with the aim of reducing spend given the I & E risk.	
6	Delivery of CIP	£4.1m	£7.3m	Year to date CIP delivery is £430k behind plan. The forecast position is £0.9m 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

Quality

National Metrics

Locality

Priority  
Programmes

Finance/Contracts

Workforce

## Contracting

### Contracting - Trust Board

#### Contracting Issues - General

The new contract for Smoke Free Services in Sheffield commenced on 1 October 2017 and implementation of the new model of service delivery continues. Following contract award SWYPFT met with Doncaster Commissioners on 14 November 2017 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 Parkwood Healthcare to commence 1 April 2018. SWYPFT met with Commissioners on 16 November 2017 in relation to the Exit Plan. Work continues on the mobilisation of contracts for the Regional Community Forensic CAMHS Service and implementation of Secure Stairs within the Forensics Secure Estate. In Barnsley, work continues with the transition of the new model of service delivery for Intermediate Care Services and implementation of the revised delivery model for Respiratory Services.

#### CQUIN

CQUIN for Quarter 2 submissions across main contracts are in the process of being finalised with CCGs.

#### Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across Intermediate care, Respiratory, MSK and Diabetes services. Contract awards for MSK and Diabetes Services are expected in December 2017 for contract commencement 1 April 2018. 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 will be 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 ASD Services for Adults. Key ongoing work streams include the mobilisation and implementation of the expansion of IAPT 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 CCGs 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.

#### Contracting Issues - Forensics

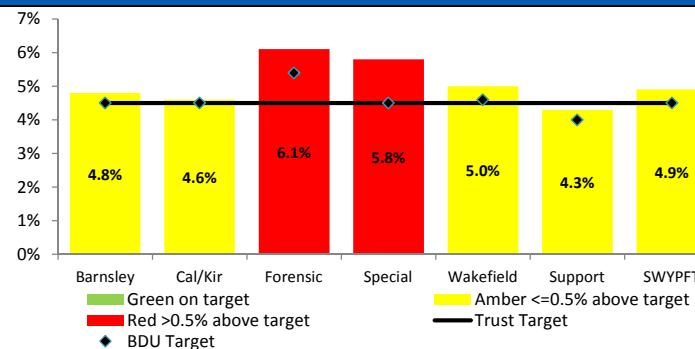
Following successful award of the Lead Provider role for the Yorkshire & Humber delivery of Community Forensic CAMHS services work continues on mobilisation. A bid to NHSE to support the implementation of Secure Stairs within the Forensics Secure Estate was confirmed successful and work has commenced 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. Following contract award SWYPFT met with Doncaster Commissioners on 14 November 2017 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 met with Commissioners and Park Healthcare on 16 November 2017 in relation to the Exit Plan.

## Human Resources Performance Dashboard - October 2017

### Sickness Absence

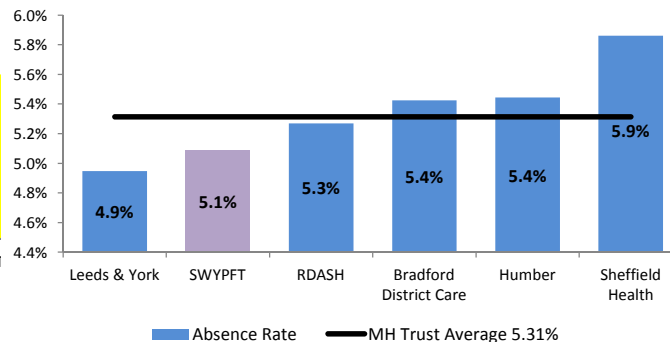


#### Current Absence Position - October 2017

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.1%	5.1%	7.1%	6.1%	4.3%	4.2%	5.2%
Trend	↑	↓	↑	↑	↑	↓	↑

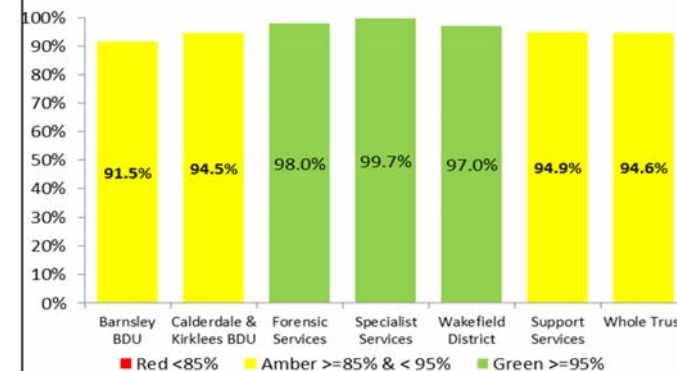
The Trust YTD absence levels in October 2017 (chart above) were above the overall 4.5% target at 4.9%.

The YTD cost of sickness absence is £3,463,610. If the Trust had met its target this would have been £3,161,511 saving £302,100.



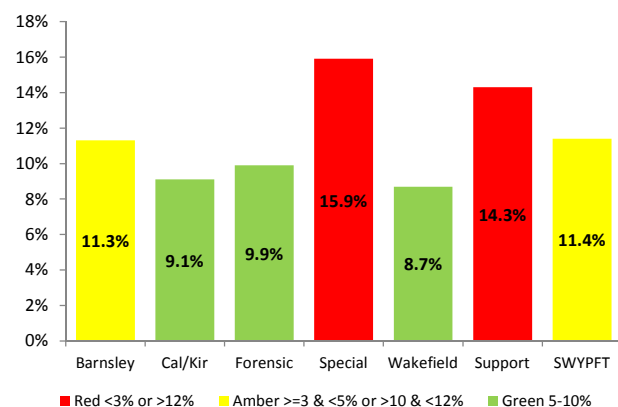
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 12 months from March 2016 to April 2017. During this time the Trust's absence rate was 5.09% which is below the regional average of 5.31%.

### Appraisal Data - All Staff (including Medical staffing)



The above chart shows the appraisal rates for all staff for the Trust to the end of October 2017, this data was refreshed in November to include the separate appraisal process for medical staff. 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

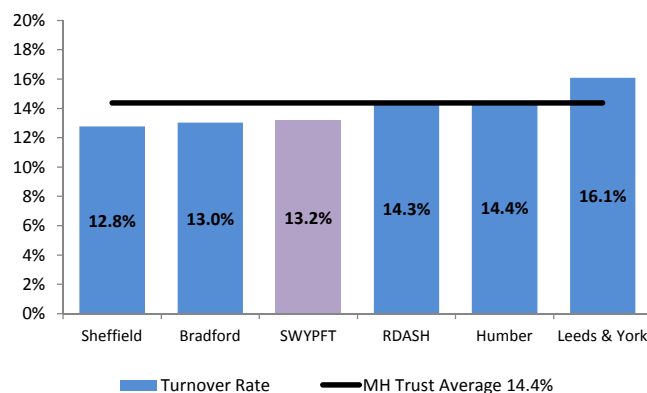


This chart shows the YTD turnover levels up to the end of October 2017.

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.

\*Specialist Services figure excludes the transfer out of Supported Living (Barnsley)

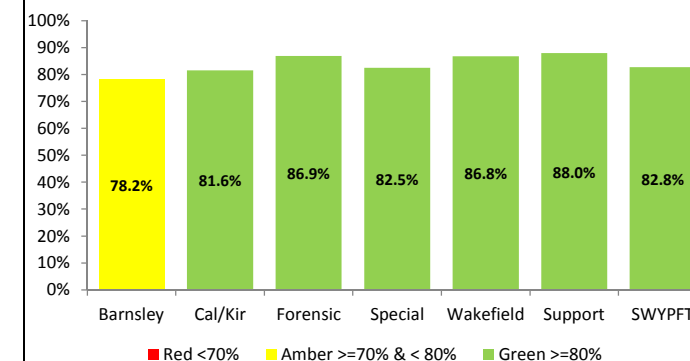


This chart shows turnover rates in MH Trusts in the region for the 12 months ending in March 2017. The turnover rate shows the percentage of staff leaving the organisation during the period.

This is calculated as: leavers/average headcount.

SWYPFT figures exclude decommissioned service changes.

### Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of October 2017. The Trust continues to achieve its 80% target for fire lecture training and only one area has failed to reach the target in October.



Summary

Quality

National Metrics

Locality

Priority  
Programmes

Finance/Contracts

Workforce

## Workforce - Performance Wall

Trust Performance Wall																
Month	Objective	CQC Domain	Owner	Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.4%	4.8%	4.9%	5.0%	5.1%	5.1%	4.8%	4.7%	4.7%	4.8%	4.9%	4.9%	4.9%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.2%	5.8%	6.1%	5.8%	5.3%	4.8%	4.6%	4.8%	5.0%	5.2%	4.9%	5.2%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	89.8%	93.2%	93.7%	94.4%	94.9%	5.2%	17.60%	61.30%	80.90%	89.00%	91.00%	92.70%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	84.9%	89.0%	91.4%	92.8%	93.6%	1.9%	5.30%	18.40%	31.10%	46.20%	75.80%	82.70%
Aggression Management	Improving Care	Well Led	AD	>=80%	78.8%	78.4%	77.6%	77.2%	76.6%	76.4%	75.6%	78.1%	76.6%	77.0%	77.6%	76.4%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	66.9%	69.7%	72.8%	73.8%	73.9%	75.2%	75.3%	74.7%	73.1%	71.9%	73.4%	72.8%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	45.1%	53.5%	55.3%	60.4%	62.2%	64.8%	65.3%	69.1%	74.6%	77.3%	79.2%	80.7%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.4%	90.1%	89.0%	89.4%	88.2%	87.3%	86.6%	86.0%	86.6%	87.1%	85.7%	85.4%
Fire Safety	Improving Care	Well Led	AD	>=80%	82.9%	85.5%	84.0%	82.9%	82.7%	81.5%	82.0%	81.5%	81.8%	82.6%	82.8%	82.8%
Food Safety	Improving Care	Well Led	AD	>=80%	82.9%	83.9%	82.9%	82.6%	82.1%	82.6%	81.2%	80.3%	79.1%	79.2%	77.0%	76.2%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	81.9%	83.8%	83.6%	83.6%	83.4%	83.0%	83.5%	84.0%	83.7%	83.6%	82.3%	81.8%
Information Governance	Improving Care	Well Led	AD	>=95%	85.9%	86.5%	91.9%	95.2%	96.1%	92.0%	91.7%	91.3%	90.4%	89.1%	88.3%	86.2%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	78.1%	78.8%	80.5%	81.9%	81.7%	81.1%	77.3%	78.8%	79.3%	79.3%	79.3%	80.7%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	12.9%	46.0%	48.2%	53.1%	64.1%	64.9%	69.6%	78.0%	82.5%	86.1%	87.6%	88.9%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	11.0%	20.9%	23.2%	30.5%	47.9%	51.2%	56.9%	70.5%	75.0%	80.3%	81.6%	83.4%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		TBC					39.5%							
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	88.6%	89.5%	89.7%	89.4%	89.1%	88.5%	88.0%	86.7%	86.2%	86.0%	86.3%	86.3%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	87.0%	87.8%	87.6%	87.0%	85.6%	85.5%	84.8%	83.6%	84.3%	84.7%	84.8%	84.1%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.8%	94.8%	95.1%	94.7%	93.7%	93.3%	91.2%	91.7%	93.2%	94.2%	94.2%	92.9%
Bank Cost	Improving Resources	Well Led	AD	-	£458k	£477k	£505k	£493k	£722k	£398k	£457k	£579k	£576k	£518k	£614k	£545k
Agency Cost	Improving Resources	Effective	AD	-	£753k	£885k	£662k	£729k	£833k	£501k	£426k	£500k	£457k	£446k	£435k	£515k
Overtime Costs	Improving Resources	Effective	AD	-	£14k	£26k	£19k	£15k	£12k	£16k	£13k	£9k	£9k	£12k	£12k	£7k
Additional Hours Costs	Improving Resources	Effective	AD	-	£41k	£47k	£41k	£48k	£53k	£56k	£36k	£48k	£44k	£38k	£45k	£44k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£511k	£565k	£592k	£527k	£561k	£476k	£504k	£487k	£511k	£527k	£485k	£539k
Business Miles	Improving Resources	Effective	AD	-	330k	316k	284k	287k	273k	289k	245k	285k	£299k	267k	283k	291k

Summary

Quality

National Metrics

Locality

Priority  
Programmes

Finance/Contracts

Workforce

## Workforce - Performance Wall cont....

1 - this does not include data for medical staffing.

### Notes:

#### Green Compliance Status:

- Mental Health Act – 83.4% 1.8% increase on last month. Trust is currently developing eLearning refresher courses for MCA training. This will provide the resource for the refresher compliance requirement, and also for non-registered clinical staff as new starters in the coming years. Registered clinical staff who are new starters will be offered a face to face classroom training
- Mental Capacity Act - 89% 1.4% increase on last month. The Trust is currently developing eLearning refresher courses for MCA training. This will provide the resource for the refresher compliance requirement in the coming years. Registered clinical staff who are new starters will be offered face to face classroom training. An e-learning introduction to MCA course is active and available for non-registered clinical physical health staff.
- Equality and Diversity - 85.4%%
- Fire Safety - 82.8% no change on last month. The new 95% compliance requirement for ward based staff is monitored at service level
- Infection Control and Hand Hygiene – 81.8%
- Safeguarding Adults - 86.3%
- Safeguarding Children - 84.1% additional work has been undertaken by the safeguarding team to target 'hotspot' areas and this has seen an increase in uptake for mandatory courses. Additional workforce planning is being carried out to ensure compliance with the upcoming review of the intercollegiate document (2018).
- Sainsbury's Tool – 93%%
- Clinical Risk – 80.7% moved from amber to green compliance this month with a 1.5% increase. 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 – 80.65% moved from amber to green compliance this month with a 1.3% increase

#### Amber Compliance Status:

- Food Safety – 76.2% slight decline 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
- Data Security Awareness Level 1 (formally IG) – 86.2% a 2% decline on last month.
- Aggression Management – 76.4% a 1.2% decline on last month. The MAV team continue to put on extra training sessions to the ones already scheduled to meet demand. 50+ new starters joined the trust in recent months and these are predominately ward based and need 4 day teamwork physical intervention courses. The Aggression Management/Physical Interventions is at 86.7% compliance (Forensic services at 90.1%). De-escalation and Breakaway training for clinical staff is amber in all areas. Non clinical staff personal safety and breakaway courses are red across the trust. This combination of factors contributes to the sub 80% overall rating. The Mav team are currently gathering data regarding attrition and DNAs.
- Cardio Pulmonary Resuscitation – 72.8% a ½% decline from last month. The Team have considered how to address issues of low compliance, and have introduced a number of initiatives, including working with colleagues in the Managing Aggression and Violence (MAV) Team to combine training with three pilot sessions planned for December 2017. This will lessen the number of times that employees are required to leave their clinical areas to attend training.

#### Red Compliance Status:

There was no red compliance for any mandatory training subjects at 31st October 2017

## Workforce - Performance Wall cont....

### Sickness

- The Trusts year to date position is 4.9%, which continues to be above the Trusts threshold.
- Only Barnsley BDU saw a decrease in the monthly sickness position during October 17. Forensic BDU reported the highest level of sickness during the month (7.1%), which increases their year to date position to 6.1%. Forensic and Specialist Service (5.8%) BDUs continue to report the highest year to date sickness levels.
- 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.

### Department of Health

2017/18 data security and protection requirements

This document sets out what all health and care organisations will be expected to do to demonstrate that they are putting into practice the ten data security standards recommended by the National Data Guardian.

[Click here for link to guidance](#)

### Department of Health

Guidance for the implementation of changes to police powers and places of safety provisions in the Mental Health Act 1983

This guidance, produced in partnership with the Home Office, outlines changes to police powers and new guidance on appropriate places of safety for people experiencing a mental health crisis. The changes will be coming into force on 11 December 2017.

[Click here for link to guidance](#)

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

[Direct access audiology waiting times: August 2017](#)

[Mixed sex accommodation breaches: September 2017](#)

[Mental health services monthly statistics: final July, provisional August 2017](#)

[Out of area placements in mental health services: August 2017](#)

[NHS Improvement provider bulletin: 18 October 2017](#) - provided instruction relating to corporate service benchmarking collection

[NHS sickness absence rates: April 2017 to June 2017](#)

[NHS workforce statistics: July 2017](#)

[Diagnostic imaging dataset: June 2017](#)

[NHS Improvement provider bulletin: 25 October 2017](#) - support for how to evaluate learning from deaths policies; Launch of Mental Health patient safety initiative. Commencement of amendments to Mental Health Act. Improving patient flow in Community Health services.

[Review of children and young people's mental health services: phase one report, Care Quality Commission](#)

[Diagnostic imaging dataset: October 2017](#)

[NHS Improvement provider bulletin: 1 November 2017](#)

[Children and young people's health services monthly statistics, England - July 2017, experimental statistics](#)

[Provisional monthly Hospital Episode Statistics for admitted patient care, outpatients and accident and emergency data - April 2017 to September 2017](#)

[Referral to treatment waiting times statistics for consultant-led elective care for September 2017](#)

[Monthly hospital activity data for September 2017](#)

[Early intervention in psychosis access and waiting time experimental statistics for September 2017](#)

[Delayed transfers of care for September 2017](#)

[Diagnostics waiting times and activity for September 2017](#)

## Publication Summary

Children and young people with an eating disorder access and waiting times - experimental statistics, Q2 2017/18

NHS Improvement provider bulletin: 8 November 2017

Mental health community teams activity: quarter ending September 2017

Performance of the NHS provider sector for the month ended 30 September 2017, NHS Improvement

CQC community mental health survey: 2017

Mental health services monthly statistics: final August, provisional September 2017

Out of area placements in mental health services: September 2017

Direct access audiology waiting times: September 2017

Mixed sex accommodation breaches: October 2017





**South West  
Yorkshire Partnership**  
NHS Foundation Trust



# **Finance Report**

## **Month 7 (2017 / 18)**



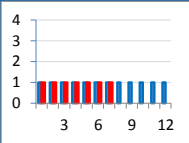
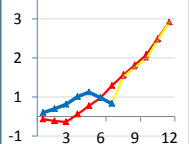
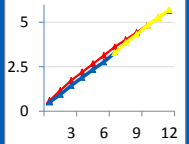
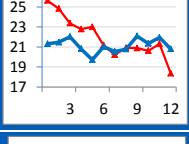
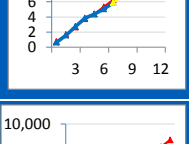
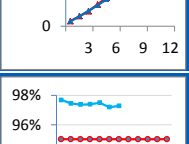
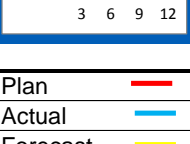
[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)




With **all of us** in mind.

# Contents

<b>1.0</b>	<b>Strategic Overview</b>	<b>1.0</b>	<b>Key Performance Indicators</b>	<b>3</b>
		<b>1.1</b>	<b>NHS Improvement Finance Rating</b>	<b>4</b>
<b>2.0</b>	<b>Statement of Comprehensive Income</b>	<b>2.0</b>	<b>Summary Statement of Income &amp; Expenditure Position</b>	<b>5</b>
		<b>2.1</b>	<b>Cost Improvement Programme</b>	<b>12</b>
		<b>3.0</b>	<b>Balance Sheet</b>	<b>13</b>
<b>3.0</b>	<b>Statement of Financial Position</b>	<b>3.1</b>	<b>Capital Programme</b>	<b>15</b>
		<b>3.2</b>	<b>Cash and Working Capital</b>	<b>16</b>
		<b>3.3</b>	<b>Reconciliation of Cash Flow to Plan</b>	<b>17</b>
		<b>4.0</b>	<b>Better Payment Practice Code</b>	<b>18</b>
<b>4.0</b>	<b>Additional Information</b>	<b>4.1</b>	<b>Transparency Disclosure</b>	<b>19</b>
		<b>4.2</b>	<b>Glossary of Terms &amp; Definitions</b>	<b>20</b>

# 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 7 months to the end of October 2017. The individual I & E margin rating remains at 2 and Distance from plan rating has moved from 1 to 2 as a result of the in-month deficit.	
2	Normalised Surplus (inc STF)	£0.3m	£2.4m	October 2017 finance performance excluding STF is a deficit of £151k. This is below plan due to ongoing out of area bed costs and reduced income. Due the deficit month 7 STF income has not been achieved. Achievement of the full year control total represents a significant challenge. A financial recovery plan is being developed.	
3	Agency Cap	£3.3m	£5.7m	Agency expenditure in October 2017 is higher than previous months at £515k. This exceeds the in month cap but remains under the agency cap year to date. The forecast exceeds the cap by 1% given schemes to improve access times and an increase in medical vacancies.	
4	Cash	£20.5m	£20.8m	The cash position has improved in month bringing the Trust slightly ahead of its plan (£0.3m above plan). Outstanding debts continue to be chased as part of Working Capital Management.	
5	Capital	£5.9m	£10.1m	The majority of spend to date relates to the Non Secure wards on the Fieldhead site with the first phase of wards opening in September 2017. The year end forecast is currently under review with the aim of reducing spend given the I & E risk.	
6	Delivery of CIP	£4.1m	£7.3m	Year to date CIP delivery is £430k behind plan. The forecast position is £0.9m below plan.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

<b>Red</b>	Variance from plan greater than 15%	Plan	
<b>Amber</b>	Variance from plan ranging from 5% to 15%	Actual	
<b>Green</b>	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 are currently consulting on the Single Oversight Framework for 2017 / 2018 and beyond. It is proposed that the metrics on Use of Resources will be expanded to include metrics such as staff retention, sickness absence, Finance cost when compared against turnover and Estates cost per square metre.

Area	Weight	Metric	Actual Performance		Plan - Month 7	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.9	1	3.2	1
	20%	Liquidity (Days)	15.9	1	12.7	1
Financial Efficiency	20%	I & E Margin	0.3%	2	0.6%	2
Financial Controls	20%	Distance from Financial Plan	-0.4%	2	0.0%	1
	20%	Agency Spend	-9.2%	1	-10.8%	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 is rated at 2, this needs to be greater than 1% to achieve a rating of 1. The Distance from Financial Plan has moved from a rating of 1 to 2 at month 7 due to the year to date position now being behind plan.

### 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.

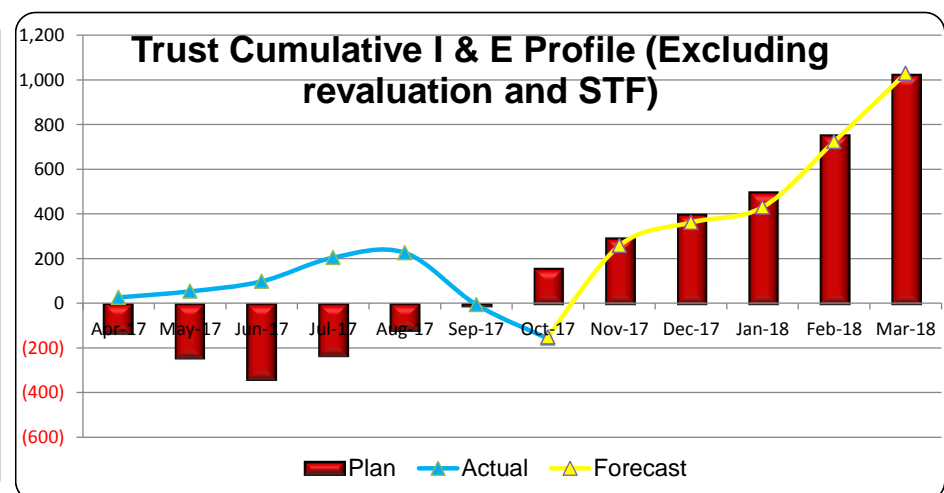
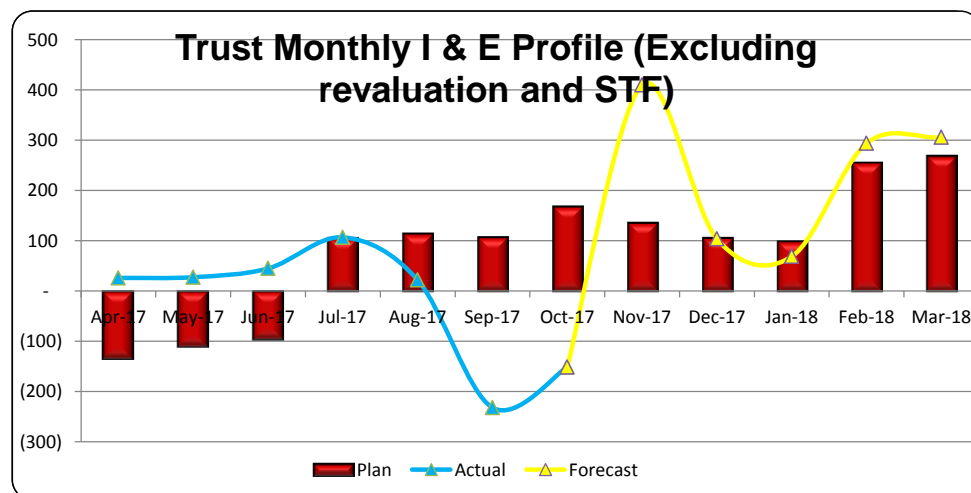
**Liquidity** - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

**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
				17,628	17,534	(94)	Clinical Revenue	120,668	119,949	(720)	206,378	203,193	(3,184)
				<b>17,628</b>	<b>17,534</b>	<b>(94)</b>	<b>Total Clinical Revenue</b>	<b>120,668</b>	<b>119,949</b>	<b>(720)</b>	<b>206,378</b>	<b>203,193</b>	<b>(3,184)</b>
				1,185	1,146	(39)	Other Operating Revenue	8,010	8,007	(3)	13,516	13,365	(150)
				<b>18,814</b>	<b>18,680</b>	<b>(134)</b>	<b>Total Revenue</b>	<b>128,678</b>	<b>127,956</b>	<b>(722)</b>	<b>219,893</b>	<b>216,559</b>	<b>(3,335)</b>
4,254	4,129	(125)	2.9%	(14,331)	(13,889)	443	Pay Costs	(99,581)	(97,097)	2,484	(170,259)	(166,654)	3,605
				(3,754)	(4,292)	(538)	Non Pay Costs	(24,031)	(25,409)	(1,378)	(41,072)	(43,891)	(2,818)
				146	82	(64)	Provisions	416	(100)	(515)	1,313	4,176	2,864
<b>4,254</b>	<b>4,129</b>	<b>(125)</b>	<b>2.9%</b>	<b>(17,939)</b>	<b>(18,098)</b>	<b>(159)</b>	<b>Total Operating Expenses</b>	<b>(123,197)</b>	<b>(122,605)</b>	<b>591</b>	<b>(210,018)</b>	<b>(206,368)</b>	<b>3,650</b>
<b>4,254</b>	<b>4,129</b>	<b>(125)</b>	<b>2.9%</b>	<b>875</b>	<b>582</b>	<b>(293)</b>	<b>EBITDA</b>	<b>5,481</b>	<b>5,350</b>	<b>(131)</b>	<b>9,875</b>	<b>10,191</b>	<b>316</b>
				(427)	(453)	(25)	Depreciation	(3,369)	(3,543)	(174)	(5,500)	(5,798)	(298)
				(283)	(284)	(1)	PDC Paid	(1,982)	(1,987)	(6)	(3,397)	(3,407)	(10)
				4	3	(0)	Interest Received	26	22	(4)	45	37	(8)
<b>4,254</b>	<b>4,129</b>	<b>(125)</b>	<b>2.9%</b>	<b>168</b>	<b>(151)</b>	<b>(320)</b>	<b>Normalised Surplus / (Deficit) Excl.STF</b>	<b>157</b>	<b>(158)</b>	<b>(315)</b>	<b>1,023</b>	<b>1,023</b>	<b>0</b>
				139	0	(139)	STF	627	488	(139)	1,394	1,394	0
<b>4,254</b>	<b>4,129</b>	<b>(125)</b>	<b>2.9%</b>	<b>307</b>	<b>(151)</b>	<b>(459)</b>	<b>Normalised Surplus / (Deficit) Incl SFT</b>	<b>784</b>	<b>330</b>	<b>(454)</b>	<b>2,417</b>	<b>2,417</b>	<b>0</b>
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
<b>4,254</b>	<b>4,129</b>	<b>(125)</b>	<b>2.9%</b>	<b>307</b>	<b>(151)</b>	<b>(459)</b>	<b>Surplus / (Deficit)</b>	<b>784</b>	<b>330</b>	<b>(454)</b>	<b>2,417</b>	<b>2,417</b>	<b>0</b>





## Income & Expenditure Position 2017 / 2018

Month 7 represents the second in-month deficit of the financial year and results in an overall pre STF deficit for the period April to October 2017. Under these conditions delivery of the Trust financial control total remains extremely challenging.

### **Month 7**

The October position is a pre STF deficit of £151k. The normalised year to date position is a pre STF deficit of £158k and a surplus of £330k including quarter 1 and 2 STF funding. This is £454k behind plan. The key headlines are below:

In month financial performance has seen the continuation of previous trends with underspends in pay offset by non pay overspends (out of area beds and drug costs). Combined with a reduction in income this has led to the second in-month deficit position. STF income for quarter 1 and 2 has been achieved however the month 7 position is lower than plan therefore the STF income for month 7 is reported as unachieved.

### **Income**

Provision continues to be made for under achievement of CQUIN income of £420k in line with NHS Improvement guidance. The Trust has agreed income for the operation of Intermediate Care prior to the implementation of the new model of care in December.

### **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 October is the highest reported this year at £515k due to an increase in medical vacancies and schemes to improve access times. For the first time this year agency spend exceeds the in month cap, year to date agency expenditure remains within cap (9% below). Bank expenditure which peaked in September has returned to levels in line with previous months.

### **Non Pay Expenditure**

October out of area bed spend was the highest of the year at £365k, taking the cumulative overspend to £1,350k. 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.

### **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.

Accelerated depreciation of RiO to bring it in line with the transfer to the new Clinical Information System has created a pressure within depreciation. This has been partly offset by impairing inpatient wards at Mount Vernon. The net risk to achieving the position given known risks and upsides is in excess of £1m.

Agency expenditure is forecast £50k (1%) 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. The month 7 position includes additional income from Barnsley CCG relating to LIFT property costs and shown by an increase in those costs in month. The contract variation is currently being finalised for this but the financial values have been agreed and therefore have been included.

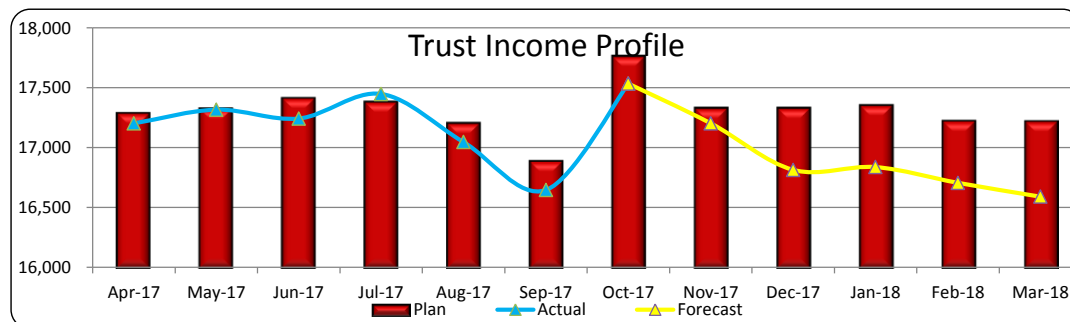
The main variance relates to income reduction and risk in commissioned services in Barnsley. This includes, as the largest, changes in service provision for Intermediate Care within the Barnsley area but also includes changes in Care Navigation services.

Further income risk relates to CQUIN as highlighted below. CQUIN is reviewed internally within the Trust and agreed with commissioners on a quarterly basis. 0.5% of the 2.5% CQUIN income relates to STP risk reserve.

Movements in sources of funding are broken down below including the movement from traditional CCG contracts into Alliance agreements.

Commissioner	Year to Date			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	64,206	63,823	(382)	(420)	38	(382)
Specialist	9,722	9,722	(0)	0	(0)	(0)
Commissioner						
Alliance	4,393	4,211	(182)	0	(182)	(182)
Local Authority	2,306	2,306	0	0	0	0
Partnership	2,879	2,879	0	0	0	0
Other	37,163	37,008	(155)	0	(155)	(155)
<b>Total</b>	<b>120,668</b>	<b>119,949</b>	<b>(720)</b>	<b>0</b>	<b>(299)</b>	<b>(720)</b>

Commissioner	Forecast			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	151,253	150,248	(1,005)	(856)	(149)	(1,005)
Specialist	23,333	23,333	(0)	0	(0)	(0)
Commissioner						
Alliance	13,712	11,373	(2,339)	0	(2,339)	(2,339)
Local Authority	4,923	4,764	(159)	0	(159)	(159)
Partnership	6,909	6,909	(0)	0	(0)	(0)
Other	6,248	6,567	319	0	319	319
<b>Total</b>	<b>206,378</b>	<b>203,193</b>	<b>(3,184)</b>	<b>(856)</b>	<b>(2,329)</b>	<b>(3,184)</b>



CQUIN Risk		
	YTD	Forecast
Wellbeing Improvement	0	136
STP Reserve	420	720
<b>Total</b>	<b>420</b>	<b>856</b>

The income position is based upon currently known facts and a number of key assumptions. These include:

Additional income recognised for the period of April to October in relation to reimbursement of LIFT property costs (reflected as increased expenditure in month as well).

Additional income agreed with Barnsley CCG, above that included in previous months, for reimbursement of costs associated with the ongoing provision of Intermediate Care services prior to the introduction of the new model of care in December 2017. This covers the direct costs only for July, August and September with additional income recovery being discussed with the commissioner and alliance.

CQUIN risk has been recognised within the year to date and forecast position until confirmation is received from NHS Improvement that this is available.

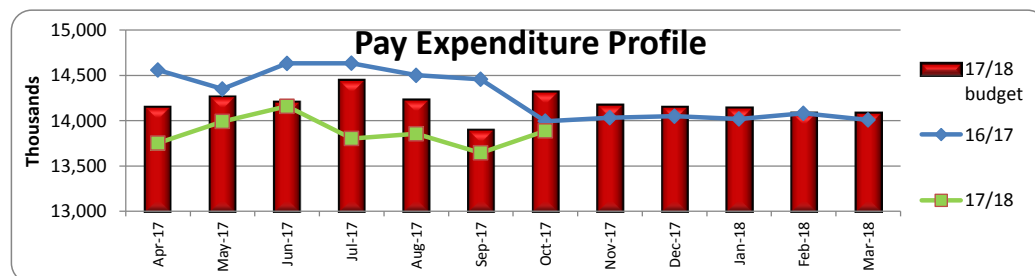
## 2.1 Pay Information

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.

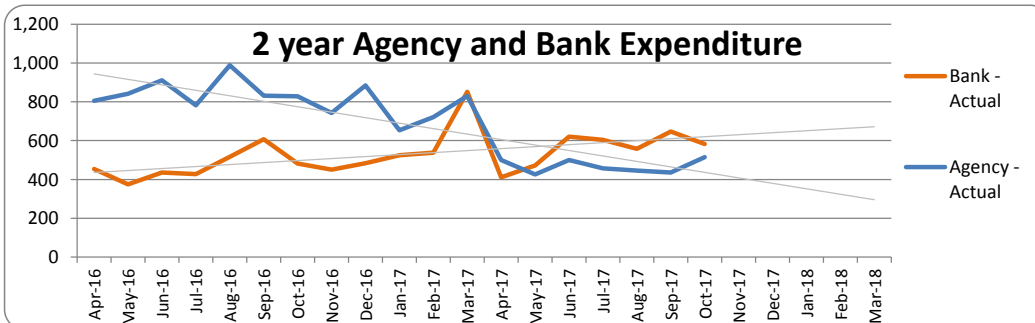
The Trust workforce strategy continues to be developed but current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

	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
<b>Substantive</b>	12,841	13,094	13,040	12,842	12,850	12,509	12,791						<b>89,967</b>
<b>Bank &amp; Locum</b>	411	472	620	505	558	701	583						<b>3,850</b>
<b>Agency</b>	501	426	500	457	446	435	515						<b>3,279</b>
<b>Total</b>	<b>13,752</b>	<b>13,992</b>	<b>14,161</b>	<b>13,804</b>	<b>13,854</b>	<b>13,645</b>	<b>13,889</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97,097</b>
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	<b>171,321</b>
Bank as %	3.0%	3.4%	4.4%	3.7%	4.0%	5.1%	4.2%						<b>4.0%</b>
Agency as %	3.6%	3.0%	3.5%	3.3%	3.2%	3.2%	3.7%						<b>3.4%</b>

Year to Date expenditure - by staff group				
	Substantive £k	Temp £k	Agency £k	Total £k
Medical	10,565	212	1,506	12,283
Nursing Registered	31,430	1,373	349	33,152
Nursing Unregistered	10,404	1,638	766	12,807
Other	22,600	228	625	23,453
Admin	14,968	399	33	15,401
<b>Total</b>	<b>89,967</b>	<b>3,850</b>	<b>3,279</b>	<b>97,097</b>



October WTE Analysis					
	Budgeted	Contracted	Bank	Agency	Variance
Medical	212	175	2	18	(17)
Qualified Nursing	1,443	1,297	52	13	(81)
Unqualified Nursing	685	645	94	40	95
Other Clinical	835	768	7	11	(49)
A & C	850	752	27	1	(69)
Other	337	302	6	4	(25)
Staff Vacancy Factor	(107)	0	0	0	107
<b>Total</b>	<b>4,254</b>	<b>3,940</b>	<b>189</b>	<b>87</b>	<b>(38)</b>



### Key Messages

Both 2016/17 and 2017/18 have seen a focus on reducing agency staffing. The graph above shows the downward trend in the use of agency staffing by month. 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 not forecast to decline 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 in October has breached the NHS Improvement agency cap.

## Spend in October is £44k higher than cap

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 weekly NHSI agency return was expanded in October to also include collection of bank information.

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 November.

- \* 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 20 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.

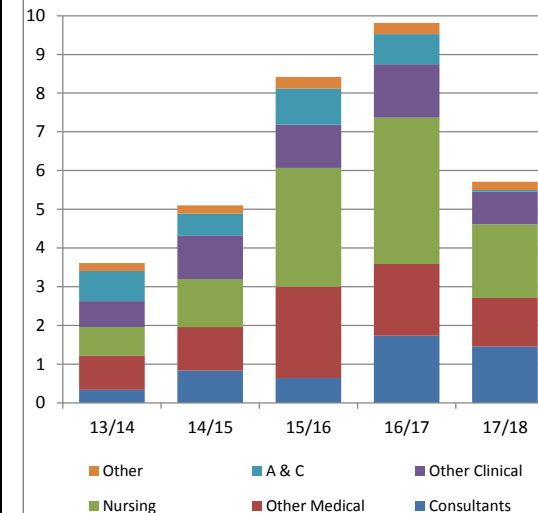
For the first time this year, in month agency spend has breached the agency cap (by £44k) and is forecast to be higher than cap for the remainder of the year. The forecast outturn at October is £50k (1%) above cap.

Increases relate to medical and other clinical expenditure. The increase in medical agency is to cover new vacancies, gaps in the junior medical rotas and extension of cover resulting from delays in, or unsuccessful, recruitment. The increase in other clinical agency is mainly relating to additional staff for CAMHS waiting lists.

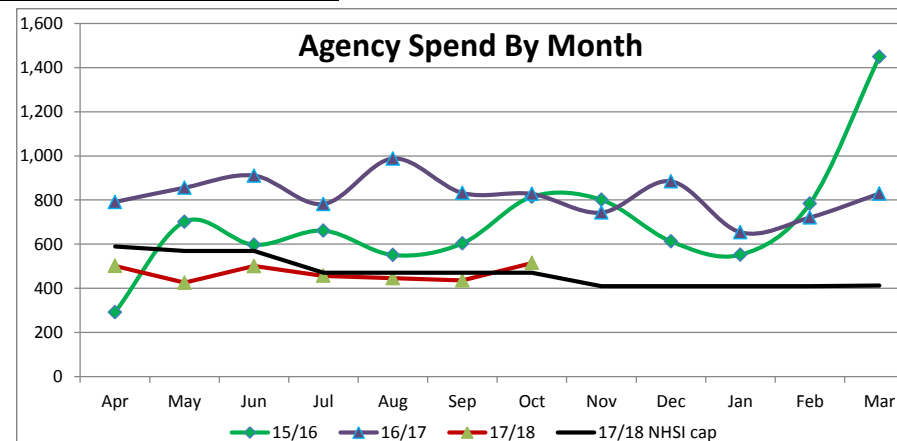
Agency Admin & Clerical have been authorised within the Kirklees IAPT service until the end of November. Zero reliance continues throughout the rest of the Trust.

Across all agency categories spend has reduced on 2016 / 2017. YTD has reduced by £2.7m (45%).

### Agency Expenditure Trends (£m)



### Agency Spend By Month

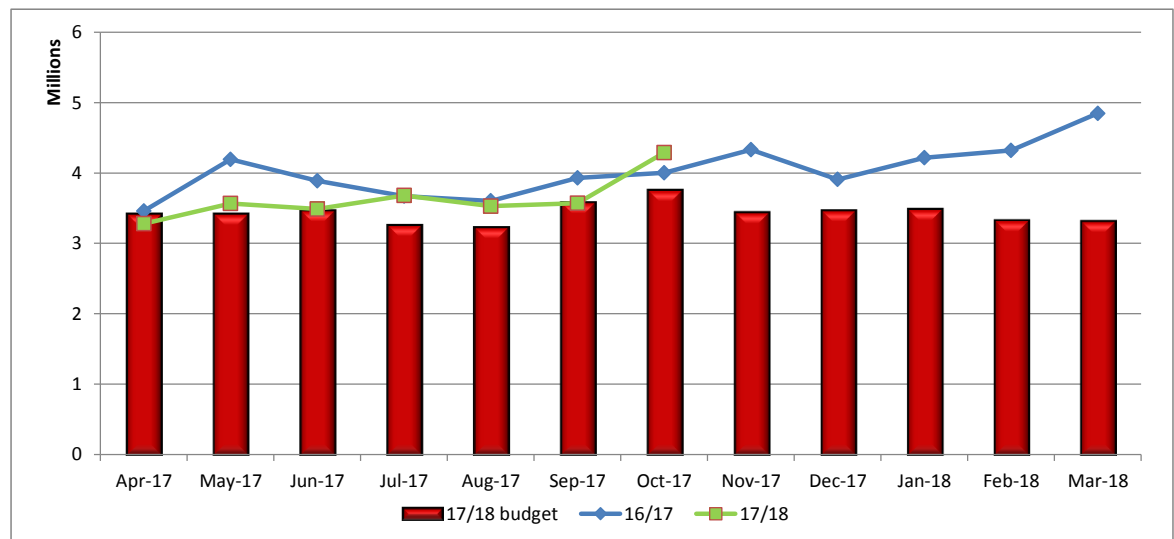


Whilst pay expenditure represents approximately 75% of all Trust spend non pay expenditure presents a number of key financial challenges. This analysis focusses on non pay expenditure within the BDUs and Corporate Services and therefore excludes provisions and capital charges (depreciation and PDC).

The Trust is forecasting to spend considerably less on non pay compared to last year. For the year to date this is £1.3m 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 £444k 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						25,409
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	1,769	2,046	(277)
Drugs	1,752	2,363	(611)
Healthcare subcontracting	2,050	3,261	(1,210)
Hotel Services	1,219	1,045	173
Office Supplies	2,464	2,402	62
Other Costs	2,681	2,400	280
Property Costs	4,045	4,006	39
Service Level Agreements	3,507	3,569	(62)
Training & Education	420	442	(22)
Travel & Subsistence	2,547	2,287	260
Utilities	683	664	19
Vehicle Costs	894	923	(29)
<b>Total</b>	<b>24,031</b>	<b>25,409</b>	<b>(1,378)</b>
<b>Total Excl OOA and Drugs</b>	<b>20,229</b>	<b>19,785</b>	<b>444</b>



### 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 is now embedded and actions are progressing 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. Where ever possible service users are placed within the Trust footprint.

This analysis excluded activity relating to Locked Rehab in Barnsley.

**Out of Area Expenditure Trend (£)**

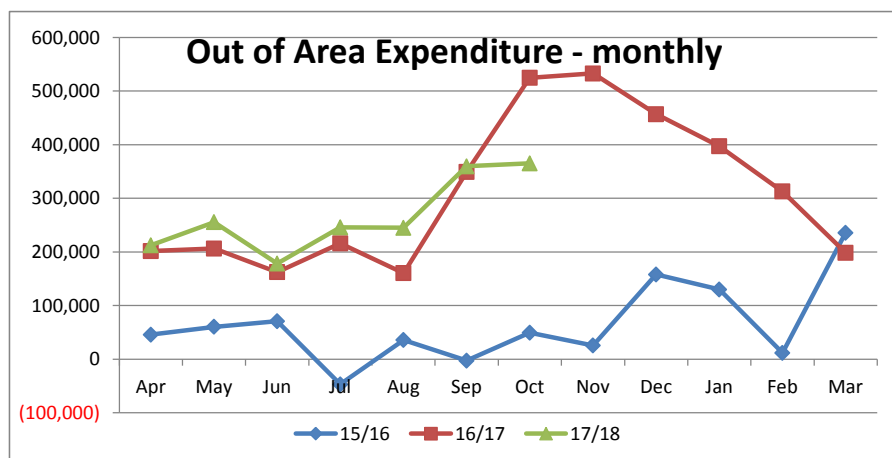
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365						1,861

**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	282	348	254	351	391	429	477						2,532

**Bed Day Information 2017 / 2018 (by category)**

PICU	198	176	168	169	213	217	239						1,380
Acute	84	170	85	178	148	182	207						1,054
Gender	0	0	0	0	30	30	31						91



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.

Demand, and expenditure, has increased again and October is the highest month for the year to date. Work continues through the Project Board to ensure that this is minimised. Future costs are forecast to be reduced as a result of these actions being taken including exploration of additional bed capacity internally and by working collectively within the STP.

The year to date overspend, for the activity covered in this section of the report, is £1.35m.

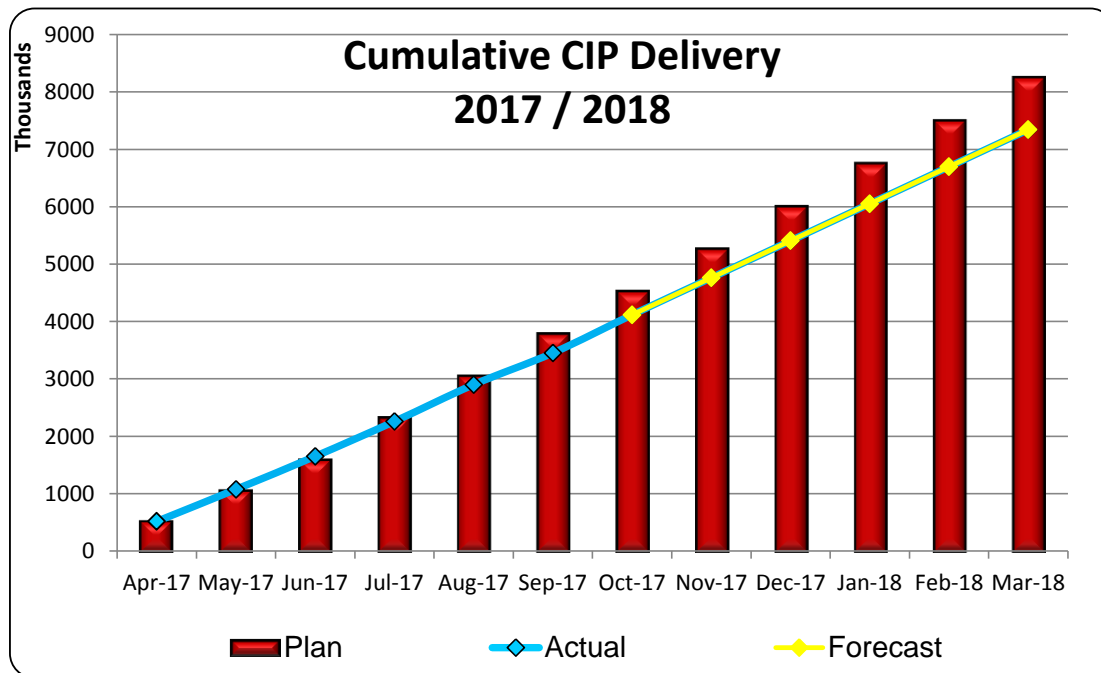
The Trust is still awaiting final settlement of the insurance claim relating to the fire at Fieldhead. This has now been agreed and payment is expected imminently.

## 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	4,546	8,262

Delivery as originally planned	401	809	1,272	1,769	2,261	2,744	3,288	3,792	4,296	4,800	5,304	5,808	3,288	5,808
Mitigations - Recurrent & Non-Recurrent	116	266	378	490	639	708	829	971	1,112	1,253	1,394	1,535	829	1,535
Total Delivery	516	1,075	1,650	2,259	2,900	3,452	4,117	4,762	5,407	6,053	6,698	7,343	4,117	7,343

Variance	(20)	1	40	(82)	(172)	(357)	(430)	(521)	(613)	(715)	(817)	(919)	(430)	(919)
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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 £4.1m to date. This is £430k behind plan. The majority (78%) 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	114,722	113,548	1
<b>Current Assets</b>				
Inventories & Work in Progress	166	215	166	
NHS Trade Receivables (Debtors)	2,138	2,599	2,205	2
Other Receivables (Debtors)	8,289	7,074	8,295	3
Cash and Cash Equivalents	26,373	20,211	20,539	4
<b>Total Current Assets</b>	<b>36,966</b>	<b>30,099</b>	<b>31,204</b>	
<b>Current Liabilities</b>				
Trade Payables (Creditors)	(7,213)	(6,334)	(5,042)	5
Capital Payables (Creditors)	(1,157)	(752)	(665)	5
Accruals	(9,912)	(11,190)	(10,891)	6
Deferred Income	(754)	(950)	(662)	
<b>Total Current Liabilities</b>	<b>(19,036)</b>	<b>(19,226)</b>	<b>(17,261)</b>	
<b>Net Current Assets/Liabilities</b>	<b>17,929</b>	<b>10,873</b>	<b>13,943</b>	
<b>Total Assets less Current Liabilities</b>	<b>129,128</b>	<b>125,595</b>	<b>127,492</b>	
Provisions for Liabilities	(7,550)	(5,763)	(7,110)	
<b>Total Net Assets/(Liabilities)</b>	<b>121,578</b>	<b>119,832</b>	<b>120,382</b>	
<b>Taxpayers' Equity</b>				
Public Dividend Capital	43,665	43,665	43,665	
Revaluation Reserve	18,766	18,413	18,303	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,928	52,534	53,194	7
<b>Total Taxpayers' Equity</b>	<b>121,578</b>	<b>119,832</b>	<b>120,382</b>	

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. This is lower than plan due to impairments actioned in year relating to Mount Vernon and the lower than plan capital programme.

2. NHS debts remain lower than plan and continue to be actively chased. A focus on debtors has been included on page 14 which highlights some of the outstanding hotspots.

3. Other debtors remain higher than planned. Non-NHS Debtors have reduced in month and continue to be chased for payment. Accrued Income has increased by £1m in month, this totals £4.5m of which £2m is with Barnsley CCG. (Following receipt of Purchase Orders the majority have now been invoiced)

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 18.

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.

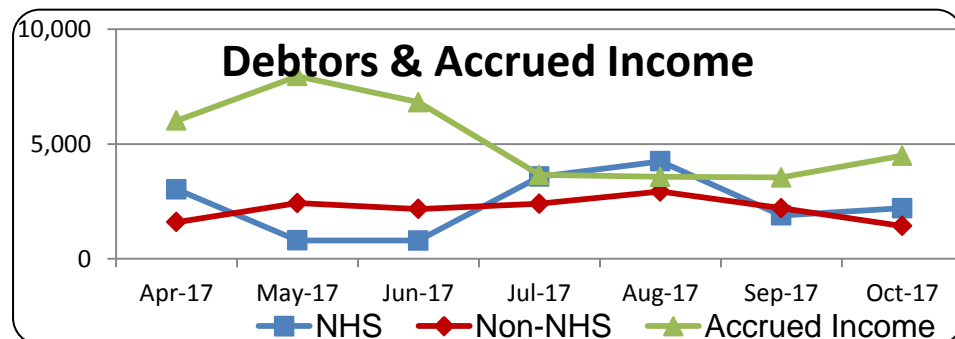
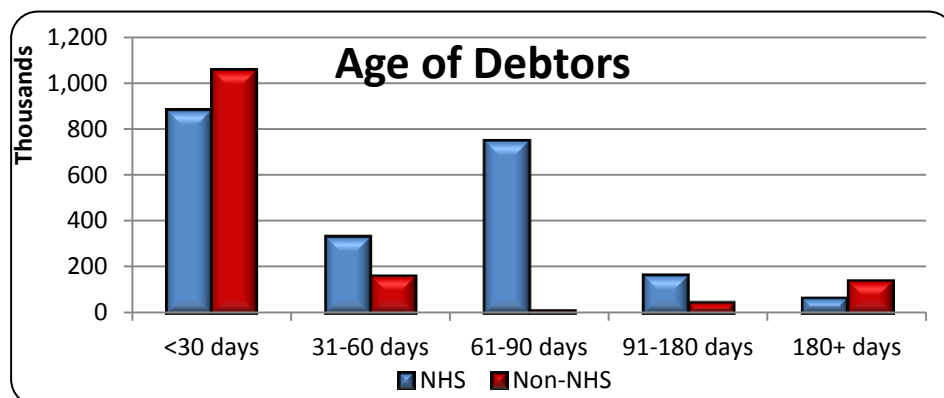
Debtor management forms a key part of the Trust cash management process.

Debtors have reduced further in month from £4.1m to £3.6m.

The Trust have 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 October 2017, are less 60 days (67%). Debts older than 180 days have increased to £214k.

Of these NHS debtors account for £69k. (increase from £64k last month).

Non NHS has increased from £125k to £145k and makes up 10% of the total Non NHS debt value (30% based on volume)

Of the 260 individual non NHS debts, 68 (£76k) relates to staff payments and 66 (£1.2m) relates to Local Authorities.

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 largest element of accrued income relates to expectations of STF income (£418k) and CQUIN achievement in Quarter 2 (£434k)

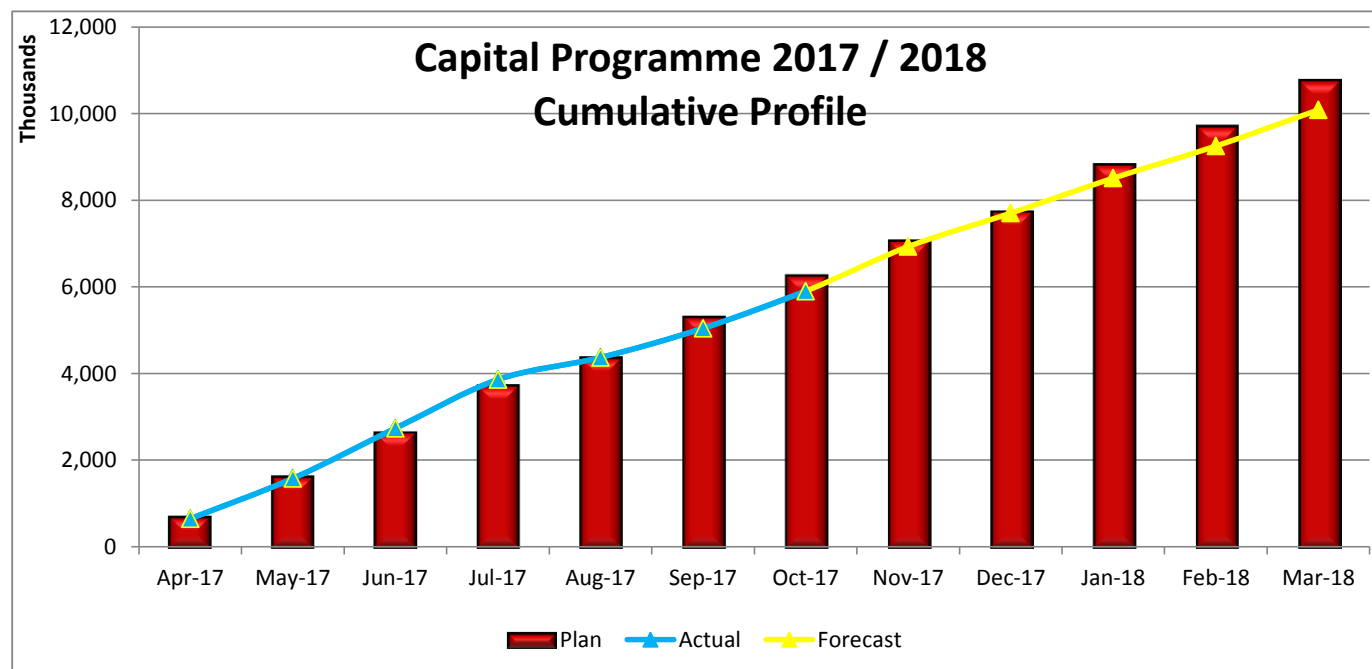
The graph shows that debtors increased as invoices were raised at the end of Quarter 1. These have subsequently been paid and invoices are being issued on a rolling programme.

	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
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	1,558	1,019	608	(411)	1,486	(72)	3
Equipment Replacement	44	44	51	6	59	15	
IM&T	2,121	1,036	524	(512)	1,289	(832)	4
<b>Major Capital Schemes</b>							
Fieldhead Non Secure	7,030	4,177	4,757	580	7,290	260	2
VAT Refunds	0	0	(37)	(37)	(37)	(37)	
<b>TOTALS</b>	<b>10,753</b>	<b>6,277</b>	<b>5,902</b>	<b>(375)</b>	<b>10,086</b>	<b>(667)</b>	1

The forecast spend position is currently under review. Schemes may be deferred to protect the Trust cash position.

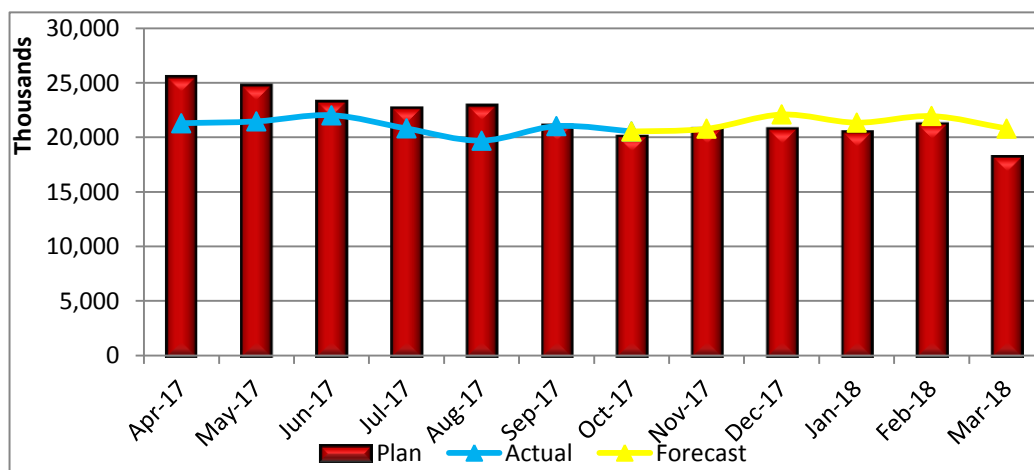
#### Capital Expenditure 2017 / 2018

1. The year to date position is £375k lower than plan (6%). Excluding the benefit arising from successful VAT recovery agreed with HMRC this is £412k lower than plan.
2. An updated expenditure profile is being validated for the next phase of the non-secure project. A number of additional cost pressures have been identified as part of the next phase demolition process.
3. Minor works are being re-prioritised to support additional new works required to vacate Mount Vernon.
4. IM & T forecast has been reduced to reflect the current programme. This is primarily timing associated with the change in Clinical Record

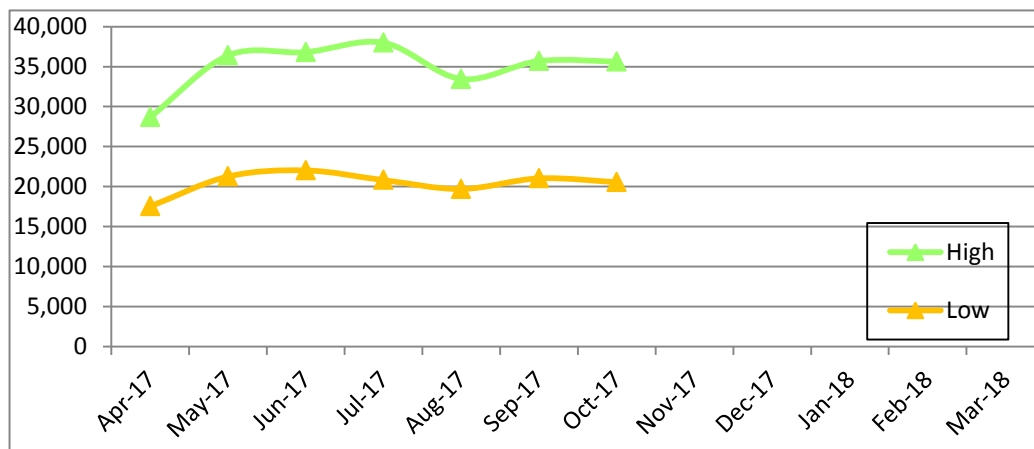


## 3.2

## Cash Flow & Cash Flow Forecast 2017 / 2018



	Plan £k	Actual £k	Variance £k
Opening Balance	25,495	26,373	
Closing Balance	20,211	20,539	328



**Action continued in October which has resulted in a slightly above plan position.**

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.

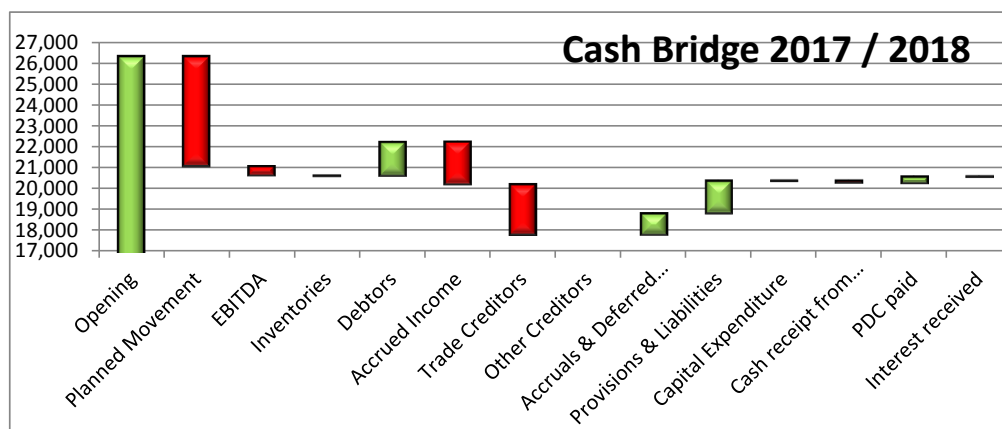
The highest balance is: £35.6m

The lowest balance is: £20.5m

This reflects cash balances built up from historical surpluses that are available to finance capital expenditure in the future.

### 3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
<b>Opening Balances</b>	<b>25,495</b>	<b>26,373</b>	<b>878</b>	<b>1</b>
Surplus (Exc. non-cash items & revaluation)	6,232	5,780	(452)	5
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(1,000)	641	1,641	2
Accrued Income / Prepayments	(419)	(2,482)	(2,063)	6
Trade Payables (Creditors)	0	(2,407)	(2,407)	7
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	(150)	887	1,037	3
Provisions & Liabilities	(2,000)	(440)	1,560	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(6,277)	(6,394)	(117)	
Cash receipts from asset sales	0	309	309	4
PDC Dividends paid	(1,698)	(1,751)	(53)	
PDC Dividends received			0	
Interest (paid)/ received	28	22	(6)	
<b>Closing Balances</b>	<b>20,211</b>	<b>20,539</b>	<b>327</b>	



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 debt.
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. Surplus position, and that specifically related to cash, is lower than planned.
6. Accrued income continues to be higher than plan. The majority of this relates to NHS Barnsley CCG (£2m). Purchase orders have now been received for the majority and invoices raised.
7. 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

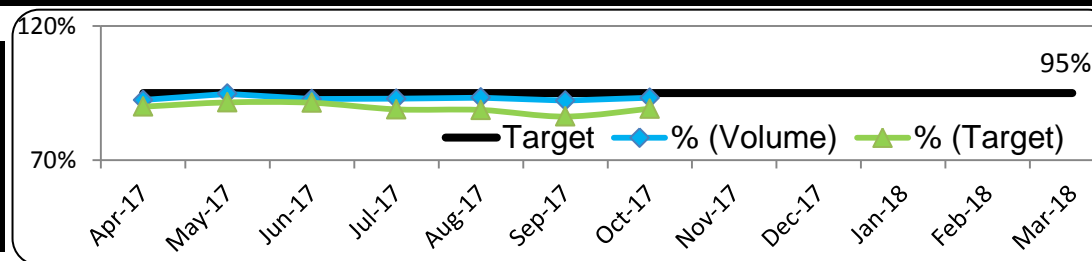
## Better Payment Practice Code

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.

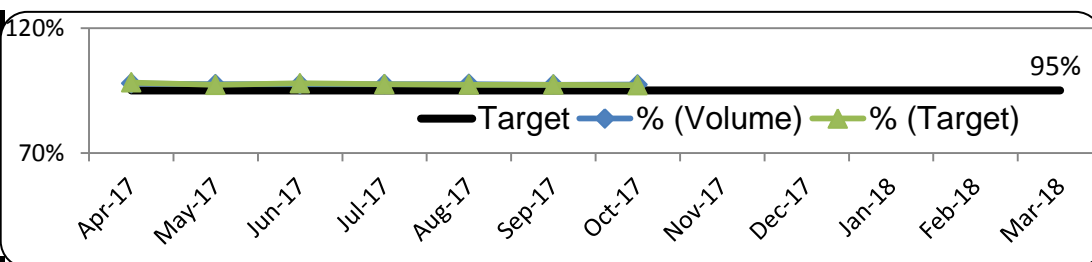
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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.

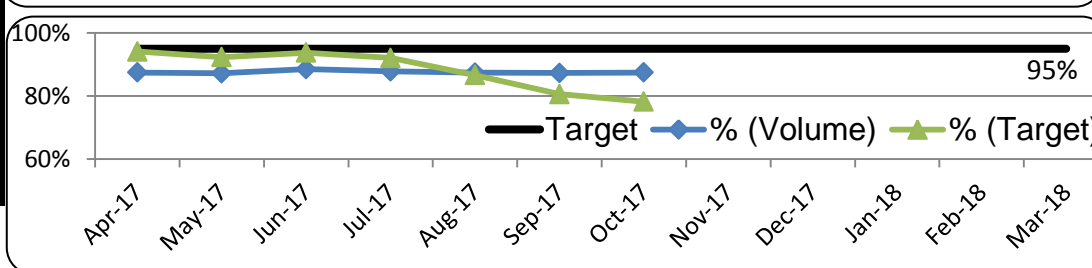
NHS		
	Number	Value
	%	%
Year to September 2017	92%	86%
Year to October 2017	93%	89%



Non NHS		
	Number	Value
	%	%
Year to September 2017	97%	97%
Year to October 2017	97%	97%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to September 2017	87%	81%
Year to October 2017	87%	78%



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 (£)
04/10/2017	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3049190	212,218.24
08/09/2017	Drugs FP10's	Trustwide	Bradford Teaching Hospitals NHS FT	3046445	103,379.37
19/09/2017	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3047655	64,607.66
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049342	63,616.28
17/10/2017	Property Rental	Kirklees	Kirklees Council	3050742	61,633.50
04/10/2017	Staff Recharge	Forensics	Wakefield MDC	3049262	60,604.29
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049347	52,563.49
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049340	52,563.49
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049336	52,563.49
12/09/2017	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3046883	49,234.29
13/10/2017	CNST contributions	Trustwide	NHS Litigation Authority	3050346	47,580.80
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049321	40,526.51
10/08/2017	Clinical SLA	Barnsley	Barnsley Hospital NHS Foundation Trust	3046966	38,646.00
10/08/2017	Clinical SLA	Barnsley	Barnsley Hospital NHS Foundation Trust	3046964	38,014.00
19/10/2017	Property Rental	Barnsley	Community Health Partnerships	3050981	32,445.04
19/10/2017	Property Rental	Barnsley	Community Health Partnerships	3050990	32,445.04
19/10/2017	Property Rental	Barnsley	Community Health Partnerships	3050979	32,445.04
19/10/2017	Property Rental	Barnsley	Community Health Partnerships	3050980	32,445.04
03/10/2017	Property Rental	Kirklees	Mid Yorkshire Hospitals NHS Trust	3048907	31,010.07
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049286	30,146.59
04/10/2017	Staff Recharge	Wakefield	Wakefield MDC	3049265	28,444.82
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049310	25,219.75
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049313	25,219.75
04/10/2017	Property Rental	Barnsley	Community Health Partnerships	3049312	25,219.75



- \* 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	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Resources	Well Led	AD	<= 4.5%	4.40%	4.50%	4.80%	4.70%	4.80%	4.80%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.5%	4.50%	4.60%	5.00%	5.20%	5.30%	5.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	24.00%	70.30%	82.70%	84.60%	86.10%	87.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	8.20%	25.00%	39.90%	50.30%	70.70%	75.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	71.90%	81.70%	78.40%	80.00%	78.40%	77.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.10%	78.20%	78.00%	74.70%	76.40%	74.40%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	74.70%	79.10%	82.70%	84.30%	86.60%	88.80%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.50%	89.00%	89.70%	89.70%	88.90%	88.60%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.80%	79.80%	78.30%	77.20%	77.00%	78.20%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.10%	73.30%	69.30%	67.10%	63.30%	65.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.10%	87.10%	85.50%	84.50%	81.60%	81.70%
Information Governance	Resources	Well Led	AD	>=95%	89.80%	89.60%	88.00%	85.40%	84.30%	82.40%
Moving and Handling	Resources	Well Led	AD	>=80%	81.90%	82.30%	82.70%	82.60%	82.50%	82.10%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.30%	86.50%	86.90%	85.60%	85.80%	87.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.50%	86.50%	86.10%	85.80%	85.60%	85.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.60%	93.90%	94.90%	96.00%	95.50%	94.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	56.90%	64.30%	73.60%	76.50%	79.40%	82.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	41.20%	55.60%	64.10%	68.00%	71.80%	74.00%
Agency Cost	Resources	Effective	AD		£109k	£118k	£109k	£84k	£71k	£101k
Overtime Costs	Resources	Effective	AD		£3k	£4k	£2k	£3k	£3k	£2k
Additional Hours Costs	Resources	Effective	AD		£20k	£21k	£22k	£21k	£21k	£25k
Sickness Cost (Monthly)	Resources	Effective	AD		£136k	£136k	£159k	£164k	£167k	£168k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		108	113.58	111.16	110.21	108.86	106.64
Business Miles	Resources	Effective	AD		91k	97k	104k	96k	98k	106k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Resources	Well Led	AD	<= 4.5%	4.20%	4.30%	4.40%	4.50%	4.50%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.5%	4.20%	4.50%	4.50%	5.10%	4.60%	5.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	14.90%	52.80%	81.20%	89.10%	92.60%	93.70%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	2.50%	8.60%	21.70%	40.50%	78.00%	84.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	72.30%	73.90%	74.20%	75.90%	77.40%	75.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.40%	77.30%	72.80%	70.10%	70.90%	72.40%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	71.30%	73.10%	79.20%	80.60%	81.30%	79.90%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.50%	82.00%	82.50%	83.00%	82.00%	81.10%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.50%	79.40%	82.70%	84.40%	84.00%	81.60%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.30%	79.20%	77.70%	80.90%	79.60%	76.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.80%	80.20%	79.90%	80.50%	80.50%	81.70%
Information Governance	Resources	Well Led	AD	>=95%	92.60%	90.70%	91.00%	90.80%	90.40%	87.40%
Moving and Handling	Resources	Well Led	AD	>=80%	76.10%	76.00%	75.40%	74.00%	76.00%	75.60%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.80%	85.40%	83.00%	82.80%	82.90%	81.70%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	82.80%	80.60%	78.90%	78.00%	79.00%	79.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.30%	93.30%	95.60%	95.40%	95.70%	93.80%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	75.40%	83.30%	88.10%	89.50%	90.60%	90.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	67.10%	77.60%	84.00%	85.00%	86.30%	88.20%
Agency Cost	Resources	Effective	AD		£61k	£79k	£58k	£84k	£65k	£101k
Overtime Costs	Resources	Effective	AD		£3k	£1k	£2k	£2k	£6k	£2k
Additional Hours Costs	Resources	Effective	AD		£-2k	£2k	£3k	£0k	£1k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£91k	£97k	£98k	£117k	£103k	£122k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		75.52	71.45	80.1	88	89.58	72.68
Business Miles	Resources	Effective	AD		58k	68k	69k	54k	68k	68k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.20%	5.90%	5.70%	5.80%	5.80%	6.1%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.50%	5.10%	5.40%	6.20%	5.70%	7.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	21.20%	63.30%	93.20%	93.50%	93.50%	96.2%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	7.40%	29.60%	39.30%	45.00%	70.40%	84.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.30%	87.40%	84.30%	82.30%	84.10%	84.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	74.00%	73.30%	75.10%	77.60%	77.40%	73.50%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	65.00%	71.00%	73.50%	75.60%	75.30%	79.90%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.60%	85.90%	87.70%	87.70%	84.20%	86.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.40%	86.20%	86.20%	84.20%	86.70%	86.90%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	88.30%	88.80%	90.00%	90.00%	87.20%	85.10%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.90%	86.70%	87.70%	86.70%	85.70%	86.00%
Information Governance	Resources	Well Led	AD	>=95%	92.70%	92.30%	91.40%	88.40%	88.80%	89.3%
Moving and Handling	Resources	Well Led	AD	>=80%	82.90%	84.10%	85.20%	85.20%	85.00%	86.70%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.70%	90.50%	90.60%	89.90%	88.80%	89.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.90%	85.70%	84.00%	86.20%	84.50%	84.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	51.70%	64.50%	70.00%	70.00%	69.00%	70.4%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	70.70%	84.10%	85.40%	90.40%	89.30%	91.00%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	61.90%	77.50%	79.30%	86.00%	82.50%	84.50%
Agency Cost	Resources	Effective	AD		£54k	£46k	£43k	£51k	£68k	£60k
Overtime Costs	Resources	Effective	AD		£0k		£0k	£6k	£0k	
Additional Hours Costs	Resources	Effective	AD		£2k	£4k	£3k	£3k	£5k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£51k	£47k	£48k	£55k	£50k	£65k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		47.49	48.04	55.16	48.61	40.43	37.35
Business Miles	Resources	Effective	AD		5k	5k	5k	6k	9k	8k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.90%	5.70%	5.60%	5.60%	5.70%	5.80%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.10%	5.30%	5.50%	5.50%	6.20%	6.20%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	9.40%	36.30%	57.70%	82.70%	87.80%	92.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	1.80%	15.60%	26.30%	46.20%	66.40%	79.30%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.20%	77.40%	75.60%	75.60%	74.20%	74.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	69.20%	68.20%	64.60%	68.10%	74.60%	76.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	46.50%	52.40%	63.20%	72.50%	78.80%	83.20%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.80%	83.20%	84.40%	87.30%	85.60%	85.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.20%	80.00%	83.40%	81.10%	81.10%	82.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	56.50%	56.50%	56.50%	58.30%	66.70%	76.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.30%	82.10%	83.80%	83.90%	83.30%	81.50%
Information Governance	Resources	Well Led	AD	>=95%	91.50%	92.30%	90.80%	91.30%	91.30%	87.30%
Moving and Handling	Resources	Well Led	AD	>=80%	75.80%	76.50%	80.10%	80.90%	78.90%	78.20%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	82.40%	83.60%	82.30%	83.30%	86.20%	85.30%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.20%	86.30%	85.70%	86.10%	87.00%	86.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	86.90%	88.90%	88.50%	92.10%	92.80%	91.60%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	62.70%	75.90%	79.60%	86.50%	90.10%	91.70%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	57.80%	71.40%	73.00%	81.40%	83.70%	86.10%
Agency Cost	Resources	Effective	AD		£167k	£169k	£163k	£156k	£147k	£181k
Overtime Costs	Resources	Effective	AD		£3k	£1k	£2k		£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£4k	£4k	£4k	£2k	£2k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£75k	£58k	£60k	£63k	£70k	£69k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		51.56	52.4	55.96	41.72	44.58	51.71
Business Miles	Resources	Effective	AD		33k	38k	47k	39k	43k	34k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.30%	4.30%	4.40%	4.40%	4.20%	4.30%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.30%	4.40%	4.50%	4.30%	3.50%	4.20%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	17.40%	83.00%	97.80%	98.90%	95.20%	97.10%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	1.10%	5.20%	15.20%	37.60%	83.60%	89.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	73.00%	71.30%	68.40%	68.20%	68.80%	63.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.80%	82.90%	79.30%	62.10%	61.30%	65.50%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	16.70%	28.60%	0.00%	0.00%	0.00%	0.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.40%	86.50%	86.70%	86.60%	84.00%	83.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.10%	84.80%	82.40%	88.30%	89.30%	88.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	98.30%	96.70%	97.60%	97.50%	99.10%	94.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	86.00%	85.70%	84.70%	85.50%	83.90%	81.20%
Information Governance	Resources	Well Led	AD	>=95%	93.40%	92.90%	91.70%	91.40%	90.30%	88.60%
Moving and Handling	Resources	Well Led	AD	>=80%	72.60%	78.90%	79.60%	81.30%	81.30%	88.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.80%	89.50%	88.50%	89.10%	89.20%	88.00%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.60%	82.50%	89.80%	91.70%	92.90%	91.60%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	20.00%	33.30%	0.00%	0.00%	0.00%	0.00%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	94.80%	97.40%	98.10%	98.50%	98.20%	97.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	53.10%	64.40%	68.20%	78.40%	93.80%	75.00%
Agency Cost	Resources	Effective	AD		£5k	£10k	£0k	£-3k	£0k	£12k
Overtime Costs	Resources	Effective	AD			£3k	£1k	£0k	£0k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£13k	£10k	£9k	£12k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£77k	£76k	£74k	£70k	£57k	£73k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		43.12	40.07	41.18	37.56	54.11	59.23
Business Miles	Resources	Effective	AD		29k	39k	38k	34k	28k	36k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.70%	5.00%	5.20%	5.30%	5.20%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.50%	5.50%	5.80%	5.90%	4.30%	4.30%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	16.10%	63.10%	82.40%	95.10%	97.20%	97.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	11.80%	36.20%	48.80%	65.80%	84.20%	88.70%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.40%	80.80%	80.10%	79.40%	82.00%	81.90%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	69.70%	66.00%	64.50%	66.20%	66.00%	65.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	61.50%	65.00%	68.20%	69.00%	70.30%	72.90%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.80%	86.50%	86.80%	87.50%	87.40%	86.60%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.90%	82.50%	83.60%	85.80%	85.10%	86.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.00%	72.90%	71.20%	71.30%	69.20%	69.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	77.10%	79.30%	81.10%	80.90%	81.10%	80.30%
Information Governance	Resources	Well Led	AD	>=95%	92.30%	93.50%	92.90%	91.70%	89.50%	87.30%
Moving and Handling	Resources	Well Led	AD	>=80%	71.30%	71.50%	71.00%	69.90%	68.70%	70.30%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	85.30%	85.60%	87.20%	88.10%	87.30%	87.00%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	77.40%	78.70%	80.00%	81.10%	79.40%	77.10%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.50%	93.40%	93.40%	94.10%	93.80%	92.60%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	59.10%	73.10%	73.70%	83.70%	84.30%	86.00%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	49.70%	66.90%	67.20%	78.40%	79.00%	81.10%
Agency Cost	Resources	Effective	AD		£31k	£77k	£83k	£74k	£84k	£60k
Overtime Costs	Resources	Effective	AD		£4k		£1k	£3k	£4k	£2k
Additional Hours Costs	Resources	Effective	AD		£4k	£4k	£2k	£2k	£4k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£46k	£58k	£56k	£58k	£39k	£43k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		48.56	43.91	45.19	45.35	43.73	50.39
Business Miles	Resources	Effective	AD		29k	38k	37k	38k	37k	41k

## 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
DOOC	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.