

Integrated Performance Report Strategic Overview



October 2018

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for October 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.

Summary

Quality

National Metrics



Locality

Priority Programmes

Finance/Contracts

Workforce

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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Year End Forecast	
Single Oversight Framework metric	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	
Improve people's health and reduce inequalities	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Year End Forecast	
Total number of children & young people in adult inpatient wards ⁵	0	2	2	1	3	1	0	3	3	1	2	2	1	
% service users followed up within 7 days of discharge	95%	98.2%	97.2%	98.0%	95.8%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	4	
% clients in settled accommodation	60%	80.4%	80.1%	79.7%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	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%			84.6%			Avail Jan 19	95%	
Out of area beds ²	Q1 940, Q2 846, Q3 752, Q4 658	407	268	613	730	531	282	368	437	589	384	165	1	
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community Inpatient ⁹	Community 75% Inpatient 90%						79.8%	81.1%	82.0%	82.8%	84.1%	84.5%	4	
							89.1%	90.6%	93.3%	91.2%	90.1%	91.0%	4	
Smoking Cessation - 4 week quit rate ⁸	tbc						63%		Due Jan 19				N/A	
Improve the quality and experience of care	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Year End Forecast	
Friends and Family Test - Mental Health	85%	85%	85%	85%	87%	86%	75%	82%	88%	91%	88%	89%	85%	
Friends and Family Test - Community	98%	100%	97%	97%	99%	97%	100%	98%	99%	97%	98%	100%	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	26	33	37	20	25	21	20	34	24	21	42		
Safer staff fill rates	90%	113.4%	117.1%	117.5%	115.7%	118%	120%	118%	118%	117%	116%	116%	100%	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	7	7	10	4	8	11	14	16	14	15	14		
% people dying in a place of their choosing	80%	87.5%	94.3%	84.4%	86.8%	82.8%	88.5%	92.9%	85.7%	90.0%	89.2%	90.9%	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%		Avail Jan 19			N/A	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ³	trend monitor						38.0%	39.7%	34.8%	35.6%	37.9%	37.0%	39.1%	
Improve the use of resources	Target	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Year End Forecast	
Projected CQUIN Shortfall	£4.2m	£136k	£136k	£136k	£203k	-	£160k	£252k	£379k	£379k	£261k	£204k	£204k	
Surplus/(Deficit)	In line with Plan	£551k	£635k	£1186K	£1139K	(£292k)	(£204k)	(£464k)	(£125k)	(£139k)	£424k	(£73k)	(£2026k)	
Agency spend	In line with Plan	£430k	£465k	£563K	£555K	£444k	£538k	£484k	£526k	£575k	£522k	£537k	£6.1m	
CIP delivery	£1074k	£5442k	£6157k	£6816k	£7475k	£619k	£1308k	£1981k	£2737k	£3615k	£4452k	£5234k	£9.7m	
Sickness absence	4.5%	5.1%	5.2%	5.3%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	
Aggression Management training	>=80%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	80%	
Moving and Handling training	>=80%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	80%	
Staff Turnover ⁶	10%	12.3%	12.4%	12.5%	12.6%	9.7%	8.5%	11.6%	12.4%	13.0%	12.8%	12.5%	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.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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 September 18.

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

- Safer staffing fill rates are positive overall, however some very significant local pressures remain
- Under 18 admissions to acute wards remains a concern, cross system escalation meeting is now scheduled
- Complaints turnaround falters as a result of workforce capacity
- Physical health target progress remains positive

NHSI Indicators

- The vast majority of national metrics continue to be achieved
- 7 day follow up target achieved
- 8 days occupied by children and young people in adult wards

Locality

- NHS intensive support team has completed and approved the actions from a review of the improvement action plan for IAPT in Barnsley
- Potential decommissioning of 8 forensic learning disability beds
- No out of area bed usage within adult acute services for Wakefield

Priority Programmes

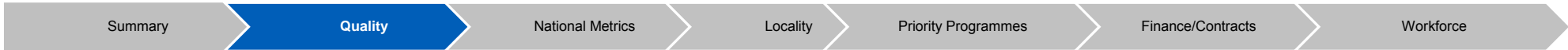
- Out of area bed pressures remain. A tender process has taken place to identify a partner to work with the Trust and its West Yorkshire commissioners on reviewing our bed management processes and assessing further areas of opportunity for improvement
- The go-live date for the implementation of SystmOne will change and is currently subject to detailed planning
- The implementation of the new model of care for eating disorders is drawing to a close

Finance

- Net deficit in month of £73k in month with an improvement in out of area bed expenditure a main factor in this performance.
- Cumulatively the deficit is now £0.9m. The underlying run rate remains adverse to the full year plan
- Agency costs of £537k in month were 26% higher than the cap and cumulatively agency spend has reached £3.6m with a full year forecast of £6.1m. The full year cap is £5.2m.
- Net pay savings of £0.6m year-to-date
- Out of area bed expenditure amounted to £232k which is the lowest monthly spend in the year. Cumulatively these costs are 28% higher than the same period in 2017/18
- Year-to-date CIP delivery of £5.2m is £0.1m above plan
- Cash balance of £22.2m is slightly lower than the September balance, but remains ahead of plan
- Financial risk rating remains at 2 given the deficit margin is slightly better than -1%.

Workforce

- Sickness absence increased to 5.7% in U&f ber and is 4.8% year-to-date
- Staff turnover is 12.5% 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 87.2% 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	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Year End Forecast Position *
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁶	Improving Health	Responsive	CH	TBC					38.0%	39.7%	34.8%	35.6%	37.9%	37.0%	39.1%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	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	13% 2/16	1
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	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	12%	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%	89%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	98%	97%	100%	98%	99%	97%	98%	100%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	74%	75%	N/A	76%	N/A		75%	N/A	N/A	71%	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	60%	64%	N/A	67%	N/A		70%	N/A	N/A	58%	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	81	113	148	64	26	109	44	27	45	48	63	N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	N/A	337				21	22	28	35	24	15		N/A
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	N/A	26				0	1	1	1	2	2	Data avail Dec 18	N/A
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	1	2	1	0	1	0	0	0	0	0		
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%	85.2%	85.6%	85.0%	84.9%	86.3%	85.8%	86.2%	88.7%	86.3%	86.4%	86.6%	4
	Un-outcome appointments ⁸	Improving Health	Effective	CH	TBC	4.3%	3.3%	2.5%	2.5%	5.4%	4.3%	4.1%	3.3%	3.2%	3.0%	3.0%	N/A
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=8	33	22	24	21	8	11	14	16	14	15	14	
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	7.5% from Sept 17	1.6%	2.3%	2.7%	3.7%	2.7%	2.1%	2.6%	2.4%	2.4%	1.5%	1.6%	4
	Number of records with up to date risk assessment	Improving Care	Effective	CH	TBC					69.3%	67.0%	66.1%	61.0%	63.0%	62.2%	Due Dec 18	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	2849	3065	2962	3441	1074	1087	1039	1164	1011	860	1065	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	15	26	22	15	30	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	3	8	9	7	2	1	1	4	0	3	7	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	12	17	24	11	0	7	4	4	2	3	5	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	18.2%	24.3%	16.5%	20.5%	19.9%	20.6%	18.4%	23.2%	22.4%	22.1%	17.8%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	109%	111.1%	114%	116.8%	118%	120%	118%	118%	117%	116%	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%	98.3%	4
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	N/A	82	92	71	98	30	29	29	26	21	30	34	N/A
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	2	1	2	2	0	0	1	0	1	0	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	CH	80%	74.7%	79.5%	77.0%	75.7%	80.0%	61.3%	75.0%	76.3%	72.7%	72.7%	88.6%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	139	139	150	181	40	40	44	43	37	52	40	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	345	424	442	589	173	211	143	192	151	134	190	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	1	0	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	CH	80%	59.3%	61.0%	64.7%	86.5%	80.9%			78.5%			Avail Jan 19	4

Summary

Quality

National Metrics

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Quality Headlines

* 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 and categorisation of incidents has been updated in the year to reflect the requirements of the General Data Protection Requirements (GDPR)
- 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 prior or post 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 190 restraints reported, this is an increase (134). Melton Suite in Barnsley reported a spike in the number of incidents during the month due to the admission of a service user with severe life threatening self-harming behaviour, coupled with aggression to others when stopped from harming self and at time, when they are under supervision. This can be multiple times daily and this service user accounts for 94% of the 60 restraints.

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 users were placed in a prone restraint and then rolled into a supine position and a 50% reduction in the use of prone restraint on beds.

- % of prone restraint with duration of 3 minutes or less - during October there were a total of 35 incidents recorded. 4 of those incidents lasted longer than 3 minutes:
 - o 2 incidents for a duration of 3 to 4 minutes which related to Wakefield psychiatric intensive care unit where due to level of aggression it was not possible to roll and then to safely exit seclusion; 1 incident attributed to Elmdale Ward in Calderdale where a patient has a care plan stating that if they needed to be restrained, they wanted to be restrained face down.

- o 1 for a duration of 9 to 10 minutes where the patient in Barnsley psychiatric intensive care unit where staff were unable to roll service user onto back due to attempts to harm staff.

- o 1 incident for a duration of 12 to 13 minutes which related to the Horizon centre where the service user was laid in the prone position on the bed in the bedroom staff were unable to change position due to limited space on the bed and surrounding area and the risk of the service user falling from the bed.

- 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 October figures are not an accurate representation as two teams have not altered the data collection date when inputting figures and the results will be attributed to November. This will obviously mean October and November data will be impacted. The Trust has undertaken the annual full prescription chart audit data collection in October which we can guarantee the accuracy of. Work will be undertaken to resolve these data input issues going forward.

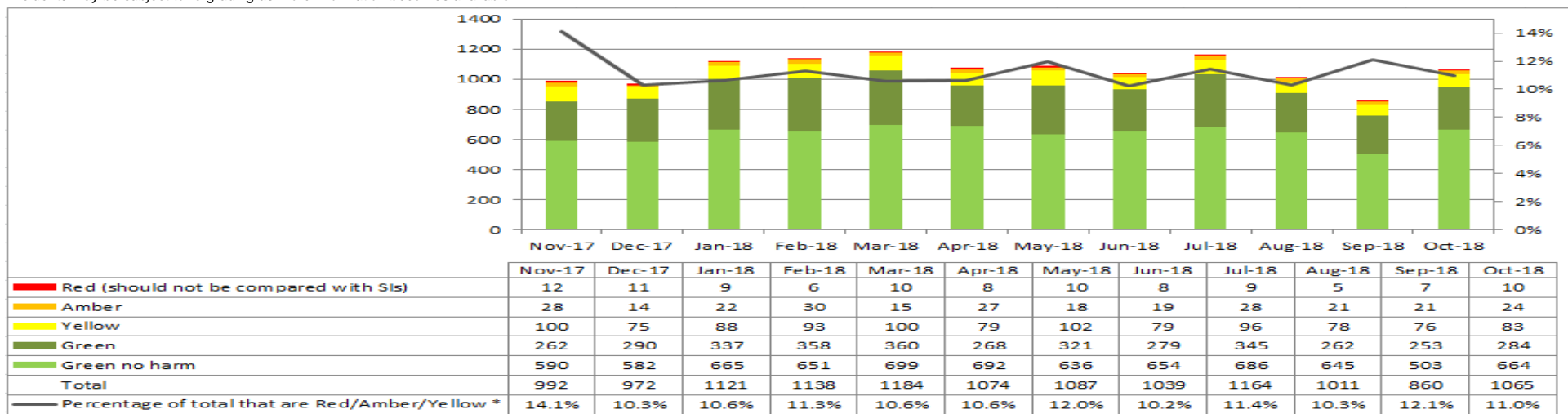
- Number of falls (inpatients) - there has been a decrease in the number of fall incidents during October, this has brought the total fall incidents in line with previous months. Falls this month have occurred in all BDUs with the exception of specialist services and the greatest number of falls are attributed to Wakefield business delivery unit. 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



* 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	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
Administration/supply of medication from a clinical area	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Formal patient absent without leave	0	0	1	0	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	1	0	0	0	1
Information disclosed in error	0	0	2	0	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	1	0	0	0	1
Lost or stolen paperwork	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Self harm (actual harm) with suicidal intent	0	0	0	0	0	1	0	0	0	0	0	0	0	1	2
Suicide (incl apparent) - community team care - current episode	4	3	5	5	2	3	1	1	3	0	2	1	0	2	25
Suicide (incl apparent) - community team care - discharged	2	1	0	1	0	0	0	0	0	2	0	1	0	0	4
Suicide (incl apparent) - inpatient care - current episode	0	0	1	1	1	0	1	0	0	0	0	0	0	0	4
Unwell/Illness	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Allegation of violence or aggression	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Physical violence (contact made) against staff by patient	1	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Physical violence (contact made) against other by patient	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Pressure Ulcer - category 3 (was grade 3)	1	1	1	1	1	0	0	0	0	1	1	0	0	0	5
Total	8	9	11	8	4	4	4	1	3	4	5	4	0	6	54

- 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 Oct 2018
- Patient safety alerts not completed by deadline of October 2018 - None

Mortality Training: Further Structured Judgement Reviewer (SJR) training is being held on 15 November 2018, and due to demand, further dates 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. This includes 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. Datix is being developed.

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Safer Staffing

Overall Fill Rates: 116%
Registered fill rate: (day + night) 98.3%
Non Registered fill rate: (day + night) 132.6%

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

BDU Fill rates - August 18 - October 18

Overall Fill Rate Unit	Month-Year		
	Aug-18	Sep-18	Oct-18
Specialist Services	101%	111%	119%
Barnsley	118%	116%	122%
C & K	105%	101%	103%
Forensic	113%	111%	113%
Wakefield	143%	148%	133%
Overall Shift Fill Rate	117%	116%	116%

The figures (%) for October 2018
Registered Staff: Days 92.8% (an increase of 4.6% on the previous month)
Nights 103.9% (an increase of 4.6% on the previous month)

Registered average fill rate: Days and nights 98.3% (an increase of 4.6% on the previous month)
Non Registered Staff: Days 130.6% (a decrease of 3.0% on the previous month)
Nights 134.7 (a decrease of 6.4 on the previous month)
Non Registered average fill rate:
Days and nights 132.6% (a decrease of 4.7% on the previous month)
Overall average fill rate all staff: 115.6% (a decrease of 0.3% on the previous month)

There has again been no ward falling below a 90% overall fill rate. Of the 31 inpatient areas listed, 23 (an increase of 2 wards on the previous month (73.6%)) achieved greater than 100%. 10 wards achieved greater than 120% fill rate.

Registered On Days (Trust total 92.8%)

There has been a decrease in the number of wards that have failed to achieve 80%, four wards in all (12.8%) compared to 6 (19.2%) in the previous month. All four wards were within the Forensic BDU, Appleton, Chippendale, Hepworth and Johnson. There were various factors cited including vacancies, sickness and supporting acuity across the BDU.

Registered On Nights (Trust total 103.9%)

No ward has fallen below the 80% threshold in comparison to 3 (9.6%) on the previous month. The number of wards which are achieving 100% and above fill rate on nights increased to 22 wards (70.4%) from the previous month. Average Fill Rates for Barnsley BDU increased by 6% to 122%. Calderdale and Kirklees BDU increased by 2% to 103%. Forensic BDU were 113%, an increase of 2%. Wakefield BDU decreased by 15% to 133%. Specialist services were 119% with an increase of 8%. Overall fill rate for the trust remained at 116%.

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.

Information Governance

There were 14 confidentiality breaches during October involving Information disclosed in error and patient healthcare record issues. This number of incidents remain constant with recent months and increased focus is being placed on effective communication. None of the incidents recorded have required reporting to the information commissioners office (ICO).

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 submitted its quarter 2 reports towards the end of October and full achievement has been confirmed in relation to the West and Barnsley clinical commissioning groups and the for the vaccination and immunisation contract with NHS England. Confirmation remains outstanding in relation to Barnsley for the Alliance contract and NHS England forensic services.

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 means 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.

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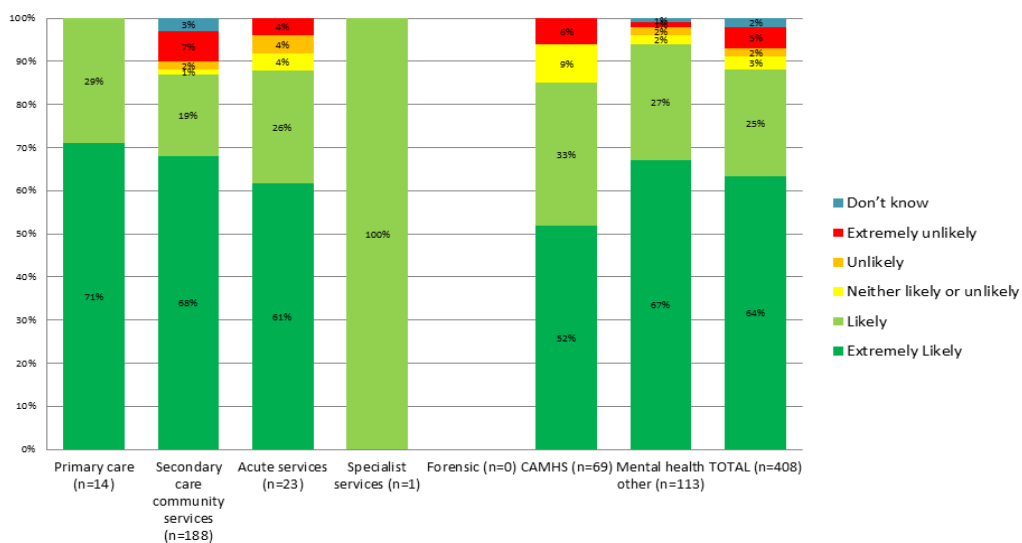
Workforce

Patient Experience

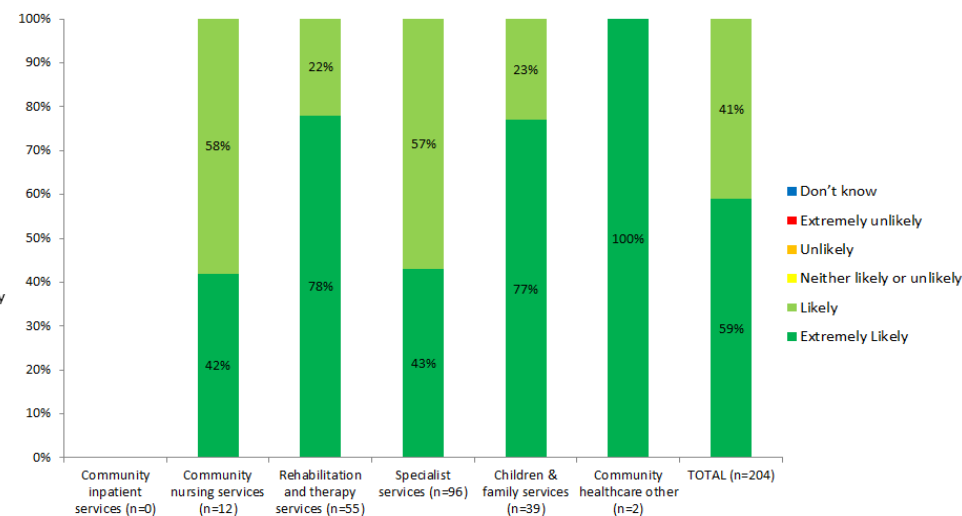
Friends and family test shows

- Community Services – 100% would recommend community services.
- Mental Health Services – 89% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 52% in child and adolescent mental health services and 71% in primary care
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Care Quality Commission (CQC)

CQC action plan

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

	Sep-18			Oct-18	
	MUST (n =18)	SHOULD (n=47)		MUST (n =18)	SHOULD (n=47)
Blue	2 (11%)	11 (24%)	Blue	2 (11.5%)	16 (34%)
Green	14 (78%)	34 (72%)	Green	13 (72%)	26 (55%)
Green Amber	2 (11%)	2 (4%)	Green Amber	3 (16.5%)	4 (22%)
Amber Red	0	0	Amber Red	0	0
Red	0	0	Red	0	0
Total	18	47	Unrated	0	1 (2%)
			Total	18	47

Blue – Action completed.

Green – On-target to deliver actions within agreed timeframes.

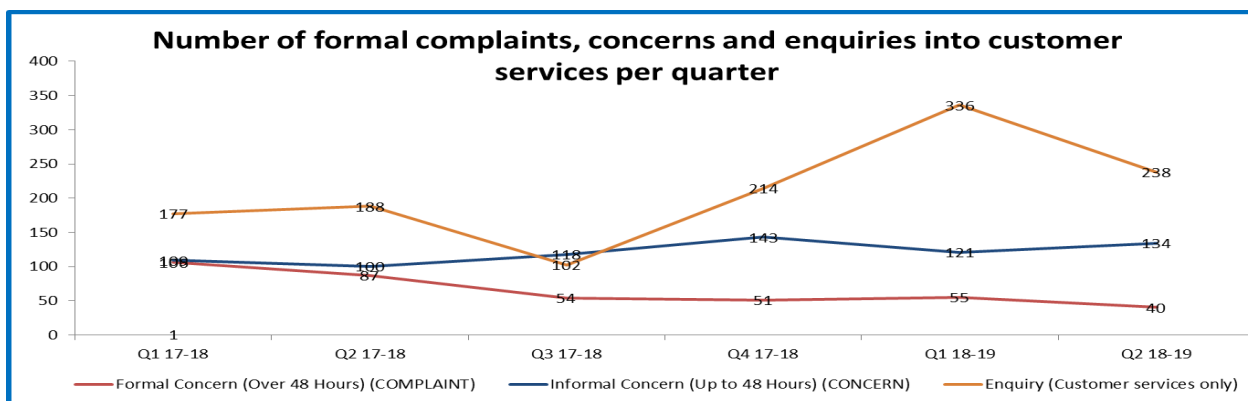
Amber Green – Off trajectory but ability/confident can deliver actions within agreed time frames.

Amber Red – Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame

Red – Actions/targets will not be delivered

- Progress continues to be made across all areas of the action plan.
- The number of Green/ Amber incidents has risen, due to the risk of timescales not been met. Where this is the case, clinical services have proved assurance that the task will be complete but not necessarily within the timescale identified. These areas are being prioritised for review to see if actions can be expedited.
- There are 7 actions that have been rated as green/amber in October, an increase of 3 from the September update.
- Forensic core service: 2 green amber actions related to 'should do actions' medical equipment and access between Ryburn and Newhaven in an emergency (interim plan is in place to mitigate risk on both these actions)
- CAMHS core service: 3 green amber actions related to 'must do actions' environmental audits, out of hours on call and referral to treatment times (plan is being actioned but with delay).
- Acute core service: 2 green amber actions, 1 'must do' action, clinical room temperatures: systems have been put in place but are not fully embedded across the acute pathway. 1 'should do' to ensure consistent recording of cancelled section 17 leave. The work is progressing, however it is a challenge to establish a trust wide definition of what cancelled section 17 leave is. Work will get completed but potentially out of timescale.
- The Clinical Governance Group continues to have oversight of the action plan and will escalate concerns accordingly.

Customer Services



Overall the number of formal complaints received into the Trust, since April 2018 continues to decline. This can be explained by an actual reduction in people making complaints and the Trusts approach to complaint management, i.e. when people contact customer services we are proactive in seeking an early resolution to the issues raised within 48 hours. In line with this, the number of concerns has increased as expected.

At the start of July 2018 there were 118 complaints open which were over the 40 day timeframe. To date there are 12 complaints open over the 40 day timeframe and 5 of these complaints are from before the new sign off process was implemented in July.

The number of general enquiries into customer services has increased overall, however we saw a decline in this quarter.

Information Commissioner's Office (ICO): The Trust currently has one complaint with the ICO regarding the lack of information provided to the requester in response to a freedom of information request.

One decision notice received stated that the Trust correctly applied section 40(2) to the information it withheld and does not require the Trust to take any steps to ensure compliance with the legislation.

Care Quality Commission (CQC): During Quarter 2 the Trust received 3 requests for information from the CQC. All requests have been responded to and information shared.

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Customer Services cont...

Risks:

- A high number of complaints are complex in nature and require through investigation to resolve the issues.
- The amount of time the customer services team have to dedicate to complaints is decreasing due to the rise in general enquiries and freedom of information requests the team are responding to.
- Resources allocated to habitual complainants.
- These factors put the opportunity to achieve the 40 target at risk.
- A number of complainants are seeking financial address from the Trust and which could cause a potential financial risk.

Safeguarding

Safeguarding Children

- Submitted information to Kirklees Safeguarding Children Board (KSCB) for scoping exercise for the death of a 4 day old baby
- Submitted information to KSCB for death of a new born baby.
- Facilitated a meeting between SWYPFT adult acute service and Locala regarding information sharing for mental health in-patient's with parenting responsibilities (health visitor and school nurse provider)
- Acting named nurse safeguarding children has attended a meeting with the mental health in families team , Kirklees, this is a unique team that has increased in staff numbers, the aim is to bridge the gap between mental health service's and children's social care, with a strong focus on the think family agenda.
- Delivered 'Seen and Heard' training to Barnsley child and adolescent mental health services (CAMHS)
- The safeguarding team attended the Health alliance group for two local authorities; this is chaired by the clinical commissioning group (CCG) designated nurse for safeguarding children.
- The safeguarding team attend and contribute to the Barnsley Safeguarding Children Board (BSCB) performance audit quality assurance meeting.
- Safeguarding nurse advisor attends the maternal mental health meeting
- Safeguarding nurse advisor has carried out a perinatal service audit
- Acting named nurse attended the domestic abuse strategic group for two localities, to represent the safeguarding adults and children team
- Parental mental health training has been delivered as part of the multi-agency training offer.
- Safeguarding team have attended the health indicators and health alliance group meetings, this is a partnership meeting chaired by the CCG.
- Safeguarding team has provided advice and support when children have been admitted to adult wards.
- Safeguarding children nurse advisor's attended the NHS England regional safeguarding event.
- Safeguarding team has participated in SWYPFT CQC quality monitoring visit.
- Acting named nurse safeguarding children has completed the Mary Seacole leadership course with the NHS England leadership academy.
- Acting named nurse safeguarding children has completed the "structured Judgement review training".
- Safeguarding team has attended professionals meeting to support frontline practitioners'.

Safeguarding Adults

- Bespoke training delivered to Barnsley palliative care team at their base
- Safeguarding training delivered to the volunteer, which the team received positive feedback
- The specialist adviser attended the domestic homicide review meeting to discuss terms of reference
- The specialist adviser for safeguarding adults met with the practice governance coach and team manager to audit the documentation of safeguarding including making safeguarding personal and capacity assessments
- Chronology information was submitted the safeguarding adult board safeguarding adult review (SAR) Panel to support panel to decide if case met criteria
- The specialist adviser undertook an audit of documentation to support a multi-agency audit of documentation
- The specialist adviser delivered safeguarding supervision to the early intervention team and provided further information / resources following session
- The specialist adviser delivered safeguarding supervision to the community learning disability team for a complex case
- The specialist adviser attended a lessons learned event action planning event
- Information for Barnsley dashboard submitted in a timely fashion
- Chronology and risk Information provided to the suicide panel in Barnsley

Infection Prevention Control (IPC)

- The infection prevention and control annual programme 2018-19 Q3 is progressing well.
- Surveillance: there has been no MRSA Bacteraemia, Clostridium difficile, or any other alert organisms, so far during the 2018/19 reporting time frame.
- 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%
- Infection prevention and control- trust wide total – 89%
- Policies and procedures remain up to date.
- The Flu campaign has commenced, as of 09/11/18 the amount of front line staff immunised is 47.8%.
- There is still reduced capacity within the team, (1 IPC nurse vacancy has been put on hold and the a period of planned long term sickness of the IPC Senior Nurse is anticipated to be resolved next week). The team continue to work with contingency arrangements.

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

- NHS Improvement Single Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The below table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. 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	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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	CH	92%	95.0%	97.4%	97.1%	97.3%	97.2%	97.1%	96.2%	97.2%	98.0%	97.1%	97.2%	4	
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	96.9%	99.6%	95.5%	98.3%	98.8%	98.9%	97.5%	97.0%	99.0%	97.6%	97.9%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	96.9%	96.7%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	97.7%	97.1%	4	
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.1%	98.3%	98.3%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	98.2%	96.8%	4	
Out of area bed days 5	Improving Care	Responsive	CH	Q1 18/19, Q2 846, Q3 752	1286	1608	531	282	368	437	589	384	165	1181	1410	1	
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	53.8%	54.0%	52.9%	57.2%	53.2%	54.0%	52.1%	47.2%	Data avail Dec 18.	54.4%	50.6%	3	
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	89.8%	90.6%	91.6%	88.0%	93.9%	93.9%	94.8%	94.0%	94.9%	91.3%	94.2%	4	
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	99.6%	100%	100%	98.7%	100%	99.7%	99.5%	99.6%	99.8%	99.4%	99.6%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	53%	89.5%	89.8%	93.5%	81.0%	70.0%	92.0%	91.4%	90.3%	94.3%	81.7%	90.3%	4	
% clients in settled accommodation	Improving Health	Responsive	CH	60%	80.2%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	79.1%	78.8%	4	
% clients in employment 6	Improving Health	Responsive	CH	10%	8.6%	9.1%	9.0%	8.7%	8.6%	8.5%	9.5%	8.9%	8.6%	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	CH													2	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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	CH	TBC	62	96	2	0	14	22	1	22	8	16	45	2	
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	5	4	1	0	3	3	1	2	2	4	6	2	
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	186	180		212			192		Due Jan 19	212	192	N/A	
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	15.1%	9.0%		15.1%			14.1%		Due Jan 19	15.1%	14.1%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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	CH	90%	98.4%	98.1%	97.4%	97.7%	97.5%	98.8%	98.5%	99.1%	98.2%	97.8%	98.8%	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	CH	99%	99.8%	99.8%	99.8%	99.9%	99.9%	99.9%	100.0%	99.9%	Data avail Dec 18	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	CH	90%	90.8%	90.6%	90.7%	90.5%	90.8%	90.5%	95.5%	95.1%	Data avail Dec 18	90.8%	95.1%	4	

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* 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%. Octobers data is not yet available but will be reported in next months report.
- During October 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 Calderdale and stayed for a total of 7 days during October. 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. 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 or two and although the month of October continues to see a decrease in the number of bed days, risk still remains that the total for the quarter will remain above 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.

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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 ongoing bank 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.
- There has been progress with recruitment as part of the clinical commissioning group (CCG) funded action plan to address the 'back-waiters' waiting lists for psychology in the community service line; with some staff expected in post before the end of the year.
- The improving access to psychological therapies (IAPT) service in partnership with the CCG has developed its outline pathway for long term conditions in line with the service specification. The service is still in transition to the new service model and is working closely with commissioners to plan and implement the roll out.

Strengths

- Management of patient flow
- Reduction of expenditure and duration of episode on 'locked-rehab' placements.
- Performance around delayed transfers of care remains consistently high
- The NHS intensive support team (IST) have undertaken their final review of the improvement action plan for IAPT and have approved the work and actions as completed. They have requested that the work on the interim pathway is written up to share with other areas as a good example. Barnsley CCG had already signed off the IST action plan as completed and new performance measures have been agreed in line with the new contract.

Challenges

- Adult community consultant vacancies and gaps continue to exert 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. This has been adversely impacted by the council staff being withdrawn from the integrated teams.
- Expected activity levels in the enhanced and core teams require re-defining following the disaggregation of social care resources.
- Assertive action is being taken to improve concordance with and the recording of appraisals for band 5s and under in each service line.

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 and concordance 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.

Barnsley BDU:

Community

Key Issues:

- Yorkshire smoke free Calderdale contract extended until March 2020
- Yorkshire smoke free Barnsley – contract runs until 31.03.19 – no information as yet regarding commissioning intentions
- Rapid access clinic – notification received to decommission from 31.3.2019. Business change document shared with staff side; consultation underway. Exit plan discussed with commissioners 19.11.18.
- Neighbourhood nursing service – information governance breach which is currently under investigation.

Strengths

- Integrated care deliver group receiving highlight reports from the 3 partnership priority areas as well as stroke.
- Neighbourhood development key workshop to be held 30.11.18
- Stroke virtual integrated working progressing at pace.
- Friends and family test results were 100% for community services (Oct 18)

Challenges

- End of life/palliative care service review to commence in new year.

Areas of Focus

- Neuro rehabilitation unit number of bed days decommissioned for Barnsley patients. Financial risks if remaining beds are not spot-purchased.
- Stroke services – integrated working underway. Transient ischaemic attack and early supported discharge task and finish groups continue along with monthly steering group. Project team meeting weekly (SWYPFT and Barnsley hospitals NHS foundation trust). High level stocktake meeting planned for January 2019, hosted by clinical commissioning group (CCG).
- CCG led frailty workshop to take place on 6.12.18.

Children's Therapy Services:

- High level of referrals into the service and waiting times are a risk. Pathways mapped and demand & capacity refreshed. Outcome of report submitted to children's commissioner awaited.

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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

- Delayed transfers of care - agreed to carry out a rapid improvement event with the clinical commissioning group, local authority and Trust services to see if we can increase the speed at which local panels can reach decisions and allocate resources.
- Reducing out of area (OOA) although adult acute ward occupancy remains high on all adult wards and across the business delivery unit (BDU). On the back of a review of BDU admissions around 60% in one month were not previously known to mental health services.
- Discussions have taken place with local authority and clinical commissioning group colleagues in each place to identify how they intend to allocate social care winter pressure money allocations. Focus was on community and social care admission avoidance, alternative crisis provision in the community and wrap around complex support packages, plus some bespoke older adult packages.

Strengths

- Strong and positive performance on mandatory training.
- Very positive personal development reviews across all bands.
- Sickness levels across the BDU performance below 4.5% target.
- Inpatient agency and bank staffing continues to reduce.

Challenges

- Adult occupancy levels (high above 98%).
- Recruitment of psychological wellbeing practitioner workers (PWP) in improving access to psychological therapies (IAPT). Plans in place to over recruit to trainee posts within current investment due to vacancy funding drift.

Areas of Focus

- Continue to improve performance in service area hotspots such as adult inpatients
- Recruitment to posts in community especially Kirklees IAPT PWP workers and consultants.
- Discharge coordinator capacity on wards to be rolled out from December to reinforce flow management.
- Adult ward nursing staff numbers to increase in line with executive management team agreement in order to improve safety and patient experience.

Forensic BDU:

Key Issues

- Potential decommissioning 8 forensic learning disability (LD) beds. Business case being developed for alliterative use of beds and financial implications being determined.
- Service review/business case as lead provider continues to progress. 3 key themes of work identified.
- LD FOLS continues to develop recruitment to initial service has commenced.
- NHS England commissioned an independent review into the forensic CAMHS service in Her Majesty's Prison/Young Offenders Institute at Wetherby and Adel Beck following concerns regarding the delivery of HSB (Harmful Sexual Behaviour) and wider service delivery issues. Visit has taken place feedback expected before the end of the month.
- Occupancy levels in medium secure above 95% but remain a concern in low secure.

Strengths

- Strong performance on mandatory training.
- Developing innovative and collaborative work in the delivery of this year's CQUINs.
- Progress being made on CQC action plans. Only action waiting to be addressed is the call system which is waiting a Trust wide response.
- Service well-being group has identified key areas of development moving forward.

Challenges

- Low secure occupancy levels well below 90%
- Recruitment of band 5 nurses (17 vacancies across the BDU).
- Reducing sickness.

Areas of Focus

- Reducing sickness.
- Continue to improve performance in service area hotspots.
- Working through action plans in a timely manner.
- More detailed analysis of agency spend to minimise increase.
- Focus on information governance breaches at all key meeting.

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Specialist BDU:

Specialist services.

- The underperformance regarding band 5 appraisal rates relates primarily to a review of administrative roles/responsibilities in CAMHS. This has now been addressed.

CAMHS

- The 2017/18 national benchmarking project report has highlighted the trust as an outlier with respect to waiting times from referral to treatment. Waiting times from referral to treatment are primarily of concern in Barnsley and Wakefield.
- There are ongoing difficulties with regard to the need to admit children and young people in crisis to adult wards. There have also been instances of children and young people being admitted to acute hospital paediatric or adult assessment wards. This system pressure relates to challenges in managing risk whilst more appropriate placements (tier 4 or secure residential) are sourced.
- An autistic spectrum condition (ASC) waiting list initiative business case has been submitted to Calderdale CCG. This will increase capacity from 6 to 14 diagnostic assessments per month for a 12 month period. There are currently 302 children and young people on the waiting list for assessment. A CCG-led Summit is being planned for December 2018 to consider a sustainable improvement plan.

Learning Disabilities

- A quality impact assessment (QIA) has been completed in relation to current vacancy levels for consideration by the Executive Management Team. The most significant presenting risks relate to psychology and speech and language therapy waiting times in Barnsley and Wakefield.
- All 8 beds at the assessment and treatment unit (Horizon) are now available. The unit had been operating at 6 beds whilst capital works were progressed. Income can now be generated in relation to the 2 spot purchase beds.
- A successful breast awareness programme has been completed in Kirklees – 35 service users accessed the programme.
- Community locality teams have implemented a strengthened process for managing post discharge reviews with evidenced improvement in performance

Wakefield BDU:

Key Issues

- The acute service line continues to experience high demand and staffing pressures leading to ongoing bank expenditure.
- Out of area beds for Wakefield service users has been maintained as nil usage and intensive work takes place to adopt collaborative approaches to care planning to build community resilience; and for presenting acute episodes, to explore all possible alternatives at the point of admission.
- The pressures of demand and capacity across the whole acute services system continue to have an adverse impact on the business delivery unit 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 leading to continued expenditure on agency medical staffing.

Strengths

- Management of patient flow and for Wakefield nil out of area bed usage.
- Care programme approach (CPA) review performance remains high.
- Recovery college courses have now been opened to under 18s starting with a transgender awareness course. Wakefield college students are involved with the co-production and co-facilitation of courses.

Challenges

- Adult community consultant vacancies and gaps continue to be a pressure leading to financial and clinical continuity challenges.
- Adult acute occupancy and acuity levels remain high.
- Expenditure on bank and agency staffing in acute services.

Areas of Focus

- Admissions and discharge flow in acute adults with an emphasis on current approach to alternatives to admission and collaborative inter-agency planning.
- 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

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This is the November priority programme update for the integrated performance report for progress on the 2018/19 Trust priorities. It therefore covers activity up to and including 31/10/18. 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 but appear elsewhere in the report.

A summary of key updates for activity conducted in September includes:

Flow and out of area beds:

Bed pressures remain in the system and there has been an increase in out of area placements through late October (which continued into November).

- Work continues toward implementing criteria led discharge across inpatient units. Wakefield business delivery unit (BDU) and Barnsley are now live and Calderdale/Kirklees will follow when discharge co-ordinators are in post.
- Activity is continuing in Calderdale and Kirklees to reduce the number of admissions. Feedback is being collected on the impact of the trusted assessor processes, testing different thresholds to access intensive home based treatment and reviewing the duty system and the out of area caseload manager in Calderdale and Kirklees has had successes in facilitating earlier discharges.
- A tender process has taken place to identify an external partner/consultancy to work closely with SWYPFT and its West Yorkshire commissioners to support the project over the coming weeks.

Clinical Record System:

- The board has approved the decision to change the go live date. We aim to confirm this date in December but the change gives us more time for detailed planning and engagement with services.
- We are working through the issues that might prevent us going live with TPP the systems supplier. Some of these have been significantly challenging but we've worked with TPP to come up with suitable solutions and we continue to work on the remaining issues.
- Our strong engagement with clinical teams has continued, involving change reference group attendees in the reviewing of clinical documentation/assessments in SystmOne.
- Training continues and so far the number of staff who are competent for go live is below what might be expected at this stage. We continue to encourage managers to organise training with their team members. We've experienced a number of did not attends (DNAs) and we're sending reminder emails before training sessions to try and stop this from happening.

Eating Disorders:

- The implementation stage of the new model of care for eating disorders is drawing to a close.
- The service is part of the new models of care being established across the country as part of NHS mental health forward view and the West Yorkshire eating disorders community service is one of eleven national early-wave pilot sites to test new approaches.
- The service builds upon the foundation of an established community services in Leeds with the aim to replicate the community treatment and outreach approach, that was working well there, in each of the delivery areas making up the west Yorkshire and Harrogate health and care partnership.
- Lead for the project, with central co-ordination, project management and leadership sitting with them, is Leeds and York Partnership NHS Foundation Trust with SWYPFT with supporting.

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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	<ul style="list-style-type: none"> The clinical commissioning group (CCG) is setting up a senior stock-take meeting to focus on the future model and the proposed detailed configuration – likely to be in mid December. SWYPFT is currently working on the future service proposal of the stroke early supported discharge (ESD) and undertaking demand and capacity modelling in advance of the stock-take meeting. Workforce planning is underway as part of pathway development. Equality impact assessment (EIA) and quality impact assessments (QIA) are still with EIA and QIAs still with Barnsley Hospital NHS Foundation Trust (BHNFT), awaiting update and sign off. Communication messages have been sent to staff to update on progress. Transient ischaemic attack (TIA) – finance colleagues have met from SWYPFT and BHNFT to review costs. Space for clinics has been identified and the target date for implementation of the new system is likely to be before the end of December. In the meantime patient care isn't being impacted. SWYPFT and BHNFT colleagues (specialist nurse, nurse consultant, senior therapists) have met to discuss how to improve patient flow. Informal meetings to continue during interim pending shared systems e.g. whiteboard etc. Information management and technology / performance milestones are to be agreed in the next period. 	Progress Against Plan	Green
		<p>Initial areas of risk include:</p> <ul style="list-style-type: none"> 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	Yellow
		<p>High level milestones:</p> <p>ESD pathway mapping - September 2018 - Complete</p> <p>TIA - move to Barnsley Hospital – before end of December 2018</p> <p>ESD - detailed operating model developed - end of November 2018</p> <p>ESD – senior meeting to be organised for December 2018</p> <p>ESD - service model agreement - January 2019</p> <p>ESD - implementation process - January to March 2019</p>		
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	<p>This priority reports bi-monthly on the IPR. The next update is due with the December 2018 IPR but the most recent update is:</p> <ul style="list-style-type: none"> 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. 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 general practice, intensive treatment units and neighbouring clinical commissioning groups. 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	Green
		No known risks identified at this time.	Management of Risk	Green
		Implementation Plan ongoing		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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 and Care Partnership (WY&HHCP) priority for improving autism and Attention deficit hyperactivity disorder (ADHD) and delivering them as one combined piece of work.	Progress Against Plan	
				No known risks identified at this time.	Management of Risk	
				Implementation Plan not yet available		
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 CAMHS			This priority programme is on track to plan against plan and therefore an overall RAG for this project of green is applied. Activities completed for the reporting period of October 2018 includes: • The single point of assessment (SPA) remains busy with an average of 6-8 referrals per week and an increase in referrals from different areas across the region which reflects the positive promotion of the service. • A recent review of the service referrals highlights the west area as being the busiest in terms of number of referrals received. • Sheffield Children's Trust is now accepting referrals • Visits to partner agencies continue with the aim in forming strong relationships, maintaining open lines of communication and to promote the service. • Positive feedback is being obtained from agencies across the region on the service. • The national clinical network meeting was attended by members of the service in October and this was reported to have been a useful and productive attendance with positive feedback around our SPA • Work is due to commence with the secure estate to create pathways around transitions and linking with the secure stairs project.	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	
				<p>The timeline chart displays key milestones for the Community Forensics CAMHS project from September 2017 to January 2019. The milestones are as follows:</p> <ul style="list-style-type: none"> Sept 17: Project Governance Agreed Oct 17: Partnership Governance Agreed Nov 17: Submission of Implementation plan Jan 18: Service Model Confirmed Feb 18: Referrals through SPA Mar 18: Stakeholder Engagement Complete Apr 18: Outcomes and Reporting Finalised Sep 18: Formal Service Launch Jan 19: Due Diligence Complete 		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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: <ul style="list-style-type: none">Forensic community mental health	In February 2018, NHS England 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: <ul style="list-style-type: none">Forensic community LD	<ul style="list-style-type: none">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 were 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 NHS England 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 have submitted in March 2018.Although SWYPFT are awaiting confirmation of funding we know that Leeds clinical commissioning group (CCG) currently hold £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: <ul style="list-style-type: none">Improving autism and ADHD	<ul style="list-style-type: none">SWYPFT is to be lead provider for the adult autism and attention deficit hyperactivity disorder (ADHD) pathways across the West Yorkshire Mental Health collaborative.Proposals are in place to combine this priority with the separate 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				

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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 is 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 Humber from April 2018. Update on progress made in this priority in October 2018 includes: • A six month contract review has been undertaken and the project is on track against plan - hence this priority has a green RAG . • The last meeting of the ODN was 19th October 2018. • Appointment of clinical lead – contract agreement is progressing with a view that the post will commence on 1st December. • Appointment of project support – to commence 10th December. • Contract with NHSE is finalised with some further discussion necessary on finance. • Quarterly North region ODN meetings are now established with the North East and the North West ODNs. • Further leads have been agreed with just one gap for the Autism LD Community Infrastructure workstream which is being currently pursued. • A sub group for service user/carer engagement has been established and will meet for the first time on 16th November. • Work continues between the project team and SWYPFT information management and technology (IM&T) to further scope the network tool 'SLACK' and agree options going forward. • Mental health act consultation document is out for feedback.			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 CAMHS	This priority reports bi-monthly on the IPR. The next update is due on the December 2018 IPR but the last update was: • Work continues in 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	• ‘New care models’ for eating disorders are being established across the country as part of NHS mental health forward view. • The west Yorkshire eating disorders community service is one of eleven national early-wave pilot sites to test new approaches. • A proposal to build upon the foundation of the established community services in Leeds (and including the service in Huddersfield) was accepted and funded by NHS England with the aim to replicate the community treatment and outreach approach that was working well in Leeds in each of the delivery areas making up the West Yorkshire & Harrogate sustainability and transformation plans (STP). [Note: there was previously no community eating disorder provision in Calderdale and Wakefield] • The project had central co-ordination, project management and leadership from Leeds and York Partnership NHS Foundation Trust with SWYPFT with supporting. • The financial case is based on minimising the requirement for out of area placements and avoiding extended lengths of stay with the aim of reducing the cost of out of area placements by £951k. • The existing community eating disorders services (Leeds and Kirklees) have been supplement by an additional investment of £810k to form the new community service. The new service went live on the 1st April 2018.			Progress Against Plan	

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Quality

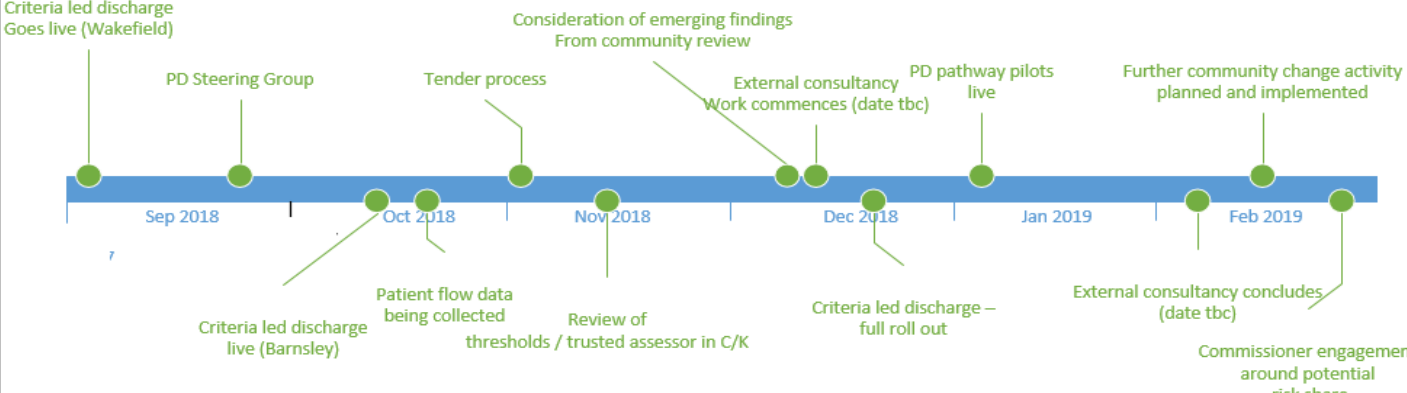
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		<p>Any implementation risks are with Leeds and do not transfer to SWYPFT. There are however a number of concerns raised about:</p> <ul style="list-style-type: none"> • Potential gaps between the new service and the previous service commissioned for Huddersfield. It's too early to be certain, but this needs monitoring in conjunction with the clinical commissioning group (CCG). • One GP practice has refused to monitor the physical health of a patient that they have argued would have been hospitalised prior to the introduction of the new model. Leeds and the Greater Huddersfield CCG are responding to this and SWYPFT medical staff have provided physical health monitoring in the interim. • Communications has been a weakness and may have contributed to some misunderstandings and dissatisfaction in both primary and secondary care. <p>Implementation plan is with Leeds</p>	Management of Risk	
Flow and out of area beds	<p>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.</p>	<ul style="list-style-type: none"> • Bed pressures remain in the system and there has been an increase in out of area placements through late October (which continued into November). • Work continues toward implementing criteria led discharge across inpatient units. Wakefield business delivery unit and Barnsley are now live and Calderdale/Kirklees will follow when discharge co-ordinators are in post (estimated to be December 2018). • Activity is continuing in Calderdale and Kirklees to reduce the number of admissions. Feedback is being collected on the impact of the trusted assessor processes, testing different thresholds to access intensive home based treatment team and reviewing the duty system. The out of area caseload manager in Calderdale and Kirklees has had successes in facilitating earlier discharges. Further change activity to be identified as part of the community transformation review. • A tender process has taken place to find an external partner/consultancy to work closely with SWYPFT and its West Yorkshire Commissioner to support the project over the coming weeks. 	Progress Against Plan	
		<p>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.</p>	Management of Risk	
				

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce	
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.		<p>This priority reports bi-monthly on the IPR. The next update is due in the December 2018 IPR but the most recent update is:</p> <ul style="list-style-type: none">• Monthly recruitment and retention steering group established and action plan in place with key stakeholders identified. <p>Summary of work in progress:</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">- Target against 10% turnover - Not on target to achieve 10% however both nursing and health care assistants 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 improvement 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 business delivery unit 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 HRD 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 and development leads.• Nursing professional leads and workforce/learning and development 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	
						Management of Risk	
						<p>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 equivalent (WTE) 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.</p> <p>Milestones from the implementation plan for this priority:</p> <ul style="list-style-type: none">• 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.	

	<p>Plan and deliver a new clinical record system which supports high quality care</p>	<p>Progress made for this reporting period:</p> <ul style="list-style-type: none"> • The board have approved the decision to change the go live date. We aim to confirm this date in December but the change gives us more time for detailed planning and engagement with services. The current thinking is that Inpatient teams could go live on Monday 25 February, followed by the rest of the services on Tuesday 5th March, so we can focus on the areas most at risk. • We are working through the issues that might prevent us going live with TPP the systems supplier. Some of these have been significantly challenging but we've worked with TPP to come up with suitable solutions. We continue to work on the remaining issues using our issues tracking log. • Our strong engagement with clinical teams has continued, involving change reference group attendees in the reviewing of clinical documentation/assessments in SystmOne. • Training continues and so far the number of staff who are competent for go live is below what might be expected at this stage. We continue to encourage managers to organise training with their team members. We've experienced a number of did not attends (DNAs) and we're sending reminder emails before training sessions to try and stop this from happening. However, 10% of the workforce have passed their competency checks, and are ready for go live. • SystmOne configuration prototypes and key clinical documentation (questionnaires and templates) were presented for acceptance at the October SystmOne Design Reference Group (September meeting was cancelled due to lack of availability of group members). Further work required in some areas, the group will reconvene on 6th December to conclude. • Configuration and documentation/assessments have been tested through the five change reference groups that are operating: Acute; Community; Forensics; LD; CAMHS. • A decision has been made that all historic data will be migrated to SystmOne from our existing system. • The fifth phase of data migration testing by the Trust has been completed. • The TPP and SWYPFT joint Go Live/Cutover approach has been agreed and operational co-production of planning has been completed to inform the cutover plans. 	<p>Progress Against Plan</p>	
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Summary

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Clinical record system

RAG rating for risk this priority remains the same as the last IPR - yellow

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 to risk 1350 REPORTING: Completeness of data during the cutover period - impact on report completeness.

- 1285 DATA MIGRATION: The data migration timetable has slipped due to adaptor build issues with the supplier (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 of the 6 week contingency currently built in the plan, following the reduction of phase 1A testing.

- 1305 CONFIGURATION: Insufficient time for system analysis to create required configuration from co-design outputs resulting in SystmOne being configured but not meeting requirements.

- 1293 INFRASTRUCTURE: Following the assessment of the infrastructure to meet the suppliers warranted environment specification, 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: 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.

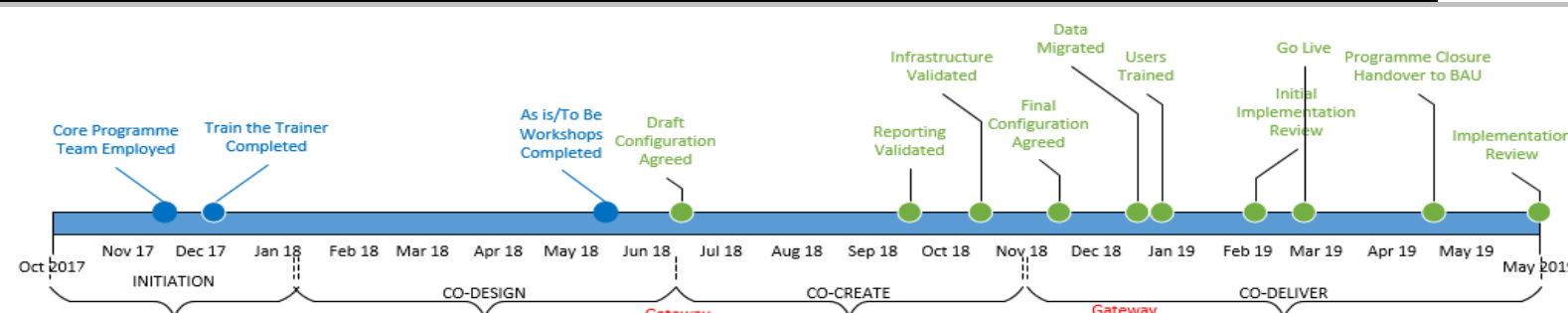
1344 RESOURCES: the team is made up from a range of temporary resources. Progress may be slower as staff leave and replacements are recruited. Costs may go up as more skilled and experienced staff is required nearer to go live.

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

1282 DATA MIGRATION: Risk of poor data quality due to transfer of data quality issues during data migration leading to loss of confidence in system and delays to Go Live Data.

Management of
Risk



Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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Older Peoples Services Transformation	Co-produce, develop and agree a new model of care for Older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.	<p>Over the summer months and into September, conversations have continued with commissioners about the older people's transformation:</p> <ul style="list-style-type: none"> • A meeting with Wakefield clinical commissioning group (CCG), including general practitioner leads and commissioners, was held in August and it was agreed that further meetings with Wakefield CCG to understand the proposals would take 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 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. <p>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.</p> <p>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.</p>	Progress Against Plan	
		<ul style="list-style-type: none"> • 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

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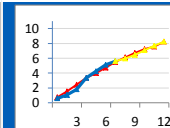
Priority Programmes

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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. This is ahead of plan. All ratings are currently at level 1 or 2.	
2	Normalised Surplus (inc STF)	(£0.9m)	(£2m)	October's financial performance is a deficit of £0.1m pre PSF (Provider Sustainability Fund). The cumulative deficit is £0.9m. This performance includes a £0.6m gain on asset disposals.	
3	Agency Cap	£3.6m	£6.1m	Agency expenditure was £0.5m in October. Year-to-date costs are £3.6m which is £0.3m (10%) above cap. Current year-end projection is to exceed our agency cap by £0.9m (17%).	
4	Cash	£22.2m	£18m	Cash reduced in-month but remains higher than plan; facilitated by the one off sale of Trust property.	
5	Capital	£5.6m	£8.2m	Expenditure year to date and forecast is in line with plan. Focus remains on completing the 2 major schemes; Fieldhead Non-Secure and the Clinical Record System.	
6	Delivery of CIP	£5.2m	£9.7m	Year to date performance is ahead of the original plan profile with a forecast gap of £0.6m to be finalised; this is a £0.1m reduction from last month. A number of schemes are due to be finalised and implemented in Q3 to close this gap further and support the overall financial position.	
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

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Contracting - Trust Board

Contracting Issues - General

Contract negotiations 2019/20 - Preparations are underway in advance of commissioners publishing their commissioning intentions.

CQUIN

Full achievement has been confirmed in relation to the West and Barnsley clinical commissioning groups. Confirmation awaited from Barnsley for the Alliance contract and NHS England.

Contracting Issues - Barnsley

A priority work programme continues in relation to embedding the new service model for core 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 autism 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 mental health investment in 2019/20 under the Five Year Forward View.

Contracting Issues - Calderdale

Key ongoing work streams relate to expansion of improving access to psychological therapies (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 improving access to psychological therapies (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

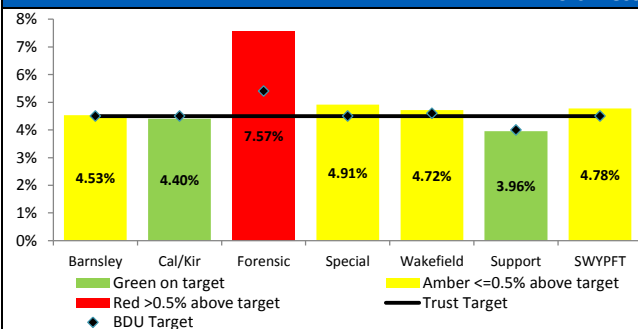
The contract for move more Doncaster is being extended for a further 12 months to March 2020

The contract for tier 3 weight management services in Barnsley is being extended to March 2020

Workforce

Human Resources Performance Dashboard - October 2018

Sickness Absence

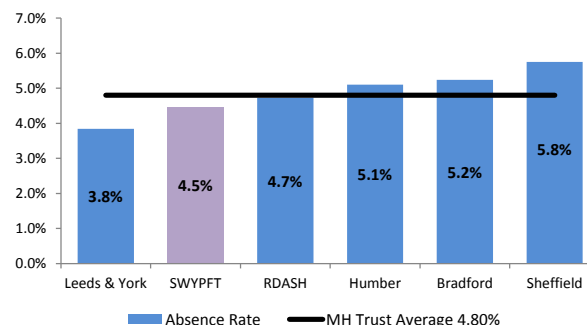


Current Absence Position and Change from Previous Month - Oct 2018

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	6.6%	4.6%	8.2%	7.1%	5.0%	3.9%	5.7%
Change	↑	↑	↓	↑	↓	↔	↑

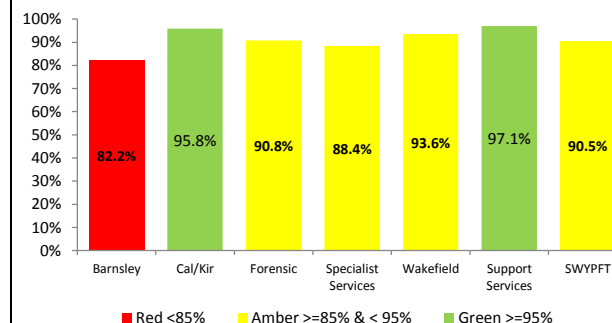
The Trust YTD absence levels in October 2018 (chart above) were above the target at 4.78%.

The YTD cost of sickness absence is £3,322,700. If the Trust had met its target this would have been £3,128,065, saving £194,635.



The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2018 to July 2018. During this time the Trust's absence rate was 4.46% which is below the regional average of 4.8%.

Appraisals - All Staff

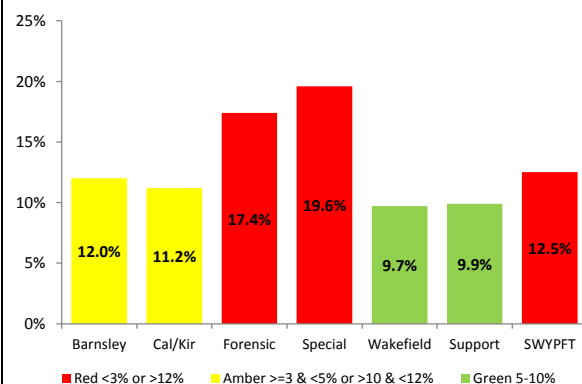


The above chart shows the appraisal rates for all staff to the end of October 2018.

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.

The inclusion of appraisals for Band 5 and below from September has resulted in an overall drop in the percentages achieved.

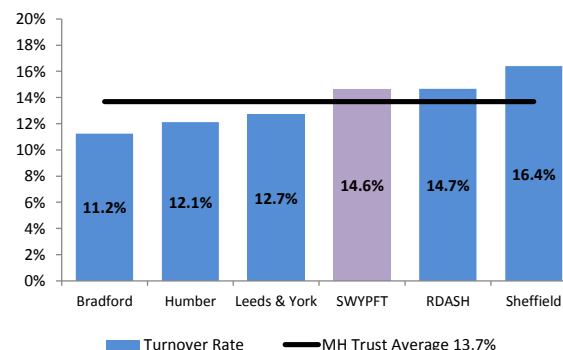
Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of October 2018.

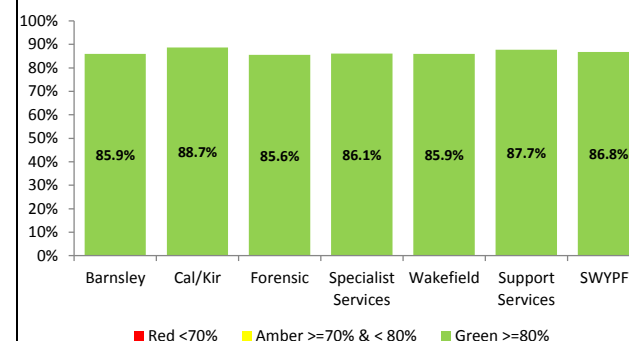
Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.

*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 July 2018. The turnover rate shows the percentage of staff leaving the organisation during the period. This is calculated as: leavers/average headcount. SWYPFT figures exclude decommissioned service changes.

Fire Training Attendance



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

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Workforce - Performance Wall

Trust Performance Wall																	
Month	Objective	CQC Domain	Owner	Threshold	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.0%	5.0%	5.1%	5.2%	5.3%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.2%	5.6%	5.8%	6.2%	6.0%	4.9%	4.4%	4.4%	4.4%	4.7%	4.8%	5.1%	5.7%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	92.7%	97.6%	98.1%	97.9%	97.8%	97.8%	7.3%	26.1%	72.2%	87.7%	92.8%	95.0%	95.8%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	82.7%	95.5%	95.7%	95.9%	95.9%	96.0%	0.8%	2.8%	9.4%	21.6%	48.1%	78.6%	87.2%
Aggression Management	Improving Care	Well Led	AD	>=80%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	72.8%	75.4%	76.6%	77.0%	78.5%	81.4%	82.3%	84.0%	84.5%	84.8%	83.3%	81.6%	80.1%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	80.7%	82.3%	82.5%	83.8%	85.3%	85.1%	85.6%	85.5%	85.8%	85.9%	86.0%	85.8%	85.8%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	85.4%	87.0%	86.9%	88.3%	88.9%	88.5%	89.0%	89.8%	89.7%	89.8%	90.1%	89.8%	90.2%
Fire Safety	Improving Care	Well Led	AD	>=80%	82.8%	83.3%	82.4%	83.8%	84.6%	85.4%	85.3%	86.8%	86.6%	86.6%	87.4%	86.3%	86.8%
Food Safety	Improving Care	Well Led	AD	>=80%	76.2%	78.4%	78.6%	79.3%	77.8%	77.2%	76.2%	77.2%	77.5%	80.8%	81.9%	81.7%	81.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	81.8%	83.2%	83.2%	85.0%	86.5%	86.8%	87.0%	87.3%	87.3%	87.8%	88.5%	89.1%	89.3%
Information Governance	Improving Care	Well Led	AD	>=95%	86.2%	85.9%	83.8%	89.2%	95.7%	96.5%	92.4%	92.7%	92.1%	91.9%	92.2%	92.1%	92.3%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	88.9%	90.3%	91.1%	91.0%	91.1%	90.7%	91.1%	91.4%	91.3%	92.2%	91.7%	90.9%	91.4%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	83.4%	84.7%	86.6%	86.4%	86.0%	84.7%	85.7%	86.8%	86.5%	88.1%	87.3%	85.9%	85.8%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	64.7%			86.5%			78.4%			77.3%			Due Jan 19
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	86.3%	87.4%	87.8%	89.0%	89.8%	89.9%	90.0%	91.0%	91.3%	91.7%	91.7%	91.5%	92.1%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	84.1%	85.4%	85.1%	86.7%	87.5%	87.8%	88.4%	88.6%	89.4%	90.1%	90.4%	90.0%	90.4%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	92.9%	93.4%	93.3%	93.8%	94.3%	93.4%	94.4%	95.1%	94.9%	95.8%	95.2%	94.6%	94.6%
Bank Cost	Improving Resources	Well Led	AD	-	£545k	£534k	£534k	£604k	£655k	£907k	£557k	£603k	£768k	£646k	£730k	£845k	£615k
Agency Cost	Improving Resources	Effective	AD	-	£515k	£531k	£430k	£465k	£563k	£555k	£444k	£538k	£484k	£526k	£566k	£522k	£537k
Overtime Costs	Improving Resources	Effective	AD	-	£7k	£10k	£8k	£11k	£13k	£6k	£8k	£13k	£5k	£11k	£5k	£8k	£4k
Additional Hours Costs	Improving Resources	Effective	AD	-	£44k	£50k	£39k	£34k	£24k	£23k	£29k	£15k	£23k	£31k	£32k	£29k	£30k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£547k	£550k	£594k	£633k	£532k	£483k	£430k	£449k	£420k	£461k	£469k	£504k	£584k
Business Miles	Improving Resources	Effective	AD	-	291k	265k	305k	271k	275k	230k	274k	264k	259k	291k	269k	279k	267k

¹ - this does not include data for medical staffing.

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Workforce - Performance Wall cont...

Mandatory Training Compliance at 31 October 2018

Green Compliance Status:

- Aggression Management – 82.25% no significant change from last month.
- Aggression Management / Physical Interventions – Clinical Level 2 – 88.05%
- Aggression Management / De-escalation and Breakaway – Clinical Level 1 – 78.33%
- Aggression Management / Personal Safety and Breakaway – Non Clinical Level 2 – 78.95%

A review is currently taking place of the staff that are currently required to complete the Aggression Management / Personal Safety and Breakaway - Non Clinical Level 2, as some staff roles could complete their training via elearning instead of attending a classroom training session. The review of this has enabled the reconfiguration of some planned Aggression Management / Personal Safety and Breakaway Non Clinical Level 2 classroom sessions being changed to the Aggression Management / De-escalation and Breakaway – Clinical Level 1 training to allow further training availability for staff.

- Cardio Pulmonary Resuscitation – 80.07% 1.5% decline in compliance from last month.
- Cardiopulmonary Resuscitation – Immediate Life Support – 83.21%
- Cardiopulmonary Resuscitation – Basic Life Support – 79.58%
- Clinical Risk – 85.80% no significant change in compliance from last month.
- Equality and Diversity – 90.15% no significant change in compliance from last month.
- Fire Safety – 86.82% no significant change in compliance from last month.
- Fire Safety – Ward based staff – 84.9%
- Food Safety – 81.93% no significant change in compliance from last month.
- Food Safety – Level 4 – 100%
- Food Safety – Level 3 – 92.86%
- Food Safety – Level 2 – 81.86%
- Food Safety – Level 1 – 80.99%

All training levels have achieved 'green' status this month and the review of Food Safety training is now complete, with the introduction of an e-learning package for staff required to complete Food Safety Level 1 training.

- Infection Control and Hand Hygiene – 89.29% no significant change in compliance from last month.
- Infection, Prevention and Control – 88.76%
- Hand Hygiene – 90.99%
- Mental Capacity Act – 91.42% no significant change in compliance from last month.
- Mental Capacity Act / Deprivation of Liberty Safeguards – Clinical – 87.97%
- 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.

Medical staff have an annual refresher available to them through the JAPS programme

- Mental Health Act – 85.79% no significant change in compliance from last month.
- Mental Health Act – Registered Clinical Mental Health – Inpatient – 83.78%
- Mental Health Act – Registered Clinical Mental Health – Community – 88.43%
- Mental Health Act – Non Registered Clinical Inpatient and Community – 82.66%

An e-learning course is being developed for refresher training for all clinical staff.

Medical staff have an annual refresher available to them through the JAPS programme

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Workforce - Performance Wall cont...

Green Compliance Status continued:

- Moving and Handling – 87.30% no significant change in compliance from last month.
- Moving and Handling – Level 2 – 72.85%
- Moving and Handling – Level 1 – 89.69%
- Safeguarding Adults – 92.12% no significant change in compliance from last month.
- Safeguarding Adults Level 2 – 91.47%
- Safeguarding Adults Level 1 – 93.53%
- Safeguarding Children – 90.41% no significant change in compliance from last month.
- Safeguarding Children – Level 3 – 85.71%
- Safeguarding Children – Level 2 – 91.19%
- Safeguarding Children – Level 1 – 93.89%
- Sainsbury's Tool – 94.56% no significant change in compliance from last month.

Amber Compliance Status:

- Data Security Awareness Level 1 (formally IG) – 92.30% no significant change on last month.

Red Compliance Status:

No mandatory training subjects were in red compliance for this period.

Sickness

- The current rate of 4.8% 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.
- The trust has seen an in month increase of sickness to 5.7%, this has increased the year to date position to 4.8% (0.1% increase on last month).
- All BDUs saw in in month increase in sickness during October with the exception of support services, where the monthly sickness level remained the same as September. Wakefield BDU saw a decrease in sickness levels during the month.
- In preparation for the winter period the Trust continues to promote flu vaccinations for frontline staff. The current uptake for frontline staff is 52.6% and the target is 75% by December 2018.

Publication Summary

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

Statistics on NHS Stop Smoking services in England: April 2018 to June 2018

NHS workforce statistics: July 2018

NHS sickness absence rates: April to June 2018

Diagnostic imaging dataset: June 2017 to June 2018

NHS Improvement providers bulletin: 24 October 2018:

- Changes to measurement of seven day hospital services (7DS)
- Updated care hours per patient day (CHPPD) guidance for mental health and community trusts
- Develop knowledge and skills in demand and capacity modelling
- Join our Transformational Change through System Leadership (TCSL) programme
- Model Mental Health Trust and Model Community Health Trust masterclass: an introduction
- Updates from our partners

NHS Improvement provider bulletin: 31 October 2018:

- System response to quality concerns in providers
- Workforce deployment systems launch: e-rostering and e-job planning
- Nutrition and pressure ulcers WebEx

NHS Improvement provider bulletin: 7 November 2018:

- Support the Stop the Pressure campaign to help prevent pressure ulcers
- Have your say — online consultation on our guide to deploying nursing associates
- Mandatory cost collection in 2019: what you need to know
- Pharmacy and medicines optimisation: a toolkit for winter 2018/19
- Updates from our partners

NHS Improvement provider bulletin: 14 November 2018:

- Patient Safety Alert: management of life threatening bleeds from arteriovenous fistulae and grafts
- Lessons learned from contract dispute resolution
- Resources supporting delayed transfers of care
- Guide to MP engagement for NHS providers
- 25 trusts accredited as Veteran Aware
- Updates from our partners

Psychological therapies: reports on the use of IAPT services, England: August 2018

Provisional monthly hospital episode statistics for admitted patient care, outpatient and accident and emergency data: April–September 2018

Out of area placements in mental health services: August 2018

Monthly hospital activity data: September 2018

Mental health community teams activity: quarter ending September 2018

Direct access audiology waiting times: September 2018

Learning disability services monthly statistics: assuring transformation, October 2018; mental health statistics data set, August 2018



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 7
(2018 / 19)
Appendix 1**



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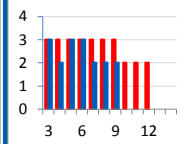
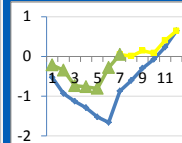
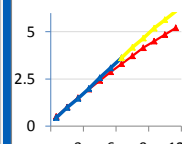
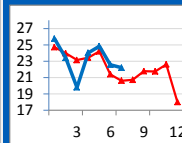
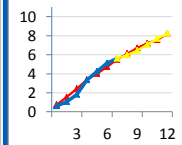
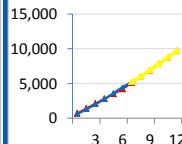
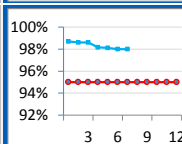


With **all of us** in mind.

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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. This is ahead of plan. All ratings are currently at level 1 or 2.	
2	Normalised Deficit (excl PSF)	(£0.9m)	(£2m)	October's financial performance is a deficit of £0.1m pre PSF (Provider Sustainability Fund). The cumulative deficit is £0.9m. This performance includes a £0.6m gain on asset disposals.	
3	Agency Cap	£3.6m	£6.1m	Agency expenditure was £0.5m in October. Year-to-date costs are £3.6m which is £0.3m (10%) above cap. Current year-end projection is to exceed our agency cap by £0.9m (17%).	
4	Cash	£22.2m	£18m	Cash reduced in-month but remains higher than plan; facilitated by the one off sale of Trust property.	
5	Capital	£5.6m	£8.2m	Expenditure year to date and forecast is in line with plan. Focus remains on completing the 2 major schemes; Fieldhead Non-Secure and the Clinical Record System.	
6	Delivery of CIP	£5.2m	£9.7m	Year to date performance is ahead of the original plan profile with a forecast gap of £0.6m to be finalised; this is a £0.1m reduction from last month. A number of schemes are due to be finalised and implemented in Q3 to close this gap further and support the overall financial position.	
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

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.

Area	Weight	Metric	Actual Performance		Plan - Month 7	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.3	2	1.7	3
	20%	Liquidity (Days)	21.3	1	19.0	1
Financial Efficiency	20%	I & E Margin	0.0%	2	-1.4%	4
Financial Controls	20%	Distance from Financial Plan	0.7%	1	0.0%	1
	20%	Agency Spend	9.6%	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 (incl PSF) has moved to a surplus position and as such the risk rating has reduced from level 3 to level 2. Focus during Quarter 3 is on improving that Capital Service Capacity metric. A 1 here would lead to a 1 overall (the best possible score).

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.

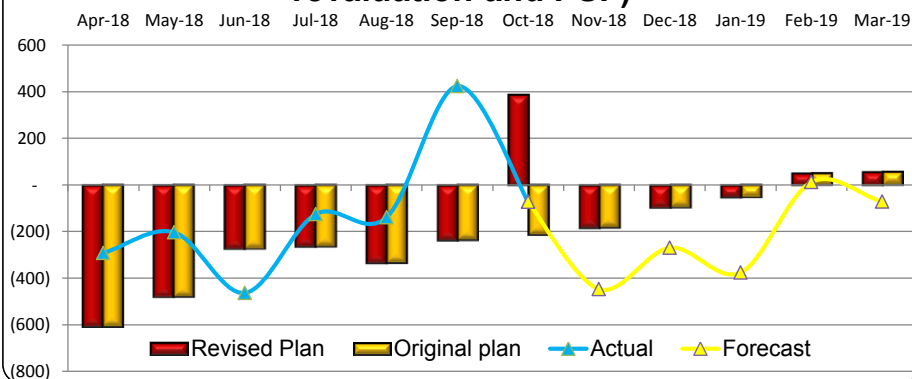
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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

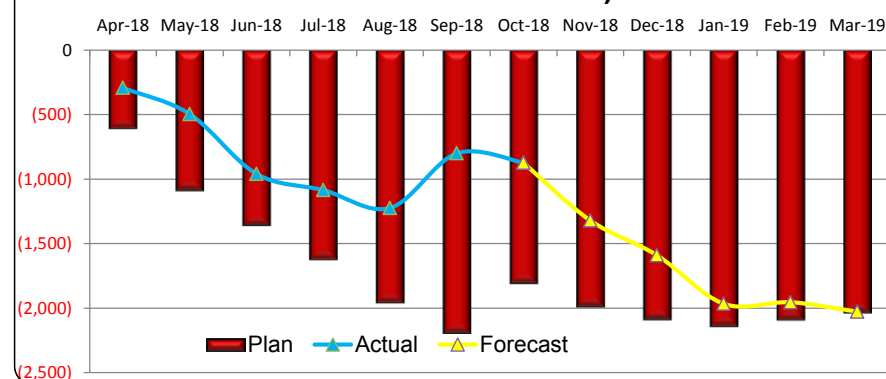
Agency Cap - A cap of £5.2m has been set for the Trust in 2018 / 2019. This metric compares performance against this cap.

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
				16,728	16,684	(44)	Clinical Revenue	117,245	117,354	109	200,710	200,977	266
				16,728	16,684	(44)	Total Clinical Revenue	117,245	117,354	109	200,710	200,977	266
				1,125	1,159	34	Other Operating Revenue	7,764	8,034	270	13,096	13,265	169
				17,854	17,843	(10)	Total Revenue	125,009	125,388	379	213,807	214,242	435
4,085	3,995	(90)	2.2%	(14,051)	(13,819)	232	Pay Costs	(98,136)	(97,476)	660	(168,033)	(167,328)	706
				(3,513)	(3,417)	96	Non Pay Costs	(24,386)	(24,916)	(530)	(41,314)	(41,166)	148
				275	88	(188)	Provisions	577	901	324	2,267	895	(1,372)
				600	0	(600)	Gain / (loss) on disposal	600	654	54	600	654	54
4,085	3,995	(90)	2.2%	(16,688)	(17,148)	(460)	Total Operating Expenses	(121,345)	(120,837)	508	(206,481)	(206,945)	(464)
4,085	3,995	(90)	2.2%	1,165	695	(470)	EBITDA	3,664	4,551	887	7,326	7,297	(29)
				(472)	(490)	(17)	Depreciation	(3,316)	(3,340)	(25)	(5,671)	(5,784)	(112)
				(310)	(294)	16	PDC Paid	(2,173)	(2,154)	19	(3,726)	(3,625)	101
				4	15	11	Interest Received	26	70	44	45	85	40
4,085	3,995	(90)	2.2%	386	(73)	(459)	Normalised Surplus / (Deficit) Excl PSF	(1,799)	(873)	926	(2,026)	(2,026)	0
				407	407	0	PSF (Provider Sustainability Fund)	922	922	0	2,670	2,670	0
4,085	3,995	(90)	2.2%	793	334	(459)	Normalised Surplus / (Deficit) Incl PSF	(876)	50	926	644	644	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,085	3,995	(90)	2.2%	793	334	(459)	Surplus / (Deficit)	(876)	50	926	644	644	0

Trust Monthly I & E Profile (Excluding revaluation and PSF)



Trust Cumulative I & E Profile (Excluding revaluation and PSF)



October 2018 financial performance was a deficit of £73k. The recurrent run rate remains a concern.

Update to plan

The planned position has been updated at month 7 as agreed by Trust board to reflect the one-off £0.6m gain on the disposal of Trust properties. This is a challenging target but if achieved will enable access to an additional £1.2m PSF monies through the 2:1 incentive scheme. The Trust has agreed a revised total of £2.0m deficit (pre Provider Sustainability Funding PSF) for 2018/19 and a surplus of £644k including PSF.

Month 7

The October position is a pre PSF deficit of £73k and a post PSF surplus of £334k. The normalised year-to-date position is a pre PSF deficit of £873k, which whilst favourable to plan, demonstrates an underlying run rate which requires improvement to return to a financial surplus position.

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 7 income is £44k less than plan, a full breakdown 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 October pay underspent by £232k. Bank costs have fallen from the unprecedented high in September and are in line with previous months. Year to date bank nursing accounts for 80% of bank expenditure of which 66% 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 is underspent by £96k in October. Out of area usage and spend remains higher than planned with actual spend of £242k in-month and is £3.3m cumulatively, the last two months data shows a month on month reduction in out of area usage across the Trust. More details are included within the Out of Area focus page. Drugs costs remains a pressure, overall spend has reduced from 2017/18 however this is primarily due to decommissioning of services, a year on year comparison of current services shows a marginal increase in costs.

Forecast

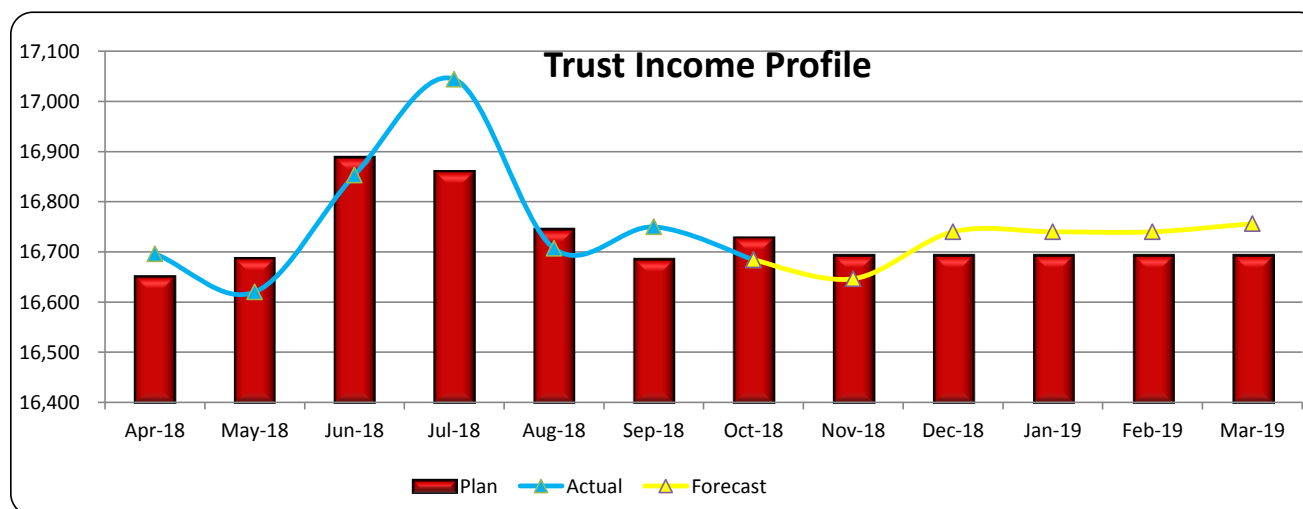
The Trust is currently forecasting to achieve a challenging revised year-end outturn of £2.0m deficit. Achievement of this position would enable access to a minimum of £2.7m PSF which will support the Trust's cash position and capital programme.

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 return to a sustainable position. A financial sustainability plan is under development.

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	11,872	11,846	11,935	11,935	11,935	11,933	144,211	151,142
Specialist Commissioner	1,946	1,946	1,946	1,946	1,872	1,931	2,035	1,946	1,946	1,946	1,946	1,946	23,356	23,661
Alliance	1,053	1,105	1,079	1,079	1,270	1,270	1,257	1,266	1,270	1,270	1,270	1,288	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	561	614	614	614	614	614	7,194	6,838
Other	558	567	543	543	560	579	542	559	559	559	559	559	6,685	6,981
Total	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,646	16,740	16,740	16,740	16,756	200,977	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 slightly decreased in October 2018 due to:

Reduction in commissioned activity for NRU beds. Action plans continue to be developed for alternative sale or use of these beds.

The income position with CCGs will be subject to a NHS Improvement co-ordinated triangulation exercise during November 2018. This will ensure that both provider and commissioner assumptions are aligned ahead of year end and provide a means for resolving any differences. Continued close working relationships will ensure this exercise runs smoothly.

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.

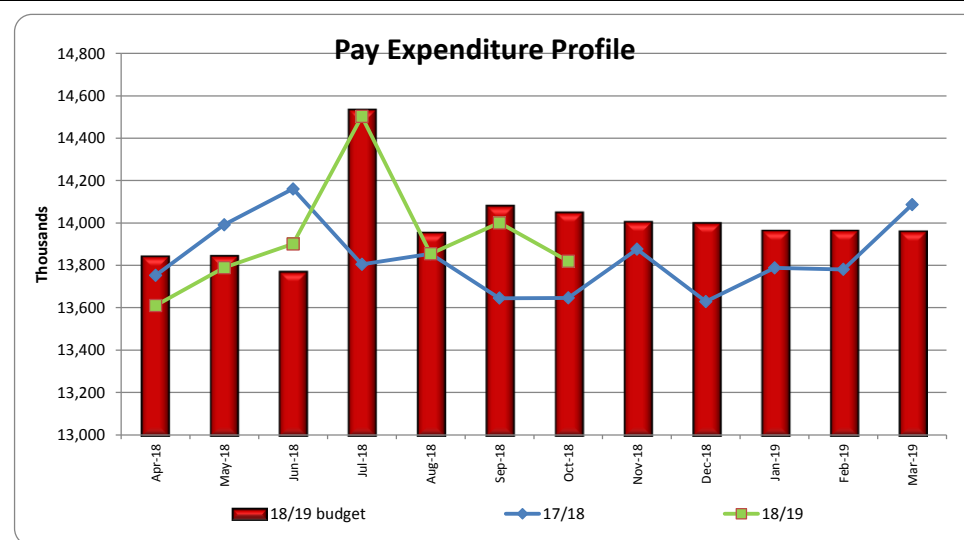
The Trust workforce strategy was approved by Trust board during 2017 / 18 with the strategic workforce plan approved in March 2018.

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 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	12,647						88,837
Bank & Locum	571	652	839	687	749	878	635						5,012
Agency	444	538	484	526	575	522	537						3,627
Total	13,610	13,789	13,901	14,503	13,854	14,000	13,819	0	0	0	0	0	97,476
17/18	13,752	13,992	14,161	13,804	13,854	13,645	13,646	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%	4.6%						5.1%
Agency as %	3.3%	3.9%	3.5%	3.6%	4.2%	3.7%	3.9%						3.7%

Year to Date Budget v Actuals - by staff group						
	Budget £k	Substantive £k	Temp £k	Agency £k	Total £k	Variance £k
Medical	12,804	10,418	234	2,003	12,655	149
Nursing Registered	35,382	30,713	1,555	320	32,588	2,794
Nursing	10,384	9,886	2,515	853	13,254	(2,870)
Other	23,357	23,334	322	423	24,079	(722)
Corporate Admin	0	0	0	0	0	0
BDU Admin	16,155	14,486	387	28	14,900	1,254
Total	98,081	88,837	5,012	3,627	97,476	605

Year to date Budget v Actuals - by service						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	41,849	37,114	845	2,402	40,361	1,487
Inpatient	25,037	21,694	3,594	1,120	26,408	(1,371)
BDU Support	3,986	3,676	78	0	3,754	232
Community	11,871	11,598	222	100	11,920	(49)
Corporate	15,339	14,755	274	5	15,034	306
Total	98,081	88,837	5,012	3,627	97,476	605



Key Messages

The YTD overspend on inpatient services (excluding forensics) is £1.4m. 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 October.

The overspend on inpatient areas is offset by underspends across all other service areas, more noticeably in mental health community (£1.5m) and corporate services (£0.3m). In mental health community services there are currently 159 vacancies, 61 are filled by temporary staffing leaving 98 posts vacant or covered by other staff. Corporate services have 54 vacancies of which 13 are filled by bank.

Bank expenditure in September (£878k) was the highest reported in year, in October expenditure has reduced and is line with previous months. Inpatient nursing bank spend totalled £444k (70%) in month and £3.3m YTD (66%). The highest levels of bank spend continue to be on Nostell, Walton and Forensic women's services.

Year to date medical staffing is underspent by £149k, and is running with 45 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.

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

Year to date expenditure is 10% 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.

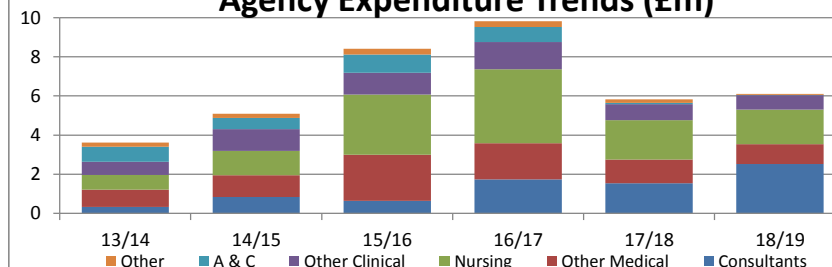
At month 7 agency spend is £537k, 26% above cap. The average monthly agency spend is £49k higher than the same period in 2017/18 with increased spend on agency consultants. Compared to last year on average there are 2 additional agency consultants each month with an average hourly rate 10% higher than the previous year. Overall the year to date expenditure is 10% above cap.

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

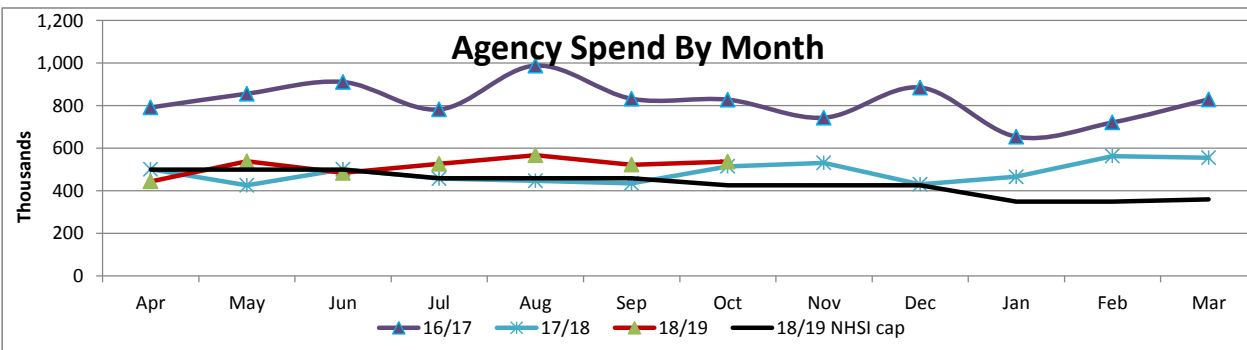
Agency expenditure is subject to detailed scrutiny at all levels within the Trust. Plans continue to be progressed to reduce this level of expenditure. The Trust continues to report agency usage to NHS Improvement on a weekly basis.

Bank staff expenditure in October of £635k is £243k lower than September partly due to 5 weeks bank included within September and 4 weeks expenditure included in October.

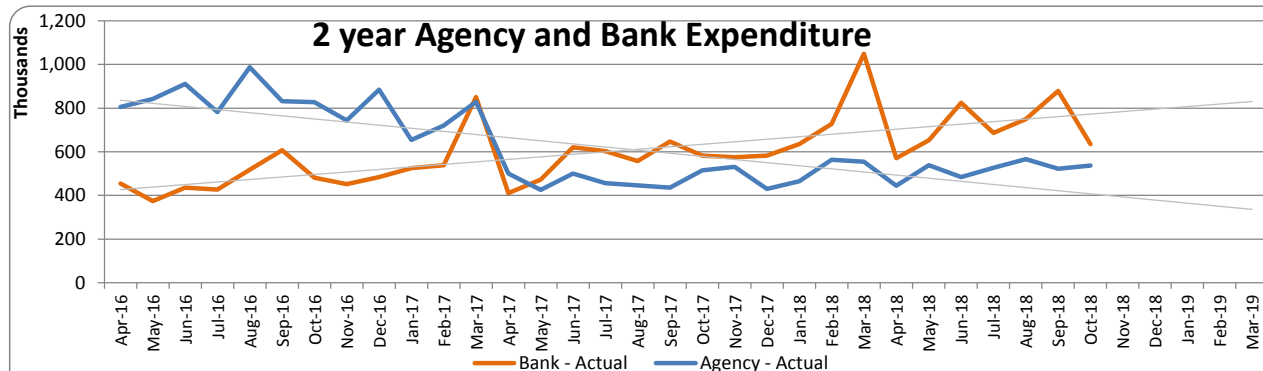
Agency Expenditure Trends (£m)



Agency Spend By Month



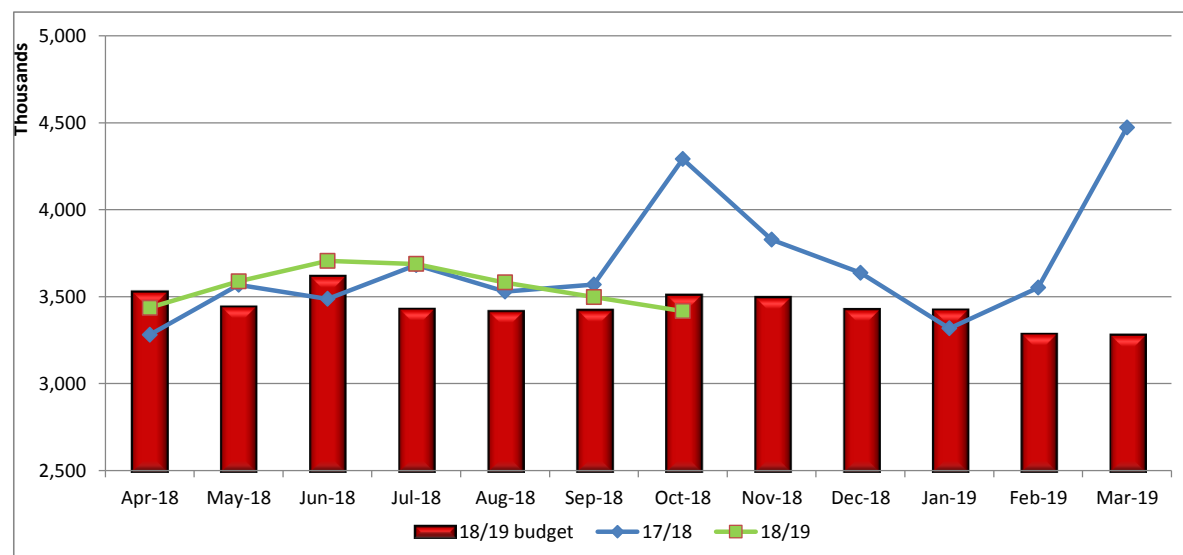
2 year Agency and Bank Expenditure



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	3,417						24,916
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 £k	Actual YTD £k	Variance £k
Non Pay Category	£k	£k	£k
Clinical Supplies	1,598	1,744	(145)
Drugs	1,692	2,011	(319)
Healthcare subcontracting	2,859	3,921	(1,062)
Hotel Services	1,081	1,065	16
Office Supplies	2,932	2,563	369
Other Costs	2,724	2,455	269
Property Costs	3,939	3,920	19
Service Level Agreements	3,548	3,495	54
Training & Education	410	339	71
Travel & Subsistence	2,191	1,907	283
Utilities	642	693	(51)
Vehicle Costs	769	802	(34)
Total	24,386	24,916	(530)
Total Excl OOA and Drugs	19,834	18,984	850



Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £1.1m. As a fluctuating pressure the out of area focus provides further details on this.

Drugs expenditure is the second highest overspend category. As at October 2018 this is £319k 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 (£)

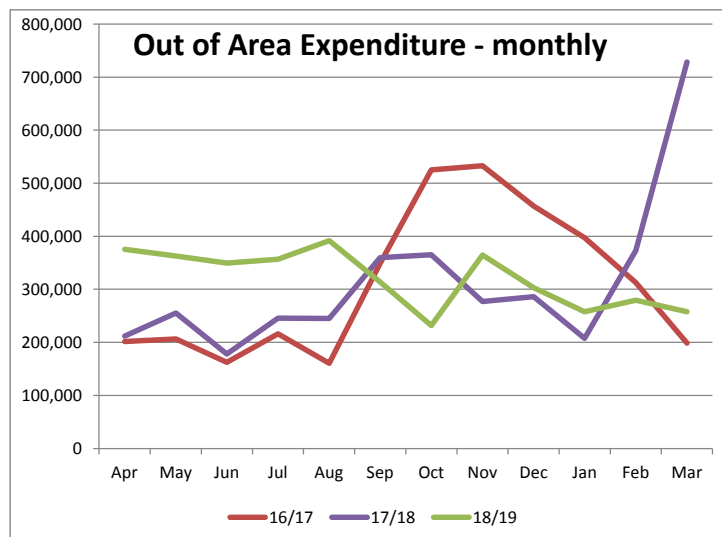
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232						2,382

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	449	242						3,254

Bed Day Information 2018 / 2019 (by category)

PICU	316	207	142	91	76	30	48						910
Acute	278	157	258	348	542	407	128						2,118
Gender	13	10	12	62	51	12	66						226
Total	607	374	412	501	669	449	242						3,254



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 October is 46% less than in September; demand in October is at its lowest level since August 2016.

Trend analysis shows that demand over the winter months increases by circa 50% however there is confidence that criteria led discharge (improving patient flow) will continue to mean patients from Wakefield are not sent out of area and the number of patients being sent out from Calderdale and Kirklees can be reduced. It is also expected that the introduction of discharge coordinators in Calderdale and Kirklees will also support a reduction in out of area placements.

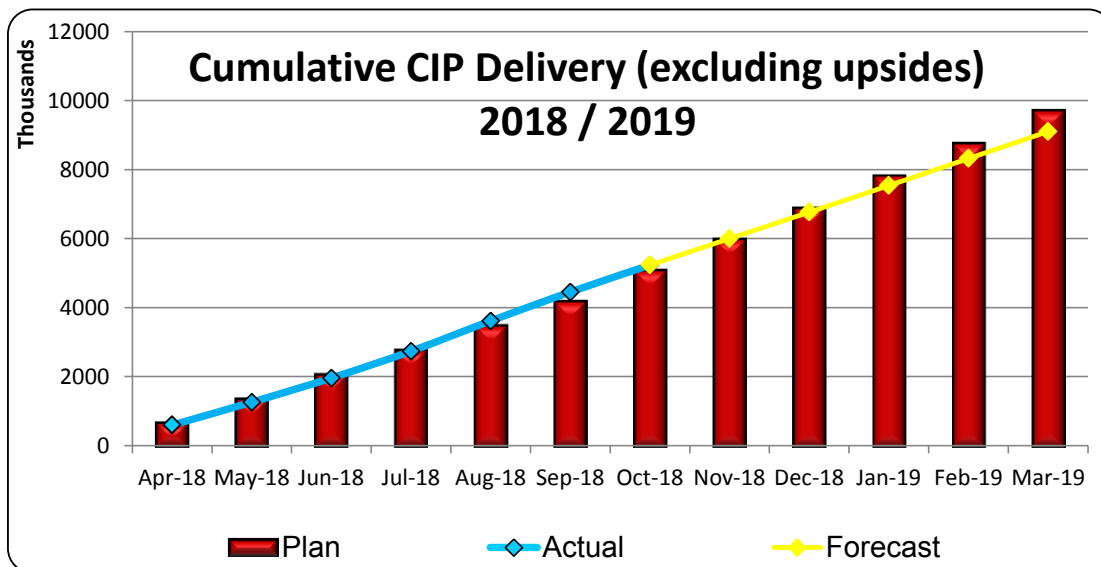
The out of area project board is reviewing and benchmarking community staffing models across the districts and reviewing metrics to improve information to services.

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	5,100	9,701

Delivery as originally planned	555	1,136	1,699	2,259	2,827	3,394	3,975	4,557	5,139	5,734	6,339	6,944	3,975	6,944
Mitigations - Recurrent & Non-Recurrent	39	124	260	478	788	1,058	1,259	1,445	1,628	1,805	1,983	2,160	1,259	2,160
Mitigations - Upside schemes									150	300	450	596	0	596
Total Delivery	595	1,260	1,959	2,737	3,615	4,452	5,234	6,003	6,917	7,839	8,772	9,701	5,234	9,701

Variance	(96)	(122)	(132)	(61)	114	249	134	5	22	16	10	0	134	0
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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.

Further savings, primarily non pay expenditure reductions within IM & T, have been identified in month. This results in the gap required from the upsides to be £596k. This is a £62k improvement from last month.

Current upside opportunities to close this gap, and secure delivery of the Trust control total, are progressing. These include a number of central actions such as changes to the revaluation of Trust estate.

The value of this is expected to be confirmed during Qtr 4.

	2017 / 2018 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	123,810	125,050	125,438	1
Current Assets				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,607	2,130	
Non NHS Trade Receivables (Debtors)	1,913	3,377	2,268	2
Other Receivables (Debtors)	1,219	1,000	2,189	3
Accrued Income	3,660	4,650	3,411	4
Cash and Cash Equivalents	26,559	20,600	22,185	5
Total Current Assets	34,971	32,466	32,415	
Current Liabilities				
Trade Payables (Creditors)	(4,158)	(4,550)	(3,356)	6
Capital Payables (Creditors)	(1,142)	(1,592)	(451)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(5,666)	
Accruals	(5,799)	(6,000)	(6,493)	7
Deferred Income	(670)	(670)	(720)	
Total Current Liabilities	(17,552)	(18,812)	(16,684)	
Net Current Assets/Liabilities	17,419	13,654	15,731	
Total Assets less Current Liabilities	141,229	138,704	141,169	
Provisions for Liabilities	(6,490)	(5,740)	(6,372)	
Total Net Assets/(Liabilities)	134,739	132,964	134,797	
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	60,566	58,791	60,226	8
Total Taxpayers' Equity	134,739	132,964	134,797	

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 above plan due to the profile of the major non-secure scheme.

2. Non-NHS Debtors are lower than plan and have been for the course of the year. This is due to proactive work undertaken to manage this position.

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, this is reviewed regularly 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

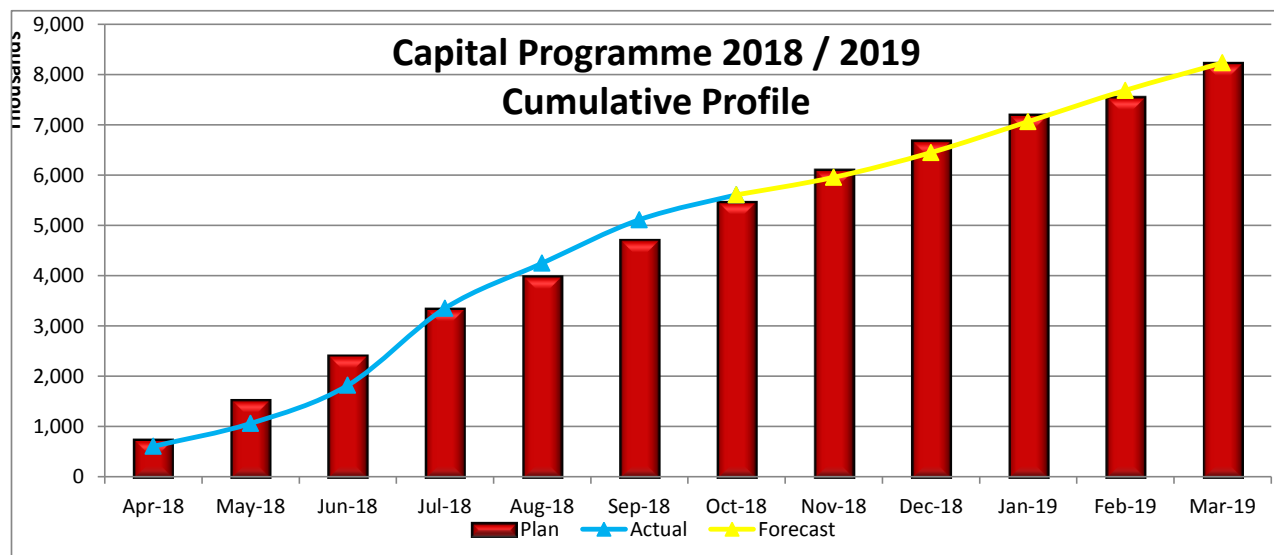
Capital Programme 2018 / 2019

	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	704	627	(77)	1,719	91	3
Equipment Replacement	0	0	27	27	27	27	
IM&T	1,550	1,075	833	(242)	1,360	(190)	2
Major Capital Schemes							
Fieldhead Non Secure	4,229	3,048	3,677	629	4,229	(0)	4
Clinical Record System	828	660	501	(159)	956	127	
VAT Refunds	0	0	(55)	(55)	(55)	(55)	
TOTALS	8,235	5,487	5,609	122	8,235	(0)	1

Focus remains on completion of the 2 main schemes: Non-secure and Clinical Record System.

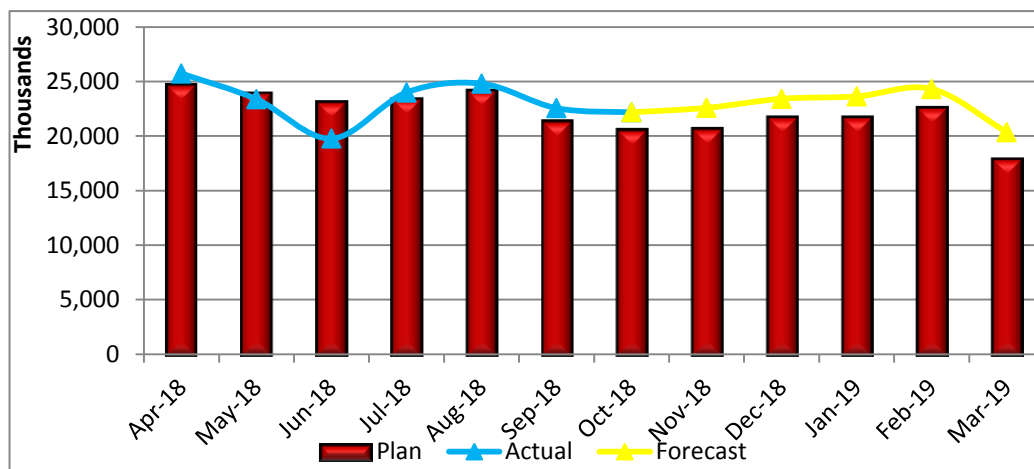
Capital Expenditure 2018 / 2019

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.

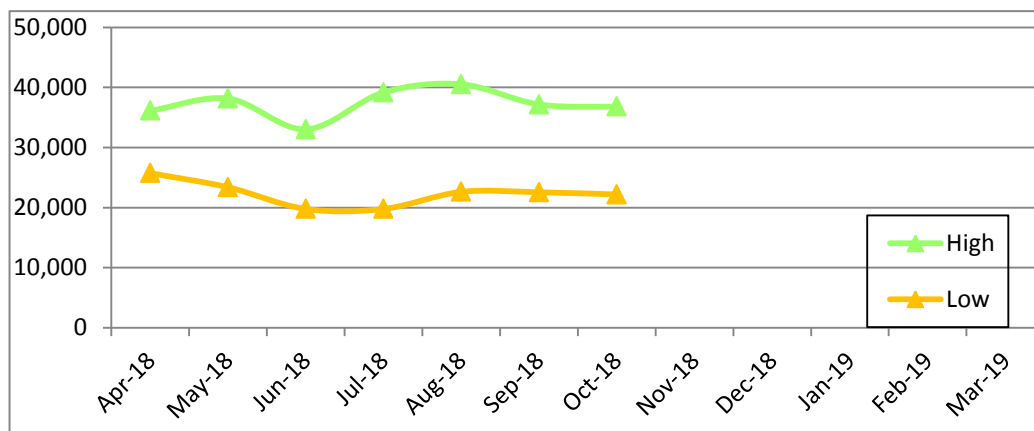


3.2

Cash Flow & Cash Flow Forecast 2018 / 2019



	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	20,600	22,185	1,585



Cash overall remains positive supported by in year sales of Trust Estate. These are one off benefits.

Cash reduced in month in line with plan. Cash is expected to remain above plan for the rest of the financial year.

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.

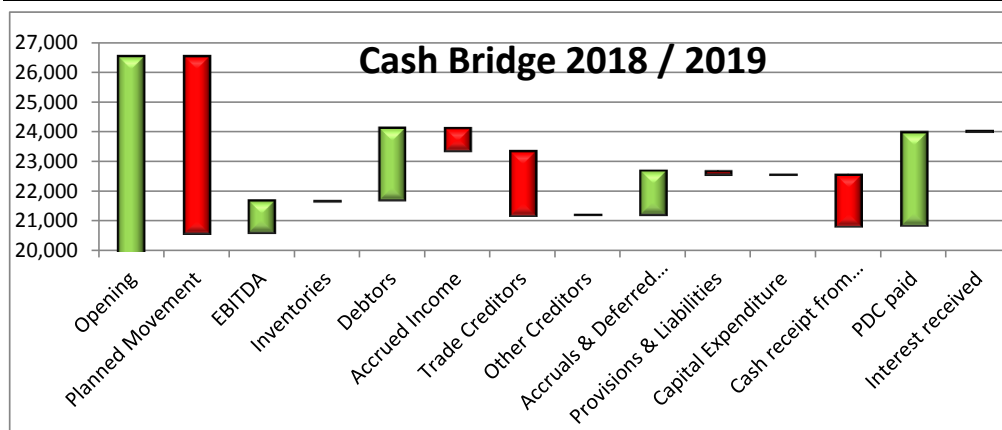
The highest balance is: £36.8m

The lowest balance is: £22.2m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	26,559	26,559	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,729	4,819	1,090	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(3,500)	(1,046)	2,454	3
Accrued Income / Prepayments	0	(772)	(772)	4
Trade Payables (Creditors)	950	(1,225)	(2,175)	5
Other Payables (Creditors)	0	8	8	
Accruals & Deferred income	(750)	743	1,493	2
Provisions & Liabilities	0	(118)	(118)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(4,556)	(6,301)	(1,745)	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	28	70	42	
Closing Balances	20,600	22,185	1,585	



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

Factors which increase the cash position 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. The team are actively chasing debtors and working hard to resolve issues before they get too old . 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.

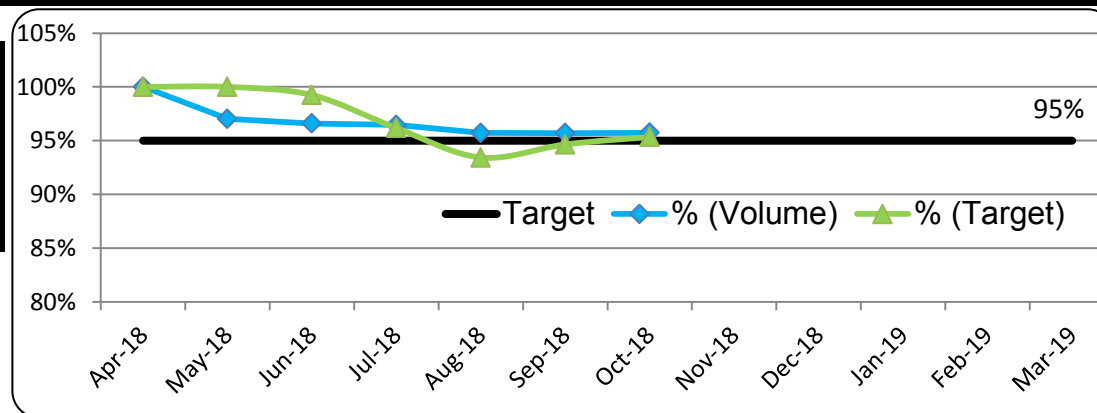
4.0

Better Payment Practice Code

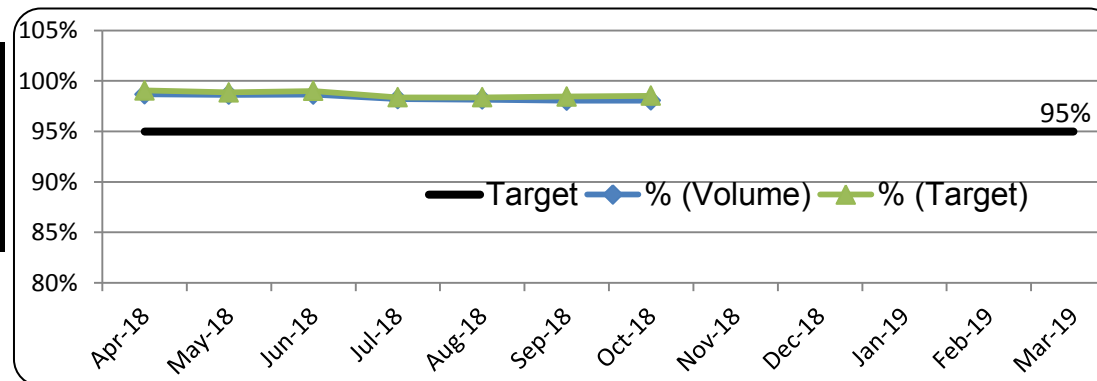
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 September 2018	96%	95%
Year to October 2018	96%	95%



Non NHS		
	Number	Value
	%	%
Year to September 2018	98%	98%
Year to October 2018	98%	99%



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 (£)
03-Oct-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3085011	219,053
08-Oct-18	Drugs FP10's	Trustwide	Bradford Teaching Hospitals NHS FT	3085439	143,402
19-Oct-18	IT Services	Trustwide	Daisy IT Managed Services Limited	3086695	99,975
02-Oct-18	Office Supplies	Trustwide	Xerox (UK) Ltd	3086713	77,555
27-Sep-18	Staff Recharge	Forensics	Wakefield MDC	3084393	64,449
16-Oct-18	CNST Contributions	Trustwide	NHS Litigation Authority	3086338	61,855
11-Sep-18	Drugs FP10's	Trustwide	Lloyds Pharmacy Ltd	3082582	46,790
04-Oct-18	Purchase of Healthcare	Trustwide	Barnsley Metropolitan Borough Council	3085246	45,000
05-Oct-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3085326	35,902
12-Oct-18	Rent	Barnsley	Dodworth Practice	3086196	35,754
03-Oct-18	Purchase of Healthcare	Trustwide	St Andrews Healthcare	3084919	32,855
10-Sep-18	Rent	Barnsley	Community Health Partnerships	3082470	31,178
16-Oct-18	Rent	Barnsley	Community Health Partnerships	3086321	31,178
11-Sep-18	Drugs FP10's	Trustwide	Lloyds Pharmacy Ltd	3082582	28,153
01-Oct-18	Rent	Barnsley	SJM Developments Limited	3084634	27,000
26-Oct-18	Communications	Trustwide	Virgin Media Payments Ltd	3087228	25,992
16-Oct-18	Communications	Trustwide	Vodafone Corporate Ltd	3086331	25,384
10-Sep-18	Rent	Barnsley	Community Health Partnerships	3082470	25,051
16-Oct-18	Rent	Barnsley	Community Health Partnerships	3086321	25,051

- * 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	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.2%	4.0%	4.0%	4.0%	4.2%	4.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.0%	3.7%	3.9%	4.1%	5.0%	6.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	25.4%	70.6%	83.5%	87.4%	89.1%	90.2%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	2.5%	6.1%	16.9%	35.6%	69.3%	77.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.9%	82.9%	82.8%	83.4%	84.5%	83.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	83.0%	84.0%	84.5%	83.0%	79.6%	79.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.4%	90.3%	88.9%	87.9%	86.6%	87.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.1%	92.0%	92.5%	92.7%	92.4%	92.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.4%	86.8%	88.2%	87.6%	87.3%	85.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	63.2%	61.1%	65.7%	70.1%	72.9%	74.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	86.4%	87.1%	88.0%	87.7%	88.9%	89.8%
Information Governance	Resources	Well Led	AD	>=95%	91.9%	91.6%	91.5%	91.5%	91.1%	90.9%
Moving and Handling	Resources	Well Led	AD	>=80%	81.5%	81.4%	81.3%	81.5%	83.5%	83.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	84.7%	84.6%	87.2%	86.5%	85.6%	87.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.4%	80.6%	84.7%	84.0%	81.4%	81.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.9%	91.2%	91.1%	90.9%	89.7%	89.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.9%	89.3%	90.1%	90.1%	90.6%	90.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.3%	96.3%	96.6%	95.7%	95.3%	95.2%
Agency Cost	Resources	Effective	AD		£79k	£55k	£93k	£59k	£71k	£90k
Overtime Costs	Resources	Effective	AD		£5k	£4k	£4k	£1k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£11k	£15k	£17k	£15k	£15k
Sickness Cost (Monthly)	Resources	Effective	AD		£121k	£110k	£109k	£117k	£139k	£182k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		92.5	91.03	91.39	71.1	78.76	77.74
Business Miles	Resources	Effective	AD		93k	90k	106k	102k	105k	105k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.8%	4.7%	4.7%	4.5%	4.4%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.7%	4.4%	4.6%	3.8%	3.8%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	33.8%	81.6%	96.5%	99.4%	99.2%	99.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	1.5%	9.4%	22.5%	54.0%	86.3%	92.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.7%	81.0%	83.1%	83.1%	81.2%	79.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.3%	85.4%	85.9%	85.7%	84.2%	80.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	86.2%	86.5%	86.8%	86.6%	87.2%	87.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.0%	89.7%	90.1%	90.2%	89.8%	89.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.1%	86.3%	85.0%	86.7%	86.5%	88.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.7%	75.7%	81.3%	81.4%	83.3%	84.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	86.7%	87.6%	87.6%	88.7%	89.2%	88.1%
Information Governance	Resources	Well Led	AD	>=95%	93.1%	93.0%	94.1%	93.2%	94.8%	94.9%
Moving and Handling	Resources	Well Led	AD	>=80%	86.2%	86.3%	87.4%	87.1%	88.7%	88.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.9%	94.0%	93.9%	92.9%	92.4%	90.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.9%	91.8%	92.1%	90.6%	89.7%	89.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.9%	90.2%	90.9%	90.8%	90.9%	92.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	84.5%	86.0%	87.2%	86.8%	85.0%	87.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.9%	95.7%	97.2%	95.8%	95.7%	95.7%
Agency Cost	Resources	Effective	AD		£143k	£104k	£89k	£112k	£73k	£103k
Overtime Costs	Resources	Effective	AD		£8k	£1k	£4k	£3k	£6k	£1k
Additional Hours Costs	Resources	Effective	AD		£0k	£2k	£2k	£0k	£0k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£111k	£95k	£104k	£89k	£97k	£114k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		62.81	60.56	66.97	75.42	76.65	78.65
Business Miles	Resources	Effective	AD		53k	58k	64k	59k	69k	54k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.1%	6.1%	6.5%	7.1%	7.5%	7.6%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	6.0%	6.0%	7.6%	9.7%	9.3%	8.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	32.1%	80.0%	83.8%	85.7%	94.8%	94.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	8.1%	16.4%	32.3%	56.0%	87.0%	89.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.1%	87.1%	88.4%	87.3%	84.6%	85.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.3%	84.8%	86.5%	85.3%	85.3%	85.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	86.5%	87.7%	85.4%	85.5%	83.8%	82.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.7%	93.7%	94.3%	95.0%	93.6%	94.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.7%	90.3%	88.9%	88.8%	85.3%	85.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	84.4%	87.9%	89.5%	89.2%	87.1%	86.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.5%	90.5%	91.6%	90.0%	88.7%	90.2%
Information Governance	Resources	Well Led	AD	>=95%	92.4%	92.9%	94.3%	93.0%	90.4%	91.2%
Moving and Handling	Resources	Well Led	AD	>=80%	91.2%	90.8%	92.1%	91.0%	89.7%	91.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.9%	92.7%	92.1%	91.5%	89.5%	89.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	83.6%	83.0%	82.8%	82.1%	80.1%	80.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.9%	93.4%	94.8%	94.3%	93.1%	93.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.5%	89.1%	91.3%	91.3%	89.2%	89.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	83.3%	82.6%	95.5%	96.0%	92.6%	95.5%
Agency Cost	Resources	Effective	AD		£39k	£39k	£54k	£51k	£57k	£44k
Overtime Costs	Resources	Effective	AD		£0k	£-1k	£0k	£0k		£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£1k	£1k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£56k	£53k	£72k	£85k	£77k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		49.26	53.13	55.59	69.76	73.91	63.16
Business Miles	Resources	Effective	AD		9k	6k	7k	9k	7k	5k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.5%	5.0%	4.6%	4.5%	4.5%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.7%	4.1%	3.4%	3.9%	5.0%	7.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	14.7%	51.7%	72.5%	89.8%	94.8%	95.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	4.0%	7.9%	31.0%	54.1%	67.4%	77.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.9%	81.5%	82.6%	80.4%	79.0%	76.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.2%	85.0%	85.2%	80.6%	78.9%	77.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.2%	90.2%	90.2%	91.4%	91.4%	91.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.0%	85.7%	85.1%	87.4%	88.2%	88.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.6%	80.9%	80.8%	85.2%	85.2%	86.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.0%	69.2%	73.1%	76.9%	77.8%	70.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.2%	86.2%	85.5%	87.4%	87.9%	89.5%
Information Governance	Resources	Well Led	AD	>=95%	93.6%	92.0%	91.0%	92.8%	92.1%	92.1%
Moving and Handling	Resources	Well Led	AD	>=80%	86.8%	87.2%	85.8%	87.9%	88.4%	89.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.9%	91.3%	92.8%	92.6%	91.4%	92.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.1%	85.5%	87.7%	87.7%	86.9%	86.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.7%	89.6%	89.9%	88.6%	89.2%	92.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.5%	89.6%	88.7%	89.4%	90.4%	91.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.0%	94.5%	94.5%	95.3%	94.4%	94.0%
Agency Cost	Resources	Effective	AD		£183k	£193k	£187k	£231k	£197k	£221k
Overtime Costs	Resources	Effective	AD			£1k	£0k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£1k	£2k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£63k	£46k	£44k	£45k	£60k	£87k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		41.54	48.85	50.3	52.67	62.89	63.85
Business Miles	Resources	Effective	AD		39k	39k	41k	40k	35k	37k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.6%	3.9%	4.0%	4.0%	4.0%	4.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.8%	4.5%	4.2%	4.0%	3.9%	3.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	17.7%	71.6%	92.2%	96.0%	99.0%	99.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	1.0%	10.3%	17.7%	51.7%	83.6%	96.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.5%	78.0%	78.1%	80.6%	80.6%	79.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	92.9%	92.0%	92.0%	92.0%	87.5%	77.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	33.3%	33.3%	33.3%	33.3%	25.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.0%	87.3%	86.8%	85.9%	85.1%	86.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.7%	88.4%	88.3%	89.2%	87.3%	87.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.3%	97.1%	95.1%	95.7%	95.1%	94.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.6%	86.9%	87.2%	88.9%	88.5%	88.1%
Information Governance	Resources	Well Led	AD	>=95%	93.7%	92.0%	89.2%	91.9%	91.5%	91.8%
Moving and Handling	Resources	Well Led	AD	>=80%	92.9%	92.0%	91.3%	90.8%	90.5%	89.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.9%	99.2%	99.3%	99.0%	99.0%	99.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.2%	90.9%	90.0%	85.7%	85.7%	82.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.0%	94.4%	94.7%	95.5%	95.6%	95.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.9%	95.4%	96.0%	96.4%	96.2%	95.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%
Agency Cost	Resources	Effective	AD			£0k		£-9k	£0k	£5k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£1k	£1k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£5k	£6k	£10k	£11k	£12k	£12k
Sickness Cost (Monthly)	Resources	Effective	AD		£55k	£63k	£59k	£61k	£62k	£65k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		35.33	35.6	31.96	33.31	36.87	42.92
Business Miles	Resources	Effective	AD		35k	30k	36k	25k	25k	32k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	3.0%	3.5%	4.1%	4.5%	4.7%	4.7%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	3.2%	4.6%	6.0%	5.8%	5.7%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	33.2%	77.8%	92.7%	94.7%	95.8%	97.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	2.6%	10.0%	24.1%	55.7%	79.1%	89.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.2%	79.5%	81.5%	82.7%	83.6%	83.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.9%	82.9%	81.0%	79.8%	79.7%	79.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	74.6%	74.9%	77.8%	78.9%	79.2%	78.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.4%	87.3%	87.2%	87.8%	89.0%	89.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.3%	85.8%	86.2%	85.9%	83.6%	85.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	64.9%	66.2%	71.0%	72.7%	67.9%	70.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.1%	86.0%	87.2%	89.5%	91.7%	91.1%
Information Governance	Resources	Well Led	AD	>=95%	91.4%	91.7%	91.6%	91.4%	91.9%	92.7%
Moving and Handling	Resources	Well Led	AD	>=80%	80.5%	80.0%	79.9%	83.2%	85.2%	87.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.2%	90.2%	90.8%	90.7%	90.0%	91.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.1%	85.2%	88.1%	88.1%	86.9%	86.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	88.9%	88.5%	88.9%	89.7%	91.7%	92.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	84.5%	87.5%	87.0%	88.6%	89.0%	89.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.4%	93.0%	93.4%	93.3%	91.9%	92.3%
Agency Cost	Resources	Effective	AD		£95k	£92k	£103k	£123k	£124k	£73k
Overtime Costs	Resources	Effective	AD		£0k		£2k	£0k		£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£2k	£1k	£0k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£44k	£53k	£74k	£72k	£70k	£61k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		53.65	48.67	47.15	51.62	48.13	42.47
Business Miles	Resources	Effective	AD		35k	36k	37k	35k	37k	34k

Glossary

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

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

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

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