NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

September 2018

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for September 2018. An owner is identified for each key metric and the report aligns metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. This single report plots a clear line between our objectives, priorities and activities. The intention is to continue to develop the report such that it can showcase the breadth of the organisation and its achievements meet the requirements of our regulators and provide an early indication of any potential hotspots and how these can be mitigated. An executive summary of performance against key measures is included in the report which identifies how well the Trust is performing in achieving its objectives. During May 18, the Trust undertook work to review and refresh the summary dashboard for 2018/19 to ensure it is fit for purpose and aligns to the Trust's updated objectives for 2018/19. All updates are now incorporated. This report includes matching each metric against the updated Trust objectives. It is recognised that for future development, stronger focus on outcomes would be beneficial.

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

The Trust's three strategic objectives are:
• Improving health
• Improving care
• Improving resources

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:
• Strategic summary
• Quality
• National metrics (NHS Improvement, Mental Health Five Year Forward View, NHS Standard Contract National Quality Standards)
• Locality
• Priority programmes
• Finance
• Contracts
• Workforce

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

This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and refreshed for 2018/19.

KPI	Target	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	**Target**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Year End Forecast**
Total number of children & young people in adult inpatient wards 5	0	2	3	1	2	2	1	3	1	0	3	3	1	2	1
% service users followed up within 7 days of discharge	95%	96.1%	94.7%	98.2%	98.2%	97.2%	98.0%	95.8%	94.3%	99.2%	100%	97.7%	94.9%	97.5%	4
% clients in settled accommodation	*60%*	80.8%	80.7%	80.4%	80.4%	80.1%	79.7%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	*78.8%*	4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	95%			86.8%			87.8%			86.7%			*Due Nov 18*		95%
Out of area beds 2	Q1 940, Q2 846, Q3 752, Q4 658	424	467	412	407	268	613	730	531	282	368	437	589	384	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community	Community 75% Inpatient 90%									79.8%	81.1%	82.0%	82.8%	84.1%	4
Inpatient 9										89.1%	90.6%	93.3%	91.2%	90.1%	4
Smoking Cessation - 4 week quit rate 8	tbc								63%			Due Jan 19			N/A
Improve the quality and experience of care	**Target**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	85%	86%	86%	85%	85%	85%	87%	86%	75%	82%	88%	91%	88%	85%
Friends and Family Test - Community	98%	99%	97%	98%	100%	97%	97%	99%	97%	100%	98%	99%	97%	98%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 4	trend monitor	25	28	34	26	33	37	20	25	21	21	35	27	23	
Safer staff fill rates	90%	111.8%	112.9%	115.7%	113.4%	117.1%	117.5%	115.7%	118%	120%	118%	118%	117%	116%	100%
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	6	5	12	7	7	10	4	8	11	14	16	14	15	
% people dying in a place of their choosing	80%	82.6%	90.9%	88.6%	87.5%	94.3%	84.4%	86.8%	82.8%	88.5%	92.9%	85.7%	90.0%	89.2%	N/A
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic 7	trend monitor			15.1%			9.0%			15.1%			14.1%		N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor								37.9%	39.7%	34.9%	35.9%	38.0%	37.0%	
Improve the use of resources	**Target**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Year End Forecast**
Projected CQUIN Shortfall	£4.2m	£856k	£856k	£856k	£136k	£136k	£136k	£203k	-	£160k	£252k	£379k	£379k	£261k	£261k
Surplus/(Deficit)	In line with Plan	£6k	£158k	£235k	£551k	£635k	£1186K	£1139K	(£292k)	(£204k)	(£464k)	(£125k)	(£139k)	£424k	(£2626k)
Agency spend	In line with Plan	£435k	£515k	£531k	£430k	£465k	£563K	£555K	£444k	£538k	£484k	£526k	£575k	£522k	£6.1m
CIP delivery	£1074k	£3452k	£4117k	£4815k	£5442k	£6157k	£6816k	£7475k	£619k	£1308k	£1981k	£2737k	£3615k	£4452k	£9.7m
Sickness absence	4.5%	4.9%	4.9%	5.0%	5.1%	5.2%	5.3%	5.3%	4.6%	4.5%	4.4%	4.5%	4.5%	4.7%	4.9%
Aggression Management training	>=80%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83%	82.2%	80%
Moving and Handling training	>=80%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	80%
Staff Turnover 6	10%	11.7%	11.4%	12.1%	12.3%	12.4%	12.5%	12.6%	9.7%	8.5%	11.6%	12.4%	13.0%	12.8%	11.0%

NHSI Ratings Key:
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures Figures in italics are provisional and may be subject to change.

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 introduced during 17/18 and counts first contact with service post referral. Under performance is generally due to waiting list issues. To mitigate this, the service have a management process in place for waiting lists across all our 4 community localities – generally, waits occur due to medium to long term absence within a specific locality discipline and as the member of staff returns to work the waits reduce. Specific issues are being addressed with locality commissioners where appropriate. The waiting lists are reviewed by leads regularly and allocated by clinical priority. Q2 data is currently with services to validate and will be included in next months report.
2 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate 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 inappropriate admission to Adult Acute and PICU Mental Health Services only.
3 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data refreshed back to April 18 each month.
4 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed.
5 - further detail regarding this indicator can be seen in the National Metrics section of this report.
6 - Introduced into the summary for reporting from 18/19.
7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
8 - Work has taken place to identify a suitable metric across all Trust smoking cessation services. The metric will identify the 4 week quit rate for all Trust smoking cessation services. National benchmark for 17/18 was 51%. Q1 data will be available in September18.
9 - The figure shown is the proportion of eligible clients with a cardiometabolic assessment. This may not necessarily align to the CQUIN which focuses on the quality of the assessment.

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 Integrated Performance Report.

The performance information above shows the performance rating metrics for the 2017 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 relates to our 16/17 agency expenditure performance and our financial risk.

Quality
• Under 18 admissions are above our desired position, this remains the least worst option and must not become a routine position
• Safer staffing fill rates are positive overall, significant pressures still exist in relation to acuity and demand. The establishment review is being considered during the workforce planning sessions.
• Restraint incidents remain an area of focus for review
• CQC action plan tracker continues to show positive progress although there are some areas that require close attention.
• Mortality review work shows early benefit

NHSI Indicators
• The vast majority of national metrics continue to be met
• 7 day follow up improved to be marginally over the threshold
• 22 occupied bed days by children and young people in adult wards
• The proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT) has fallen below the 50% threshold for the month of September, this is the first time this year the threshold has not been achieved. Performance is currently based on provisional data and we expect to see some improvement when data is finalised later in the month. The provisional quarter 2 position remains just above threshold at 50.6%.

Locality
• Continued demand and acuity pressures in adult acute wards across all geographies
• Notice given on the rapid access clinic service in Barnsley effective from March 31st
• Focus remains on recruitment across all places and professional groups. Specific focus on CAMHs medical consultants
• Negotiations continue regarding the contract variation received from NHS England
• CAMHs summits have taken place in Wakefield
• The development of a business case in relation to lead provider for forensic services continues to progress

Priority Programmes
• With regard to bed management criteria led discharge is being planned for Barnsley, Calderdale and Kirklees. The plan agreed with commissioners for reduction in use of out of area bed placements has been updated.
• 234 super-users have received their SystmOne training. Data migration issues have resulted in the use of an additional week of the contingency. Cut-over issues have been identified and escalated to director level.
• Commissioner engagement with regard to older people's service transformation continues

Finance
• Net surplus of £424k in month driven by a gain on disposal of the Keresforth houses. Excluding this one-off gain the position is deficit of £180k.
• Cumulatively the deficit is now £0.8m. The underlying run rate remains adverse to the full year plan
• Agency costs of £522k in month were 14% higher than the cap and cumulatively agency spend has reached £3.1m with a full year forecast of £6.1m. The full year cap is £5.2m.
• Net pay savings of £0.4m year-to-date
• Out of area bed expenditure amounted to £314k. Whilst a slight improvement on August's spend it remains significantly above historical averages and the number of beds commissioned..
• Year-to-date CIP delivery of £4.5m is £0.2m above plan
• Cash balance of £22.6m is below the August balance, but £1.2m ahead of plan
• Financial risk rating remains at 2 given the deficit margin is slightly better than -1%.

Workforce
• Sickness absence increased to 5.2% in September and is 4.7% year-to-date
• Staff turnover is 12.8% year-to-date
• The vast majority of training targets are being achieved
• Appraisal completion of band 6 and above stands at the 95% target and is 78.6% for bands 1 to 5

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	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Year End Forecast Position *
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	KT/SR/CH	TBC						37.9%	39.7%	34.9%	35.9%	38.0%	37.0%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	28% 11/39	12.7% 8/63	12% 6/50	9.3% 4/43	29% 2/7	20% 2/10	21% 6/28	21% 2/7	43% 3/7	57% 8/14	50% 7/14	1
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	12% 23/195	19.8% 43/217	18.2% 38/208	7.7% 13/168	16% 10/64	5% 3/57	10% 5/50	12% 11/88	15% 9/60	19% 13/68	19% 10/53	4
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%		84%	84%	86%	86%	86%	75%	82%	88%	91%	88%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	99%	98%	98%	98%	98%	97%	100%	98%	99%	97%	98%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	80%	74%	75%	N/A	76%	N/A		75%	N/A	N/A	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	66%	60%	64%	N/A	67%	N/A		70%	N/A	N/A	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	81	81	113	148	64	26	109	44	27	45	48	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	N/A	86	337				21	22	28	*35*	*24*	Due Nov 18	N/A
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	N/A	2	26				0	1	1	1	2		N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	1	1		2	1	0	1	0	0	0		
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	KT/SR/CH	80%	85.2%	85.2%	85.6%	85.0%	84.9%	86.3%	85.8%	86.2%	88.7%	86.3%	86.4%	4
	Un-outcomed appointments 6	Improving Health	Effective	KT/SR/CH	TBC	2.6%	4.3%	3.3%	2.5%	2.5%	5.4%	4.3%	4.1%	3.3%	3.2%	3.0%	N/A
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=8	36	33	22	24	21	8	11	14	16	14	15	
	Delayed Transfers of Care 10	Improving Care	Effective	KT/SR/CH	7.5% 3.5% from Sept 17	2.7%	1.6%	2.3%	2.7%	3.7%	2.7%	2.1%	2.6%	2.4%	2.4%	1.5%	4
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/CH	TBC						69.3%	67.0%	66.1%	61.0%	63.0%	62.2%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	2946	2849	3065	2962	3441	1074	1087	1039	1161	1008	848	N/A
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor		57	58	56	72	23	13	16	26	25	17	N/A
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	20	3	8	9	7	2	1	1	4	0	3	N/A
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	84	12	17	24	11	0	7	4	5	2	3	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	*17.7%*	18.70%	18.2%	24.3%	16.5%	20.5%	19.9%	20.6%	18.4%	23.2%	22.4%	22.1%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%		109%	111.1%	114%	116.8%	118%	120%	118%	118%	117%	116%	4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%		107%	94.1%	99%	98.4%	99.2%	100%	99.5%	96.4%	92.5%	93.7%	4
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	N/A	86	82	92	71	98	30	29	29	26	21	30	N/A
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	2	2	1	2	2	0	0	1	0	1	0	3
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	4
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	KT/SR/CH	80%	66.3%	74.7%	79.5%	77.0%	75.7%	80.0%	61.3%	75.0%	76.3%	72.7%	72.7%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	95	139	139	150	181	40	40	44	43	37	52	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A		345	424	442	589	173	211	143	192	151	135	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	2	1	0	0	0	0	0	0	0	0	0	4
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	4
Quality	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	KT/SR/CH	80%		59.3%	61.0%	64.7%	86.5%	80.9%			77.3%			4

** 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.

5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date.

6 - This is the year to date position for mental health direct unoutcomed appointments which is a snap shot position at a given point in time. The increase in unoutcomed appointments in April 17 is due to the report only including at 1 months worth of data.

7- This shows the clinical staff on bands 5 and above (excluding medics) who were employed during the reporting period and of these, how many have received supervision in the last 12 months. Please note that services only been fully using the system since December 2016.

8 - The threshold has been locally identified and it is recognised that this is a challenge. From June 17, the monthly data reported is a rolling 3 month position.

9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed.

10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trusts contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

11. Number of records with up to date risk assessment - data now available for April 18 onwards. Criteria used is - Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours of admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point whether there is a Level 1 Sainsbury's risk assessment.

Quality Headlines

During 2017/18 the Trust undertook some work to develop the key quality measures and this has continued into 18/19. There are now only a small number that require additional development.

Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

• Restraint incidents - there were 134 restraints reported, this being a reduction from August (151). The highest proportion of restraints were in the standing position (53).
In relation to incidents of prone restraint, between August and September there was a 41% reduction in the use of prone restraint on the floor, an increase of 60% of incidents that Service user were placed in a prone restraint and the rolled into a supine position and a 50% reduction in the use of prone restraint on beds.
The 19 incidents of prone restraint Trustwide had 22 reasons for restraint given, this is because at times there may be more than 1 reason that the restraint was needed.
Wakefield remains the highest BDU for all types of incidents of restraint and all incidents of what would be identified as prone restraints in September.
As stated previously small numbers of service users can make large differences to the number of restraints. Some have been recognised as having long term issues with challenging behaviours over a period of months, whilst others are short term acute crises. Early recognition of these service users is important. The RRPI team provide support to staff members, assist with care planning, training and offer supervision to manage particular individuals in an attempt to reduce the high levels of restraint. Within the Wakefield BDU the highest incidents occurred on Stanley Unit that has high acuity and Walton which being a PICU one whould expect high acuity.
There has been 1 incidents resulting in of injury to staff resulting in a RIDDOR in September 2018. This being a member of staff being the victim of a serious physical assault receiving multipul blows to the head and face.

• NHS Safety Thermometer - Medicines Omissions – This only relates to inpatient areas in Calderdale, Kirklees and Wakefield. SWYPFT has been focusing on reducing medication omissions on inpatient areas for the past 3.5 years. The mental health safety thermometer's national data has shown that the Trust has been an outlier when benchmarked to other mental health/combined trusts. The national average for in-patient medicine omissions in mental health trusts is just below 15%. At the end of quarter 1, SWYPFTs average was 19.6%. Older people's services have made a concerted effort to improve their patient compliance, as historically patient refusal was by far the biggest reason for medication omissions. Their combined quarter 1 rate was 15.2% which is almost at the national average. Unfortunately working age adult services remain above the national average and their combined quarter 1 average was 19.8%. Medicines omissions continue to be difficult to interpret due to changes in the way data is presented on the MHST website which no longer breaks down the reason for omission. Feedback from staff indicates that refusals are still the most common cause and this is at times high due to increased numbers of service users with diagnoses of personality disorder. As part of the CQC action plan a monthly report to BDU governance groups alongside medicines assurance checklists is planned from next month. Breakdown of this months figures identifies one service line which has very high omissions (57%) with all other areas at or below the national average and target figures. This has been communicated to the service in question and action plans put in place. As previously identified the issue appears to be patient refusals linked to personality disorder diagnosis.

• Complaints closed within 40 days - 50% for September - 7 out 14 of complaints that were closed within this time frame. Despite the slight decrease in the number of complaints closed within 40 days, our aim is to continue to improve the complaints pathway to ensure we consistently achieve this performance measure. The total number of complaints that remain open pre March 18 has reduced to 9 (43% decrease), which demonstrates the impact of the revised complaints process and the significant contribution from both the operational and customer services team.

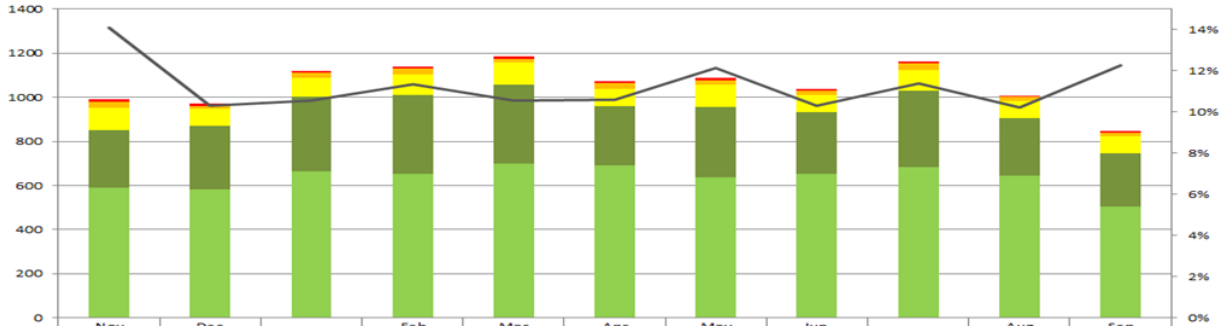
• Number of falls (inpatients) - there has been an increase in the number of fall incidents during September. These are attributed to Wakefield and Kirklees BDUs. In Kirklees, the incidents relate to Ward 19 where there have been 3 slips and trips and one service user having 3 falls which were linked to mood/presentation and no harm incurred. In Wakefield, the increase is attributed to the number of service users with physical frailties across the two older people's wards.

• % people dying in a place of their choosing - the Trust has been monitoring data for this indicator since April 18 and has shown an improving trend which in some part is due to work undertaken to improve the collection and recording of this data.

Safety First

Summary of Incidents during 2017/18 and 2018/19

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



	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018
Red (should not be compared with SIs)	12	11	9	6	10	8	10	8	8	5	8
Amber	28	14	22	30	15	27	18	19	28	21	18
Yellow	100	75	87	93	100	79	104	80	96	77	78
Green	262	290	337	358	360	268	319	278	345	262	240
Green no harm	590	582	665	651	699	692	636	654	684	643	504
Total	992	972	1120	1138	1184	1074	1087	1039	1161	1008	848
Percentage of total that are Red/Amber/Yellow *	14.1%	10.3%	10.5%	11.3%	10.6%	10.6%	12.1%	10.3%	11.4%	10.2%	12.3%

** A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).*
The distribution of these incidents shows 89% are low or no harm incidents.

Safety First cont…

Summary of Serious Incidents (SI) by category 2017/18 and 2018/19

	Q1 18/19	Q2 18/19	Q3 17/18	Q4 17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
Administration/supply of medication from a clinical area	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Formal patient absent without leave	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Informal patient absent without leave	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Information disclosed in error	0	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Lost or stolen hardware	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Lost or stolen paperwork	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Self harm (actual harm) with suicidal intent	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1
Suicide (incl apparent) - community team care - current episode	4	3	14	6	4	5	5	2	3	1	1	3	0	2	1	0	27
Suicide (incl apparent) - community team care - discharged	2	1	2	0	1	0	1	0	0	0	0	0	2	0	1	0	5
Suicide (incl apparent) - inpatient care - current episode	0	0	2	2	0	1	1	1	0	1	0	0	0	0	0	0	4
Unwell/Illness	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Allegation of violence or aggression	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1
Physical violence (contact made) against staff by patient	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Physical violence (contact made) against other by patient	0	0	1	1	1	0	0	0	0	1	0	0	0	0	0	0	2
Pressure Ulcer - grade 3	1	1	3	1	1	1	1	1	0	0	0	0	1	1	0	0	6
Total	8	9	26	12	7	11	8	4	4	4	1	3	4	5	4	0	55

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- Reporting of deaths as red incidents in line with the learning from healthcare deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using 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.
See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report.
- No never events reported in Sept 2018

Safety First cont…

Mortality Training: Further structured judgement reviewer training is being held on 15 November 2018, and due to demand, further date to be arranged early 2019.
Assurance: 360 Assurance internal audit report on Learning from Healthcare Deaths has been received giving significant assurance. Mortality review group workshop has been held and actions are being implemented.
Remaining actions relate to updating the policy which is now due by 31/1/19 which will be reviewed in consultation with Northern Alliance colleagues. All other actions are completed.
Reporting: The Trust's learning from healthcare deaths information is now reported through the quarterly incident reporting process. The latest report is available on the Trust website. These include learning to date. See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/
Learning: Mortality is being reviewed and learning identified through different processes:
-Serious incidents and service level investigations – learning is shared in Our Learning Journey report for 2017/18
-Structured judgement reviews – learning from 2017/18 and Q1 cases is included in the latest report.
57% of reviews completed to date rated overall care as good or excellent
SJR Themes
Risk assessment: 25% of cases reviewed were rated good or excellent
Allocation/initial review: 38% of cases reviewed were rated good or excellent
On-going care: 61% of cases reviewed were rated good or excellent
Care during admissions (where applicable): 53% of cases reviewed were rated good or excellent
Follow-up management / discharge: 63% of cases reviewed were rated good or excellent
End of life care: 100% of relevant cases in inpatient care were rated good or excellent
46% of reviews completed to date rated the quality of the patient record as good or excellent
The learning from healthcare deaths report includes examples of areas for improving practice identified by the reviewers, and also good practice examples.
Work to develop themes further continues as more reviews are completed.

Mortality - additional structure judgement reviewer training is planned for November 2018. Due to demand, a further date being arranged.
360 Assurance Internal audit action plan is nearing completion. Remaining actions relate to updating the policy by 31/1/19 in consultation with Northern Alliance colleagues. All other actions are completed.
Support for bereaved families - a task and finish group has met to develop our plans for implementing the National Quality Board guidance on 'Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers'
https://www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers/
Patient safety 'kitchen table' conversation month generated several responses from some BDUs. These are being collated and will feed into the development of our next patient safety strategy.

Safer Staffing

Overall Fill Rates: 116%
Registered fill rate: (day + night) 93.7%
Non Registered fill rate: (day + night) 137.3%

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

BDU Fill rates - June 18 - September 18

Overall Fill Rate	Month-Year		
Unit	Jul-18	Aug-18	Sep-18
Specialist Services	112%	101%	111%
Barnsley	117%	118%	116%
C & K	109%	105%	101%
Forensic	115%	113%	111%
Wakefield	138%	143%	148%
Overall Shift Fill Rate	**118%**	**117%**	**116%**

Registered Staff: Days 88.2% (increase of 4.4% on the previous month); Nights 99.3% (decrease of 0.8% on the previous month)
Registered average fill rate: Days and nights 93.7% (increase 1.2% on the previous month)
Non Registered staff: days 133.6% (decrease of 4.8% on the previous month); Nights 141.1% (decrease of 2.7% on the previous month)
Non Registered average fill rate: Days and nights 137.3% (decrease of 4.2% on the previous month)
Overall average fill rate all staff: 115.9% (decrease of 0.6% on the previous month)

Elmdale from Calderdale and Kirklees BDU as well as Thornhill and Johnson in Forensic BDU with similar reasons cited as above. The number of wards which are achieving 100% and above fill rate on nights remained at 60.8% (19 wards) for September.
Average fill rates for Barnsley BDU decreased by 2% to 116%. Calderdale and Kirklees BDU decreased by 4% to 101%. Forensic BDU were 111% a decrease of 2%. Wakefield BDU increased by 5% to 148%. Specialist services were 111% with an increase of 10%.
Despite the achievement and above of expected fill rates, significant pressures remain on inpatient wards due to demands arising from acuity of service user population. An establishment review has been submitted which has looked at the staffing profiles across all inpatient wards. This has been discussed at OMG and accepted at EMT. We are anticipating better fill rates due to the recruitment of the band 5s and continued recruitment to the band 2 workforce.

Information Governance

There were 15 confidentiality breaches during September involving Information disclosed in error, lost or stolen paperwork, non secure disposal - hardware, patient healthcare record issues. This number of incidents remain constant with recent months and increased focus is being placed on effective communication. One of these incidents relating to lost or stolen paperwork has been reported to the information commissioners office, the incident related to a patient removing a confidential list from the ward and taking it home following discharge, investigation of the incident is underway.

Commissioning for Quality and Innovation (CQUIN)

CQUIN leads have been agreed for 2018/19. Services continue to work towards the requirements for 18/19. The Trust is due to submit its quarter 2 reports towards the end of October.

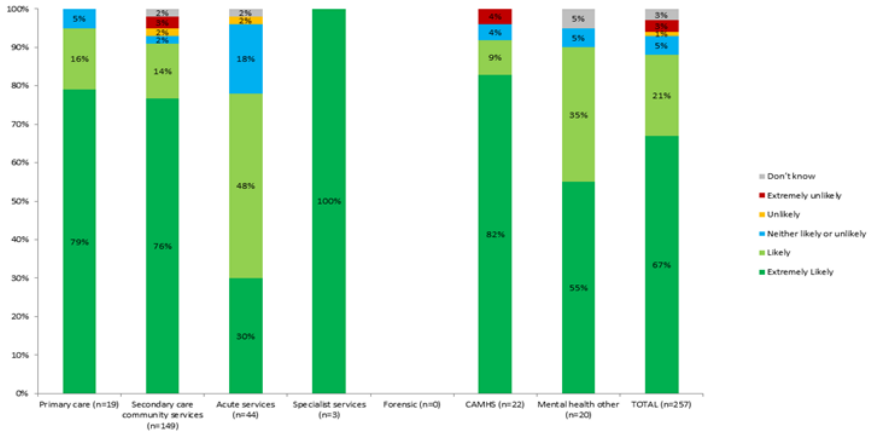
All CQUINs for 2018/19 have a RAG rating of green with the exception of:
• NHS staff health and wellbeing – risk in achievement linked to the improvement of staff health and wellbeing. To achieve the required threshold would mean that the Trust would need to be in the top 6 of 200+ trusts nationally.
• Cardio metabolic assessment and treatment for patients with psychoses - The early intervention in psychosis element of this indicator has been rated as amber based on the 17/18 results. A number of mitigating actions are being put into place to further reduce this risk.
A new risk has been identified related to the national forensic scheme:
• Reducing restrictive practices - the detail of this is being worked through to ensure as much mitigation is in place as possible but is currently rated as green for Q1, Amber for Q2 and Red for Q3 and Q4.
The total CQUIN value for 2018/19 is £4.4m. The Trust currently has a risk of £261k shortfall for 2018/19. CQUIN leads are working to mitigate this risk as far as possible.

Patient Experience

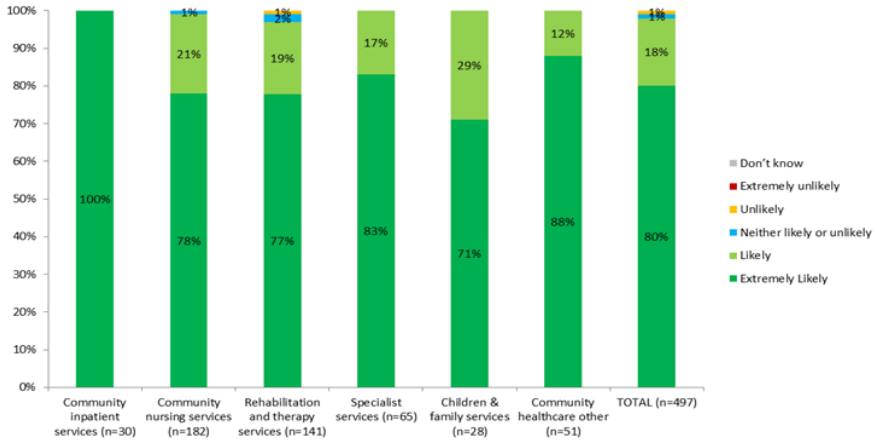
Friends and family test shows

- Community Services – 98% would recommend community services.
- Mental Health Services – 88% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 30% in acute services and 100% in specialist services
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



The NHS Friends and Family Test (FFT) is being reviewed by NHS England with new guidance expected for implementation in April 2019. The development of the new real time patient experience system is ongoing. Barnsley community health services were the first teams to go live in August. A roll out plan has been developed and all services will migrate to this service by the end of October 2018. The Quality Improvement & Assurance Team (QIAT) has been trained in the use of the new system and training is being rolled out. The governance framework to support FFT collection and reporting is being updated.

The quality improvement and assurance team continue to implement and develop the new real time patient experience system 'Meridian Optimum'. Community services and health and wellbeing services are currently collecting feedback and we are currently developing a patient experience survey for inpatient wards across the Trust. We are also sending the friends and family test (FFT) questions via text message after a service user attends and outpatient appointment in Calderdale & Kirklees community mental health services and child and adolescent mental health services. Since the implementation of the new patient experience system we have seen a 92% increase in the number of FFT returns in September, However there has been a decline in the number of people who would recommend mental health (3%). We continue to work with the volunteering service in placing volunteers across Trust services to support teams with the collection of patient feedback.

Customer Service Excellence (CSE) Award – surveillance visit

The Trust was assessed in August 2018 as part of a 3 year accreditation cycle, where we are assessed against 57 standards across 5 domains. We retained our accreditation status and improved on the results from 2017 by closing all partially compliant elements and achieving an additional 4 'compliance plus' elements. We now have 11 compliance plus elements and 46 fully complaint elements.

A range of services participated in the assessment including mental health in-patients, older people's services, child and adolescent mental health services and end of life care as well as senior managers, library services and creative minds.

In his overall summary, the assessor noted : 'This had been an outstanding surveillance visit for South West Yorkshire Partnership NHS Foundation Trust and there was strong evidence that they were using the CSE standard effectively to promote continuous improvement at all times. The assessor during the visit was privileged to meet staff who came across as passionate, professional, focussed and keen to ensure that the customer was at the heart of everything that South West Yorkshire Partnership NHS Foundation Trust did. 'When you walk off your shift at the end of the day, you have to be happy that if it was your son or daughter on the ward, you would be happy to leave them'. 'I feel privileged to do what I do'. 'We treat people as individuals'. 'I love my job and coming to work; no two days are the same'. 'We all live the Trust values'. 'If is like a big family'. The key philosophy of 'Lead from every seat' had obviously been adopted by staff and this ensured that situational leadership was strong and that decisions at appropriate levels were made without the customer being incommoded in any way. All partial compliances have been 'closed off' and the Trust had been awarded 4 new compliance plus ratings'.
A brief report has been produced and will be presented to various committees within the Trust.

Care Quality Commission (CQC)

The core services continue to provide monthly updates on their progress against their 'must' and 'should' do actions.

		September 2018	
		MUST (n =18)	SHOULD (n=47)
Blue		2 (11%)	11 (24%)
Green		14(78%)	34(72%)
Green	Amber	2 (11%)	2(4%)
Amber	Red	0	0
Red		0	0
Total		18	47

Blue – Action completed.
Green – On-target to deliver actions within agreed timeframes.
Amber Green – Off trajectory but ability/confident can deliver actions within agreed time frames.
Amber Red – Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
Red – Actions/targets will not be delivered

The RAG ratings on the action plan will be agreed within the monthly Clinical Governance Group meetings.
• Steady progress is being made across the action plan.
• There are 4 actions that have been rated as green/amber- this is where the deadlines are approaching and there is a risk the actions will not be complete. These areas are being prioritised for review to see if actions can be expedited.
• The Clinical Governance Group recommended timeframe changes for some actions as the original timeframes were optimistic. These have been reviewed with core services.

Provider Information Request (PIR)
We are anticipating that CQC may shortly be asking us to complete our PIR data. This is an annual request in which we provide a wide variety of information and data about our teams and services. During our previous engagement meeting with CQC in September 2018 we were told about some changes to the PIR and requested further information from CQC regarding this. As yet this has not been received.

CQC Insight report
We have received our two monthly Insight report from CQC. This tells us about how we are performing across a number of areas, including in comparison with other similar NHS Trust care providers. This continues to help us in understanding where we are performing and where we can improve and get better. It also enables us to look at information more closely so we can provide context to the information where this is appropriate.
Registration activity
We continue to keep CQC notified about any planned changes to our services that may impact on our registration.

Safeguarding

• A number of briefing papers produced and disseminated via the weekly 'round robin'
• A number of information gathering exercises completed for all four safeguarding boards for safeguarding practice reviews, potential safeguarding adult reviews, lessons learnt reviews and domestic homicide reviews.
• External speaker 'Hope for Justice' at the safeguarding forum supporting individuals continuing professional development.

Safeguarding Children
• A number of multi-agency audits completed for the four safeguarding boards and lessons learnt to be shared at the next safeguarding forum
• CPD training deliver 'Seen and heard' to a number of EIP and CAMHS teams

Safeguarding Adults
• Performance data set sent in a timely manner to all four safeguarding boards
• Ongoing work and review of the sexual relationship Policy following the CQC report 'sexual wellbeing on mental health inpatient wards'

Infection Prevention Control (IPC)

• Progress on the infection prevention and control annual programme 2018-19 is up to date as of Q2.
• Surveillance: there has been no MRSA Bacteraemia, CIostridium difficile, or any other alert organisms, to date. Barnsley BDU has a locally agreed C difficile toxin positive target of 5.
• Mandatory training figures remain stable at:
  • Hand hygiene-Trust wide total – 91.62%
  • Infection prevention and control- Trust wide total – 88.3%
• Policies and procedures remain up to date.
• The flu campaign has commenced, as of 25/10/18 the percentage of front line staff immunised is 35.1%.
• There is still reduced capacity within the team, (1 IPC nurse vacancy has been put on hold and the senior IPC nurse commenced a period of planned long term sickness on 14/9/18). The team have reviewed current processes and commenced contingency arrangements.

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. This table has been revised to reflect the changes to the framework introduced during 2017/18.
• 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 - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Q1 18/19	Q2 18/19	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%	98.3%	96.8%	95.0%	97.4%	97.1%	97.3%	97.2%	97.1%	96.2%	97.2%	97.1%	97.2%	4	
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	SR	99%	99.6%	100%	100%	100%	99.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	SR/CH	95%	96.9%	99.3%	99.2%		98.5%	96.6%	96.9%	99.6%	*95.5%*	98.3%	98.8%	98.9%	97.5%	97.0%	97.6%	97.9%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	SR/CH	95%	96.7%	97.8%	97.3%	97.5%	97.6%	95.5%	96.9%	96.7%	94.3%	99.2%	100%	97.7%	94.9%	97.5%	97.7%	96.2%	4	
Data Quality Maturity Index [4]	Improving Health	Responsive	SR/CH	95%	Reporting from Nov 17					98%	98.1%	98.3%	98.3%	98.2%	98.2%	98.2%	98.2%	*98.1%*	98.2%	96.8%	4	
Out of area bed days [5]	Improving Care	Responsive	SR/CH	Q1 940, Q2 846, Q3 752, Q4 658	Reporting from April 17.				885	1127	1286	1608	531	282	368	437	589	384	1181	1410	1	
IAPT - proportion of people completing treatment who move to recovery [1]	Improving Health	Responsive	SR/CH	50%	50.1%	52.5%	48.0%	50.5%	50.1%	49.2%	53.8%	54.0%	52.9%	57.2%	53.2%	54.0%	52.1%	*46.0%*	54.4%	*50.6%*	3	
IAPT - Treatment within 6 Weeks of referral [1]	Improving Health	Responsive	SR/CH	75%	76.1%	83.6%	88.9%	86.0%	81.9%	81.1%	89.8%	90.6%	91.6%	88.0%	93.9%	93.9%	94.8%	*93.9%*	91.3%	*94.2%*	4	
IAPT - Treatment within 18 weeks of referral [1]	Improving Health	Responsive	SR/CH	95%	98.9%	99.3%	97.9%	99.9%	99.5%	99.4%	99.6%	100%	100%	98.7%	100%	99.7%	99.5%	*99.6%*	99.4%	*99.6%*	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	SR/CH	53%	77.5%	82.0%	82.2%	73.6%	89.2%	84.4%	89.5%	89.8%	93.5%	81.0%	70.0%	92.0%	91.4%	*90.3%*	81.7%	90.3%	4	
% clients in settled accommodation	Improving Health	Responsive	SR/CH	*60%*	Reporting developed from Sept 16		82.7%	82.9%	82.2%	80.8%	80.2%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	*78.8%*	79.1%	78.8%	4	
% clients in employment [6]	Improving Health	Responsive	SR/CH	*10%*	Reporting developed from Sept 16		8.3%	8.8%	9.0%	8.7%	8.6%	9.1%	9.0%	8.7%	8.6%	8.5%	9.5%	*8.7%*	8.6%	8.8%	1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	SR/CH										Due June 19								2	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Q1 18/19	Q2 18/19	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	4	108	62	96	2	0	14	22	1	22	16	45	2	
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	SR/CH	*TBC*	4	1	4	3	2	4	5	4	1	0	3	3	1	2	4	6	2	
Number of detentions under the Mental Health Act	Improving Care	Safe	SR/CH	*Trend Monitor*	167	174	156	168	212	221	186	180	212			192			212	192	N/A	
Proportion of people detained under the MHA who are BAME [2]	Improving Care	Safe	SR/CH	*Trend Monitor*	15.0%	10.3%	10.9%	19.6%	10.8%	13.6%	15.1%	9.0%	15.1%			14.1%			15.1%	14.1%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Q1 18/19	Q2 18/19	Year End Forecast Position *	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance [1]	Improving Health	Responsive	SR/CH	90%	97.8%	97.9%	97.8%	98.0%	98.7%	97.1%	98.4%	98.1%	97.4%	97.7%	97.5%	98.7%	*98.6%*	*Data avail Nov 18*	*97.5%*	*Data avail Nov 18*	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%	99.7%	99.8%	99.8%	99.8%	99.8%	99.9%	99.9%	99.9%	100.0%	*99.9%*	99.9%	*99.9%*	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%	89.3%	90.3%	90.8%	90.6%	90.7%	90.5%	90.8%	90.5%	95.5%	*95.1%*	90.8%	*95.1%*	4	

** See key included in glossary.*
Figures in italics are provisional and may be subject to change.
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 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
3 - There was no April Primary submission due to the transition to MHSDS v2. Data flow monthly from May 17 onwards.
4 - This indicator was introduced from November 2017 as part of the revised NHSI Single Oversight Framework operational metrics. It measure the proportion of valid and complete data items from the MHSDS:
- *ethnic category*
- *general medical practice code (patient registration)*
- *NHS number*
- *organisation code (code of commissioner)*
- *person stated gender code*
- *postcode of usual address*

As this is a revised indicator, the initial focus (until April 2018) will be ensuring providers understand their current score and, where the standard is not being reached, have a clear plan for improving data quality. During 2018/19, failure to meet the standard (95%) will trigger consideration of a provider's support needs in this area.
5 - Out of area bed days - The figure for 17/18 reflected the total number of out of area bed days in the Trust, for 18/19 this has been aligned to the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories. The January 2018 submission was taken as an agreed baseline position.
6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'

Areas of concern/to note:

- The Trust continues to perform well against the vast majority of NHS Improvement metrics
- The proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT) has fallen below the 50% threshold for the month of September, this is the first time this year the threshold has not been achieved. Performance is currently based on provisional data and we expect to see some improvement when data is finalised later in the month. The provisional quarter 2 position remains just above threshold at 50.6%.
- During September 2018, 2 service users aged under 18 years were placed in an adult inpatient ward. One 16 year old was placed in Wakefield at the end of the month, the patient has since been discharged. One 17 year old was admitted to Kirklees and transferred to Wakefield and stayed for a total of 21 days, the service user has now been discharged. Total bed days and number of children and younger people under 18 in adult inpatient wards forecast for year end has been rated as a '2 - Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame' - the rationale for this is due to the fact that this is outside control of the Trust. When this does occur the Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. The Trust has 2 beds that can be made available (1 male, 1 female) in the event of national unavailability. We routinely notify the Care Quality Commission (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. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- As identified above the Trust has submitted a reduction trajectory for the use of out of area bed placements. This trajectory has been agreed with commissioners and requires a 30% reduction in inappropriate admissions during the year. The target was not met in quarter one and although the month of September saw a decrease in the number of bed days, the total for the quarter remains well above the threshold.
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is an evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme.
- 7 day follow up improved to be above the threshold.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Barnsley BDU:

Mental Health

Key Issues
• The acute service line continues to experience high demand and some staffing pressures leading to temporary staffing expenditure.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services.
• Recruitment is underway as part of the action plan now funded by the clinical commissioning group (CCG) to address the 'back-waiters' waiting lists for psychology in the community service line.
• The improving access to psychology therapies (IAPT) service has received investment from the CCG for long term conditions and the development of a pathway and specification is underway.

Strengths
• Management of patient flow
• Performance around delayed transfers of care (DTOC) remains consistently high
• Compliance with mandatory training
• The liaison and diversion team in Barnsley have been nominated for a national Tilley award by the South Yorkshire Police, jointly with the Police Vulnerability Hub, regarding problem orientated policing and the collaboration between services.

Challenges
• Adult community consultant vacancies and gaps continue to be a pressure although recent successful recruitment has ameliorated this.
• Adult acute occupancy levels remain high
• Action plan is in place to improve performance around care programme approach (CPA) reviews

Areas of Focus
• Admissions and discharge flow in acute adults with a current review of recent admissions and pre-admission community support.
• Continue to improve performance in service area hotspots tracked team by team by general managers.
• Medical recruitment to consultant psychiatry and specialty doctor posts
• Reduction of agency spend as above and bank spend in acute services.

Community

Key Issues:
• Yorkshire smoke free (YSF) Calderdale and Barnsley – contract runs until 31.03.19 – information expected shortly regarding commissioning intentions
• YSF Sheffield – in dialogue with Comissioner regarding achievability of performance targets in first year
• Rapid access clinic – notification now received to decommission from 31.3.2019. Business change document shared with staff side; consultation to commence 5 November 2018.

Strengths
• Key personnel involved in all 3 partnership priority areas (cardiovascular disease (CVD), frailty and neighbourhoods).
• High performing against alliance contracts i.e. RightCare Barnsley, intermediate care and musculo skeletal
• Stroke virtual integrated working progressing at pace.

Challenges
• Clinical commissioning group (CCG) review of services continues linked to priority areas of CVD, frailty and neighbourhoods.
• Pulmonary rehab targets remain challenging linked to low referral rates from primary and secondary care.

Areas of Focus
• Neuro rehabilitation number of bed days commissioned reduced for Barnsley patients. Marketing strategy mobilised to secure activity from out of area providers. Paper in development for extended management team outlining financial risks.
• Stroke services – integrated working underway. Transient ischemic attack (TIA) and early supported discharge (ESD) task action groups now underway and progressing. Steering group continues to meet monthly. Project team meeting weekly (SWYPFT and BHNFT).

Children's Therapy Services:
• High level of referrals into the service and waiting times are a risk. Pathways mapped and demand & capacity refreshed. Report to be submitted by late October to children's commissioner.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Calderdale & Kirklees BDU:

Key Issues
• Reducing out of area (OOA) although adult acute ward occupancy remains high on all adult wards and across the business delivery unit (BDU). More frequently older adult beds are used for clinically relevant clients and rehab capacity at Enfield Down is utilised for patients stepping down whilst awaiting suitable accommodation. A review of BDU admissions on 7-8th October identified that around 40% were not previously known to mental health services. The rest had had extensive community input prior to admission. Males made up the unknown group presenting with poly substance misuse and high self harm risks.

Strengths
• Continued strong performance on mandatory training.
• Sickness levels across the BDU performance below 4.5% target.
• Inpatient agency staffing continues to reduce significantly

Challenges
• Adult community consultant vacancies and gaps continue to be a pressure, some new starters due in February 2019.
• Adult occupancy levels (high above 98%).
• Recruitment of psychological wellbeing practitioner (PWP) workers in improving access to psychological therapies (IAPT) service. Attrition rate of PWPs is always generally high so initial plan is to over-recruit.

Areas of Focus
• Continue to improve performance in service area hotspots.
• Recruitment to posts in community especially Kirklees IAPT, consultants, IAPT and early intervention in psychosis.
• Discharge co-ordinator capacity on wards to be rolled out to reinforce flow management.
• Adult ward nursing staff to increase in order to improve safety and patient experience.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Forensic BDU:

Key Issues
• Negotiations continue re the contract variation received from NHS England.
• Service review/business case as lead provider continues to progress. 3 key themes of work identified.
• Learning disability (LD) forensic outreach service (FOLS) continues to develop recruitment to initial service.
• Project support re LD FOLS development now in place start date 29.10.18.
• NHSE have commissioned an independent review into forensic child and adolescent mental health services (CAMHs) service in her majesty's prison/youth offending institute Wetherby and Adel Beck following concerns regarding the delivery of HSB (Harmful Sexual Behaviour) and wider service delivery issues.
• Occupancy levels in medium secure above 95% but low secure is currently below target.

Strengths
• Strong performance on mandatory training.
• Developing innovative and collaborative work in the delivery of this years CQUINs.

Challenges
• Low secure occupancy levels well below 90%
• Recruitment of Band 5 nurses (15 vacancies across the BDU).

Areas of Focus
• Reducing sickness.
• Continue to improve performance in service area hotspots.

Specialist BDU:

Specialist services
There continue to be significant medical staffing recruitment and retention issues across the BDU. Five agency consultants are currently working across child and adolescent mental health services (CAMHs), and two agency consultants and one agency specialty doctor in learning disabilities. Specific recruitment/retention incentive options are now being jointly considered with the medical directorate

CAMHs
Wakefield summits have been held on 11 September and 17 October. Led by the clinical commissioning group the aim is to consider challenges with regard to children and young people's mental health as a local system – with a particular focus on waiting times for children in care. Recruitment is being progressed to enable a strengthening of dedicated capacity in CAMHs for children in care

An autistic spectrum condition (ASC) themed summit is being arranged by Calderdale CCG for December 2018. This will inform plans for additional investment in the diagnostic assessment pathway. As an interim the CCG is keen to consider a waiting list initiative and SWYPFT has submitted an outline business case.

Learning Disabilities
A quality impact assessment (QIA) has been completed in relation to current vacancy levels. The most significant presenting risks relate to psychology and speech and language therapy (SALT) waiting times in Barnsley and Wakefield. Alongside a proactive approach to recruitment a targeted use of agency is being made.

The capital works at the assessment and treatment Unit (Horizon) are nearing completion. The unit will revert to 8 beds (temporarily operating at 6 beds) from 1 November.

An internal quality visit has taken place at Horizon (16 October 2018). Feedback was positive with particular note made regarding the dedication, knowledge and enthusiasm of staff.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Wakefield BDU:

Key Issues
• The acute service line continues to experience high demand and staffing pressures leading to ongoing bank and agency expenditure. Use of out of area (OOA) beds for Wakefield service users has minimised (to 5 bed days in September for gender specific reasons) and intensive work is ongoing to explore all possible alternatives at the point of admission, and to reduce OOA episode duration once commenced. The pressures of demand and capacity across the whole acute services system continue to have an adverse impact on the business delivery unit (BDU) financially and on the quality of service user and carer experience.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services.
• Medical recruitment remains a challenge in both acute and community service lines.

Strengths
• Management of patient flow and for Wakefield sustained reduction in OOA bed usage
• Performance around delayed transfers of care remains consistently high
• Care programme approach review performance remains high

Challenges
• Adult community consultant vacancies and gaps continue to be a pressure.
• Adult acute occupancy levels remain high
• Expenditure on bank and agency staffing in acute services

Areas of Focus
• Admissions and discharge flow in acute adults with a current review of recent admissions and pre-admission community support.
• Continue to improve performance in service area hotspots through focussed action planning.
• Medical recruitment to consultant psychiatry and specialty doctor posts
• Reduction of agency spend

Communications, Engagement and Involvement

• Flu campaign launched. It's based on insight and has already received national acclaim.
• Excellence preparation, including extensive film and photography. Takes place on staff achievements day - 13 Nov - with long service and staff learner awards.
• Assistance with marketing of decommissioned learning disability beds in Horizon and neurological rehab beds in Barnsley.
• Working with West Yorkshire and Harrogate comms & engagement colleagues as part of partnership and West Yorkshire mental health collaborative. Also working with Barnsley comms partners to develop new model for sharing info and good practice on integrated working and neighbourhoods.
• SystmOne comms - continued promotion of training as well as reminders to reduce 'did not attends' (DNAs). Sharing staff views on levels of involvement via SystmOne 'staff says' feature on intranet.
• Barnsley improving access to psychological therapies (IAPT) join Kirklees IAPT in now having their own website. The site was created using service user feedback with a focus on information and signposting, including self-referral.

This is the September priority programme update for the integrated performance report for progress on the 2018/19 Trust priorities. It therefore covers activity up to and including **30/09/18**

Where a priority programme is already reported in another section of the integrated performance report (IPR), e.g. for patient safety, new business etc., then those updates are not repeated in this priority page. A summary of key updates for activity conducted in September includes:

Flow and out of area beds:
Bed pressures remain in the system, although September saw a reduction in out of area placements. This trend and the factors contributing to it are being considered carefully.
• Work continues toward implementing criteria led discharge across inpatient units. Wakefield business delivery unit (BDU) went live at the beginning of September; Barnsley are working toward a phased implementation and Calderdale/Kirklees will follow when discharge co-ordinators are in post.
• Activity continues in Calderdale and Kirklees to reduce the number of admissions.
• The work on audit of admissions has been delayed slightly and consideration is being given to whether the process can be supported by the performance & information team.
• A meeting with commissioners was held and the partnership plan updated.

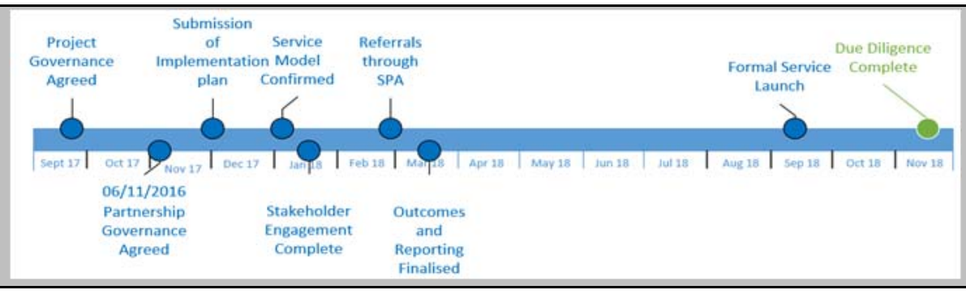
Clinical Record System:
This priority continues to progress to plan but following a review of the current risks, acknowledging the challenges of the cutover and pressures to maintain adequate clinical engagement in key decisions the overall rating has been changed to amber.
• Classroom training sessions commenced this month and 693 of the required 3293 RiO users have passed their competence check for the 'getting started' module. 234 super users have now received their initial training.
• System configuration prototyping was completed this month. So far the number of existing RiO forms have been reduced from 233 to 199 as a result of this work.
• One more week of the contingency has been used up to make sure that the developers of the system have sufficient time to work on data migration issues.
• Plans for the go live of SystmOne continue.
• Communications informing key external parties of the plans to implement the system has started.

Older People's Services:
Conversations continue with commissioners about our plans for the transformation of older people's services.
• A meeting with Wakefield clinical commissioning group (CCG) and general practice (GP) leads has been held and further meetings with Wakefield CCG are planned.
• Feedback from Kirklees is positive on the proposals and they are willing to support our plans for bed changes and community focus.
• A meeting with Calderdale CCG was also held and conversations with their GPs are being arranged.
• We are yet to meet with Barnsley commissioners.

Community forensics child and adolescent mental health service (CAMHs):
• The very positive official launch event for this project took place this month and was well attended by approx. 80 individuals from a variety of services and organisations across the region.
• Data for the early part of this service implementation shows that the service has received the second highest number of referrals in the country with our region receiving double the referrals of the North West and North East teams.

Priority	Scope	Narrative Update	Area	RAG
IMPROVING HEALTH				
Joined Up Care				
South Yorkshire Projects: Stroke Service Review	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Stroke service review	• Steering group meetings for this priority have been running monthly since July • Weekly project meetings continue with the Trust (SWYPFT) and Barnsley Hospital NHS Foundation Trust (BHNFT) • SWYPFT and BHNFT have nominated task action group (TAG) members and meetings have now commenced -Transient ischaemic attack (TIA) started in September and Stroke Early Supported Discharge (ESD) in early October. • SWYPFT has drafted quality impact assessments (QIA) for TIA and ESD – currently with BHNFT for review. • SWYPFT has an Equality impact assessment (EIA) for TIA. Also with BHNFT for review. • Formal communications to staff were issued early September and further communications will be shared with staff as the project progresses. • The ESD Workshop was held on 28/9 and facilitated by Jaimie Shepherd (from the Sustainability and Transformation Plan (STP), with attendance including Stroke Association, BHNFT and SWYPFT. Positive feedback from the workshop. New ESD pathway expected to be fully modelled by end November. • BHNFT is in process of identifying TIA clinic space, some minor delays in establishing the new system but patient care isn't being impacted.	Progress Against Plan	
		Initial areas of risk include: • Finances/contracting, in particular if there are issues with the cost of the remodelled ESD pathway. • Recruitment and retention. Recruitment could be a challenge in early 2019 if additional staffing is required to establish the new pathway.	Management of Risk	
		High level milestones currently are: • ESD pathway mapping - September 2018 - complete • TIA - move to Barnsley Hospital - November 2018 • ESD - detailed operating model developed - end Nov 2018 • ESD - service model agreement - January 2019 • ESD - implementation process - January - March 2019		
South Yorkshire Projects: Neurological rehabilitation	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Neurological rehabilitation	• A project team is working towards a plan to promote and market capacity in neuro rehabilitation unit (NRU) beds in Barnsley that will be available due to de-commissioning of 4 beds. The project team consists of representatives of the service, supported by the integrated change team, business development and communications and marketing. This plan is nearing completion. • A publicity leaflet about the unit, its service offer, facilities, outcomes and costs is being professionally designed and this leaflet with accompanying cover letters will be part of targeted marketing of the service to local GPs, intensive treatment units and neighbouring CCG. • Pull-up banners to promote the service at conferences and clinical events have also been designed • Updates to the information on the web about the service are being prepared.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation plan ongoing		

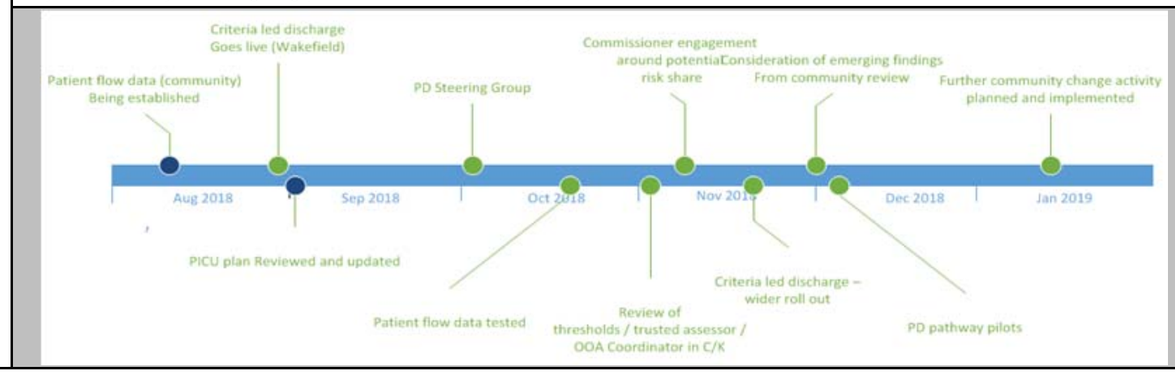
South Yorkshire Projects: Autism and ADHD	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Autism and ADHD	• Initial discussions are taking place on developing a plan and determining objectives and resource implications for this priority. • These plans include combining this priority with the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) priority for improving autism and attention deficit hyperactivity disorder (ADHD) and delivering them as one piece of work.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation plan is in development		
New Business	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Forensics: work with NHS and private sector partners in the region to develop and deliver a co-ordinated approach to forensic care.	New business activity within this priority is covered by the monthly bids and tenders report to executive management team (EMT) and is therefore not updated specifically in this priority section of the IPR.	Progress Against Plan	
		New business activity within this priority is covered by the monthly bids and tenders report to EMT and is therefore not updated specifically in this priority section of the IPR.	Management of Risk	
West Yorkshire Projects: Community Forensics CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Community Forensic Child and adolescent mental health service	This priority programme is on track to plan and therefore an overall RAG for this project of green is applied. Activities completed for the reporting period of September 2018 includes: • Official launch event for the service took place on 25.09.2018, this was well attended by approx. 80 individuals from a variety of services/organisations across the region. Positive feedback has been received from attendees, partner services, NHS England and the National Clinical Team. • A training needs analysis was undertaken at the launch event, which will be analysed and inform on-going planning around the provision of training for professionals across the region • Key performance indicator (KPI) data for the time period between April 2018 - August 2018 shows that the service has received the second highest number of referrals in the country. The Yorkshire and Humber service is receiving double the referrals of the North West and North East teams. Referrals are continuing to come into the service at a positive rate • Recruitment: Single point of assessment (SPA) admin post and Band 6 mental health practitioner post - successful interview applicant pre-employment checks are underway; principal psychologist is now in post and is currently completing induction period. • The national clinical network event will take place on 19.10.2018 and will be attended by representatives from Yorkshire and Humber. • Contact is being maintained with the Anna Freud centre by our assistant psychologist and data is beginning to be gathered to inform the national evaluation. Staff surveys from the Anna Freud centre have been circulated for completion, to contribute to the national evaluation. • Links are being maintained with the North West/North East teams through visits to their services and the next northern clinical network meeting has been scheduled to take place in December 2018. • Due diligence continues and a meeting to finalise this is to be held with the safeguarding leads from across the footprint.	Progress Against Plan	
		• There are currently no high level risks identified in this project. • Risk sharing agreements are being developed for the partnership	Management of Risk	



West Yorkshire Projects: Forensic Community Mental Health	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Forensic community Mental Health	In February 2018, NHSE approached SWYPFT regarding an opportunity to be one of three wave 1 trial sites for a specialist community forensic team. A bid was duly prepared for this opportunity and submitted. We have been informed that our bid was not successful and that SWYPFT have not been chosen as one of the three specialist community forensic team wave 1 trial sites. Following initial verbal feedback on the bid our forensic services team have been invited to take part in a learning network with those from the successful Wave 1 specialist community forensic team sites and further formal feedback on the bid has been requested. Wave 2 will be open for applications in September/October this year.	Progress Against Plan	N/A
		Not applicable	Management of Risk	N/A
		Not applicable		
West Yorkshire Projects: Forensic Community LD	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Forensic community learning disability	• SWYPFT submitted a proposal to NHS England (NHSE) for provision of a community forensic learning disability service to support individuals with learning disability and autism who display offending behaviour more effectively within the community, safely managing risk and avoiding contact with the criminal justice system or admission to secure hospital where possible. • SWYPFT was asked to provide a proposal for provision of a community forensic learning disability service to the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) which was submitted to NHSE in September 2017. • Following this submission NHSE have invited all Trusts which expressed an interest in this provision to work together to ensure consistency of new service model. SWYPFT was asked to develop a proposal for WY&HHCP, building on our original bid of September 2017. • NHSE have invited bids for £50k initial implementation funding for this service, which SWYPFT submitted in March 2018. • Dialogue is taking place with Leeds CCG to release £470k of funding for this priority	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		An implementation plan will be developed once a successful bid is approved		
West Yorkshire Projects: Improving Autism and ADHD	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the areas of: • Improving autism and ADHD	• SWYPFT is to be lead provider for the adult autism and ADHD pathways across the West Yorkshire Mental Health collaborative. • Proposals are in place to combine this priority with the priority to deliver shared objectives with partners through the integrated care systems plans in South Yorkshire.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Development of an implementation plan of key milestones is yet to be identified		

West Yorkshire Projects: Learning Disability ODN	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Learning disability organisational development network (ODN)	SWYPFT are taking a lead role through the operational delivery network (ODN) and transforming care partnership on improving services for people with a learning disability and autism across Yorkshire and Humberside from April 2018. Update on progress made in this priority in September 2018 includes: • First ODN network meeting held 20th September • Appointment of clinical lead is progressing – interview held on 13th September and contract agreement progressing • Interviews for appointment of project officer scheduled for 2nd October • Contract finalised and in process of sign off; 6 month contract review planned October 2019 • Terms of reference, project mobilisation plan and action log for the ODN approved and signed off • Membership and high-level structures have been agreed – ODN group and the network (workstreams to follow) • Communication tools to support better sharing and engagement across the ODN are currently being scoped • Provider mapping has been completed and returned and is in process of being analysed. • Work is progressing to agree an engagement plan and costings for user/carer co-production	Progress Against Plan	
		No risks have currently been identified at this time.	Management of Risk	
		An implementation plan is in development.		
West Yorkshire Projects: Inpatient CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&HHCP: • Inpatient Child and adolescent mental health services	• Work continues on this priority which is focused on delivering of services for children's admissions differently to prevent them from being miles away from home, trying to keep them local and out of hospital whenever possible. This is through use of locally placed beds and home based treatment teams in local areas. • The project is a pilot for two-years and SWYPFTs contribution to the new care model continues.	Progress Against Plan	
		Risk management has yet to commence for this priority as part of the planning phase for this new model of care.	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		
West Yorkshire Projects: Eating Disorders	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&HHCP: • Eating Disorders	• Work in this priority is focused on supporting the Leeds and York Partnership NHS Foundation Trust as lead provider in the provision of a West Yorkshire wide new model for community treatment services for adults with eating disorders. • The Eating Disorders West Yorkshire and Harrogate Network has SWYPFT as a partner as part of the WY&HHCP. • Funding has been secured though the new models of care (NMoC) workstream. • SWYPFT are active on the new care models programme board and steering group.	Progress Against Plan	
		Any implementation risks are with Leeds and do not transfer to SWYPFT	Management of Risk	
		Implementation plan in development		

Flow and out of area beds	Stop people under the care of SWYPFT being placed out of area and ensure everyone is as near to their own home as possible. Work with others across West Yorkshire and Harrogate to help stop all of us placing people out of area. Implement Personality disorder pathway.	• Bed pressures remain in the system, although there was a reduction in placements through September. • Work continues toward implementing criteria led discharge across inpatient units. Wakefield BDU has gone live on 1 September 2018. Barnsley are now working toward a phased implementation across their wards and Calderdale / Kirklees will follow when discharge coordinators are in post. • Activity is continuing in Calderdale and Kirklees areas to reduce the number of admissions. As well as implementing trusted assessor processes, testing different thresholds to access intensive home based treatment (IHBT) and reviewing the duty system, the BDU is gathering evidence of admissions and learning what it might be able to do differently to avoid admissions in the future. The out of area caseload manager in Calderdale and Kirklees has had successes in facilitating earlier discharge and is gathering evidence to support the impact of the role. • The audit of admissions has been delayed slightly and consideration is being given to whether the process can be supported by the performance & information team. • Personality disorder (PD) pathway development work continues and steering group held in early October. Plan is to pilot new pathway in West Wakefield and North Kirklees enhanced teams. • A meeting with commissioners was held in mid September and the partnership plan updated. Main progress happening in Wakefield with PD pathway - five strands identified. Work commenced on mapping community assets and mental health needs in each place.	Progress Against Plan	
		Current risk is that we continue send people out of area, which has an adverse impact on their care. This risk remains off project trajectory with ongoing pressures across the system.	Management of Risk	



Workforce Productivity	Develop and deliver clinical support worker strategy. Develop new roles to improve rostering, reduce agency spend and enhance skill mix. Develop and deliver a retention strategy.	Activity for this priority includes: • Monthly recruitment and retention steering group established and action plan in place with key stakeholders identified. Summary of work in progress: • Deep dive of wellbeing survey results planned for the next period, following completion of the staff wellbeing survey • Major improvements in three key target areas of the agreed plan: - Target against 10% turnover - Not on target to achieve 10% however both nursing and health care assistants (HCA) are seeing lower turnover rates than last year - Nurse retire and return numbers have doubled since last year and are on course to meet target set in NHS Improvements strategy report. - Increase ending employment feedback - The new process in place from July has led to an increased response rate from 5% to 30%. • Next stage focusing on production of a report on feedback themes and BDU themes. New process has already improved feedback levels by 600% since this time last year. • Development of visual career pathway in professions for sharing on the intranet and NHS Jobs. • Lean review of recruitment process underway • Feedback sessions conducted in all identified areas of high turnover/hot spots looking at improvements to communications in teams. • Increased internal marketing of available roles across SWYPFT including weekly publication of internal job vacancies complete. • Development started for bespoke webpage for apprenticeships. • Development of physiotherapy apprenticeship placement with Sheffield Hallam University. • Development of training needs analysis (TNA) and nursing apprenticeships still ongoing, however annual workforce planning workshops scheduled for September/October have now had to be delayed at agreement of human resource director due to Trust restructure work ongoing. • Collaborative workforce planning being set up across both South Yorkshire and Bassetlaw and West Yorkshire and Harrogate being led by SWYPFT workforce planning and learning & development (L&D) leads. • Nursing professional leads and workforce/L&D leads have met to discuss timelines for dovetailing an updated nursing strategy and the refresh of the Trusts clinical support workforce strategy.	Progress Against Plan	
		Despite ongoing work around nursing strategy and recruitment/retention, we are still seeing an increase in nurse vacancies across the whole Trust. To achieve 100% nursing establishment approx. 230 additional whole time equivalents would be required over the next 12 months. Nurse vacancies are not reducing. Mitigating plans are being planned against which include greater emphasis on improving our nurse bank and increase/over recruitment into clinical support roles.	Management of Risk	
		Milestones from the implementation plan for this priority: • Workforce planning cycle starts - January 2019 following Trust structure review • Professions workforce planning workshop November - to be planned • Clinical workforce support strategy refresh – two-year plan to be developed by January 2019.		

	Plan and deliver a new clinical record system which supports high quality care	• The overall status for this priority has moved from green to amber as a result of reviewing the overall position of the programme at this crucial period. This change reflects the current risk profile and acknowledging the challenges around planning for cutover as well as resourcing the programme including the pressure that the organisation is under to maintain adequate clinical engagement in the key decisions. • September saw the first classroom training sessions take place for SystmOne. Of the 3293 RiO users that need to be trained by January 2019, 693 passed their competence check for the 'getting started' module during September. From the identified 382 potential super users, 234 have received their initial training. Work continues to engage with services to encourage completion of competence checks and training, including the publishing of training uptake via the intranet. • System configuration prototyping milestone is complete – this includes the development of over 135 priority assessments covering all mental health services, reproducing and improving the design and layout. So far we've reduced the number of forms in Rio from 233 into 199 in SystmOne. • TPP requested to use up another week of contingency to ensure they had time to work on issues identified in the first phases of data migration. This leaves 3 weeks of contingency plan out of 6 in the schedule. • The project team are continuing to plan our go live approach with TPP, including user acceptance testing and cutover. This has been escalated between the Trust's executive directors and TPP's clinical director, and dependant on the outcome of the discussion, it may increase the associated risk with cutover. • We continue to monitor the potential increase in risk in managing changes around resources and staffing, with another recent round of changes as temporary staff move off the programme into permanent positions elsewhere. Key activities completed this period (including milestones – i.e. decision points) • SystmOne configuration prototypes and key clinical assessments (questionnaires and templates) complete. • All 135 service specific priority assessments (questionnaires and templates) developed. • Clinical staff identified for data migration testing. • Fourth phase of data migration testing completed by the Trust (this was the first phase of testing following the new data cut in August). • External communications continued, with letters to GP practices and frequently asked questions to CCG communications teams for internal cascade. • Approach to go live approved by programme steering group and EMT.	Progress Against Plan	

Clinical record system

RAG rating for risk this priority has moved to amber

Risks Identified (with Datix risk references notated):

• 1251 CUTOVER: during the transition (cut over) period before go live if there is no electronic clinical record system to use, there will be a risk of a delay and inconvenience to patients, services and staff. This risk is referring Risk 1350 REPORTING: Completeness of data during the cutover period - impact on report completeness.

• 1285 DATA MIGRATION: Data Migration Timetable has slipped due to adaptor build issues (TPP), this has a potential to impact on Go Live if subsequent phases cannot be bought back in line with revised plan. In terms of impact on overall plan the Trust has used 3/6 weeks contingency currently built in plan, following the reduction of phase 1A testing. (Reframe after 2A data testing)

• 1305 CONFIGURATION: Insufficient time for system analysis Insufficient time for system analysts to create required configuration from co-design outputs resulting in systole is configured but not meeting requirements

• 1293 INFRASTRUCTURE: Lack of funding within the programme budget to fund any work required to achieve deliverables. Following the assessment of the infrastructure to meet the suppliers warranted environment specification (WES), there may be insufficient funding available to comply.

• 1277 REPORTING: Contract negotiations taking place on or near go live which may result in change requirement to reporting that cannot be met

• 1223 PROGRAMME: Inadequate clinical engagement through all the key workstreams results in a risk that the system is configured in a clinically unsafe way

• 1224 TRAINING: Staff are not competent. Inadequate number of staff attending the training and demonstrating competency will result in the organisation not getting the best use out of the clinical records system

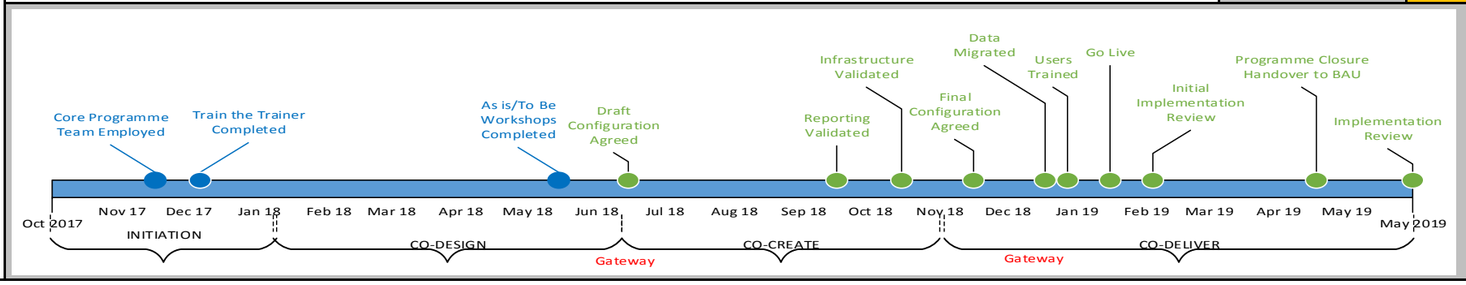
• 1316 TESTING: It is not possible to replicate 600+ concurrent users prior to go-live which might result in the system not able to handle the additional load and difficulty for users getting into the system

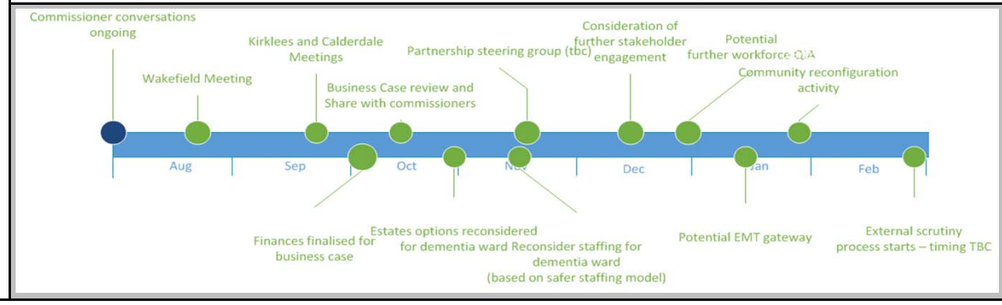
• 1344 RESOURCES: the team is made up from a range of temporary resources. Progress may be slower as staffs leave and replacement is recruited. Costs may go up as more skilled and experienced staff is required nearer to go live.

• 1345 DELAYS TO GO LIVE: a range of factors may conspire to cause potential delays to the programme, to which a suitable contingency response should be available.

• 1348 PROGRAMME RISK: ROLES AND RESPONSIBILITIES: Risk of role confusion after transfer to SystmOne with responsibilities being unclear between clinical and administrative staff.

Management of Risk

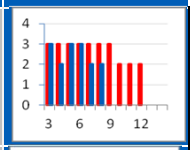
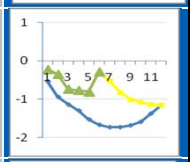
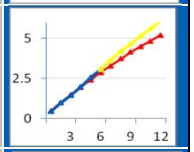
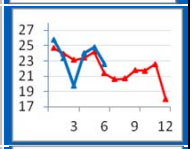
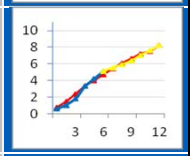
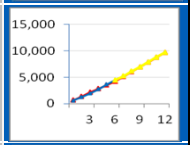
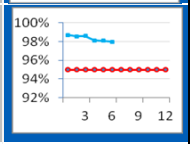


Older Peoples Services Transformation	Co-produce, develop and agree a new model of care for Older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.	Over the summer months and into September, conversations have continued with commissioners about the older people's transformation: • A meeting with Wakefield CCG, including GP leads and commissioners, was held in August and it was agreed that further meetings with Wakefield CCG to understand the proposals are taking place. • A meeting with Barnsley commissioners needs to be rearranged. • Feedback from Kirklees is positive on proposals and a willingness to support. The CCG is supportive of proposals for bed changes and community focus. • A meeting with Calderdale CCG has been held in September and we are in the process of arranging a conversations with their GPs. Additional discussions have taken place with commissioners to look at how investment in other parts of the health and social care system could be aligned to resource the community investment that is required. The business case is being updated to include agreed finances. Where new information is readily available, it has also been updated into the business case for external sharing, though the overall proposals and models remain the same. A review of workforce in Calderdale has taken place and some limited workforce changes made. Overall, the business case for the new model is roughly break even costs, compared to the current model. However, it does still require more investment in certain localities. Other changes are also being considered, but still not factored into the updated business case. These include considering again the design of estate and environment options for ward 19 and therefore capital spend, as well as review of likely future demand and staffing for any future new inpatient service model.	Progress Against Plan	
		• We will need to receive wide external support from partners to take the inpatient options being considered through an external consultation process. • The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the BDUs remains, the project will need to ensure it is well resourced when moving on beyond commissioner conversations.	Management of Risk	
				

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

Overall Financial Performance 2018/19

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The Trust's overall finance and use of resources risk rating remains at level 2. The lowest rating is level 3 for the I&E margin, all other ratings are rated at level 1 or 2.	
2	Normalised Surplus (inc STF)	(£0.8m)	(£2.6m)	September's financial performance is a surplus of £0.4m pre PSF (Provider Sustainability Fund). The position includes the sale of a Trust asset (£0.6m) without which the underlying position in-month would be a deficit of £0.2m. The cumulative deficit is £0.8m.	
3	Agency Cap	£3.1m	£6.1m	Agency expenditure was £0.5m in September. Year-to-date costs are £3.1m which is £0.2m (7%) above cap. Costs are 11% higher than the same period last year. Current year-end projection is to exceed our agency cap by £0.9m (17%).	
4	Cash	£22.6m	£18m	Cash reduced in-month in line with the plan due to the payment of Public Dividend Capital £1.8m. The cash position remains higher than plan; facilitated by the one off sale of Trust property.	
5	Capital	£5.1m	£8.2m	Year to date expenditure is ahead of plan primarily due to the profile of spend for the Fieldhead Non-Secure project. Nostell ward, within the Unity Centre, became operational during September 2018.	
6	Delivery of CIP	£4.5m	£9.7m	Work continues to identify new additional savings opportunities to close the original planning gap and deliver the Trust control total. Year to date performance is ahead of the original plan profile with a forecast gap of £0.7m to be finalised.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value and remains ahead of plan.	

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

Contracting - Trust Board

Contracting Issues - General

A series of mid year meetings has been arranged with commissioners to review progress with Five Year Forward View and other mental health investments and any other current key pressures, specifically out of area placements.

CQUIN

Quarter 2 submissions due end of October.

Contracting Issues - Barnsley

A priority work programme continues in relation to embedding the new service model for core improving access to psychological therapy (IAPT) services and expansion of IAPT for people with long term conditions. Work is ongoing in relation to increasing the capacity to deliver additional resource for attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD) in line with additional investment. Preparations are underway relating to recruitment of additional psychology staff in order to commence clearance of the backlog in quarter 4.
Planning is underway between commissioners and providers to determine the key priority areas for investment in 2019/20.

Contracting Issues - Calderdale

Key ongoing work streams relate to expansion of IAPT long term condition services and continued development of perinatal, early intervention in psychosis and adult autistic spectrum disorder services. Discussions regarding resolution to increasing pressures in relation to demand for adult mental health out of area placements continue. Work on clearance of the backlog of adult autistic spectrum disorder cases continues. The provider continues to work with commissioners on transformation of child and adolescent mental health services.

Contracting Issues - Kirklees

Key ongoing work streams relate to expansion of core and long term condition IAPT services, continued development of perinatal, early intervention in psychosis and adult autistic spectrum disorder services. Discussions regarding resolution to increasing pressures in relation to demand for adult mental health out of area placements continue. Work on clearance of the backlog of adult autistic spectrum disorder cases continues.

Contracting Issues - Wakefield

Development of perinatal services continues. Discussions regarding resolution to increasing pressures in relation to demand for adult mental health out of area placements continue. Work with commissioners on transformation of child and adolescent mental health services continues.

Contracting Issues - Forensics

Development continues of the community forensic child and adolescent mental health services as lead provider for Yorkshire & Humber. Review of bed occupancy within secure services is ongoing with NHS England.

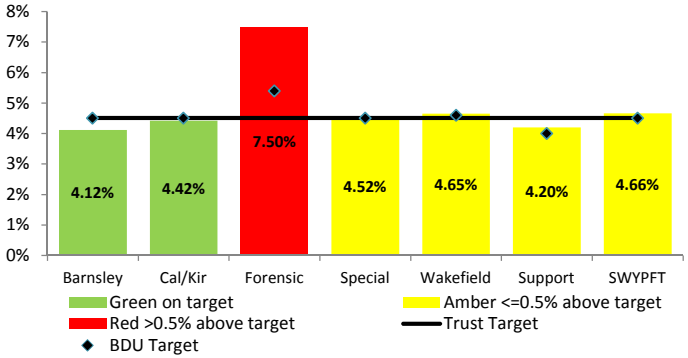
Contracting Issues - Other

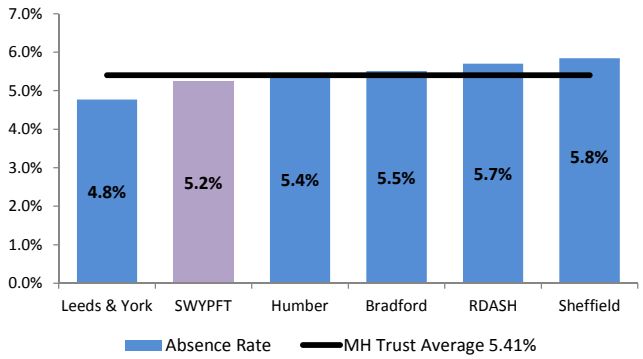
The contract for Move More Doncaster is being extended for a further 12 months to March 2020

Workforce

Human Resources Performance Dashboard - September 2018

Sickness Absence





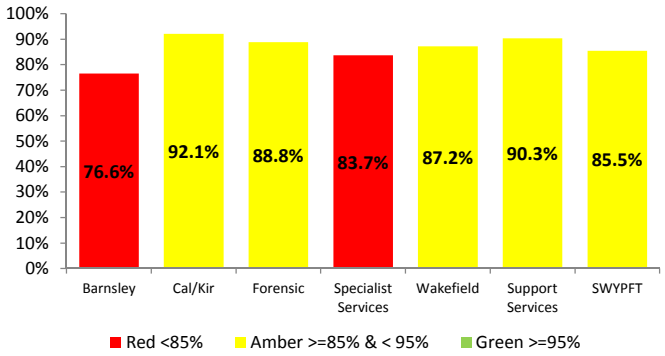
Current Absence Position and Change from Previous Month - Sept 2018

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.80%	4.10%	9.30%	4.80%	5.80%	4.60%	5.20%
Change	↑	↑	↓	↑	↓	↑	↑

The Trust YTD absence levels in September 2018 (chart above) were above the target at 4.66%.
The YTD cost of sickness absence is £2,751,644. If the Trust had met its target this would have been £2,657,167, saving £94,477.

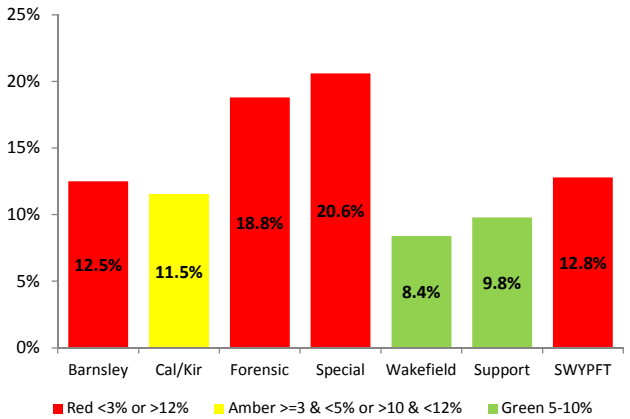
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2017 to March 2018.
During this time the Trust's absence rate was 5.23% which is below the regional average of 5.41%.

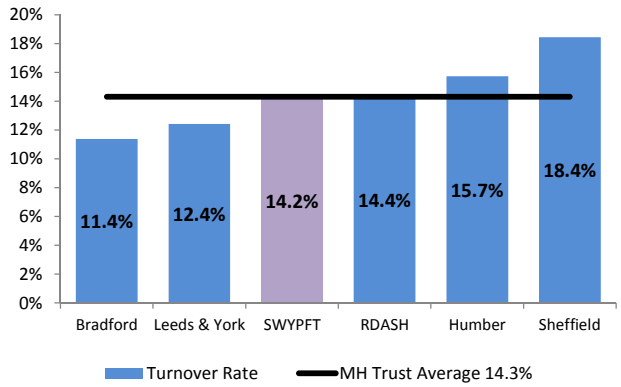
Appraisals - All Staff



The above chart shows the appraisal rates for all staff to the end of September 2018.
For staff at Band 6 and above, appraisals should be completed by the end of June. For other bands, the deadline is the end of September each year.
This month, the inclusion of appraisals for Band 5 and below has resulted in an overall drop in the percentages achieved.

Turnover and Stability Rate Benchmark

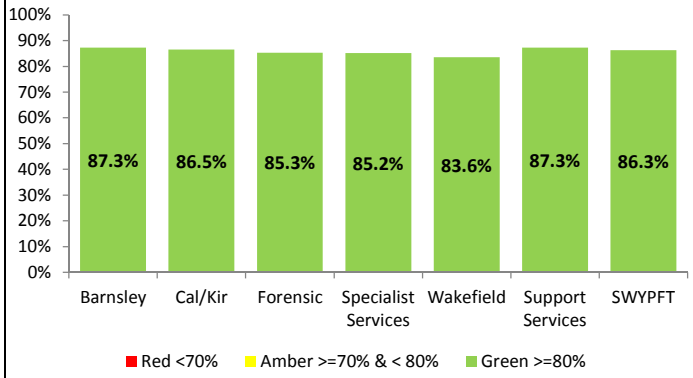




This chart shows the YTD turnover levels up to the end of September 2018.
Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.
*The turnover data excludes recently TUPE'd services

This chart shows turnover rates in MH Trusts in the region for the 12 months ending in April 2018. The turnover rate shows the percentage of staff leaving the organisation during the period.
This is calculated as: leavers/average headcount.
SWYPFT figures exlude decommissioned service changes.

Fire Training Attendance



The chart shows the 12 month rolling year figure for fire lectures to the end of September 2018. The Trust continues to achieve the 80% target across all BDUs.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.9%	5.0%	5.0%	5.1%	5.2%	5.3%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.7%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.0%	5.2%	5.6%	5.8%	6.2%	6.0%	4.9%	4.4%	4.4%	4.3%	4.7%	4.9%	5.2%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	91.0%	92.7%	97.6%	98.1%	97.9%	97.8%	97.8%	7.3%	26.1%	84.0%	87.7%	92.8%	95.0%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	75.8%	82.7%	95.5%	95.7%	95.9%	95.9%	96.0%	0.8%	2.8%	9.4%	21.6%	48.1%	78.6%
Aggression Management	Improving Care	Well Led	AD	>=80%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	73.4%	72.8%	75.4%	76.6%	77.0%	78.5%	81.4%	82.3%	84.0%	84.5%	84.8%	83.3%	81.6%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	79.2%	80.7%	82.3%	82.5%	83.8%	85.3%	85.1%	85.6%	85.5%	85.8%	85.9%	86.0%	85.8%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	85.7%	85.4%	87.0%	86.9%	88.3%	88.9%	88.5%	89.0%	89.8%	89.7%	89.8%	90.1%	89.8%
Fire Safety	Improving Care	Well Led	AD	>=80%	82.8%	82.8%	83.3%	82.4%	83.8%	84.6%	85.4%	85.3%	86.8%	86.6%	86.6%	87.4%	86.3%
Food Safety	Improving Care	Well Led	AD	>=80%	77.0%	76.2%	78.4%	78.6%	79.3%	77.8%	77.2%	76.2%	77.2%	77.5%	80.8%	81.9%	81.7%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	82.3%	81.8%	83.2%	83.2%	85.0%	86.5%	86.8%	87.0%	87.3%	87.3%	87.8%	88.5%	89.1%
Information Governance	Improving Care	Well Led	AD	>=95%	88.3%	86.2%	85.9%	83.8%	89.2%	95.7%	96.5%	92.4%	92.7%	92.1%	91.9%	92.2%	92.1%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	87.6%	88.9%	90.3%	91.1%	91.0%	91.1%	90.7%	91.1%	91.4%	91.3%	92.2%	91.7%	90.9%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	81.6%	83.4%	84.7%	86.6%	86.4%	86.0%	84.7%	85.7%	86.8%	86.5%	88.1%	87.3%	85.9%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	61.0%	64.7%			86.5%			78.4%			77.3%		
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	86.3%	86.3%	87.4%	87.8%	89.0%	89.8%	89.9%	90.0%	91.0%	91.3%	91.7%	91.7%	91.5%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	84.8%	84.1%	85.4%	85.1%	86.7%	87.5%	87.8%	88.4%	88.6%	89.4%	90.1%	90.4%	90.0%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.2%	92.9%	93.4%	93.3%	93.8%	94.3%	93.4%	94.4%	95.1%	94.9%	95.8%	95.2%	94.6%
Bank Cost	Improving Resources	Well Led	AD	-	£614k	£545k	£534k	£534k	£604k	£655k	£907k	£557k	£603k	£768k	£646k	£730k	£845k
Agency Cost	Improving Resources	Effective	AD	-	£435k	£515k	£531k	£430k	£465k	£563k	£555k	£444k	£538k	£484k	£526k	£566k	£522k
Overtime Costs	Improving Resources	Effective	AD	-	£12k	£7k	£10k	£8k	£11k	£13k	£6k	£8k	£13k	£5k	£11k	£5k	£8k
Additional Hours Costs	Improving Resources	Effective	AD	-	£45k	£44k	£50k	£39k	£34k	£24k	£23k	£29k	£15k	£23k	£31k	£32k	£29k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£499k	£547k	£550k	£594k	£633k	£532k	£483k	£430k	£443k	£417k	£463k	£478k	£513k
Business Miles	Improving Resources	Effective	AD	-	283k	291k	265k	305k	271k	275k	230k	274k	264k	259k	291k	269k	279k

1 - this does not include data for medical staffing.

Workforce - Performance Wall cont…

Notes:

Mandatory Training Compliance at 30th September 2018

Green Compliance Status:
• Aggression Management – 82.20% no significant change from last month.
• Aggression Management / Physical Interventions – Clinical Level 2 – 87.44%
• Aggression Management / De-escalation and Breakaway – Clinical Level 1 – 79.90%
• Aggression Management / Personal Safety and Breakaway – Non Clinical Level 2 – 80.21%
• Cardio Pulmonary Resuscitation – 81.57% 1.78% decline in compliance from last month.
• Cardiopulmonary Resuscitation – Immediate Life Support – 85.12%
• Cardiopulmonary Resuscitation – Basic Life Support – 81.01%
• Clinical Risk – 85.81% no significant change in compliance from last month.
• Equality and Diversity – 89.85% no significant change in compliance from last month.
• Fire Safety – 86.30% 1.06% decline in compliance from last month.
• Fire Safety – Ward based staff – 85.2%
Hotspots have been identified and a programme of training has been offered locally to meet training needs.
• Food Safety – 81.70% no significant change in compliance from last month.
• Food Safety – Level 4 – 100%
• Food Safety – Level 3 – 92.31%
• Food Safety – Level 2 – 81.81%
• Food Safety – Level 1 – 74.29%
The review of Food Safety training continues with the implementation of the Housekeeper role into identified in-patient areas who will in future take the lead for Food handling duties. Therefore, the number of clinical staff requiring to undertake Food Safety training will reduce.
• Infection Control and Hand Hygiene – 89.10% no significant change in compliance from last month.
• Infection, Prevention and Control – 87.86%
• Hand Hygiene – 90.71%
• Mental Capacity Act – 91.90% no significant change in compliance from last month
• Mental Capacity Act / Deprivation of Liberty Safeguards – Clinical – 87.23%
• Mental Capacity Act – Non Clinical – 100%
MCA refresher training is available as e-learning for all clinical staff. Staff will be reminded of this option through a notice to the weekly coms, and direct emails to the BDU's for dissemination.
• Mental Health Act – 85.90% 1.39% decline in compliance from last month.
• Mental Health Act – Registered Clinical Mental Health – Inpatient – 86.51%
• Mental Health Act – Registered Clinical Mental Health – Community – 88.58%
• Mental Health Act – Non Registered Clinical Inpatient and Community – 81.11%
Work continues to progress with the development of a new e-leaning course to support refresher training for clinical staff. The course is currently progressing through governance checks.

Workforce - Performance Wall cont…

Green Compliance Status continued:
• Moving and Handling – 87.19% 1.06% increase in compliance from last month.
• Moving and Handling – Level 2 – 71.91%
• Moving and Handling – Level 1 – 89.71%
• Safeguarding Adults – 91.53% no significant change in compliance from last month.
• Safeguarding Adults Level 2 – 90.51%
• Safeguarding Adults Level 1 – 93.71%
• Safeguarding Children – 89.99% no significant change in compliance from last month.
• Safeguarding Children – Level 3 – 84.30%
• Safeguarding Children – Level 2 – 90.41%
• Safeguarding Children – Level 1 – 94.26%
• Sainsbury's Tool – 94.57% no significant change in compliance from last month.

Amber Compliance Status:
• Data Security Awareness Level 1 (formally IG) – 92.12% no significant change on last month.

Red Compliance Status:
No mandatory training subjects were in red compliance for this period.

Sickness
• The Workforce and Remuneration Committee (WRC) receive a detailed report on sickness absence at its meeting on the 23 October 2018. It was noted that there has been an upward trend in the absence rate in the second quarter although it is below the rate for the same period last year. The current rate of 4.7% is above the stretch target of 4.5% and the projection is that at year end the annual rate will be 4.98% again above target but below last year's rate.
• All BDUs except Forensic have shown a downward trend from last year. Forensic on current projections would have an increase in their absence rate. The WRC have requested a detailed report on absence rates with the Forensic BDU, including details of work related injuries and actions that are being taken to reduce absence rates.
• In preparation for the winter period the Trust continues to promote Flu Vaccinations for frontline staff. The current uptake for frontline staff is 35% (it was 29% for the same week last year) and the target is 75% by December 2018.

Recruitment and Retention
• The WRC received an update on the Recruitment and Retention Plan at its meeting on the 23 October 2018. The projected turnover for the Trust is slightly below last year's actual turnover, although clinical staff turnover is projected to be slightly above last year's.
• A number of actions are taking place to improve recruitment and retention rates including:
- Development of clear clinical career pathways
- Streamlining of the recruitment process
- Workshops in high turnover hotspots
- Focus on supporting retire and return options for staff

Guardian of Safe Working Report

High Level Data

Number of doctors in training (total):	49
Amount of time available in job plan for Guardian to do the role:	1 Programmed Activity (PA)
Admin support provided to the Guardian:	Ad hoc
Amount of job-planned time for educational supervisors:	0.125 PAs per Trainee

Distribution of Trainee Doctors within SWYPFT

The recruitment process to core training posts in psychiatry did not fill all roles resulting in a number of gaps. 1 out of the 7 Wakefield posts remain vacant. On the Calderdale and Kirklees core training scheme there are a number of less than full time trainees and another on maternity leave; there is therefore the equivalent of 4 out of 10 posts vacant. None of the 4 core training posts in Barnsley are vacant but there was an foundation year 2 vacancy up to August and a general practitioner vocational training scheme vacancy in this rotation, in addition to specialty doctor vacancies which affect this rota. The issues and actions arising are highlighted in the final section of this report.

Exception reports (with regard to working hours).

There have only been a few exceptional reports completed in SWYFT since the introduction of the new contract and only one during this period. This related to a core trainee having to stay late to manage a medical emergency. The trainee was given time of in lieu.

Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

Gaps by rota July/August/September '18					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	45 (24%)	26 (58%)	0	19 (42%)	0
Calderdale 1st	49 (27%)	41 (84%)	6 (12%)	2 (4%)	0
Kirklees 1st	25 (27%)	25 (100%)	0	0	0
Wakefield 1st	2 (1%)	2 (100%)	0	0	0
Total 1st	121 (19%)	64 (59%)	14 (13%)	29 (27%)	0
Wakefield 2nd	0	0	0	0	0

Costs of Rota Cover July/August/September '18					
1st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	26 (232)*	£8120	0	0	
Calderdale	41 (379.25)	£13273	6 (62.5)	£2698	
Kirklees	25 (447)	£16345	0	0	
Wakefield	2 (16.5)	£577	0	0	
Total	74 (1074.75)	£38316	6 (62.5)	£2698	£41014

*Many shifts in Barnsley (18) and 2 shifts in Calderdale were covered by Specialty Doctors who were paid according to their individual terms and conditions.

Guardian of Safe Working Report cont…

There continue to be a number of trainee vacancies across the trust which in turn places greater pressure on those in post. As a result of these vacancies there are numerous gaps on the rota and the lack of staff means that the remaining trainees cannot be expected to do all the extra shifts. The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. The medical bank seems to be working well so that fewer shifts have had to be offered to agency or external staff. In this quarter, there were no shifts unfilled and staff were always able to obtain junior doctor cover.

Issues and Actions

Recruitment – vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through the royal college (MTI - Medical Training Initiative) and health education England (WAST - widening access to specialist training) and a pilot physician associate role to address this. The first MTI (1) and WAST (2) doctors have now joined the trust and it is hoped that with support and training they will be able to take part in the on-call rotas.

Management of rota gaps – The process for managing rota gaps appears to be improving. The medical bank appears to have had an impact on this. Also, new administrators are developing experience and getting used to processes to manage gaps. However, the trust may still need support from agency locums in the short to medium term. It is positive that no shifts were un-covered.

Junior doctors forum – This continues to meet quarterly, offering a forum form trainees to raise concerns about their working lives and to consider options to improve the training experience. A number of issues raised about the Induction process have been fed in to efforts to streamline things for the next intake. Other queries have been followed up with clinical leads.

Education and support – The guardian will continue to work closely with the associate medical director for postgraduate medical education to improve trainees experience and to support clinical supervisors. The guardian will continue to encourage trainees to use exception reporting, both at induction sessions and through the junior doctors forum.

IT system – a decision was made to move from DRS to Allocate from April 2018. There were issues with emails being filtered by the trust IT system, delaying responses to reports. This has now been resolved. The change-over has otherwise proceeded smoothly.

Publication Summary

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

National Institute for Health and Care Excellence

Preventing suicide in community and custodial settings
This guideline covers ways to reduce suicide and help people bereaved or affected by suicides. It aims to: help local services work more effectively together to prevent suicide; identify and help people at risk; prevent suicide in places where it is currently more likely.

Click here for guidance

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

Hospital admitted patient care activity: 2017/18
Learning disability services monthly statistics: provisional statistics (Assuring transformation: August 2018; Mental Health Statistics Data Set: June 2018, final)
Direct access audiology waiting times: July 2018
Diagnostic imaging dataset: May 2018

NHS Improvement Provider bulletin: 19 September 2018:
• Regulatory approach to subsidiary companies
• Leadership for improvement — board development programme
• Help prevent Never Events
• Obtaining funds through section 106 and community infrastructure levy
• UK Health Show 2018
• Webinar: Contingency planning within a private finance initiative (PFI) contract
• Latest 'Well-led for the future' development events for board members
• London chairs networking event
• Updates from NHSI partners

Female genital mutilation: April 2018–June 2018, experimental statistics report
NHS staff earnings estimates to June 2018: provisional statistics
NHS sickness absence rates: May 2018, provisional statistics

NHS workforce statistics: June 2018, including supplementary analysis on pay by ethnicity

NHS Improvement provider bulletin: 26 September 2018:
• Contribute your ideas, experiences and insights to the long-term plan for the NHS
• Resources for nurses and allied health professionals (AHPs): Developing a clinically focused digital workforce
• Data on patient safety incident reporting and how we use incident reports to improve safety
• State of the nation report: implementing networked pathology services
• Model Hospital new look and feel now live
• Updates from NHSI partners

Publication Summary

NHS Improvement provider bulletin: 3 October 2018:
• Lord Carter's report on ambulance services' operational productivity
• New Model Ambulance compartments on the Model Hospital
• ACT2improve interactive improvement tools
• Webinar: Navigating the new features and designs of the new Model Hospital
• WebEx: National Stop the Pressure Programme — further information on pressure ulcer definition and measurement
•Updates from NHSI partners

Mental Capacity Act 2005, Deprivation of Liberty Safeguards: England, 2017–18

Mental health services monthly statistics – final July, provisional: August 2018

Community services statistics for children, young people and adults: June 2018

Out of area placements in mental health services: July 2018

Hospital outpatient activity: 2017–18

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and a

Psychological therapies: reports on the use of IAPT services, England: July 2018 final, including reports on the IAPT pilots

Mixed-sex accommodation breaches: August 2018

Diagnostics waiting times and activity: August 2018

NHS Improvement provider bulletin: 10 October 2018:
• Amendment to the medical agency price caps
• Have your say on the national tariff proposals 2019
• More than words – spoken communication in the NHS
• Opportunity to build quality and service improvement capability
• Long term plan engagement events
• Allied Health Professionals (AHP) Day – watch the live stream
• North chair and non-executive director (NED) networking event
• Updates from NHSI partners

Progress of the Five Year Forward View for Mental Health: on the road to parity, All-Party Parliamentary Group on Mental Health

Learning disability services monthly statistics: provisional statistics (assuring transformation: September 2018, mental health statistics data set: July 2018 final)

Direct access audiology waiting times: August 2018

NHS Improvement provider bulletin: 17 October 2018:
• Have your say on wholly owned subsidiaries
• Apply for the NHS Energy Efficiency Fund for LED lighting
• Ward leader's handbook
• Stop the Pressure: updated definition and measurement framework
• New emergency care video series
• Model Hospital masterclass: analysing medical workforce productivity data and understanding the redesigned doctors compartment
• The £46 million NHS Energy Efficiency Fund: what it is and how to apply
• National falls practitioner network conference
• Updates from NHSI partners

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 6
(2018 / 19)
Appendix 1

With **all of us** in mind.

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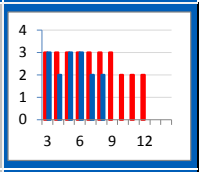
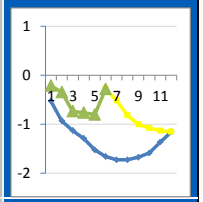
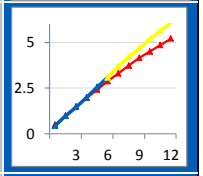
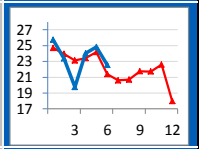
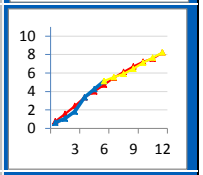
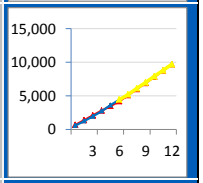
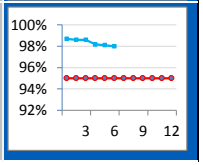
1.0 Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The Trust's overall finance and use of resources risk rating remains at level 2. The lowest rating is level 3 for the I&E margin, all other ratings are rated at level 1 or 2.	
2	Normalised Deficit (excl PSF)	(£0.8m)	(£2.6m)	September's financial performance is a surplus of £0.4m pre PSF (Provider Sustainability Fund). The position includes the sale of a Trust asset (£0.6m) without which the underlying position in-month would be a deficit of £0.2m. The cumulative deficit is £0.8m.	
3	Agency Cap	£3.1m	£6.1m	Agency expenditure was £0.5m in September. Year-to-date costs are £3.1m which is £0.2m (7%) above cap. Costs are 11% higher than the same period last year. Current year-end projection is to exceed our agency cap by £0.9m (17%).	
4	Cash	£22.6m	£18m	Cash reduced in-month in line with the plan due to the payment of Public Dividend Capital £1.8m. The cash position remains higher than plan; facilitated by the one off sale of Trust property.	
5	Capital	£5.1m	£8.2m	Year to date expenditure is ahead of plan primarily due to the profile of spend for the Fieldhead Non-Secure project. Nostell ward, within the Unity Centre, became operational during September 2018.	
6	Delivery of CIP	£4.5m	£9.7m	Work continues to identify new additional savings opportunities to close the original planning gap and deliver the Trust control total. Year to date performance is ahead of the original plan profile with a forecast gap of £0.7m to be finalised.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value and remains ahead of plan.	

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

1.1 NHS Improvement Finance Rating

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.

			Actual Performance		Plan - Month 6	
Area	Weight	Metric	Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.0	2	1.6	3
	20%	Liquidity (Days)	20.6	1	19.2	1
Financial Efficiency	20%	I & E Margin	-0.3%	3	-1.6%	4
Financial Controls	20%	Distance from Financial Plan	1.3%	1	0.0%	1
	20%	Agency Spend	7.2%	2	0.0%	1
Weighted Average - Financial Sustainability Risk Rating				2		3

Impact

The current finance risk rating is 2. The Trust's I & E Margin remains in deficit and as such retains the risk rating level 3. The threshold for a rating of 4 in this metric is 1%. Any individual rating of 4 caps the weighted average overall rating at a maximum of 3.

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.

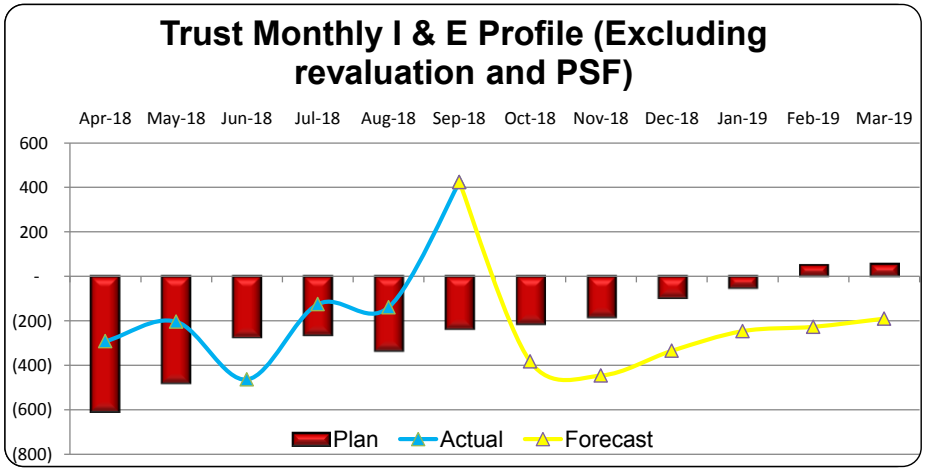
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

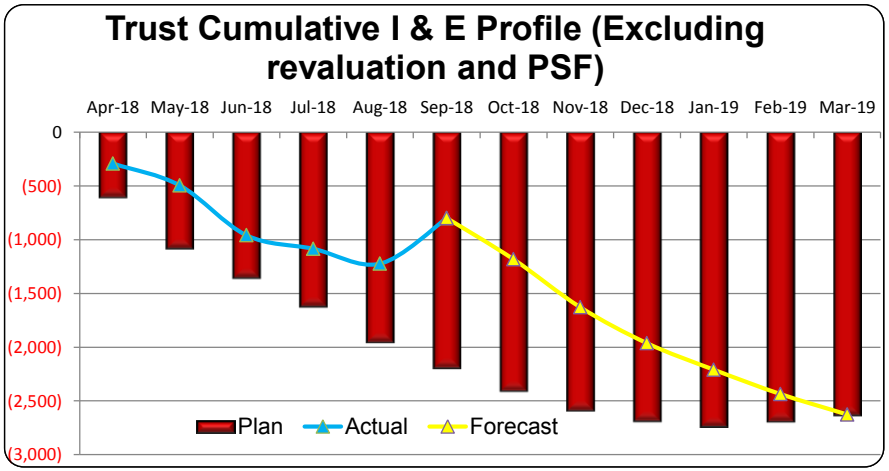
Distance from plan - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

Agency Cap - A cap of £5.2m has been set for the Trust in 2018 / 2019. This metric compares performance against this cap.

2.0 Income & Expenditure Position 2018 / 2019

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
				16,685	16,750	64	Clinical Revenue	100,516	100,670	153	200,644	201,084	440
				16,685	**16,750**	**64**	**Total Clinical Revenue**	**100,516**	**100,670**	**153**	**200,644**	**201,084**	**440**
				1,259	1,275	15	Other Operating Revenue	6,639	6,875	236	12,983	13,178	195
				17,944	**18,024**	**80**	**Total Revenue**	**107,156**	**107,545**	**389**	**213,627**	**214,261**	**635**
4,079	4,053	(26)	0.6%	(14,081)	(14,000)	81	Pay Costs	(84,086)	(83,657)	429	(167,896)	(167,580)	316
				(3,425)	(3,498)	(73)	Non Pay Costs	(20,872)	(21,499)	(627)	(41,250)	(41,259)	(9)
				107	83	(24)	Provisions	301	813	512	2,246	637	(1,608)
				0	586	586	Gain / (loss) on disposal	0	654	654	0	654	654
4,079	**4,053**	**(26)**	**0.6%**	**(17,399)**	**(16,829)**	**570**	**Total Operating Expenses**	**(104,657)**	**(103,689)**	**968**	**(206,901)**	**(207,548)**	**(647)**
4,079	**4,053**	**(26)**	**0.6%**	**545**	**1,195**	**650**	**EBITDA**	**2,499**	**3,856**	**1,357**	**6,726**	**6,713**	**(12)**
				(474)	(476)	(2)	Depreciation	(2,844)	(2,851)	(7)	(5,671)	(5,694)	(22)
				(310)	(310)	0	PDC Paid	(1,863)	(1,860)	3	(3,726)	(3,725)	1
				4	15	11	Interest Received	23	55	33	45	79	34
4,079	**4,053**	**(26)**	**0.6%**	**(235)**	**424**	**659**	**Normalised Surplus / (Deficit) Excl PSF**	**(2,185)**	**(800)**	**1,385**	**(2,626)**	**(2,626)**	**(0)**
				98	98	0	PSF (Provider Sustainability Fund)	515	515	0	1,470	1,470	0
4,079	**4,053**	**(26)**	**0.6%**	**(137)**	**522**	**659**	**Normalised Surplus / (Deficit) Incl PSF**	**(1,670)**	**(284)**	**1,385**	**(1,156)**	**(1,156)**	**(0)**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,079	**4,053**	**(26)**	**0.6%**	**(137)**	**522**	**659**	**Surplus / (Deficit)**	**(1,670)**	**(284)**	**1,385**	**(1,156)**	**(1,156)**	**(0)**





Income & Expenditure Position 2018 / 2019

The Trust has reported an in-month surplus for September 2018. This is the first month where this has been possible for 2018/19. However, as this was due to a one off, the recurrent run rate remains a concern.

Month 6

The September position is a pre PSF surplus of £424k and a post PSF surplus of £522k; this is £659k favourable to plan in month. The monthly position includes the sale of a Trust property. Excluding this one off benefit the monthly position is a deficit of £162k. The normalised year-to-date position is a pre PSF deficit of £800k, which whilst favourable to plan, demonstrates an underlying run rate which requires improvement in order to achieve our year-end control total of £2.6m deficit.

Non pay expenditure pressures continue to provide the greatest financial challenge with ongoing out of area bed usage (and associated costs) only being partially offset by other non-pay underspends.

Income

At month 6 income is £64k more than plan, a full breakdown of income is shown on page 7.

Income risks continue to be assessed; the year to date position includes an estimate of current CQUIN risk and work continues to minimise this risk.

Pay Expenditure

In September pay has underspent by £81k. Bank costs in September are £878k, the highest reported in-month level. Bank nursing accounts for £726k of the expenditure of which 67% is within inpatient areas. Medical staff pay awards have been confirmed and are effective from October 2018.

This underspend position remains possible due to the level of vacancies offsetting costs associated with temporary staffing to meet clinical and service requirements. These are often not within the same service line or locality and recruitment is actively being undertaken. As such this could lead to increased pressure going forwards. The Trust continues to work on its recruitment and retention action plan. Additional analysis is included within the pay information report to highlight the different expenditure levels across the services.

Inpatient wards across the Trust are reporting significant pressures. Across all inpatient wards (excluding Forensic BDU) the average overspend each month year to date is £185k due to high occupancy levels, high acuity levels, vacancies and sickness.

Non Pay Expenditure

Non pay overspent by £73k in September. Out of area usage and spend remains higher than planned with actual spend of £314k in-month and is £2.2m cumulatively. Drugs costs remains a pressure although overall spend has reduced from 2017/18.

Forecast

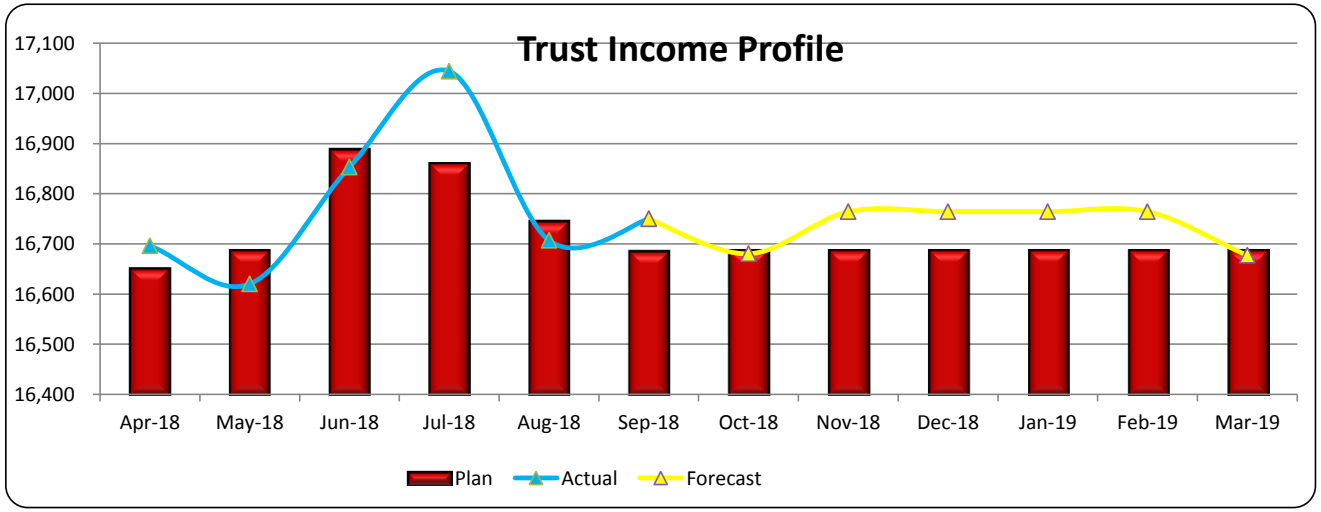
The Trust is still forecasting to achieve its year-end control total of £2.6m deficit, but given the fact a number of the risks identified at the beginning of the year have been realised and the current run rate this is at risk. Based on known risks and other information additional savings of £0.8m are required to enable achievement of the control total.

Many of the potential upsides identified to manage this position are one off / non-recurrent in nature. As such additional actions are required to ensure a positive monthly run rate going forwards. This forms the basis of discussions for the Trust future financial plans.

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.

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k	Total 17/18 £k
CCG	12,132	12,012	12,286	12,453	11,924	11,948	11,848	11,932	11,932	11,932	11,932	11,845	**144,176**	**151,142**
Specialist Commissioner	1,946	1,946	1,946	1,946	1,872	1,931	1,961	1,961	1,961	1,961	1,961	1,961	**23,356**	**23,661**
Alliance	1,053	1,105	1,079	1,079	1,270	1,270	1,270	1,270	1,270	1,270	1,270	1,270	**14,478**	**11,478**
Local Authority	430	413	422	438	426	426	416	416	416	416	416	416	**5,054**	**4,851**
Partnerships	577	577	577	585	655	595	626	626	626	626	626	626	**7,320**	**6,838**
Other	558	567	543	543	560	579	559	559	559	559	559	559	**6,701**	**6,981**
Total	**16,696**	**16,620**	**16,853**	**17,044**	**16,707**	**16,750**	**16,680**	**16,764**	**16,764**	**16,764**	**16,764**	**16,677**	**201,084**	**204,951**
17/18	17,133	17,247	17,174	17,355	16,953	16,553	17,534	17,083	17,308	16,950	16,922	16,739	**204,951**	



Income has increased slightly in September due to:

Additional income secured, in partnership, for the Youth Offenders service. £169k currently forecast but this will be recharged based upon actual costs incurred.

Higher than previously forecast non contract activity

The current forecast position continues to assume 100% delivery of all CQUIN schemes. Although an element of risk has been identified within the internal CQUIN leads group these are being actively mitigated through internal actions and discussions with commissioners.

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 in excess of 75% of total Trust expenditure.

The Trust workforce strategy was approved by Trust board during 2017 / 18 with the strategic workforce plan approved in March 2018.

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. Additional analysis has been included this month to highlight the varying levels of overspend by service and is the focus of the key messages below.

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k
Substantive	12,595	12,598	12,578	13,290	12,529	12,600							**76,190**
Bank & Locum	571	652	839	687	749	878							**4,377**
Agency	444	538	484	526	575	522							**3,091**
Total	**13,610**	**13,789**	**13,901**	**14,503**	**13,854**	**14,000**	**0**	**0**	**0**	**0**	**0**	**0**	**83,657**
17/18	13,752	13,992	14,161	13,804	13,854	13,645	13,889	13,876	13,629	13,788	13,781	14,087	**166,257**

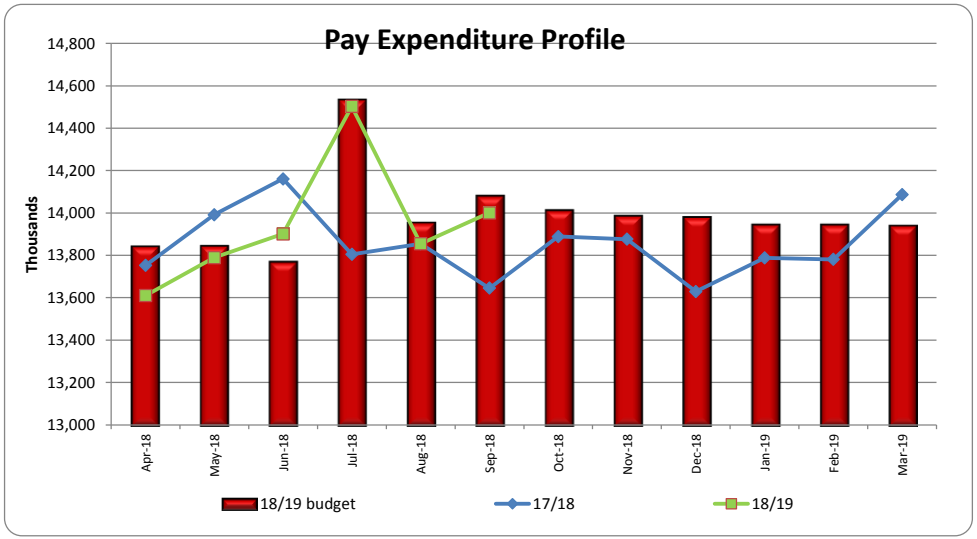
Bank as %	4.2%	4.7%	6.0%	4.7%	5.4%	6.3%							5.2%
Agency as %	3.3%	3.9%	3.5%	3.6%	4.2%	3.7%							3.7%

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Temp £k	Agency £k	Total £k	Variance £k
Medical	10,967	8,836	214	1,671	10,721	247
Nursing Registered	30,312	26,360	1,338	277	27,976	2,337
Nursing	8,906	8,462	2,177	753	11,391	(2,485)
Other	20,017	20,081	312	365	20,758	(741)
Corporate Admin	7,615	7,097	96	0	7,193	422
BDU Admin	6,213	5,354	240	25	5,619	594
Total	**84,031**	**76,190**	**4,377**	**3,091**	**83,657**	**373**

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	35,867	31,898	726	2,042	34,667	1,200
Inpatient	21,450	18,570	3,119	967	22,656	(1,206)
BDU Support	3,392	3,146	70	0	3,216	176
Community	10,159	9,938	189	82	10,209	(49)
Corporate	13,162	12,637	273	0	12,910	252
Total	**84,031**	**76,190**	**4,377**	**3,091**	**83,657**	**373**



Key Messages

The YTD overspend on inpatient services (excluding forensics) is £1.2m. Of the 19 wards (excluding Forensics), 15 are reporting an overspend. The majority of wards are commissioned and staffed to operate at 85% occupancy level. Due to high demand many are operating at 100% and therefore require additional staff. Additional staffing requirements are often exacerbated by high observation levels, escorts, vacancies and sickness which have all been at high levels across the wards in September.

The overspend on inpatient areas is offset by underspends across all other service areas, more noticeably in mental health community (£1.2m) and corporate services (£0.3m). In mental health community services there are currently 150 vacancies, 69 are filled by temporary staffing leaving 81 posts vacant or covered by other staff. Corporate services have 49 vacancies of which 14 are filled by bank.

Bank expenditure in September is £878k, the highest reported in-month level. Nurse bank expenditure in September is £269k higher than 2017/18 average monthly level. Inpatient nursing bank spend totalled £591k (67%) in month and £2.9m YTD (66%). The highest levels of bank spend are on Nostell, Walton and Forensic women's services.

Year to date medical staffing is underspent by £247k, and is running with 42 WTE vacancies, half of which are covered by temporary staffing and some by additional allowance to substantive staff. If some of the vacancies were filled and the agency usage continued there would be a significant cost pressure.

2.1 Agency Expenditure Focus

The NHS Improvement agency cap for 2018/19 is £5.2m

Year to date expenditure is 7% above cap.

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

Good progress was made in 2017/18 in terms of significantly reducing agency usage and costs from the £9.8m incurred in 2016/17. Costs have recently begun to increase again to a value in excess of £0.5m per month. The maximum agency cap established by NHSI for 2018/19 is £5.2m which is £0.6m lower than actual spend last year.

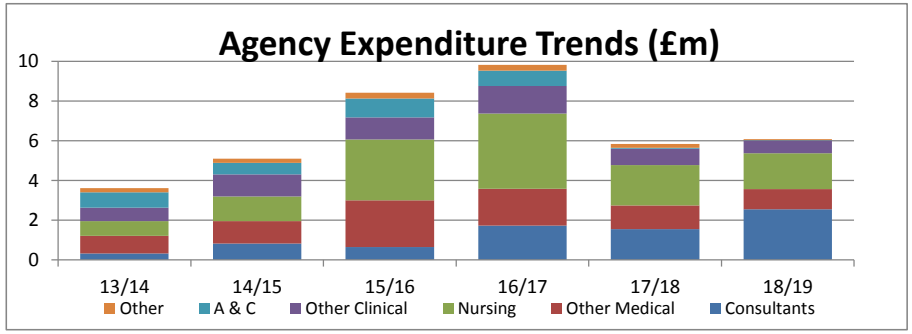
The NHS Improvement cap has been profiled to reduce spend across the year as actions have their desired impact. The cap profile reduces from £500k per month in April 2018 to £359k per month in March 2019. Actual expenditure needs to reduce considerably to remain under this cap.

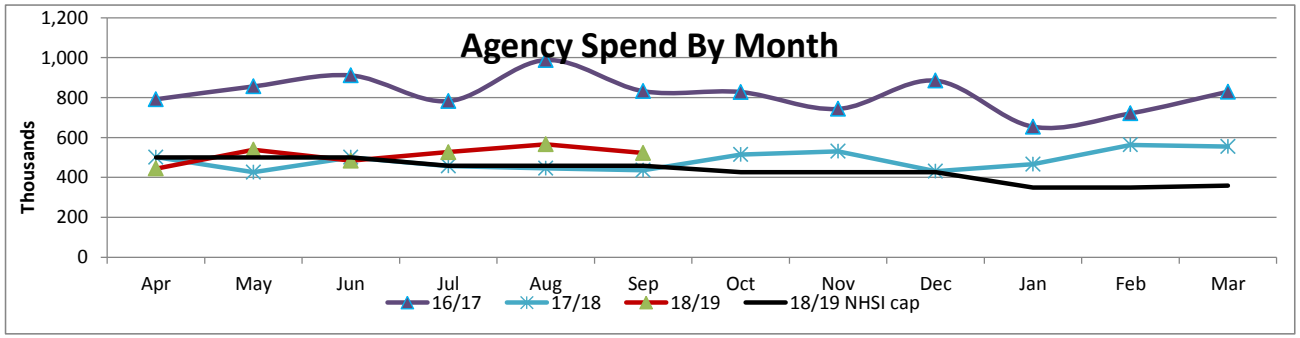
At month 6 agency spend is £522k, 14% above cap. In month expenditure is £44k lower than month 5 due to agency medics taking annual leave and therefore not being paid. September expenditure is £37k higher than the 17/18 average. Overall the year to date expenditure is 7% above cap.

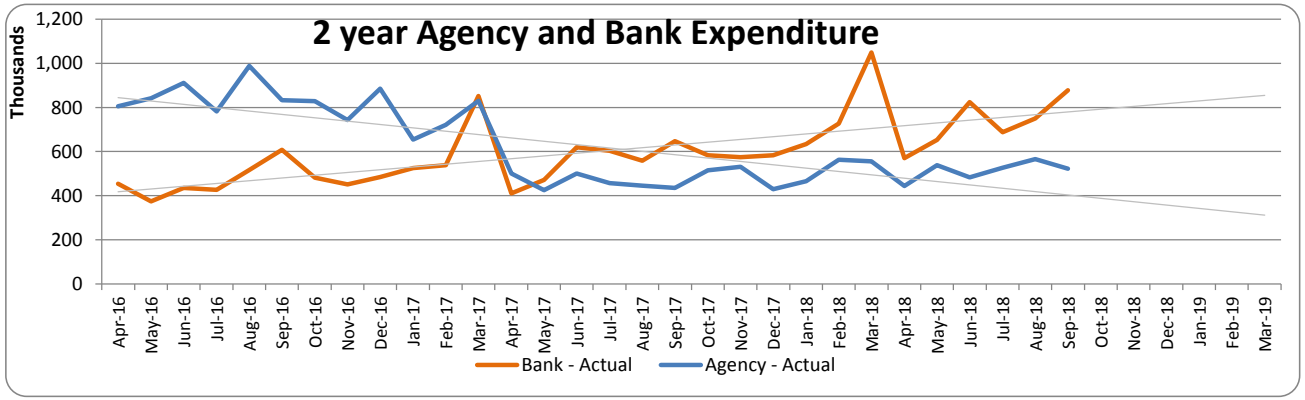
Current forecasts indicate agency usage will remain at current levels for the remainder of the year.

Agency expenditure is subject to detailed scrutiny at all levels within the Trust. Plans continue to be progressed to reduce this level of expenditure. The Trust continues to report agency usage to NHS Improvement on a weekly basis.

Bank staff expenditure in September of £878k is the highest reported in-month level, of which £591k (67%) was in within inpatient areas. Healthcare assistants account for £443k (73%) of bank expenditure.





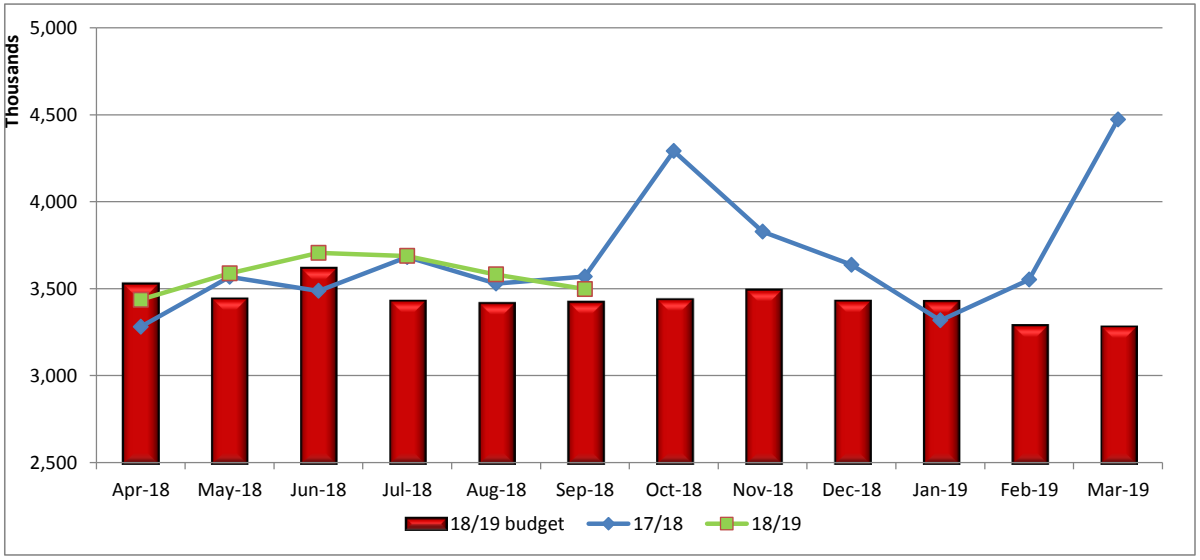


2.1 Non Pay Expenditure

Whilst pay expenditure represents over 75% of all Trust costs, non pay expenditure presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k
2018 / 2019	3,437	3,588	3,706	3,689	3,582	3,498							**21,499**
2017 / 2018	3,281	3,568	3,488	3,681	3,529	3,570	4,292	3,829	3,637	3,318	3,552	4,474	**44,219**

	Budget YTD	Actual YTD	Variance
Non Pay Category	**£k**	**£k**	**£k**
Clinical Supplies	1,364	1,518	(155)
Drugs	1,472	1,674	(202)
Healthcare subcontracting	2,482	3,481	(999)
Hotel Services	903	911	(8)
Office Supplies	2,525	2,254	271
Other Costs	2,340	2,100	240
Property Costs	3,335	3,356	(21)
Service Level Agreements	3,040	2,991	49
Training & Education	338	280	58
Travel & Subsistence	1,881	1,647	234
Utilities	541	589	(48)
Vehicle Costs	652	698	(46)
Total	**20,872**	**21,499**	**(627)**
Total Excl OOA and Drugs	**16,918**	**16,344**	**574**



Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £999k. As a fluctuating pressure the out of area focus provides further details on this.

Drugs expenditure is the second highest overspend category. As at September 2018 this is £202k overspent against budget. The Pharmacy department continue to review prescribing practices, standardise drugs and ensure that price changes are proactively managed.

Excluding those two key areas we continue to see good non-pay expenditure control across the majority of areas. The largest favourable variances to budget are within travel and subsistence and other costs.

2.1 Out of Area Expenditure Focus

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

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

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

This analysis excludes activity relating to locked rehab in Barnsley.

Out of Area Expenditure Trend (£)

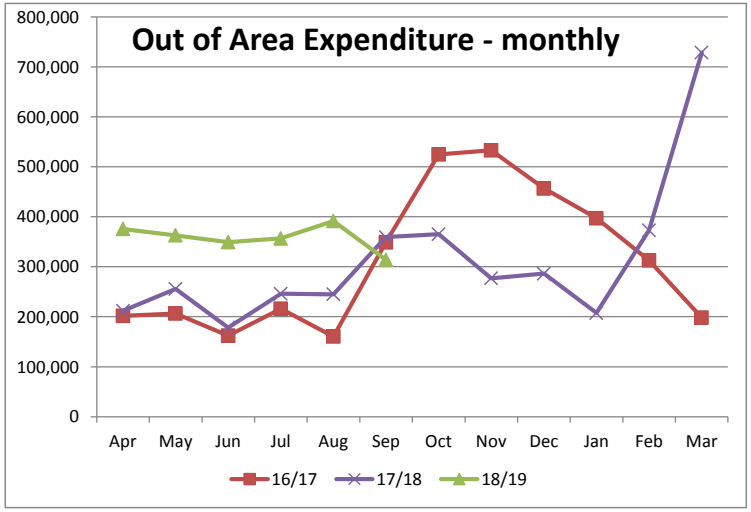
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
16/17	202	206	162	216	160	349	525	533	457	397	313	198	**3,718**
17/18	212	255	178	246	245	359	365	277	286	208	373	729	**3,733**
18/19	376	363	349	357	392	314							**2,150**

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
16/17	294	272	343	310	216	495	755	726	679	624	416	364	**5,494**
17/18	282	367	253	351	373	427	479	434	414	276	626	762	**5,044**
18/19	607	374	412	501	669	452							**3,015**

Bed Day Information 2018 / 2019 (by category)

PICU	316	207	142	91	76	30	**862**
Acute	278	157	258	348	542	410	**1,993**
Gender	13	10	12	62	51	12	**160**
Total	607	374	412	501	669	452	**3,015**



Due to the increasing levels of high demand from January to March 2018 the out of area budget has been weighted to account for higher spend at the start of the year reducing significantly across the year as actions from the project board are implemented.

Acute activity in September is 27% less than in August. Teams are working hard to keep people in their local communities. It is assumed this level of demand can be maintained until the end of the year.

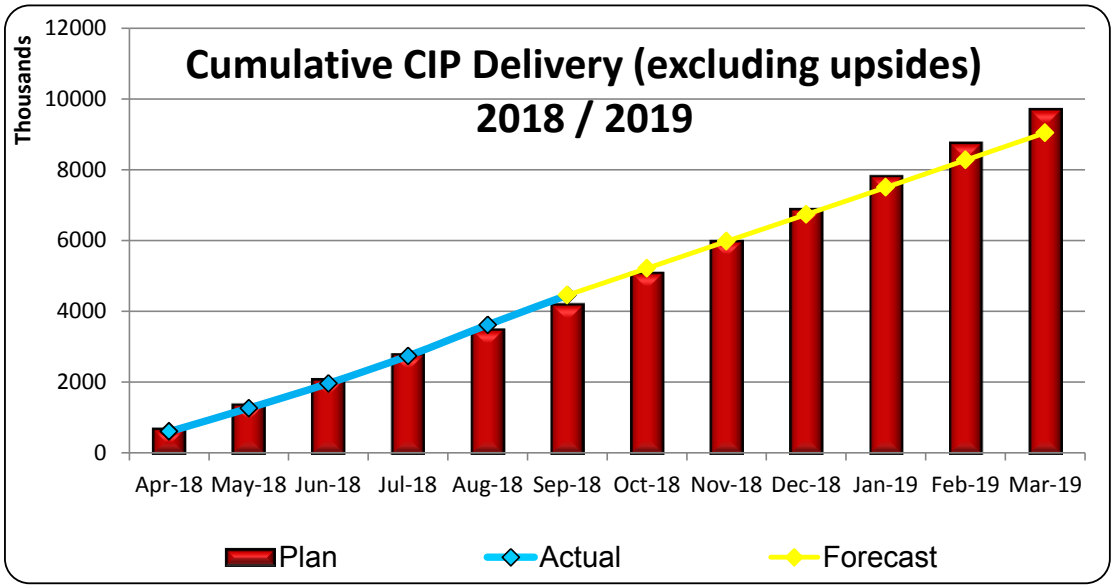
PICU activity has subsided since the particularly high levels seen in 2017 with typically two patients requiring OOA placement at any one time.

The net effect has resulted in the year to date variance increasing to £978k (£823k at month 5).

The out of area project board continue to review activity and are implementing actions to improve patient flow and ensure best value e.g criteria led discharge.

2.1 Cost Improvement Programme 2018 / 2019

	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	691	1,382	2,091	2,798	3,501	4,203	5,100	5,997	6,894	7,823	8,762	9,701	4,203	9,701
Delivery as originally planned	555	1,136	1,699	2,259	2,827	3,394	3,970	4,547	5,123	5,713	6,313	6,913	3,394	6,913
Mitigations - Recurrent & Non-Recurrent	39	124	260	478	788	1,058	1,241	1,428	1,611	1,784	1,957	2,130	1,058	2,130
Mitigations - Upside schemes								131	262	393	524	658	0	658
Total Delivery	**595**	**1,260**	**1,959**	**2,737**	**3,615**	**4,452**	**5,212**	**6,106**	**6,997**	**7,890**	**8,794**	**9,701**	**4,452**	**9,701**
Variance	(96)	(122)	(132)	(61)	114	249	111	109	102	67	32	(0)	249	(0)



The Trust has a CIP requirement for 2018 / 19 totalling £9.7m. This included £1.6m of unidentified savings at the beginning of the year.

£50k of schemes previously forecast to deliver savings have been removed in month; these schemes continue to progress but are now viewed as unlikely to deliver financial savings in year.

This has been offset by a further £127k savings identified in month. This is primarily continued vacancies within Quality Academy.

Upside opportunities to close the remaining gap, and secure delivery of the Trust control total, continue to be developed.

3.0 Balance Sheet 2018 / 2019

	2017 / 2018 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	123,810	124,917	125,433	1
Current Assets				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,107	2,049	
Non NHS Trade Receivables (Debtors)	1,867	3,077	1,894	2
Other Receivables (Debtors)	1,219	1,000	2,274	3
Accrued Income	3,660	4,650	3,234	4
Cash and Cash Equivalents	26,559	21,388	22,557	5
Total Current Assets	**34,925**	**32,454**	**32,239**	
Current Liabilities				
Trade Payables (Creditors)	(4,158)	(4,140)	(3,192)	6
Capital Payables (Creditors)	(1,142)	(1,792)	(842)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(5,271)	
Accruals	(5,799)	(6,000)	(6,827)	7
Deferred Income	(670)	(670)	(718)	
Total Current Liabilities	**(17,552)**	**(18,602)**	**(16,851)**	
Net Current Assets/Liabilities	**17,373**	**13,852**	**15,389**	
Total Assets less Current Liabilities	**141,183**	**138,769**	**140,822**	
Provisions for Liabilities	(6,490)	(5,740)	(6,405)	
Total Net Assets/(Liabilities)	**134,693**	**133,029**	**134,417**	
Taxpayers' Equity				
Public Dividend Capital	44,015	44,015	44,023	
Revaluation Reserve	24,938	24,938	25,328	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	60,520	58,856	59,846	8
Total Taxpayers' Equity	**134,693**	**133,029**	**134,417**	

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.

Additional levels of detail have been included when compared to 2017 / 18 to highlight accrued income and payables due to tax, National Insurance (NI) and pension arrangements.

1. Capital expenditure is detailed on page 14. Year to date spend is now above plan.

2. Non-NHS Debtors are lower than plan. These continue to be reviewed and chased to maximise cash.

3. Other Receivables includes prepayments. This is currently higher than plan and the majority relates to payment timing for licences and the lease car insurance.

4. Accrued income is currently lower than plan, the quarter 2 invoices have been raised and this is reviewed regulary to ensure invoices are raised on a timely basis.

5. 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 16.

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

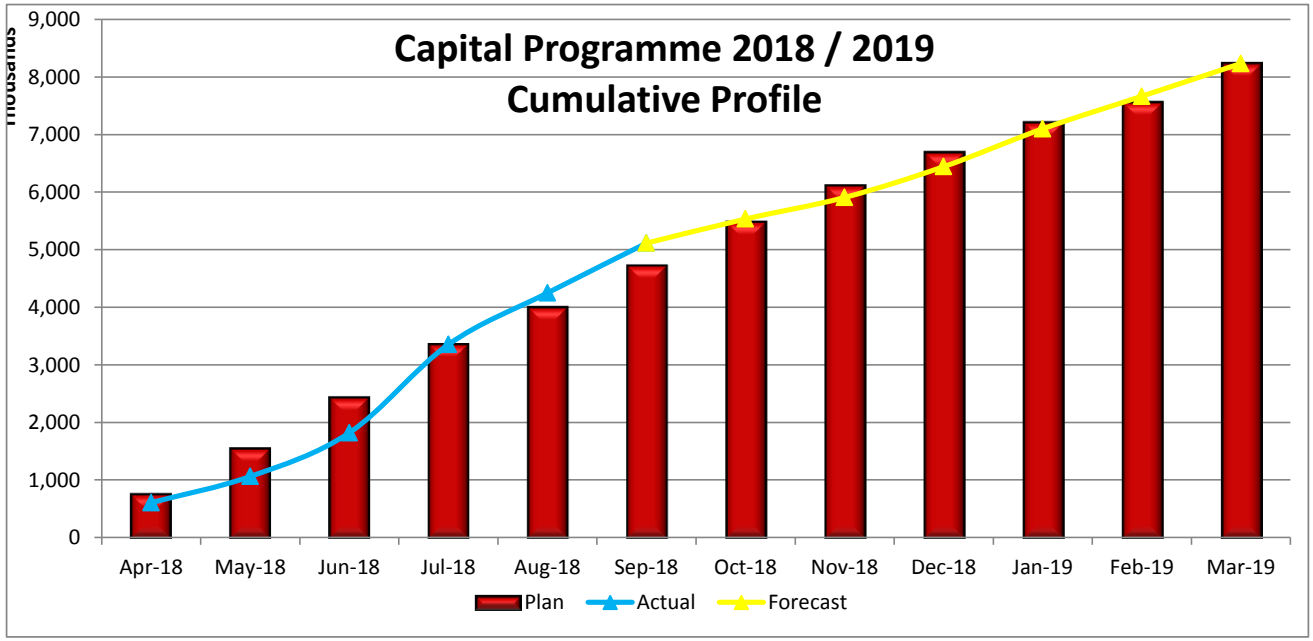
7. Accruals are higher than plan due to timing of receipt of invoices.

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

3.1 Capital Programme 2018 / 2019

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	1,628	614	441	(173)	1,741	113	3
Equipment Replacement	0	0	27	27	27	27	
IM&T	1,550	850	786	(64)	1,410	(140)	2
Major Capital Schemes							
Fieldhead Non Secure	4,229	2,714	3,498	784	4,229	(0)	4
Clinical Record System	828	550	419	(131)	883	55	
VAT Refunds	0	0	(55)	(55)	(55)	(55)	
TOTALS	**8,235**	**4,728**	**5,114**	**386**	**8,235**	**(0)**	1

Nostell ward, within the Unity Centre, became operational during September 2018.



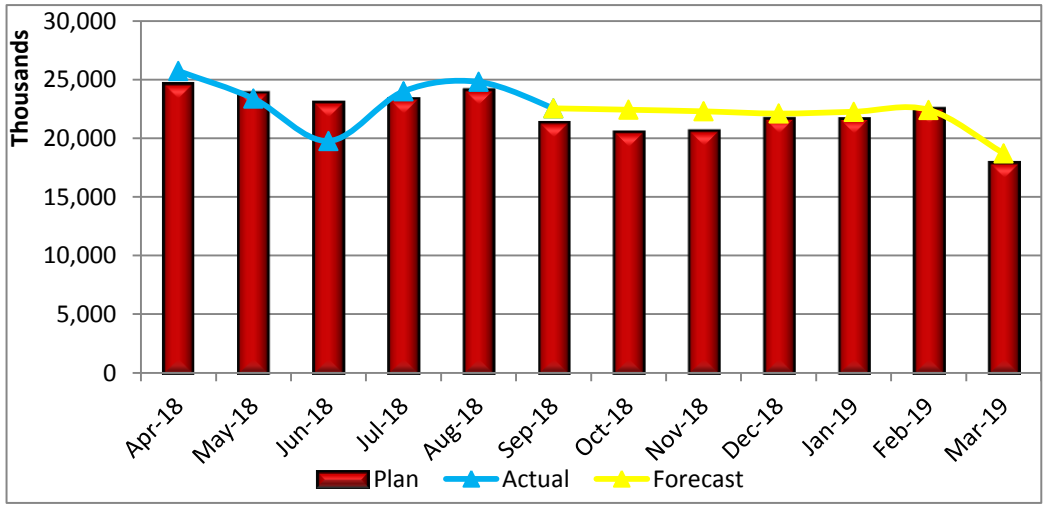
Capital Expenditure 2018 / 2019

1. The originally agreed capital plan for 2018 / 19 was £8.1m and schemes are guided by the current estates and digital strategy. A further £135k has been added from national funding.
2. IM & T schemes are progressing in line with original plans with the exception of the Business Intelligence scheme. This has been postponed pending completion of the clinical record system implementation.

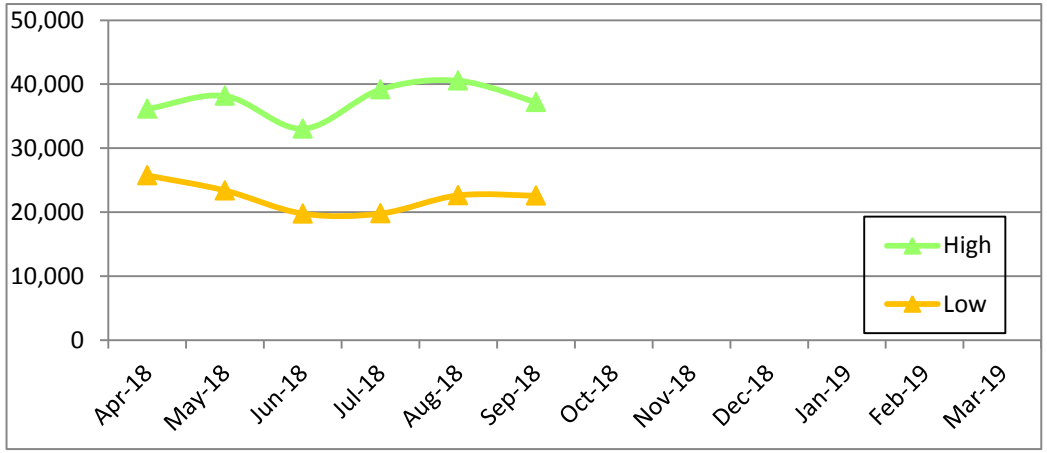
3. Progress on facilities and minor schemes is behind the original profile although all schemes remain forecast to be delivered in year.

4. The profile of expenditure is different to originally planned for the non-secure scheme. The final phase is due to complete in quarter 1 2019/20.

3.2 Cash Flow & Cash Flow Forecast 2018 / 2019



	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	21,388	22,557	1,169



The cash position remains higher than plan, cash has been received following a sale of Trust property.

Cash reduced in month in line with plan due to the payment of Public Dividend Capital (PDC - £1.8m). Monies were received in relation to disposal of Trust property.

A detailed reconciliation of working capital compared to plan is presented on page 16.

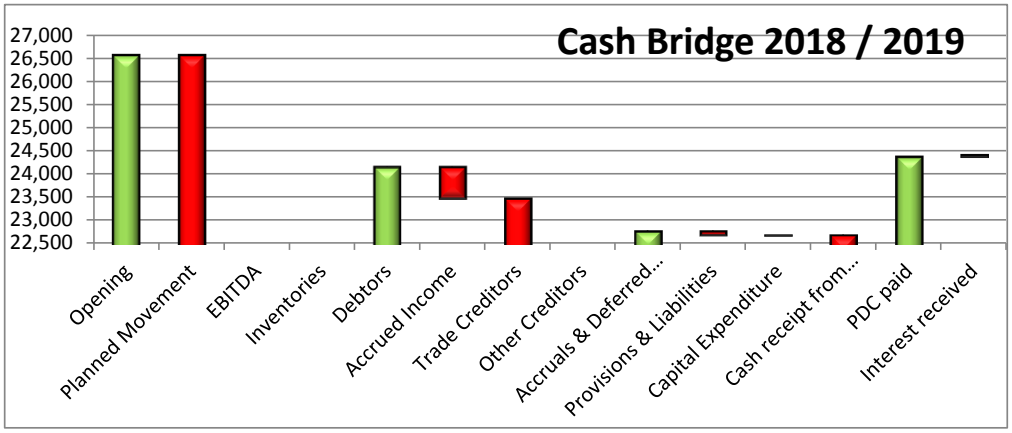
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £37.2m
The lowest balance is: £22.6m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**26,559**	**26,559**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,016	3,717	701	1
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(2,700)	(638)	2,062	3
Accrued Income / Prepayments	0	(678)	(678)	4
Trade Payables (Creditors)	1,050	(1,490)	(2,540)	5
Other Payables (Creditors)	0	8	8	
Accruals & Deferred income	(750)	1,077	1,827	2
Provisions & Liabilities	0	(85)	(85)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,951)	(5,414)	(1,463)	5
Cash receipts from asset sales	(1,860)	1,295	3,155	
PDC Dividends paid	0	(1,848)	(1,848)	
PDC Dividends received			0	
Interest (paid)/ received	24	55	31	
Closing Balances	**21,388**	**22,557**	**1,169**	



The plan value reflects the April 2018 submission to NHS Improvement.

Factors which increase the cash positon against plan:

1. Whilst we are reporting an in year deficit the actual position is favourable to plan which has a positive impact on cash compared to plan.
2. Accruals are higher than plan due to the timing of invoices received. Deferred income is higher than plan primarily due to project income received for Altogether Better.

3. Debtors are lower than plan. NHS Debtors were targeted in month ahead of the Month 6 Agreement of Balances exercise. The focus still remains on cash management through reduction of debtors.

A number of aged debts remain and we continue to engage with all parties to resolve these.

Factors which decrease the cash position against plan:

4. Prepayments are higher than plan, mainly due to the timing of payments made for software licences and the lease car insurance. It is Trust policy to not routinely pay in advance for goods and services and therefore these are exceptional cases.

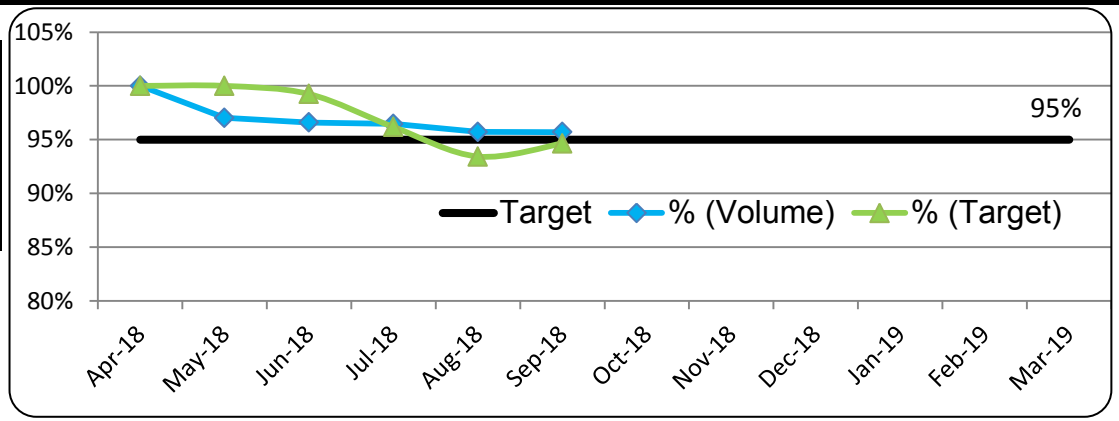
5. Creditors, and capital creditors, are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code and any aged creditors are reviewed and action plans for resolution agreed.

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

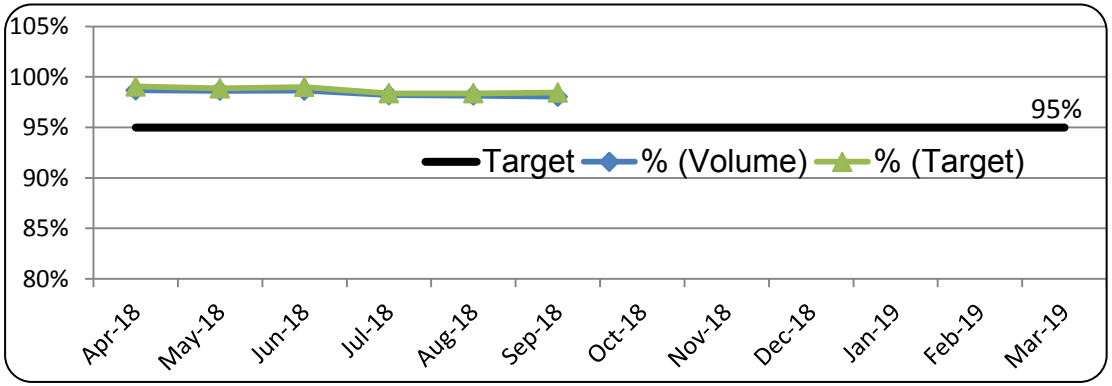
4.0 Better Payment Practice Code

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.
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 August 2018	96%	93%
Year to September 2018	96%	95%



Non NHS	Number %	Value %
Year to August 2018	98%	98%
Year to September 2018	98%	98%



4.1 Transparency Disclosure

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

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.
The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
23-May-18	Purchase of Healthcare	Trustwide	Barnsley Metropolitan Borough Council	3072549	54,000
08-Aug-18	Property Rental	Barnsley	Community Health Partnerships	3079718	31,178
08-Aug-18	Property Rental	Barnsley	Community Health Partnerships	3079718	25,051
21-Aug-18	Drug purchases	Trustwide	Bradford Teaching Hospitals NHS FT	3080879	106,662
28-Aug-18	Communications	Trustwide	Virgin Media Payments Ltd	3081341	25,940
31-Aug-18	Purchase of Healthcare	Trustwide	St Andrews Healthcare	3081710	31,225
31-Aug-18	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3081708	31,416
04-Sep-18	Drug purchases	Trustwide	Bradford Teaching Hospitals NHS FT	3081925	134,002
05-Sep-18	IT Services	Trustwide	Daisy IT Managed Services Limited	3082121	99,975
05-Sep-18	Purchase of Healthcare	Trustwide	St Andrews Healthcare	3082094	31,415
05-Sep-18	Property Rental	Kirklees	Bradbury Investments Ltd	3082075	26,458
05-Sep-18	Property Rental	Kirklees	Bradbury Investments Ltd	3082073	118,518
06-Sep-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3082316	219,053
06-Sep-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3082342	37,158
11-Sep-18	IT Services	Trustwide	Daisy IT Managed Services Limited	3082635	75,518
14-Sep-18	Communications	Trustwide	Vodafone Corporate Ltd	3083404	26,097
17-Sep-18	CNST Contributions	Trustwide	NHS Litigation Authority	3083468	61,855
18-Sep-18	Clinical services	Barnsley	Barnsley Hospital NHS Foundation Trust	3083502	28,997
24-Sep-18	Purchase of Healthcare	Trustwide	Sheffield Children´s NHS Foundation Trust	3083927	37,087
27-Sep-18	Project Support	Specialist Services	University of Huddersfield Enterprises Ltd	3084492	30,000

4.2 Glossary

* Recurrent - an action or decision that has a continuing financial effect

* Non-Recurrent - an action or decision that has a one off or time limited effect

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a 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

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2018 / 2019 the Trust were set a control total deficit.

* 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.

* Provider Sustainability Fund (PSF) - is an income stream distributed by NHS Improvement to all providers who meet certain criteria (this was formally called STF - Sustainability and Transformation Fund)

Appendix 2 - Workforce - Performance Wall

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.4%	4.2%	4.0%	4.0%	4.0%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.4%	4.0%	3.5%	3.8%	4.1%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	7.0%	25.4%	70.6%	83.5%	87.4%	89.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	1.0%	2.5%	6.1%	16.9%	35.6%	69.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.3%	81.9%	82.9%	82.8%	83.4%	84.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.2%	83.0%	84.0%	84.5%	83.0%	79.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.8%	90.4%	90.3%	88.9%	87.9%	86.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.3%	92.1%	92.0%	92.5%	92.7%	92.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.2%	86.4%	88.8%	88.2%	87.6%	87.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	60.7%	63.2%	61.1%	65.7%	70.1%	72.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.8%	86.4%	87.1%	88.0%	87.7%	88.9%
Information Governance	Resources	Well Led	AD	>=95%	91.6%	91.9%	91.6%	91.5%	91.5%	91.1%
Moving and Handling	Resources	Well Led	AD	>=80%	82.1%	81.5%	81.4%	81.3%	81.5%	83.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	84.3%	84.7%	84.6%	87.2%	86.5%	85.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	78.9%	81.4%	80.6%	84.7%	84.0%	81.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	85.6%	90.9%	91.2%	91.1%	90.9%	89.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.2%	88.9%	89.3%	90.1%	90.1%	90.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.6%	96.3%	96.3%	96.6%	95.7%	95.3%
Agency Cost	Resources	Effective	AD		£78k	£79k	£55k	£93k	£59k	£71k
Overtime Costs	Resources	Effective	AD		£3k	£5k	£4k	£4k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£14k	£8k	£11k	£15k	£17k	£15k
Sickness Cost (Monthly)	Resources	Effective	AD		£116k	£120k	£105k	£105k	£118k	£132k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		79.14	92.5	91.03	91.39	71.1	78.76
Business Miles	Resources	Effective	AD		96k	93k	90k	106k	102k	105k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.9%	4.8%	4.7%	4.7%	4.5%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.9%	4.7%	4.4%	4.6%	3.9%	4.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	6.1%	33.8%	81.6%	96.5%	99.4%	99.2%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	1.5%	9.4%	22.5%	54.0%	86.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.4%	80.7%	81.0%	83.1%	83.1%	81.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.9%	84.3%	85.4%	85.9%	85.7%	84.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.9%	88.2%	88.5%	88.8%	88.6%	87.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.1%	89.0%	89.7%	90.1%	90.2%	89.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.7%	88.1%	88.3%	85.0%	89.7%	88.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.5%	78.7%	75.7%	81.3%	81.4%	83.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	87.3%	88.7%	87.6%	87.6%	88.7%	89.2%
Information Governance	Resources	Well Led	AD	>=95%	93.6%	93.1%	93.0%	94.1%	93.2%	94.8%
Moving and Handling	Resources	Well Led	AD	>=80%	85.8%	88.2%	88.3%	87.4%	87.1%	88.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.1%	93.9%	94.0%	93.9%	92.9%	92.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.4%	91.9%	91.8%	92.1%	90.6%	89.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.8%	89.9%	90.2%	90.9%	90.8%	90.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	85.3%	84.5%	86.0%	87.2%	86.8%	85.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.4%	95.9%	95.7%	97.2%	95.8%	95.7%
Agency Cost	Resources	Effective	AD		£98k	£143k	£104k	£89k	£112k	£73k
Overtime Costs	Resources	Effective	AD		£3k	£8k	£1k	£4k	£3k	£6k
Additional Hours Costs	Resources	Effective	AD		£3k	£0k	£2k	£2k	£0k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£112k	£110k	£95k	£104k	£91k	£104k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		58.91	62.81	60.56	66.97	75.42	76.65
Business Miles	Resources	Effective	AD		70k	53k	58k	64k	59k	69k

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

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.3%	6.1%	6.1%	6.5%	7.2%	7.5%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	6.3%	6.0%	6.0%	7.8%	9.6%	9.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	14.1%	32.1%	80.0%	83.8%	85.7%	94.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	3.1%	8.1%	16.4%	32.3%	56.0%	87.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.1%	88.1%	87.1%	88.4%	87.3%	84.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.0%	87.3%	84.8%	86.5%	85.3%	85.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.3%	88.5%	87.7%	88.4%	85.5%	83.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.2%	91.7%	93.7%	94.3%	95.0%	93.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.4%	92.7%	90.3%	88.9%	88.8%	85.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	85.4%	84.4%	87.9%	89.5%	89.2%	87.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.7%	90.5%	90.5%	91.6%	90.0%	89.7%
Information Governance	Resources	Well Led	AD	>=95%	91.9%	92.4%	92.9%	94.3%	93.0%	90.4%
Moving and Handling	Resources	Well Led	AD	>=80%	90.2%	91.2%	90.8%	92.1%	91.0%	89.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.2%	92.9%	92.7%	92.1%	91.5%	89.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	83.4%	83.6%	83.0%	82.8%	82.1%	80.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.0%	91.9%	93.4%	94.8%	94.3%	93.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.8%	87.5%	89.1%	91.3%	91.3%	89.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	87.5%	83.3%	82.6%	95.5%	96.0%	92.8%
Agency Cost	Resources	Effective	AD		£41k	£39k	£39k	£54k	£51k	£57k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£-1k	£0k	£0k	
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£1k	£1k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£59k	£56k	£54k	£74k	£85k	£77k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		52.5	49.3	53.1	55.6	69.8	73.9
Business Miles	Resources	Effective	AD		7k	9k	6k	7k	9k	7k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.3%	5.5%	5.0%	4.6%	4.5%	4.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.3%	5.7%	4.1%	3.4%	3.8%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	1.8%	14.7%	51.7%	72.5%	89.8%	94.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	4.0%	7.9%	31.0%	54.1%	67.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.8%	80.9%	81.5%	82.6%	80.4%	79.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.9%	86.2%	85.0%	85.2%	80.6%	78.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.2%	90.2%	90.2%	90.2%	91.4%	91.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.0%	87.0%	85.7%	85.1%	87.4%	88.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.8%	81.6%	80.9%	80.8%	85.2%	85.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.0%	68.0%	69.2%	73.1%	76.9%	77.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.4%	88.2%	86.2%	85.5%	87.4%	87.9%
Information Governance	Resources	Well Led	AD	>=95%	92.4%	93.6%	92.0%	91.0%	92.8%	92.1%
Moving and Handling	Resources	Well Led	AD	>=80%	88.0%	86.8%	87.2%	85.8%	87.9%	88.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.6%	92.9%	91.3%	92.6%	92.6%	91.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	84.8%	87.1%	85.5%	87.7%	87.7%	86.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.6%	89.7%	89.6%	89.9%	88.6%	89.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.3%	89.5%	89.6%	88.7%	89.4%	90.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.3%	95.0%	94.5%	94.5%	95.3%	94.4%
Agency Cost	Resources	Effective	AD		£144k	£183k	£193k	£187k	£231k	£197k
Overtime Costs	Resources	Effective	AD				£1k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£3k	£0k	£1k	£1k	£2k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£65k	£63k	£46k	£44k	£45k	£58k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		43.32	41.54	48.85	50.3	52.67	62.89
Business Miles	Resources	Effective	AD		38k	39k	39k	41k	40k	35k

Appendix 2 - Workforce - Performance Wall cont….

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.5%	3.5%	3.9%	4.0%	4.1%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.5%	3.8%	4.5%	4.3%	4.6%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	8.9%	17.7%	71.6%	92.2%	96.0%	89.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.2%	1.0%	10.3%	17.7%	51.7%	83.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.6%	79.5%	78.0%	78.1%	80.8%	80.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	92.3%	92.9%	92.0%	92.0%	92.0%	87.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	33.3%	33.3%	33.3%	33.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.9%	83.0%	87.2%	86.8%	85.9%	85.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.5%	89.7%	88.4%	88.3%	89.2%	87.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.3%	97.3%	97.1%	95.1%	95.7%	95.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.7%	88.6%	86.8%	87.2%	88.9%	88.5%
Information Governance	Resources	Well Led	AD	>=95%	92.9%	93.7%	92.0%	89.2%	91.9%	91.5%
Moving and Handling	Resources	Well Led	AD	>=80%	92.1%	92.9%	92.0%	91.3%	90.8%	90.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.1%	98.8%	99.2%	98.3%	99.0%	99.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	84.6%	85.2%	85.8%	86.0%	85.7%	85.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.3%	94.0%	94.4%	94.7%	95.5%	95.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.8%	95.9%	95.4%	96.0%	96.4%	96.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Agency Cost	Resources	Effective	AD				£0k		£-9k	£0k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£0k	£1k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£5k	£6k	£10k	£11k	£12k
Sickness Cost (Monthly)	Resources	Effective	AD		£54k	£55k	£63k	£61k	£69k	£72k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		30.78	35.33	35.6	31.96	33.31	36.87
Business Miles	Resources	Effective	AD		32k	35k	30k	36k	25k	25k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	2.7%	3.0%	3.5%	4.1%	4.4%	4.7%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	2.7%	3.3%	4.3%	5.8%	5.8%	5.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	11.7%	33.2%	77.8%	92.7%	94.7%	95.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.4%	2.6%	10.0%	24.1%	55.7%	79.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.7%	80.2%	79.5%	81.5%	82.7%	83.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.0%	80.9%	82.9%	81.0%	79.8%	79.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	76.8%	74.6%	74.9%	77.8%	78.9%	79.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.0%	87.4%	87.3%	87.3%	87.8%	88.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.9%	84.3%	85.8%	86.2%	83.9%	83.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	64.4%	64.9%	66.2%	71.0%	72.7%	67.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.7%	85.1%	86.0%	87.2%	89.5%	91.7%
Information Governance	Resources	Well Led	AD	>=95%	91.6%	91.4%	91.7%	91.6%	91.4%	91.9%
Moving and Handling	Resources	Well Led	AD	>=80%	79.1%	80.5%	80.0%	79.9%	83.2%	85.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.3%	90.2%	90.3%	90.8%	90.7%	90.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	83.5%	85.1%	85.2%	88.1%	88.1%	88.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	88.4%	88.9%	88.5%	88.0%	89.7%	91.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	85.9%	84.5%	87.5%	87.5%	88.8%	89.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.3%	93.4%	93.0%	93.4%	93.3%	91.9%
Agency Cost	Resources	Effective	AD		£83k	£95k	£92k	£103k	£123k	£124k
Overtime Costs	Resources	Effective	AD							
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£2k	£1k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£29k	£44k	£53k	£72k	£72k	£70k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		56.33	53.65	48.67	47.15	51.62	48.13
Business Miles	Resources	Effective	AD		31k	35k	36k	37k	35k	37k

Glossary

ADHD	Attention deficit hyperactivity disorder
AQP	Any Qualified Provider
ASD	Autism spectrum disorder
AWA	Adults of Working Age
AWOL	Absent Without Leave
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield
BDU	Business Delivery Unit
C&K	Calderdale & Kirklees
C. Diff	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CCG	Clinical Commissioning Group
CGCSC	Clinical Governance Clinical Safety Committee
CIP	Cost Improvement Programme
CPA	Care Programme Approach
CPPP	Care Packages and Pathways Project
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CROM	Clinician Rated Outcome Measure
CRS	Crisis Resolution Service
CTLD	Community Team Learning Disability
DoV	Deed of Variation
DoC	Duty of Candour
DQ	Data Quality
DTOC	Delayed Transfers of Care
EIA	Equality Impact Assessment
EIP/EIS	Early Intervention in Psychosis Service
EMT	Executive Management Team
FOI	Freedom of Information
FOT	Forecast Outturn
FT	Foundation Trust
FYFV	Five Year Forward View
HEE	Health Education England

HONOS	Health of the Nation Outcome Scales
HR	Human Resources
HSJ	Health Service Journal
HSCIC	Health and Social Care Information Centre
HV	Health Visiting
IAPT	Improving Access to Psychological Therapies
IBCF	Improved Better Care Fund
ICD10	International Statistical Classification of Diseases and Related Health Problems
ICO	Information Commissioner's Office
IG	Information Governance
IHBT	Intensive Home Based Treatment
IM&T	Information Management & Technology
Inf Prevent	Infection Prevention
IPC	Infection Prevention Control
IWMS	Integrated Weight Management Service
KPIs	Key Performance Indicators
LA	Local Authority
LD	Learning Disability
MARAC	Multi Agency Risk Assessment Conference
Mgt	Management
MAV	Management of Aggression and Violence
MBC	Metropolitan Borough Council
MH	Mental Health
MHCT	Mental Health Clustering Tool
MRSA	Methicillin-resistant Staphylococcus Aureus
MSK	Musculoskeletal
MT	Mandatory Training
NCI	National Confidential Inquiries
NHS TDA	National Health Service Trust Development Authority
NHSE	National Health Service England
NHSI	NHS Improvement
NICE	National Institute for Clinical Excellence
NK	North Kirklees

NMoC	New Models of Care
OOA	Out of Area
OPS	Older People's Services
ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
PbR	Payment by Results
PCT	Primary Care Trust
PICU	Psychiatric Intensive Care Unit
PREM	Patient Reported Experience Measures
PROM	Patient Reported Outcome Measures
PSA	Public Service Agreement
PTS	Post Traumatic Stress
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QTD	Quarter to Date
RAG	Red, Amber, Green
RiO	Trusts Mental Health Clinical Information System
SIs	Serious Incidents
S BDU	Specialist Services Business Delivery Unit
SK	South Kirklees
SMU	Substance Misuse Unit
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plans
SU	Service Users
SWYFT	South West Yorkshire Foundation Trust
SYBAT	South Yorkshire and Bassetlaw local area team
TB	Tuberculosis
TBD	To Be Decided/Determined
WTE	Whole Time Equivalent
Y&H	Yorkshire & Humber
YHAHSN	Yorkshire and Humber Academic Health Science
YTD	Year to Date

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.

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