

Integrated Performance Report Strategic Overview



December 2018

With **all of us** in mind.

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Introduction

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

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

The Trust's three strategic objectives are:

- Improving health
- Improving care
- Improving resources



Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

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

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



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

KPI	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Year End Forecast
Total number of children & young people in adult inpatient wards ⁵	0	2	1	3	1	0	3	3	1	2	2	3	1	1
% service users followed up within 7 days of discharge	95%	97.2%	98.0%	95.8%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	4
% clients in settled accommodation	60%	80.1%	79.7%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	78.2%	77.9%	4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks ¹	95%	87.8%			86.7%			84.6%			84.2%			95%
Out of area beds ²	Q1 940, Q2 846, Q3 752, Q4 658	268	613	730	531	282	368	437	589	384	165	389	267	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%	84.5%	83.8%	4
						89.1%	90.6%	93.3%	91.2%	90.1%	91.0%	92.5%	95.3%	4
Smoking Cessation - 4 week quit rate ⁸	tbc					63%			65%			Due April 19		N/A
Improve the quality and experience of care	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Year End Forecast
Friends and Family Test - Mental Health	85%	85%	85%	87%	86%	75%	82%	88%	91%	88%	89%	86%	90%	85%
Friends and Family Test - Community	98%	97%	97%	99%	97%	100%	98%	99%	97%	98%	100%	97%	99%	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	33	37	20	25	21	19	34	24	20	33	45	27	
Safer staff fill rates	90%	117.1%	117.5%	115.7%	118%	120%	118%	118%	117%	116%	116%	119%	118%	100%
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	7	10	4	8	11	14	16	14	15	14	20	11	
% people dying in a place of their choosing	80%	94.3%	84.4%	86.8%	82.8%	88.5%	92.9%	85.7%	90.0%	89.2%	90.9%	83.3%	87.9%	N/A
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic ⁷	trend monitor	9.0%				15.1%		14.1%		13.0%				N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ³	trend monitor					39.1%		34.9%		35.6%		37.9%		
Improve the use of resources	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Year End Forecast
Projected CQUIN Shortfall	£4.2m	£136k	£136k	£203k	-	£160k	£252k	£379k	£379k	£261k	£204k	£204k	£204k	£204k
Surplus/(Deficit)	In line with Plan	£635k	£1186k	£1139k	(£292k)	(£204k)	(£464k)	(£125k)	(£139k)	£424k	(£73k)	(£80k)	£158k	(£2026k)
Agency spend	In line with Plan	£465k	£563k	£555k	£444k	£538k	£484k	£526k	£575k	£522k	£537k	£536k	£530k	£6.5m
CIP delivery	£1074k	£6157k	£6816k	£7475k	£619k	£1308k	£1981k	£2737k	£3615k	£4452k	£5234k	£6015k	£6779k	£9.7m
Sickness absence	4.5%	5.2%	5.3%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	4.9%
Aggression Management training	>=80%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%	80%
Moving and Handling training	>=80%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%	80%
Staff Turnover ⁶	10%	12.4%	12.5%	12.6%	9.7%	8.5%	11.6%	12.4%	13.0%	12.8%	12.5%	12.3%	12.0%	11.0%

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

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

Summary

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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 have reduced for the month, work continues to ensure this is eliminated
- Complaints turnaround remains a challenge, additional support is in place and backlog continues to reduce.
- Prone restraint position is positive for December
- Staff supervision reporting has reduced and will be addressed during the final quarter

NHSI Indicators

- The majority of national metrics continue to be achieved
- The Trust did breach the maximum 6 week wait for diagnostics target of 99% in December leading to the third quarter performance of 98.6%
- 2 days occupied by 1 child and young person in adult wards, which is an improvement compared to November
- Inappropriate out of area bed admissions of 267 which is also an improved performance, although it remains well above target.

Locality

- MSK referrals well above expected levels
- The Trust was successful in recent tender exercise to provide liaison and diversion services across South Yorkshire
- Calderdale local authority is continuing funding for a crisis café until March 2019
- Adult occupancy on Calderdale & Kirklees wards remains high
- Open dialogue approach to develop psychological resilience and resource of people in the community being initiated and funded in Barnsley
- Ongoing discussions with NHS England regarding bed numbers and configuration in forensic services
- Vacancies in learning disability and CAMHS services are being pro-actively addressed
- Nil usage of out of area bed placements in Wakefield

Priority Programmes

- Work continues to implement criteria led discharge. SSG review of bed management processes has reached mid-point and due to complete end of January
- Good progress on majority of milestones relating to SystmOne implementation for mental health, but training is behind expectations
- An additional 1,500 training places are being provided for staff in readiness for the SystmOne go-live
- An updated business case for older peoples' services has been shared with commissioners and further conversations planned regarding how to take the model forward
- Close work with Barnsley hospital on the stroke services review

Finance

- Pre provider Sustainability Funding (PSF) surplus of £158k in December taking the cumulative position to £795k deficit.
- Additional non-recurrent income from Barnsley CCG was the driving factor behind this improved performance
- The cumulative position does include a number one-off benefits including asset disposal gains of over £0.6m
- Expenditure on out of area beds reduced in-month to £268k meaning cumulative spend is now £3.1m, already £1.4m adverse to full year plan.
- Cumulative net savings on pay amount to £1.2m through the level of vacancies
- Agency staffing costs of £530k in month were broadly the same as previous month and cumulatively these costs are now x% above the agency cap.
- CIP delivery of £6.8m is marginally below plan
- The cash balance remains in relative health at £26.2m

Workforce

- Sickness absence improved to 5.7% in December and cumulatively has increased to 5.0%. Based on past trends this was anticipated with a reduction in the final quarter. Wellbeing groups are being established in all the BDUs and wellbeing champions being identified.
- The Trust achieved the national flu vaccination target of 75% with 76% of frontline staff being vaccinated. This was a CQUIN target.
- Staff turnover has reduced slightly in all areas except Wakefield and overall is slightly lower than the previous month. Work continues on the retention plan to reduce turnover particularly in clinical roles.

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Quality Headlines

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

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 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	Nov-18	Dec-18	Year End Forecast Position *
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	Reporting commenced April 18				39.1%	39.8%	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	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	40% 4/10	20% 2/10	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% 10/53	21% 16/76	11% 4/35	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%	86%	90%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	98%	97%	100%	98%	99%	97%	98%	100%	97%	99%	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	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	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	26	60	N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	N/A	337				21	22	28	35	24	15	34	43		N/A
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	N/A	26				0	1	1	1	2	2	2	1	Due Feb 19	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	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%	86.5%	87.5%	4
	Un-fulfilled appointments ⁶	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%	2.9%	2.8%	N/A
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=8	33	22	24	21	8	11	14	16	14	15	14	20	11	
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	7.5% 3.5% 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%	1.9%	1.7%	4
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	TBC	Reporting commenced April 18				82.9%	85.0%	87.5%	78.5%	84.9%	91.0%	86.5%	84.3%	83.2%	N/A
	Number of records with up to date risk assessment - Community ¹¹					Reporting commenced April 18				75.7%	78.4%	78.3%	74.6%	77.5%	78.4%	81.7%	86.2%	93.8%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	2849	3065	2962	3441	1074	1090	1039	1168	1014	862	1084	1108	970	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	25	22	15	23	31	23	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	5	4	1	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	3	5	2	2	5	10	3	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%	22.0%	29.8%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	109%	111.1%	114%	116.8%	118%	120%	118%	118%	117%	116%	116%	119%	118%	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%	99.1%	96.6%	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	29	30	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	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	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%	81.3%	90.9%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	139	139	150	181	40	40	44	43	37	52	40	41	50	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	345	424	442	589	173	211	143	192	151	134	190	201	136	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	0	0	4
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	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%	81.3%			79.6%			74.9%			4

Summary

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* 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 Trust's 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.

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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.

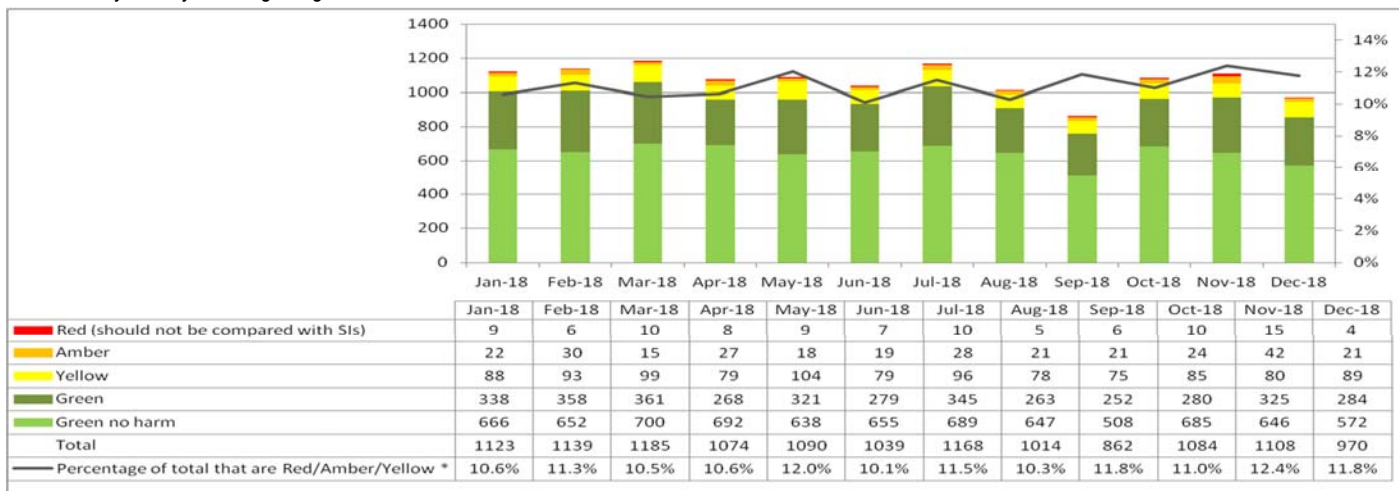
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents decreased during December. The highest proportion of incidents are in the standing position (59). The Trust continues to ensure that during training the emphasis on non-physical interventions remains paramount and when it comes to teaching and discussing prone restraint the course continues to inform staff of the risks associated with the prone position and the need to move from any prone restraint position as soon as possible. The Trust target of 80% of prone restraints being under 3 minutes is discussed at length and the importance of striving to maintain this is strongly emphasised.
- % of prone restraint with duration of 3 minutes or less - during December there were a total of 20 out of incidents recorded, this is a good improvement reporting at 90%. 2 of those incidents lasted between 4-5 minutes:
- related to Clark Ward - Barnsley. Due to level of aggression and continued attempts at self-harm; 1 related to Walton PICU – Wakefield. To administer I.M medication (This was an incident of rapid tranquilisation appropriate monitoring commenced following administration and rapid tranquilisation care plan insitu).
- NHS Safety Thermometer - Medicines Omissions – Performance has deteriorated compared to previous months and stands at 29.8% for December. 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 data collection for December was on a bank holiday (boxing day). Analysis of the data has been undertaken and does identify some hotspot areas. This is currently being investigated but one suggestion for the very high numbers is that the data collectors may have included those on leave as having had doses missed. We would not normally count this as the doses are given at home not omitted. There will have been many service users having day or part day leave on the data collection day. Guidance for the data collectors is being re-issued and information is being shared with business delivery units.
- Number of falls (inpatients) - December saw an increase in fall incidents during the month. 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 higher number of falls continue to be 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 2018 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 86% are low or no harm incidents.

Safety First cont...

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

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2017/18	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Informal patient absent without leave	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Information disclosed in error	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Lost or stolen hardware	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Lost or stolen paperwork	0	1	1	0	0	0	0	0	0	0	0	0	1	0	1	0	2
Self harm (actual harm) with suicidal intent	0	0	1	1	0	1	0	0	0	0	0	0	0	0	1	0	2
Suicide (incl apparent) - community team care - current episode	4	3	4	6	2	3	1	1	3	0	2	1	0	2	1	1	17
Suicide (incl apparent) - community team care - discharged	2	1	0	0	0	0	0	0	0	0	2	0	1	0	0	0	3
Suicide (incl apparent) - inpatient care - current episode	0	0	1	2	1	0	1	0	0	0	0	0	0	0	1	0	3
Unwell/Illness	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Allegation of violence or aggression	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Physical violence (contact made) against staff by patient	1	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Physical violence (contact made) against other by patient	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Pressure Ulcer - Category 3	1	1	0	1	1	0	0	0	0	0	1	1	0	0	0	0	3
Total	8	9	10	12	4	4	4	1	3	4	5	4	0	6	2	2	39

- 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, the format and content is currently being reviewed.
- No never events reported in Dec 2018
- Patient safety alerts not completed by deadline of December 2018 - None

The below charts show historic data of serious incidents by category.

Summary

Quality

National Metrics

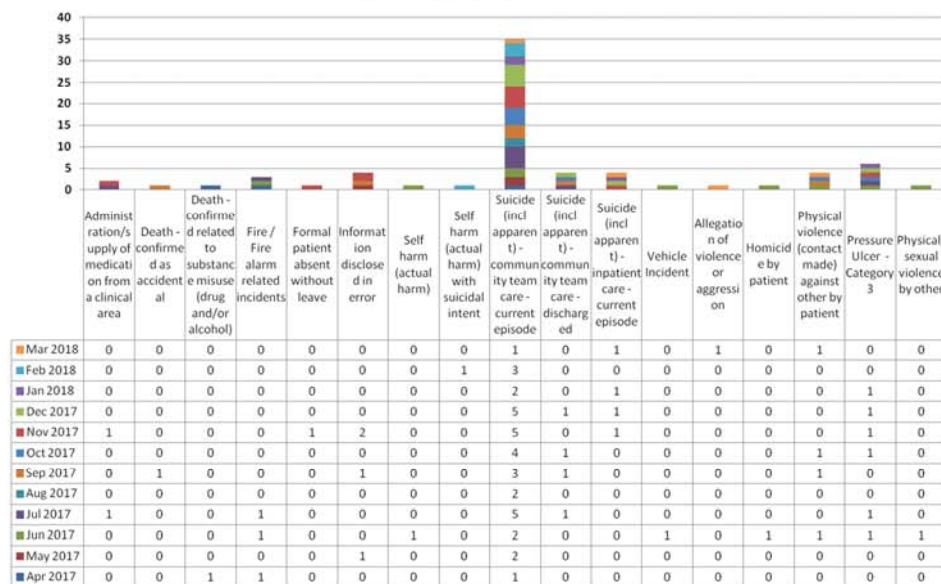
Locality

Priority Programmes

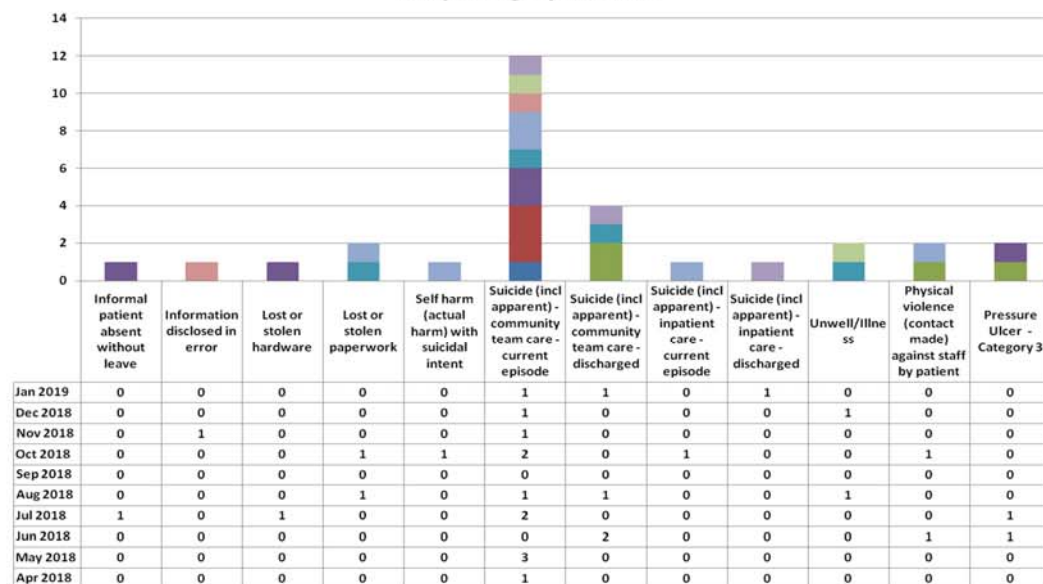
Finance/Contracts

Workforce

SI by category 2017/18



SI by Category 2018/19



The purpose of the Risk Panel is to assess and make recommendation in response to clinical risks impacting on the Trust arising from serious incidents reported on Datix. The panel meets weekly to:

- Review red and amber serious incidents (Sis) reported on DATIX in previous week
- Review Serious Incidents that are potentially STEIS reportable
- Contribute to the terms of reference for Stage 1 SI reviews
- Commission reviews and/or advise on objectives for reviews of amber incidents and/or clinical reviews as required
- Escalate any risks and concerns to the Chief Executive
- Review stage 1 SI reviews and decide whether stage 2 review required
- Contribute to the terms of reference for stage 2 SI review
- Identify where themes or trends emerge following the reviewing of incidents
- Advise on remedial actions if required
- Review intelligence from within and outside the Trust.



Mortality

Training: Structured Judgement Reviewer training is planned for 31 January 2019.

Assurance: 360 Assurance internal audit report on Learning from Healthcare Deaths has been received giving Significant Assurance. Remaining actions relating to updating the policy by 31/1/19. The revised policy is at EMT 10/1/19 for approval, having been to the clinical policies group in December.

Reporting: The Trust's Learning from Healthcare Deaths information is now reported through the quarterly incident reporting process. The latest report is available on the Trust website. These include learning to date. See <http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/>

Learning: Mortality is being reviewed and learning identified through different processes:

-Serious incidents and service level investigations – learning is shared in Our Learning Journey report for 2017/18

-Structured Judgement Reviews – learning from 2017/18 and Q1-2 cases is included in the latest report.

56% of reviews completed to date rated overall care as good or excellent

SJR Themes

Risk assessment: 35% of cases reviewed were rated good or excellent

Allocation/Initial Review: 46% of cases reviewed were rated good or excellent

On-going Care: 56% of cases reviewed were rated good or excellent

Care during admissions (where applicable): 57% of cases reviewed were rated good or excellent

Follow-up management / Discharge: 56% of cases reviewed were rated good or excellent

End of life care: 100% of relevant cases in inpatient care were rated good or excellent

51% of reviews completed to date rated the quality of the patient record as good or excellent

All completed structured judgement reviews (SJRs) go back to business delivery units for consideration through governance groups. SJRs should be used to identify overall themes rather than individual action, but teams do receive the reviews back and are now reflecting on the SJR by responding using the Situation, Background, Assessment, Recommendation (SBAR) learning template. Those completed to date have included some team learning/change. Themes from all reviews (good/excellent and adequate and below) are included by phase of care in the learning from healthcare deaths reporting. This information will be reviewed by the clinical mortality review group in March for organisational learning.

The learning from healthcare deaths report includes examples of areas for improving practice identified by the reviewers, and also good practice examples.

Work to embed recording the SJR within Datix has been completed which will aid extraction of themes.

Summary

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Workforce

Safer Staffing

Overall Fill Rates: 118%

Registered fill rate: (day + night) 96.6%

Non Registered fill rate: (day + night) 138.9%

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

BDU Fill rates - October 18 - December 18

Overall Fill Rate	Month-Year		
Unit	Oct-18	Nov-18	Dec-18
Specialist Services	119%	129%	165%
Barnsley	122%	125%	120%
C & K	103%	108%	107%
Forensic	113%	116%	114%
Wakefield	133%	135%	130%
Overall Shift Fill Rate	116%	119%	118%

The figures (%) for December 2018

Registered Staff - Days 89.2% (a decrease of 4.5 on the previous month); Nights 104.0% (a decrease of 0.5% on the previous month)

Registered average fill rate - Days and nights 96.6% (a decrease of 2.5% on the previous month)

Non Registered Staff - Days 135.8% (a decrease of 0.2 on the previous month); Nights 142.0% (a decrease of 0.4% on the previous month)

Non Registered average fill rate - Days and nights 138.9% (a decrease of 0.3% on the previous month)

Overall average fill rate all staff - 117.9% (a decrease of 1.5% on the previous month)

Summary

There has again been no ward fall below a 90% overall fill rate. Of the 31 inpatient areas listed 24, an increase of one on the previous month (76.8%), achieved greater than 100%. Indeed of these 24 areas, 12 achieved greater than 120% fill rate. This was an increase of two wards.

Registered On Days (Trust Total 89.2%)

The number of wards that have failed to achieve 80%, five wards in all (16.0%), has increased on the previous month. Four wards were within the Forensic BDU (Appleton, Chippendale, Hepworth and Johnson) and Poplars ward within the Wakefield BDU. There were various factors cited including vacancies, sickness and supporting acuity across the BDU.

Registered On Nights (Trust Total 104.0%)

Johnson ward within the Forensic BDU has fallen below the 80% threshold which also occurred in the previous month however; they have had an increase of 5.6% on the previous month and fell just below the threshold. The number of wards which are achieving 100% and above fill rate on nights remained consistent on 21 wards (67.2%) from the previous month.

Average Fill Rates for all areas increased in December. Barnsley BDU decreased by 3% to 120%. Calderdale and Kirklees BDU decreased by 1% to 107%. Forensic BDU were 114% a decrease of 2%. Wakefield BDU decreased by 5% to 130%. Specialist services were 165% with an increase of 36%. Overall fill rate for the trust decreased by 1% to 118%.

Despite the achievement and above of expected fill rates, significant pressures remain on inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness.

Information Governance

There were 11 confidentiality breaches during December involving patient healthcare record issues, Information disclosed in error, non secure disposal – hardware. There were significantly fewer breaches recorded compared to recent months.

There were no incidents reported to the information commissioners office.



Commissioning for Quality and Innovation (CQUIN)

CQUIN leads have been agreed for 2019/20. 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 all schemes. Work is underway for the quarter 3 submission which is due to be submitted at end of January 19.

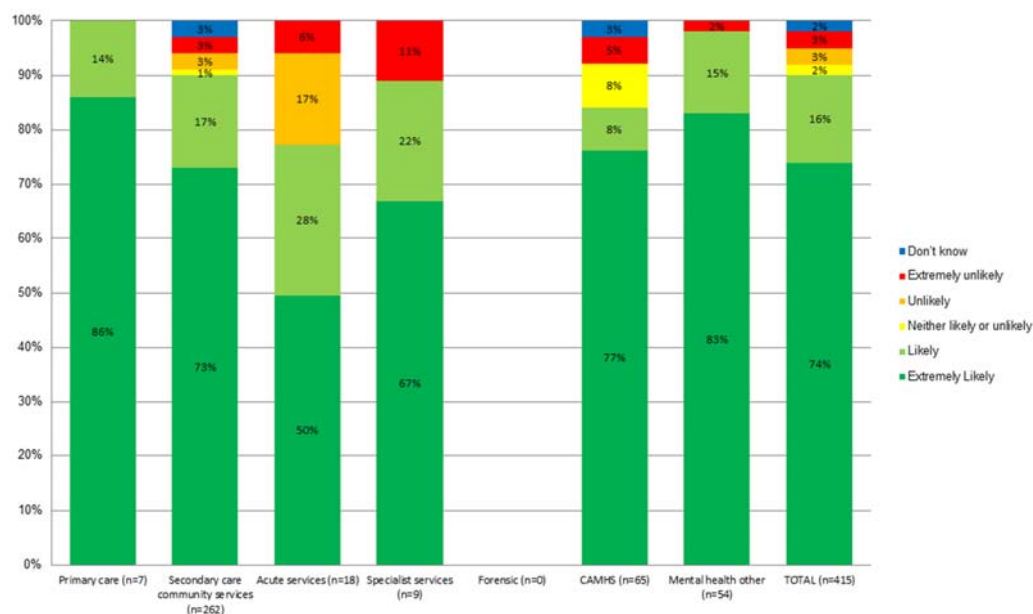
- All CQUINs for 2018/19 have a RAG rating of green with the exception of:
- NHS staff health and wellbeing – risk in achievement linked to the improvement of staff health and wellbeing. To achieve the required threshold means that the Trust would need to be in the top 6 of 200+ trusts nationally. The Trust has agreed some additional local measures related to staff health and wellbeing which reduces the total amount of risk associated with this indicator.
 - 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.
 - 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 circa £204k shortfall for 2018/19. CQUIN leads are working to mitigate this risk as far as possible.
 - Flu vaccinations - the Trust has now exceeded the 75% threshold and therefore achieved all income associated with this indicator. Final overall % performance for vaccination uptake is awaited.

Patient Experience

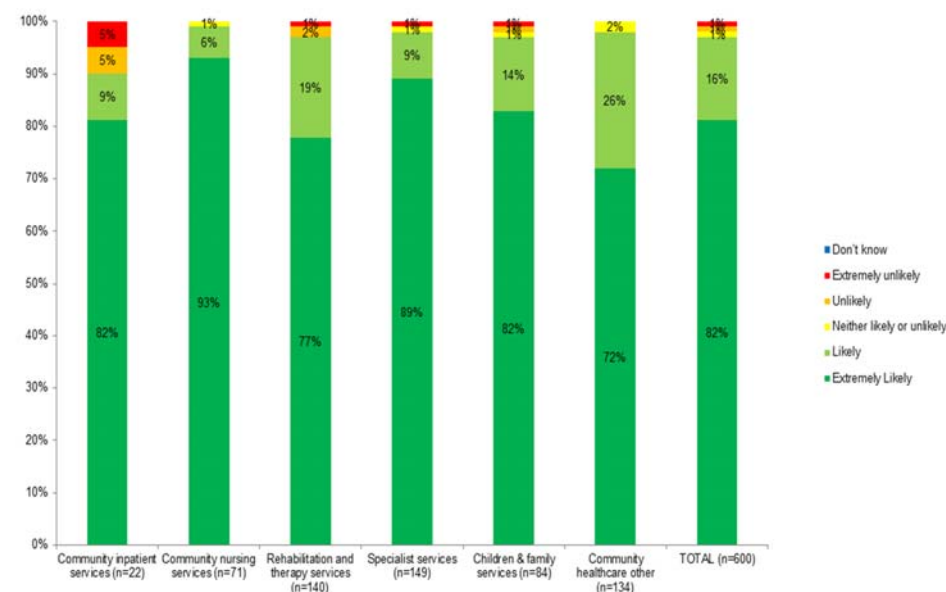
Friends and family test shows

- Community Services – 99% would recommend community services.
- Mental Health Services – 90% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 50% in acute services and 86% in primary care
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Friends and family test feedback is viewed by business delivery units either via the live dashboard or in bespoke reports. Data is used to inform trends and to focus on areas of good practice and areas for improvement. The Trust asks 2 open ended questions:

What was good about your experience?

What would have made your experience better?

Free text responses are used to demonstrate specific positives and improvements that could be made.

Headlines for the month of December:

- 94% of respondents would recommend Trust services
- December saw a significant increase in the number of responses (92%) (Nov 528 responses – Dec 1015 responses). This is due to the Barnsley Community electronic responses being uploaded in December.
- 41% (169/410) of community mental health responses were received via text message. A plan has been proposed to operational management group to enable all services to collect friends and family test via text message in line with the SystemOne 'go live'
- There has been a 248% (Dec 2017 291 responses – Dec 18 1015 responses) increase on the previous year's returns
- Patient experience surveys have been developed for the acute inpatient (working age adult) wards and are being deployed throughout January.
- Other areas under development include patient experience surveys for all other inpatient areas and posters with QR codes in child and adolescent mental health services waiting areas linked to patient experience surveys. The quality improvement and assurance team are exploring the potential further usage of tablets including, staffing systems, audits and self-help app usage.



Care Quality Commission (CQC)

CQC Re inspection MUST/SHOULD do action plan – progress report December 2018
Following the March 2018 core service visits, the CQC issued the Trust with 18 MUST do and 47 SHOULD do actions. These included one MUST do and six SHOULD do Trust wide actions.

Monitoring of actions against our CQC action plan by the CQC

- We have developed a governance structure around the progress and management of the action plan.
- We provide EMT with a regular update of progress against the action plan, including any areas of concern which may delay or impact on timescales being met.
- We submit our monthly action plan progress updates to CQC.
- These are also discussed within our regular engagement meetings when we meet directly with CQC and update them on our progress and improvements and about any areas where improvements are still needed.
- We provide updates when we meet with our CQC Relationship Manager (Catherine Beynon-Pindar) on a regular basis.

	Progress at 31.12.18	
	MUST	SHOULD
	(n =18)	(n=47)
Blue	2	24
Green	11	16
Green Amber	3	7
Amber Red	2	0
Red	0	0
Total	18	47

	Nov-18	
	MUST	SHOULD
	(n =18)	(n=47)
Blue	2	16
Green	13	26
Green Amber	3	4
Amber Red	0	0
Red	0	0
Unrated	0	1
Total	18	47

The RAG ratings on the action plan will be agreed within the monthly Clinical Governance Group meetings.

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

These ratings are provisional until validation at the clinical governance group on 23.1.19.

- Progress continues to be made across all areas of the action plan, with 72% of MUST DO actions, and 85% of SHOULD DO either being completed or making good progress.
- The number of green/ amber and red /amber ratings 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. Challenges to getting actions completed are discussed in the clinical governance group and actions escalated to OMG when necessary.

There are 10 actions that have been rated as green/amber in December:

- Forensic core service: 3 green amber actions related to 'should do actions' medical equipment, replacement of door handles and access between Ryburn and Newhaven in an emergency (interim plan is in place to mitigate risk on both these actions).
- CAMHS core service: 2 green amber actions related to 'must do actions' environmental audits, out of hours on call and 3 should do actions, lone worker devices, referral to treatment times (plan is being actioned but with delay) and governance processes
- Acute: 1 'must do' complete S17 leave forms / carers & patients understand their responsibilities, 1 should do reporting of cancelled section 17 leave

There are 2 actions that have been rated as amber /red in December. These are both in the 'Acute & PICU ' core pathway.

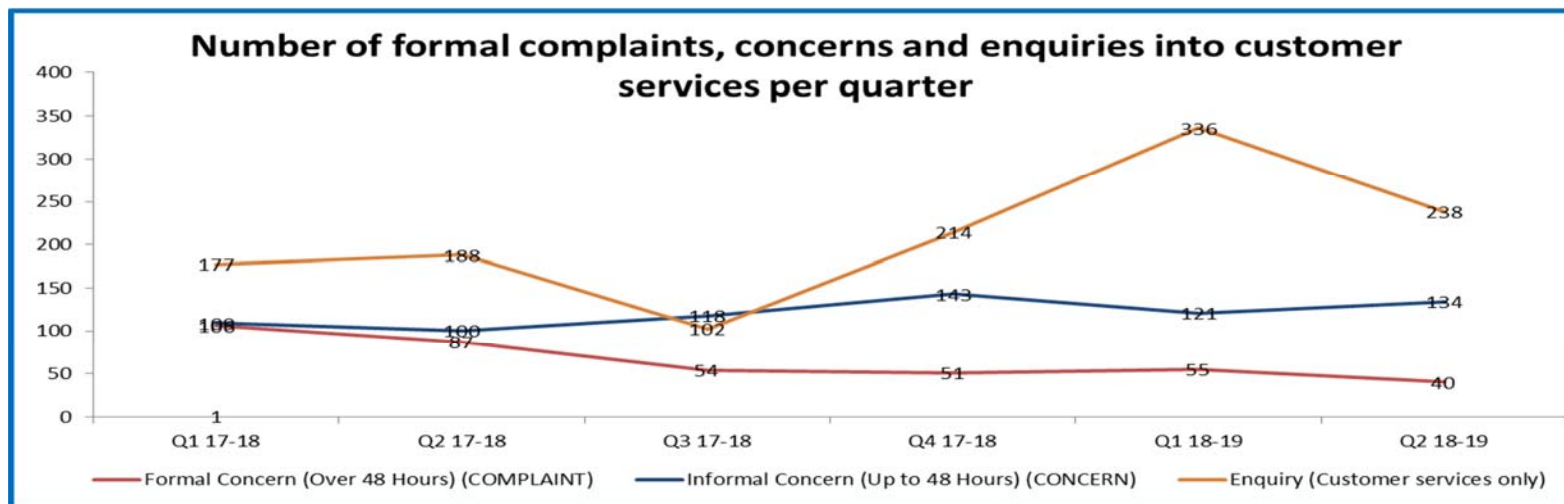
Must do actions:

- Safe management of medicines – there continues to be medicines omissions that are unrecorded.
- Clinic room temperatures - clinical room temperatures: systems have been put in place but are not fully embedded across the acute pathway.

Next steps

1. The Clinical Governance Group continues to have oversight of the action plan and will escalate concerns accordingly.
2. OMG have requested a shared drive so BDUs can access an updated version of the action plan
3. Quality improvement work to be identified to address areas where teams are struggling to address actions

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.

Summary

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Safeguarding

The specialist adviser:

- Supported a practitioner through supervision and revision of documentation for a serious case review for the MAPPA process.
- Jointly pulled together with the legal team and administration staff a mental capacity act (MCA) audit for Calderdale. The audit was disseminated to front line practitioners for completion. The findings were positive as practitioners had received training and were undertaking capacity assessments.
- Specialist advisor and the associate director of nursing attended a challenge event in Kirklees to discuss and highlight positive partner engagement.
- Attended a meeting with the recovery college to discuss process and possible safeguarding considerations for development and delivery of a course to discuss transsexual issues.

Safeguarding children:

- Safeguarding nurse advisor has worked alongside adult acute service and Locala regarding information sharing for mental health in-patient's with parenting responsibilities
- Parental mental health training has been delivered by the safeguarding children's nurse advisor as part of the multi-agency training offer in Barnsley, Kirklees and Wakefield.
- Extra level 3 safeguarding children mandatory training has been provided and well attended to target hotspots.
- Named nurse safeguarding children attended the NHS England regional prevent forum.
- Safeguarding children nurse advisor is completing the chronology for a child safeguarding practice review.
- SWYPFT and Calderdale hospitals NHS foundation trust (CHFT) liaison meeting is now attended by the named midwife and perinatal mental health lead from midwifery.

Exception: As a result of a large scale Child Sexual Exploitation Court hearing in 2018, in relation to Kirklees, which resulted in a significant number of convictions, SWYPFT need to consider how the organisations works collaboratively with partners within the Local Authority and other services to ensure there is a range of timely and appropriate responses to the victims of this crime which may require an approach which takes us outside of normal process. It is reported that all the victims of 'Operation Tendersea' who were between the ages of 11 and 17 when these crimes were committed, are now above the age of 18. Whilst this could create additional pressure for services, the risk of not responding in a timely manner could lead to a failure of services to appropriately support victims and potential reputational damage. To note, not all victims and their families will require or want to access to SWYPFT services. Further convictions are likely to occur over the next two years.

<https://www.bbc.co.uk/news/uk-england-leeds-45618067>

Infection Prevention Control (IPC)

- Progress on the Infection Prevention and Control Annual programme 2018-19, has been good, all objectives in Q3 have been completed. Progress in Q3 is good and there are no areas at risk of non-completion.
- Surveillance: there has been no MRSA Bacteraemia, Clostridium difficile, or any other alert organisms. Barnsley BDU has a locally agreed C difficile Toxin Positive target of 5.
- No outbreaks within are wards areas, but to note Norovirus and respiratory viruses are circulation in the communities, this is a national picture.
- No outbreaks, few wards have had IPC restriction in place but when monitored and investigate no outbreak confirmed.
- Wakefield - 6, Barnsley (mental health and community) - 0, Forensics - 2, Calderdale/Kirklees – 4, Specialist Services - 0 and Corporate Support Services - 1.
- Incident breakdown – 4 sharp related incidents, 2 sharp related not needle stick, 2 disposal of sharp, 2 outbreak restrictions in place (not outbreak), 2 exposure to infection and 1 contact with urine.
- Severity rating – 11 incidents were risk rated green and 1 yellow.
- Mandatory training figures are healthy:
- Hand Hygiene-Trust wide Total – 90%
- Infection Prevention and Control- Trust wide Total – 86%
- Policies and procedures are up to date.
- There is still reduced capacity within the team, (there is 1 IPC nurse vacancy). The team have review current process and put contingency plans in place. This has reduced the offer from the service.

Summary

Quality

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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	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 18/19	Q2 18/19	Q3 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%	97.4%	97.1%	97.3%	97.2%	97.1%	96.2%	97.2%	98.0%	99.0%	99.3%	97.1%	97.2%	98.6%	4	
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.9%	100%	100%	98.6%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.6%	95.5%	98.3%	98.8%	98.9%	97.5%	97.0%	99.0%	98.8%	97.6%	97.6%	97.9%	98.9%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	96.7%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	97.7%	97.1%	97.1%	4	
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.3%	98.3%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	98.2%	Due Feb 19	98.2%	96.8%	Due Feb 19	4	
Out of area bed days 5	Improving Care	Responsive	CH	Q1 18/19: 1608, Q2 18/19: 531	1608	531	282	368	437	589	384	165	389	267	1181	1410	821	1	
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	54.0%	52.9%	57.2%	53.2%	54.0%	52.1%	47.1%	49.5%	50.10%	Due Feb 19	54.4%	50.6%	Due Feb 19	3	
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	90.6%	91.6%	88.0%	93.9%	93.9%	94.8%	94.0%	94.7%	96.8%	Due Feb 19	91.3%	94.2%	Due Feb 19	4	
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	100%	100%	98.7%	100%	99.7%	99.5%	99.6%	99.8%	99.5%	Due Feb 19	99.4%	99.6%	Due Feb 19	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	53%	89.8%	93.5%	81.0%	70.0%	92.0%	91.4%	90.3%	94.2%	94.7%	88.6%	81.7%	90.3%	92.6%	4	
% clients in settled accommodation	Improving Health	Responsive	CH	60%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	78.2%	77.9%	79.1%	78.8%	78.2%	4	
% clients in employment 6	Improving Health	Responsive	CH	10%	9.1%	9.0%	8.7%	8.6%	8.5%	9.5%	8.9%	8.6%	9.0%	9.4%	8.6%	8.8%	9.0%	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	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 18/19	Q2 18/19	Q3 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	96	2	0	14	22	1	22	8	29	2	16	45	39	2	
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	4	1	0	3	3	1	2	2	3	1	4	6	6	2	
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	180		212			192			184		212	192	184	N/A	
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	9.0%		15.1%			14.1%			13.0%		15.1%	14.1%	13.0%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Q1 18/19	Q2 18/19	Q3 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%	98.1%	97.4%	97.7%	97.5%	98.8%	98.5%	99.1%	98.9%	97.0%	98.8%	97.8%	98.8%	97.9%	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%	99.9%	99.9%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.6%	90.7%	90.5%	90.8%	90.5%	95.5%	95.1%	91.0%	90.9%	90.5%	90.8%	91.1%	90.8%	4	



* See key included in glossary.

Figures in italics are provisional and may be subject to change.

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

2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

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

4 - This indicator was introduced from November 2017 as part of the revised NHSI Single Oversight Framework operational metrics. It measure the proportion of valid and complete data items from the MHSDS:

- ☐ ethnic category
- ☐ general medical practice code (patient registration)
- ☐ NHS number
- ☐ organisation code (code of commissioner)
- ☐ person stated gender code
- ☐ postcode of usual address

As this is a revised indicator, the initial focus (until April 2018) will be ensuring providers understand their current score and, where the standard is not being reached, have a clear plan for improving data quality. During 2018/19, failure to meet the standard (95%) will trigger consideration of a provider's support needs in this area.

5 - Out of area bed days - The figure for 17/18 reflected the total number of out of area bed days in the Trust, for 18/19 this has been aligned to the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories. The January 2018 submission was taken as an agreed baseline position.

6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'

Areas of concern/to note:

- The Trust continues to perform well against the vast majority of NHS Improvement metrics
- The proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT) is just above threshold for November. Decembers final data is not yet available but will be reported in next month's report.
- During December 2018, the number of service users aged under 18 years placed in an adult inpatient ward dropped to 1 - there were no new admissions during the month, this was a service user that was admitted during November and discharged early December. 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 quarter 3 has seen an overall reduction in the number of bed days this is still above trajectory and therefore not achieved. Focus remains on reducing the levels of bed days out of area.
 - % 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 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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Barnsley BDU:

Community

Key Issues

- Musculoskeletal – increased numbers of referrals above those expected in specification continues. Approx. 200 additional per month.
- Dietetics - a number of unnecessary referrals for face to face contact within dietetics. Working with Barnsley hospital on a solution.
- Occupational Therapy (OT) – Significant workload and resource pressures in this service.

Strengths

- Barnsley flu vaccination achieved target
- Green for mandatory training (Equality and Diversity; Data Security Awareness; Fire; Hand Hygiene; mental capacity act/deprivation of liberty; Moving and Handling; Safeguarding Levels 1,2 & 3)
- Joint working with BHNFT via multi-disciplinary meetings, intermediate care at risk of re-admission pathway and In-reach nurse.
- Ongoing development in line with cardio vascular disease and frailty workstreams
- Musculoskeletal – despite increased numbers maintaining triage of referrals within 2 days (114%)
- Professional lead for occupational therapy (OT) determining issues and assisting forming resolutions for OT staff.
- All Yorkshire smoke free (YSF) and Live Well Wakefield (LWW) services are performing well.
- YSF Wakefield have successfully established an in-house stop smoking service at Mid York's Hospital
- Health and Wellbeing (HWB) - All staff have completed mental health first aid training
- Friends and family test for LWW is outstanding
- YSF Facebook page is the 3rd most viewed Smoke Free site in the country
- Health and wellbeing - Very low staff turnover rates despite the uncertainty re tenders
- Children's - all services are performing well
- Children's - Friends and family test are very good with some services areas being outstanding
- Child health information system and vaccination and immunisation contract rolled over for 2019/20

Challenges

- End of Life/Palliative Care service review to commence in New Year.
- Barnsley integrated community equipment store (BICES) - due to sickness – contingencies in place – high priority being maintained may be some delay in low priority deliveries, made services aware.
- YSF Barnsley is out for tender this year (runs until 30.09.19). Calderdale contract has been extended until 31.03.20 but as yet Commissioner has not shared their future intentions. Doncaster has a reduced budget year on year for the life of the contract which is challenging. Sheffield have challenging targets which are payment by result.
- HWB - Referrals from our internal SWYPFT teams are very low which is frustrating as our offer fits in to our Trust wide aims and objectives
- Children's CCG/LA Commissioned Services being reviewed in 2019.20
- Children's - Specialised nature and size of teams make them vulnerable if a member leaves or on LTS.

Areas of Focus

- Pulmonary Rehab – performance noticed received. "Joint investigation" following meeting with commissioners.
- Musculoskeletal – staff well-being; time out prepared
- OT – work with Mental Health managers to help recognise lack of OT clinical support through structures.
- Un-funded Wakefield Dietetic service being ceased
- Podiatry – demand and capacity process due for completion
- Dietetics – work with CCG reviewing diabetes offer to learning disability patients with diabetes
- Speech and language therapy professional lead and service manager retirement planning (due end Sept 2019)
- Neuro rehabilitation unit beds – ongoing marketing for out of area beds. Discussions commenced with CCG re STP focus.
- Podiatry - following enquiry by CCG preparing internal review of service / service offer
- Stroke rehabilitation unit – development of integrated stroke pathway including new early supported discharge service and workforce requirements in line with hospital services review

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Barnsley BDU:

Mental Health

Key Issues

- The acute service line continues to experience high demand and some staffing pressures leading to ongoing bank expenditure. This is being kept to a minimum by utilisation of resources across the wards and effective skill-mixing.
- 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.
- Demand and capacity is a challenge in community services, particularly in the enhanced pathways, where adjustments are being made following the changes in the integrated service model and the return of social work resources to the council. Particular work has been needed in one team, where an action plan is in place to cope with demand and capacity and support with staff wellbeing. Partnership approaches and effective communication continues between the council and SWYFT.
- SWYFT were successful in the recent tender process and will become the new provider of Liaison and Diversion Services across South Yorkshire with effect from 1 April 2019. Work is now underway with NHS England, existing providers and external and internal stakeholders to develop and implement the new service model.

Strengths

- Management of patient flow.
- Open dialogue is an innovative approach in mental health, developed in Finland, centred on techniques and strategies that develop the psychological resilience and resources of people in the community. It has a growing evidence base of positive service user outcomes, enabling people to recover from psychotic crises by intervening quickly and effectively, and with a reduction in the use of medication. The early intervention in psychosis team have been successful in securing £43k additional funding from Barnsley CCG to enable open dialogue. UK to put on a one year foundation level course for 18 staff, which will mean Barnsley will become a designated beacon site for open dialogue in the north. Staff are being trained from different services so that the approach can be embedded across the system, creating exciting opportunities for joint working and organisational development across neighbourhoods and networks.

Challenges

- Demand and capacity in community services.
- Adult acute occupancy levels remain high.
- Action plan is in place to improve data quality and in particular performance around care programme approach (CPA) reviews and 14 day access as a key performance indicator, this continues to be impacted upon by the council staff being withdrawn from the integrated teams as above.
- Expected activity levels in the enhanced and core teams require re-defining following the disaggregation of social care resources.

Areas of Focus

- Admissions and discharges and patient flow in acute adult services.
- Continue to improve performance and concordance in service area hotspots tracked team by team by general managers.
- Demand and capacity work in the enhanced pathway.
- ~~Reduction of agency and bank spend in acute services.~~

Calderdale & Kirklees BDU:

Key Issues

- Delayed transfers of care (DTOC) - performance against reduction in DTOCs continues. We have now implemented weekly, newly designed mental health MADE (multi agency discharge planning) clinical commissioning group (CCG), local authority and Trust meetings.
- Continued pressure for admissions and out of area (OOA) beds. Occupancy and acuity remains high on all adult wards and across the business delivery unit (BDU). Kirklees local authority and CCGs have allocated social care and health winter pressure money allocations to a new safe SPACE (commencing February) and discharge co-ordinators. We are focusing on, community and social care admission avoidance options, alternative crisis provision in the community and wrap around complex support packages. Plus some bespoke older adult packages.
- Calderdale local authority is funding the continuation of a local crisis café until March 2019.
- % of clients in employment is recorded as 11.68% in December which reflects an increasing and improving trend and focus within the BDU. This relates to service users aged 18 to 69 years and on the care programme approach.
- Friends and family response numbers have increased significantly since using a text approach with a 90% positive experience result.

Strengths

- High levels of clinical supervision are being recorded.
- Strong and positive performance on mandatory training continues.
- Very positive appraisal completion across all bands.
- Discharge co-ordinator capacity on all wards started in December to reinforce flow management. All 5 now in post.

Challenges

- Adult occupancy levels are high and discharge rates on some ward have reduced. The medical clinical lead is reviewing individual ward performance and giving additional support to local consultants.
- Recruitment of psychological wellbeing practitioner (PWP) workers in improving access to psychological therapies (IAPT). Appointees identified and are commencing employment

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.
- Ward 18 garden area reviewed for overall safety and new anti-ligature, anti-climbing and netting work is due to commence in all Priestley unit gardens in late January.
- Adult ward nursing staff recruitment ongoing and increase in line with executive management team (EMT) agreement in order to improve safety and patient experience. Additional band 2/3s undergoing recruitment.

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Forensic BDU:

Key Issues

- NHS England (NHSE) intend to de commission 8 Learning Disability beds. Following a meeting with NHSE a draft business case for alternative use of the beds has been shared.
- Service review/business case as lead provider continues to progress. 3 key themes of work identified. Meeting of key clinicians across West Yorkshire to explore future demand and capacity.
- Learning disability forensic outreach and liaison service (LD FOLS) continues to develop recruitment to initial service has commenced. Team Leader and key clinicians appointed on a fixed term/secondment basis.
- NHSE commissioned an independent review into Forensic child and adolescent mental health services CAMHs service in Her Majesty's prison (HMP) / Youth offending institute (YOI) Wetherby and Adel Beck following concerns regarding the delivery of HSB (Harmful Sexual Behaviour) and wider service delivery issues. Final report now received and work has commenced with LCH and HMP/YOI Wetherby to develop an action plan.
- Occupancy levels in medium secure above 95% but remain below target in Low secure.

Strengths

- Strong performance on mandatory training.
- Developing innovative and collaborative work in the delivery of this years CQUINs.
- Progress being made on care quality commission (CQC) action plans. Only action waiting to be addressed is the call system which will form part of an overall Trust 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 business delivery unit).
- Reducing sickness.

Areas of Focus

- Reducing sickness.
- Development of Learning disability forensic outreach and liaison service.
- 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.
- Leadership development within FCAMHs.

Specialist BDU:

Key challenges

- There have been three recent suicides of young people (18 years+) in Wakefield. Two of the young people had been known to child and adolescent mental health services (CAMHs). The Wakefield Safeguarding Board is now leading on a serious case review in relation to all three cases and is undertaking further review regarding the potential for 'cluster' suicides in the last 2/3 years. An internal investigation is being progressed with respect to the young people known to CAMHs which will support the review.
- The suicides come at a time of some clinical concern over growing caseload risk. A review of all aspects of the service with the commissioner of how demand is best met, the service offer and funding is now required and recommendations will be reported accordingly. This needs to take into account the safeguarding review and internal management review. Encouragingly there is considerable focus on these services in the NHS long term plan and a considerable degree of senior engagement across a Wakefield organisations on the next steps.
- An action on autism summit was held in Calderdale on 10 January 2019. Partners from across the local system - including children/young people and families – were in attendance. The purpose was to initiate a strategic review of arrangements for diagnostic assessment and support.

Strengths

- Kirklees and Calderdale learning disability (LD) service services are now live with the text reminder service for psychiatry patient appointments, with Wakefield and Barnsley part way through their implementation plan for this
- In learning disabilities services there has been improvement in all four localities on 3 month post discharge review
- Barnsley CCG has committed to investment in development of an all-age liaison model. Work is progressing with a view to May 2019 implementation.
- Kirklees application to be a CAMHs Trailblazer site was successful. This partnership-based project will see a significant strengthening of school-based support.

Areas for focus

- Proactively addressing vacancy levels in learning disability services and consultant posts in CAMHs
- Calderdale CCG has invested in an autistic spectrum condition (ASC) diagnostic waiting list initiative led by CAMHs. This will increase pathway capacity from 5-15 assessments per month for a 12 month period.
- Wakefield CCG has invested in a CAMHs waiting list initiative focused on group and brief intervention support.
- Barnsley CCG has invested £61k in a non-recurrent attention deficit hyperactivity disorder (ADHD) focused waiting list. A business case has been develop for recurrent funding to address the waiting times for ADHD diagnostic assessment and treatment.

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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).

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.
- 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 review performance remains high.

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 and agency spending on medical staff in community.

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.

Communications, Engagement and Involvement

- Christmas Countdown on social media which generated excellent staff engagement (particularly on Facebook), plus coverage of Christmas activities
- Flu campaign continued, based on insight and in line with communication plan, utilising all existing routine channels.
- SystmOne for mental health - continued promotion of training, confirmation of new go live dates, and regular updates to super users.
- Co-production of a partnership communication strategy with Barnsley Hospital, the CCG and GP Federation to promote alliance working and partnership working successes
- Support for the changes to stroke pathway in Barnsley - regular updates to staff via newsletter
- Forensic service review – promotion of training for community staff to improve links with forensic services.
- Support for transformation programmes – community, older people's and rehab and recovery services in Kirklees
- Support to EyUP! through promoting and supporting Christmas events, and with fundraising manager recruitment, including social media advertising

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This is the January 2019 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 December 2018

Note: Where a priority programme is already reported in another section of the IPR, e.g. 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 December includes:

Flow and out of area beds:

Bed pressures remain in the system and out of areas placements continue, although the levels fluctuate, and the risk the expenditure will exceed forecast levels still persists.

- Work continues toward implementing criteria led discharge across inpatient units. Wakefield BDU and Barnsley are now live. Calderdale/Kirklees are implementing in January 2019.
- Work continues with the external consultants to focus on the root causes of the out of area situation and establish change activity to support improvement. A mid-point review took place on the 10th January where early hypothesis were considered; the end project report is due by 31 January.

Clinical Record System:

- Trust Board have approved the cutover approach and a new go live period (Monday 25 February – Tuesday 5 March). Inpatient teams will go live on Monday 25 February, followed by the rest of the services on Tuesday 5 March
- We've been working with the supplier of SystmOne to resolve the issues that might prevent us going live. There are currently three issues being worked through and escalated to the appropriate level within the Trust and the supplier and good progress is being made.
- Our strong engagement with clinical teams continues, involving change reference group attendees in the reviewing of clinical documentation/assessments. There has also been extensive engagement with representatives from inpatients, community and specialist services in go live planning.
- 53% of staff have demonstrated competency and will have their smart cards updated, ready for go live, and schedules are in place to offer training in January and February 2019. We're encouraging staff to make use of the extra 1500 places we've made available. If staff do not complete training, their smart cards will not be updated for go live. Our aim remains to have at least 85% of staff competent by the end of January. This has been raised as a critical risk.

Older Peoples Services

- Amendments to the business case continued through December.
- A partnership board discussion was conducted and this initiated further conversations with commissioners about how best to take the model forward.
- Further meetings with commissioners have taken place though Barnsley meeting arranged.
- Task and finish activity is ongoing to ensure that we have the right physical environment for any future dementia specialist ward.

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Priority	Scope	Narrative Update	Area	RAG
IMPROVING HEALTH				
Joined Up Care				
South Yorkshire Projects: Stroke Service Review	<p>Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on:</p> <ul style="list-style-type: none"> Stroke service review <p>As a result of the South Yorkshire ICS work on the Hyper-Acute Stroke provision and the wider Hospital Services Review SWYPFT and Barnsley Hospital NHS Foundation Trust (BHNFT) were asked to work together by CCG on an integrated pathway for stroke patients in Barnsley. The key themes within this are:</p> <p>MDT (Multi Disciplinary Team) working TIA (Trans Ischaemic Attacks) pathway ESD (Early Supported Discharge) pathway</p> <p>Project Objectives:</p> <ul style="list-style-type: none"> Develop integrated stroke services across Barnsley to establish improved patient flow and pathways Reduce potential duplication across the borough, in particular TIA clinics and provide a one stop shop for patients. Establish integrated multi disciplinary team (MDT) working across both organisations to reduce the impact of pathway handovers on patient care and improve system wide patient flow. This element overlaps both 2 and 3. Develop a stroke specific ESD service which will support improved patients flow from the new HASUs and enable patients to reach their rehabilitation potential closer to home as/when appropriate in their recovery journey 	<p>Update this month :</p> <ul style="list-style-type: none"> Task action groups (TAG) continue for both single transient ischaemic attack (TIA) pathway and Early Support Discharge (ESD) workstreams. Quality impact assessment (QIAs) are drafted and with Barnsley Hospital NHS Foundation Trust (BHNFT) for comment Equality impact assessment (EIAs) are also drafted and again with BHNFT for comment Communications update was issued to staff in mid December following Steering Group held 10 December Outline model/new developments was presented to Clinical Forum on 6 December – positive feedback was received Senior/Executive level stocktake meeting is arranged for 21 January 2019 by CCG <p><u>Single TIA pathway (TIA)</u></p> <ul style="list-style-type: none"> Timetable agreed including medical cover Clinics at BHNFT to start week commencing 7 January 2019 Referral forms have been updated in line with Barnsley system needs and wider Health and Working Together in South Yorkshire and Bassetlaw HASU model – these have been shared at SYB ICS Stroke Implementation Group in December. Further work underway to finalise the review process later in the TIA pathway. Follow up clinics will take place at Cudworth, staffed by SWYPFT clinicians <p><u>Stroke early support discharge (ESD)</u></p> <ul style="list-style-type: none"> Demand and capacity work continues Meeting held with commissioners 30 November to review projected activity and help inform the likely demand on ESD ESD draft proposal shared with TAG members and taken to Steering Group 10 December 2018 Financial projection work underway in preparation for January discussions <p><u>MDT</u></p> <ul style="list-style-type: none"> SWYPFT and BHNFT colleagues have been meeting to discuss how to improve patient flow. SWYPFT colleagues are joining BHNFT multi disciplinary team (MDT) meeting weekly (rota basis) to discuss potential Stroke Rehabilitation Unit (SRU) patients. Proposal for project support to develop integrated dashboard reporting system to share real time information to support MDT working and decision making 	Progress Against Plan	
		<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. Also retaining current staff in the new model. Contracting arrangements HASU timeline not on track Demand for radiology / availability of diagnostic testing within required timescale Social care not yet fully included in scope of stroke developments Requirement for shared IT systems Viability of six acute beds 	Management of Risk	

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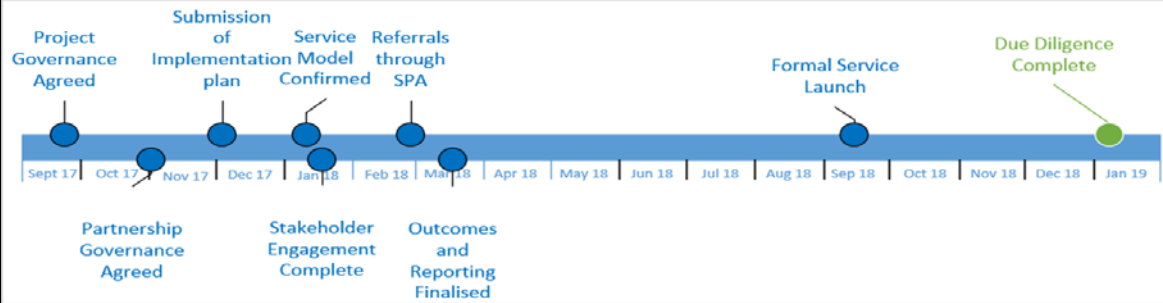
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		<p>High level milestones:</p> <p>ESD pathway mapping - September 2018 - Complete</p> <p>TIA - move to Barnsley Hospital – 7 Jan 2019</p> <p>ESD - proposals for model developed - end of November 2018</p> <p>ESD - financial projections in place (Dec / Jan)</p> <p>ESD – senior meeting to be organised for January 2019</p> <p>ESD - service model agreement - January 2019</p> <p>ESD - implementation process - February to March 2019</p>		
South Yorkshire Projects: Neurological rehabilitation	<p>Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on:</p> <ul style="list-style-type: none"> Neurological rehabilitation 	<p>This priority reports bi-monthly on the IPR. The next update is due in the February 2019 IPR but the last update from December 2018 included the following:</p> <ul style="list-style-type: none"> The project team is working towards a robust plan to promote and market capacity in NeuroRehabilitation unit (NRU) beds in Barnsley that will be available due to de-commissioning. Progress is in line with this plan and is nearing completion. The project team consists of representatives of the service, supported by members of the integrated change team, business development and our communications and marketing team. A publicity leaflet about the unit, its service offer, facilities, outcomes and costs has been professionally designed and finally signed off prior to printing which occurring currently. This leaflet, with accompanying cover letters, will be part of targeted marketing of the service to local GPs, intensive treatment units, neighbouring CCGs etc. 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 NRU will align to information contained in the publicity leaflet. 	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation Plan in place		
South Yorkshire Projects: Autism and ADHD	<p>Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on:</p> <ul style="list-style-type: none"> Autism and ADHD 	<ul style="list-style-type: none"> Initial discussions are still taking place on developing a plan and determining objectives and resource implications for this priority. This plan include gaining learning lessons from the West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) priority for improving autism and Attention deficit hyperactivity disorder (ADHD) and potentially 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	<p>Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of:</p> <ul style="list-style-type: none"> 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 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	

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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:		Following implementation of this project, and subsequent handover to business as usual (BAU), this priority will, from January 2019, report bi-monthly. Activities completed for the reporting period of December 2018 include:			Progress Against Plan
	<ul style="list-style-type: none"> Community Forensic CAMHS 		<ul style="list-style-type: none"> Clarity has now been obtained in regards to data submission for the national evaluation, our assistant psychologist is liaising with other regional teams and the national teams to ensure we are gathering required data across Yorkshire and Humber. KPI feedback data remains low for feedback from young people, professionals and carers, steps have been taken to imbed this into clinicians practice to increase feedback gained. A meeting is scheduled with performance and information (P&I) on 31 January 2019 to review key performance indicator (KPI) data collection and to ensure this is being accurately reported from the system. This will also allow for planning around the implementation of SystmOne and any impact of this. The new band 6 mental health practitioner post is completing pre-employment checks and should be filled shortly. Operational meetings continue to take place and will be scheduled to continue quarterly through 2019. Attendance from partners is an area to be addressed, as this is not consistent presently. The West Yorkshire area within the FCAMHS Yorkshire and Humber region remains the busiest. Referrals slowed over the Christmas and New Year two week period, which was predicted. A plan is being developed with regards to on-going service development for the next 12 months, this will continue to be reviewed within monthly business meetings, to ensure this is on track. The December highlight report (reporting on November progress) was issued to NHS England (NHSE) as the final highlight report for the Yorkshire and Humber regional forensic CAMHS implementation project. NHSE has acknowledged this and is in agreement as the project moves to BAU. 			Management of Risk
			<ul style="list-style-type: none"> There are currently no high level risks identified in this project. Risk sharing agreements are developed for the partnership 			
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:		In February 2018, NHSE approached SWYPFT regarding an opportunity to be one of three Wave 1 trial sites for a Specialist Community Forensic Team. A bid was duly prepared for this opportunity and submitted. We have been informed that our bid was not successful and that SWYPFT have not been chosen as one of the three Specialist Community Forensic Team Wave 1 trial sites. Following initial verbal feedback on the bid our forensic services team have been invited to take part in a learning network with those from the successful Wave 1 Specialist Community Forensic Team sites and further formal feedback on the bid has been requested.			Progress Against Plan
	<ul style="list-style-type: none"> Forensic community Mental Health 		Not applicable			Management of Risk
			Not applicable			

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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 NHSE in September 2017.Following this submission NHSE have invited all Trusts who 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 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">Separate workstreams under the WY&H HCP MH Programme Board have been initiated for both Adults and Children's ASC (Adults Autistic Spectrum Condition) ADHD (Attention-Deficit/Hyperactivity Disorder).The greater focus currently is on the Children's ASC/ADHD project which has the key objective to reduce waiting times for ASC/ADHD assessment/diagnosis by focusing on sharing evidence based improvements and learning and where possible embedding consistency of approach/standardisation of practice. There will be an obvious link to the adult project which has the same key objectives as the children's.Sean Rayner is the SRO for both projects under the WY&H HCP MH Programme Board. <u>Children's ASC ADHD:</u> <ul style="list-style-type: none">Waiting times for assessment and diagnosis for Children and Young People continue to be an issue across West Yorkshire and there is clearly enthusiasm and commitment from providers to work collectively to share the challenges faced in this priority and reduce waiting numbers in parallel to introducing new pathways for assessment and diagnosis.Work has commenced to understand the evidence base around new initiatives for children's ASC ADHD and a report is being prepared on what would be needed to address the issues identified. <u>Adults ASC ADHD:</u> <ul style="list-style-type: none">Pertinent work currently is that waiting list challenges in Bradford are being reviewed collectively by the three providers and support to the Bradford service is on offer from both SWYPFT and LYPFT.			Progress Against Plan	
		<u>Children's ASC ADHD high level risk:</u> <ul style="list-style-type: none">Risk around transition points (different services support assessment at different ages and interdependences with adults). Workstreams to be aligned and come together in an ASC/ADHD steering group to be established. <u>Adults ASC ADHD: high level risk:</u> <ul style="list-style-type: none">There is no nationally recommended pathway or specification for adult Autism and ADHD - the remedy is to determine whether WY&H HCP set their own.			Management of Risk	
		Development of an implementation plan of key milestones is yet to be finalised				

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 are the lead through the Operational Delivery Network (ODN) and Transforming Care Partnership on improving services for people with a learning disability and autism across Yorkshire and Humberside from April 2018. Update on progress made in this period includes: • The project is on track against plan - hence is green RAG. • Contract with NHSE has been finalised. following discussion on finance. • Quarterly North region ODN meetings established with North East and North West regions • Contract agreement is progressing with a view that the clinical lead post will commence soon. • ODN Project Support commence in post on 10th December. • Further workstream leads have been agreed with just one existing vacancy for the Autism LD Community Infrastructure workstream which is being currently pursued. • A rehab utilisation paper is in development. • Work continues between the project team and SWYPFT IM&T to further scope the network tool 'SLACK' and agree options going forward. • Assessment of support needs across all workstreams is ongoing.			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 in the February 2019 IPR but the last update from December 2018 included the following: • 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 (ED) 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 STP. [Note: there was previously no community ED 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	

Summary

Quality

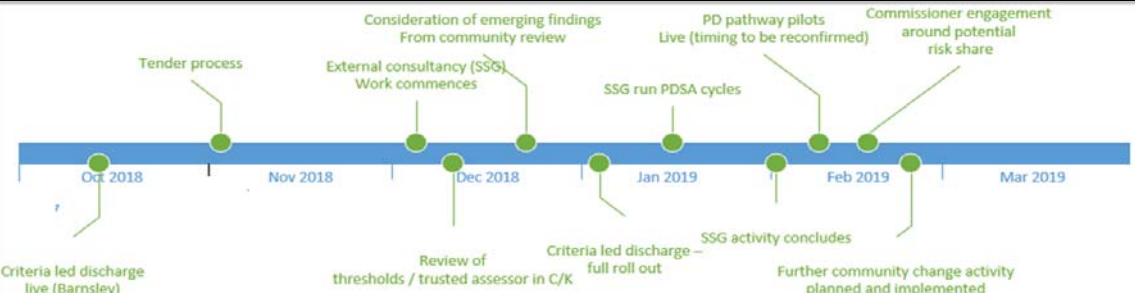
NHS Improvement

Locality

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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 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>	<p><u>Out of Area</u></p> <ul style="list-style-type: none"> • Bed pressures remain in the system and out of areas placements continue, though the levels fluctuate. All recent placements have been from the Calderdale/Kirklees locality, and the risk the expenditure will exceed forecast levels still persists. • Work continues toward implementing criteria led discharge across inpatient units. Wakefield BDU and Barnsley are now live. Calderdale/Kirklees are implementing in January 2019. • Work continues with SSG Health to focus on the root causes of the OOA situation and establish change activity to support improvement. A mid point review is planned for 10 January where early hypothesis will be considered; the end project report is due by 31 January. <p><u>PD Pathway</u></p> <ul style="list-style-type: none"> • There has been some delay in implementation of the PD pathway due to the PD lead taking a secondment. • PD lead has however continued to oversee the project whilst recruiting a senior advanced nurse practitioner (SANP) to continue leading the PD work and implement the PD pathway. • This post is shortlisted and interview is planned for 8th February 	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	

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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.

- Increased internal marketing of available roles across SWYPFT. 1st stage is completed which involved publication of internal job vacancies newsletter weekly complete. Now into it's 14th edition published this week in Headlines which is seen weekly.
- All new vacancies are now automatically uploaded to NHS Yorkshire Jobs Facebook page.
- Development has commenced for a bespoke webpage for apprenticeships which will include 'day in the life of...' information about roles available, benefits for working with the Trust.
- Development of Physio apprenticeship placement with Sheffield Hallam University commenced. Course is programmed to begin in January 2019 (potentially delayed until April). Trust is evaluating 30-month physio apprenticeship with SHU as an alternative entry into the Trust. Scope of the potential, plan to implement and potential rotation of role across Trust ongoing. Numbers at this time not yet known.
- Development of TNA and nursing apprenticeships ongoing. Workforce Planning workshops now arranged for Jan/Feb 2019. Workforce workshops focusing on identification of numbers for development roles in teams for TNA's nurse associates, ACP roles, physician associates and other potential developmental roles amongst other areas of workforce risk and training needs analysis, leadership development. Workforce plans by BDU to be signed off in readiness for April 2019.
- Trusts Clinical Support Workforce plan to be updated for 2019-2021. Initial 2016-18 plan now concluded. This is linked to the development of the roles above along with the continued delivery of the HCSW apprenticeship cohorts. Current cohort delivery matched to projected turnover of HCSW roles. To be published by April 2019 following BDU Workforce Plans being signed off and complete.
- Collaborative workforce planning being set up across both SY&B and WY&H being led by SWYPFT workforce planning and L&D leads – large scale collaborative workforce planning in early stages aimed at improving our collective workforce needs into Universities and FE's. Goal to be lead in production of West Yorkshire Strategic Workforce Plans. Work ongoing.
- Nursing professional leads and workforce/L&D leads have met to discuss timelines for dovetailing an updated Nursing Strategy and the refresh of the Trusts Clinical Support Workforce Strategy. The Clinical Workforce refresh will focus on further strengthening the apprenticeship model, developing clearer band 3 role design and expand the role/opportunity of band 4/TNA roles and development across the Trust with scoping of career progression from non-clinical roles into clinical roles (B4 to B5).

Progress Against Plan

Despite ongoing work around nursing strategy and recruitment/retention, we are still seeing an increase in nurse vacancies across the whole Trust. To achieve 100% nursing establishment approx. 230 additional 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.

Management of Risk

Milestones from the implementation plan for this priority:

- Initial recruitment/retention steering group set up July
- Analysis and focus groups in high turnover areas – July
- Wellbeing survey deep dive commences - August
- West Yorkshire collaborative activity to commence - September
- Professions Workforce Planning Workshop November - to be planned
- Workforce planning cycle starts - January 2019 following Trust structure review
- Clinical workforce support strategy refresh – Two-year plan to be developed by January 2019.

Summary

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Plan and deliver a new clinical record system which supports high quality care

Clinical record system

The update for this priority includes:

- Trust Board have approved the cutover approach and a new go live period (Monday 25 February – Tuesday 5 March). Inpatient teams will go live on Monday 25 February, followed by the rest of the services on Tuesday 5 March, so we can focus on the areas most at risk. We've held workshops with service managers to co-produce the cutover approach.
- We've been working with TPP (the supplier of SystmOne) to resolve the issues that we have concerns about that might prevent us going live. There are currently three issues being worked through and escalated to the appropriate level within the Trust and the supplier but good progress is being made.
- Our strong engagement with clinical teams continues, involving change reference group attendees in the reviewing of clinical documentation/assessments. There has also been extensive engagement with representatives from inpatients, community and specialist services in go live planning.
- With regard to training on SystmOne 53% of staff have demonstrated competency and will have their smart cards updated ready for go live and schedules are in place to offer training in January and February 2019. We're encouraging staff to make use of the extra 1500 places we've made available. If staff do not complete training, their smart cards will not be updated for go live. Our aim remains to have at least 85% of staff competent by the end of January. This has been raised as a critical risk.
- We have put additional resources into 'business readiness', supporting the clinical safety design group, in the ownership of all the processes that need to be in place for go live. in preparation
- The second super user pre-go live briefing session ('On Your Marks...') has taken place in four locations across the Trust. The next session ('Get Set...') will take place in January.

Risks Identified, as at 31 December 2018 (with Datix risk references notated):

- 1223 PROGRAMME: Inadequate clinical engagement through all the key workstreams results in a risk that the system is configured in a clinically unsafe way
- 1348 PROGRAMME RISK: ROLES AND RESPONSIBILITIES Risk of role confusion after transfer to SystmOne with responsibilities being unclear between clinical and administrative staff
- 1251 CUTOVER: During the transition (cutover) 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 also refers to Risk:
- 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.
- 1285 DATA MIGRATION (DM): All planned DM testing activities are completed, however there are still 68/575 raised issues outstanding. These are sat with TPP and are being monitored daily by the team. Of these five are identified as go live critical these are: 1)missing current inpatients (17) 2) care planning 3) MHSDS 4) 30k missing appointments 5) care coordinator not showing across all units
- 1224 TRAINING: Staff may not be competent and are therefore unable to fulfil their job role at Go live. 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
- 1350 REPORTING: Completeness of data during the cutover period - impact on report completeness. Sub risk of the cutover risk not being in plan. Details of phased business go live (2 stages)
- 1277 REPORTING: Contract negotiations taking place on or near go live which may result in change requirement to reporting that cannot be met
- 1305 CONFIGURATION: Insufficient time for system analysts to create required configuration from co-design outputs resulting in SystmOne is configured but not meeting requirements
- 1293 INFRASTRUCTURE: Lack of funding within the programme budget to fund any work required to achieve deliverables. Following the assessment of the infrastructure to meet the suppliers warranted environment specification (WES), there may be insufficient funding available to comply.
- 1344 RESOURCES: the team is made up from a range of temporary resources. Progress may be slower as staffs leave and replacement is recruited. Costs may go up as more skilled and experienced staff is required nearer to go live.

Progress Against Plan

Management of Risk

Summary

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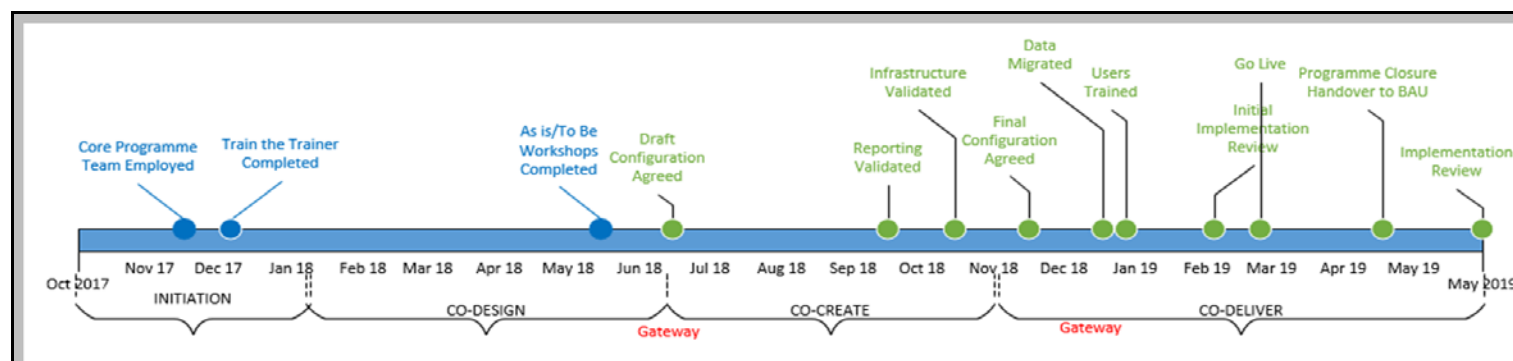
Finance/Contracts

Workforce



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.



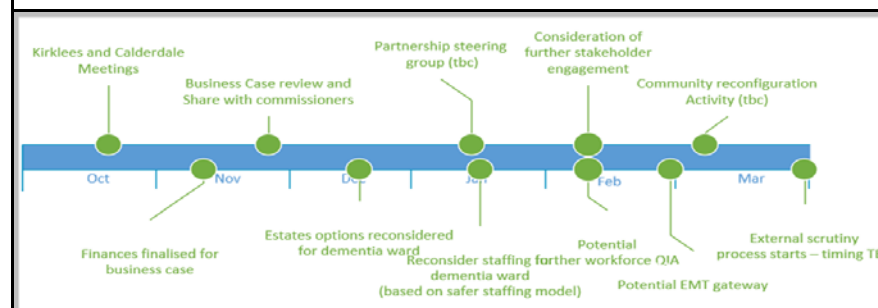
This priority reports bi-monthly on the IPR. The next update is due in the February 2019 IPR but the last update from December 2018 included the following:

- Final amendments have been made to the business case and this has been shared with commissioner at end November. A partnership board discussion is planned for mid-December and we expect the business case to trigger further conversations with commissioners about how best to take the model forward.
- Further meetings with commissioners have taken place though Barnsley meeting needs rearranging.
- Task and finish activity is ongoing to ensure that we have the right physical environment for any future dementia specialist ward.

- 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.

Progress Against Plan

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

Summary

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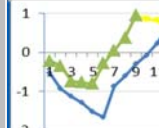
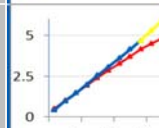
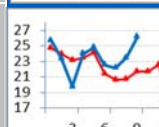
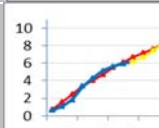
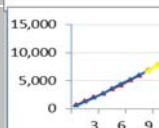
Priority Programmes

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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	1	2	The capital service capacity metric has improved from 2 to 1 in month; this has improved the Trust's overall finance and use of resources risk rating from 2 to 1. This is ahead of plan. All individual ratings are currently at level 1 or 2.	
2	Normalised Surplus (inc STF)	(£0.8m)	(£2m)	December's financial performance is a surplus of £0.2m pre PSF (Provider Sustainability Fund). The cumulative deficit is £0.8m. This position is supported by a number of non-recurrent benefits such as gains on asset disposals and additional one off commissioner investment.	
3	Agency Cap	£4.2m	£6.5m	Agency expenditure was £0.5m in December. Year-to-date costs are £4.7m which is £0.5m (13%) above cap. Current year-end projection is to exceed our agency cap by £1.3m (25%).	
4	Cash	£26.2m	£22m	Cash remains ahead of plan primarily due to one off benefits such as asset sales and due to low levels of outstanding debtors.	
5	Capital	£6.2m	£8.2m	Expenditure is £0.5m (8%) behind plan for the year to date. A number of small changes have been made to the overall programme in year and these are forecast to complete in Qtr 4.	
6	Delivery of CIP	£6.8m	£9.7m	Savings of £6.8m have been identified for the year to date which is £0.1m (1.7%) behind plan. Previously identified upside opportunities are expected to close the current £0.6m gap during Qtr 4 ensuring that the CIP value is delivered in full during 2018/19.	
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. An initial meeting with Kirklees, Calderdale and Wakefield Commissioners in December. Proposed changes to the NHS Standard Contract are being consulted on by NHS England. These are being reviewed internally to identify required actions to address and meet requirements within proposed timescales, identify risks to delivery and identify any issues to feedback through the consultation process for the 1 February deadline

CQUIN

Work ongoing to prepare submissions for Q3 submissions to commissioners

Contracting Issues - Barnsley

Work is prioritised on preparation for 2019/20 contract negotiations including determining the key priority areas for mental health investment in 2019/20 under the Five Year Forward Review. As part of joint planning with the CCG, further priority areas for future investment in Mental Health have been agreed including all age liaison psychiatry, further expansion of improving access to psychological therapies for long terms conditions and addressing attention deficit hyperactivity disorder in children and young people. These have been agreed through the CCG Governing Body as priority areas. Investment levels are yet to be determined and confirmed. Work continues with the CCG to review Children's Therapies services pressures and the review of continence services is being finalised.

Contracting Issues - Calderdale

Work is prioritised on preparation for 2019/20 contract negotiations including determining the key priority areas for mental health investment in 2019/20 including Five Year Forward Review priorities. Key work strands relate to out of area, crisis/intensive home based treatment services, early intervention in psychosis and child and adolescent mental health services.

Contracting Issues - Kirklees

Work is prioritised on preparation for 2019/20 contract negotiations including determining the key priority areas for mental health investment in 2019/20 including Five Year Forward Review priorities. Key work strands relate to out of area, crisis/intensive home based treatment services, early intervention in psychosis and expansion in core and long term conditions improvement in access to psychological therapies.

Contracting Issues - Wakefield

Work is prioritised on preparation for 2019/20 contract negotiations including determining the key priority areas for mental health investment in 2019/20 including Five Year Forward Review priorities.

Contracting Issues - Forensics

Work is prioritised on preparation for 2019/20 contract negotiations including determining the key priority areas for mental health investment in 2019/20 under the Five Year Forward Review. The key priority work stream remains the review and reconfiguration of the medium and low secure service beds as part of the work with NHS England in addressing future bed requirements as part of the wider regional and West Yorkshire integrated care system work.

Contracting Issues - Other

Work has commenced on a waiting list initiative for the assessment and diagnosis of autistic spectrum conditions in Calderdale children's and young peoples mental health services. A similar initiative is to be supported in Kirklees under the 0-19 contract. SWYPFT has been awarded the contract for the provision of NHS England commissioned services for the provision of liaison and diversion services across South Yorkshire covering Barnsley, Rotherham, Doncaster and Sheffield. Wakefield Council have been awarded the contract for the provision of these services across West Yorkshire to which SWYPFT will be sub-contracted for the provision of mental health input.

Summary

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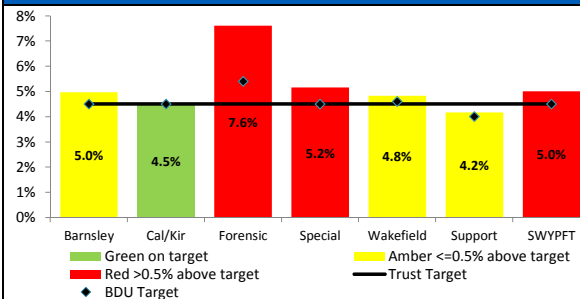
Finance/Contracts

Workforce

Workforce

Human Resources Performance Dashboard - December 2018

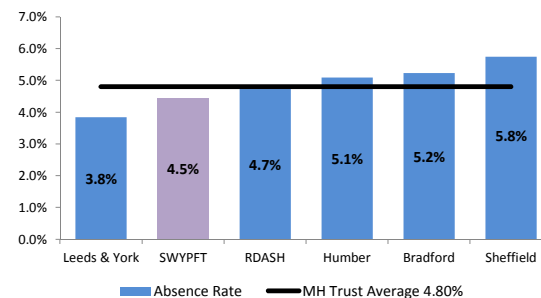
Sickness Absence



Current Absence Position and Change from Previous Month - Dec 2018

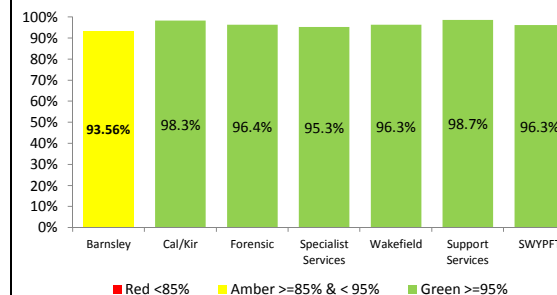
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	6.10%	4.90%	8.20%	5.80%	5.30%	4.70%	5.70%
Change	↓	↑	↓	↓	↔	↓	↓

The Trust YTD absence levels in December 2018 (chart above) were above the target at 5.01%.



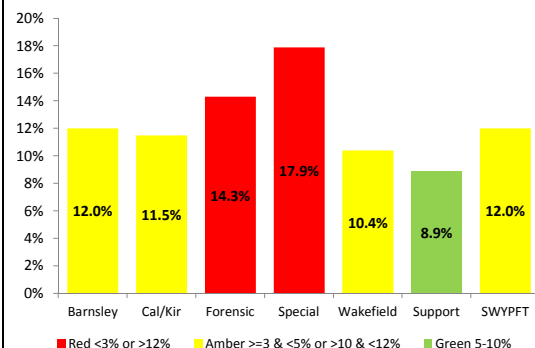
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2018 to July 2018. During this time the Trust's absence rate was 4.46% which is below the regional average of 4.8%.

Appraisals - All Staff



The above chart shows the appraisal rates for all staff to the end of December 2018. The inclusion of appraisals for Band 5 and below from September has resulted in an overall percentage drop, however, all areas have improved month on month and only one BDU is now below the target of 95%.

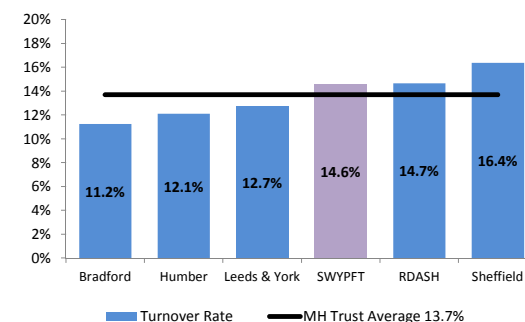
Turnover and Stability Rate Benchmark



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

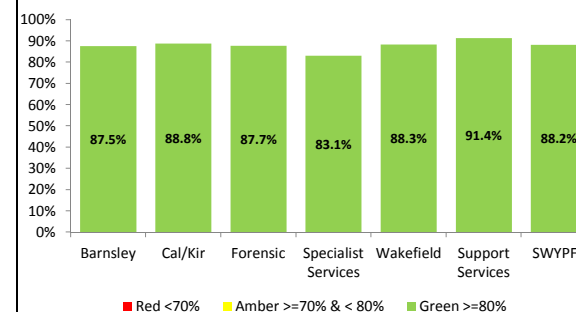
Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.

*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 December 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	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=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%	5.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.8%	6.2%	6.0%	4.9%	4.4%	4.4%	4.4%	4.7%	4.8%	5.1%	5.7%	5.9%	5.7%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	98.1%	97.9%	97.8%	97.8%	7.3%	26.1%	72.2%	87.7%	92.8%	95.0%	95.8%	98.1%	98.2%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	95.7%	95.9%	95.9%	96.0%	0.8%	2.8%	9.4%	21.6%	48.1%	78.6%	87.2%	94.3%	95.0%
Aggression Management	Improving Care	Well Led	AD	>=80%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	76.6%	77.0%	78.5%	81.4%	82.3%	84.0%	84.5%	84.8%	83.3%	81.6%	80.1%	80.2%	81.2%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	82.5%	83.8%	85.3%	85.1%	85.6%	85.5%	85.8%	85.9%	86.0%	85.8%	85.8%	86.1%	87.4%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	86.9%	88.3%	88.9%	88.5%	89.0%	89.8%	89.7%	89.8%	90.1%	89.8%	90.2%	90.7%	91.3%
Fire Safety	Improving Care	Well Led	AD	>=80%	82.4%	83.8%	84.6%	85.4%	85.3%	86.8%	86.6%	86.6%	87.4%	86.3%	86.8%	86.7%	88.1%
Food Safety	Improving Care	Well Led	AD	>=80%	78.6%	79.3%	77.8%	77.2%	76.2%	77.2%	77.5%	80.8%	81.9%	81.7%	81.9%	84.1%	82.2%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	83.2%	85.0%	86.5%	86.8%	87.0%	87.3%	87.3%	87.8%	88.5%	89.1%	89.3%	89.1%	89.7%
Information Governance	Improving Care	Well Led	AD	>=95%	83.8%	89.2%	95.7%	96.5%	92.4%	92.7%	92.1%	91.9%	92.2%	92.1%	92.3%	90.2%	90.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	91.1%	91.0%	91.1%	90.7%	91.1%	91.4%	91.3%	92.2%	91.7%	90.9%	91.4%	92.6%	92.3%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	86.6%	86.4%	86.0%	84.7%	85.7%	86.8%	86.5%	88.1%	87.3%	85.9%	85.8%	87.7%	86.7%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	66.8%	87.6%			81.3%			79.6%			74.8%		
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	87.8%	89.0%	89.8%	89.9%	90.0%	91.0%	91.3%	91.7%	91.7%	91.5%	92.1%	93.0%	93.7%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	85.1%	86.7%	87.5%	87.8%	88.4%	88.6%	89.4%	90.1%	90.4%	90.0%	90.4%	89.4%	91.4%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.3%	93.8%	94.3%	93.4%	94.4%	95.1%	94.9%	95.8%	95.2%	94.6%	94.6%	94.1%	94.5%
Bank Cost	Improving Resources	Well Led	AD	-	£534k	£604k	£655k	£907k	£557k	£603k	£768k	£646k	£730k	£845k	£615k	£674k	£678k
Agency Cost	Improving Resources	Effective	AD	-	£430k	£465k	£563k	£555k	£444k	£538k	£484k	£526k	£566k	£522k	£537k	£536k	£530k
Overtime Costs	Improving Resources	Effective	AD	-	£8k	£11k	£13k	£6k	£8k	£13k	£5k	£11k	£5k	£8k	£4k	£5k	£7k
Additional Hours Costs	Improving Resources	Effective	AD	-	£39k	£34k	£24k	£23k	£29k	£15k	£23k	£31k	£32k	£29k	£30k	£31k	£24k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£594k	£633k	£532k	£483k	£430k	£449k	£420k	£461k	£471k	£507k	£586k	£580k	£580k
Business Miles	Improving Resources	Effective	AD	-	305k	271k	275k	230k	274k	264k	259k	291k	269k	279k	267k	299k	279k

1 - this does not include data for medical staffing.

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Workforce - Performance Wall cont...

Mandatory Training Compliance at 31 December 2018

Green Compliance Status:

- Aggression Management – 82.48% 1.07% increase in compliance from last month.
- Aggression Management / Physical Interventions – Clinical Level 2 – 85.84%
- Aggression Management / De-escalation and Breakaway – Clinical Level 1 – 82.96%
- Aggression Management / Personal Safety and Breakaway – Non Clinical Level 2 – 69.55%
- Cardio Pulmonary Resuscitation – 81.22% 1% increase in compliance from last month.
- Cardiopulmonary Resuscitation – Immediate Life Support – 80.51%
- Cardiopulmonary Resuscitation – Basic Life Support – 81.34%
- Clinical Risk – 87.40% 1.25% increase in compliance from last month.
- Equality and Diversity – 90.67% no significant change in compliance from last month.
- Fire Safety – 88.15% 1.47% increase in compliance from last month.
- Fire Safety – Ward based staff – 87.12%
- Food Safety – 81.18% 1.92% decline in compliance from last month.
- Food Safety – Level 4 – 100%
- Food Safety – Level 3 – 92.31%
- Food Safety – Level 2 – 81.45%
- Food Safety – Level 1 – 85.51%
- Infection Control and Hand Hygiene – 89.73% no significant change in compliance from last month.
- Infection, Prevention and Control – 89.59%
- Hand Hygiene – 90.17%

Sickness

- The overall sickness rate is 5%.
- Sickness absence improved to 5.7% in December and cumulatively has increased to 5.0%. Based on past trends this was anticipated with a reduction in the final quarter. Wellbeing groups are being established in all the BDUs and wellbeing champions being identified.
- The Trust achieved the national flu vaccination target of 75% with 76% of frontline staff being vaccinated. This was a CQUIN target.

Turnover

- Staff turnover has reduced slightly in all areas except Wakefield and overall is slightly lower than the previous month. Work continues on the retention plan to reduce turnover particularly in clinical roles.

Green Compliance Status cont...

- Mental Capacity Act – 92.31% no significant change in compliance from last month.
- Mental Capacity Act / Deprivation of Liberty Safeguards – Clinical – 89.23%
- Mental Capacity Act – Non Clinical – 100%
- Mental Health Act – 86.72% no significant change in compliance from last month.
- Mental Health Act – Registered Clinical Mental Health – Inpatient – 84.13%
- Mental Health Act – Registered Clinical Mental Health – Community – 88.91%
- Mental Health Act – Non Registered Clinical Inpatient and Community – 84.79%
- Moving and Handling – 88.97% no significant change in compliance from last month.
- Moving and Handling – Level 2 – 78.61%
- Moving and Handling – Level 1 – 90.66%
- Safeguarding Adults – 93.70% no significant change in compliance from last month..
- Safeguarding Adults Level 2 – 93.35%
- Safeguarding Adults Level 1 – 94.45%
- Safeguarding Children – 91.41% 1% increase in compliance from last month.
- Safeguarding Children – Level 3 – 90.29%
- Safeguarding Children – Level 2 – 87.41%
- Safeguarding Children – Level 1 – 94.64%

Targeted training has been delivered in areas of low compliance and this has been well received.

- Sainsbury's Tool – 94.50% no significant change in compliance from last month.

Amber Compliance Status:

- Data Security Awareness Level 1 (formally IG) – 90.79% no significant change in compliance from last month..

Red Compliance Status:

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Guardian of Safe Working Report

High Level Data

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

Distribution of Trainee Doctors within SWYPT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps. 1 out of the 7 Wakefield posts remains vacant. On the Calderdale and Kirklees Core Training Scheme there are a number of less than full time trainees and another on maternity leave; there is therefore the equivalent of 4 out of 10 posts vacant and 4 may complete their training this summer. None of the 4 CT posts in Barnsley are vacant but there is a GPVTS vacancy in this rotation, in addition to Specialty Doctor vacancies which affect this rota.

Exception reports (with regard to working hours)

There have only been a few ERs completed in SWYT since the introduction of the new contract and only one during this period. This related to a core trainee having to stay late to complete an MDT meeting in Barnsley. The trainee was given time of in lieu.

Fines

There have been none within this reporting period.

Rota gaps and cover arrangements

Gaps by rota October/November/December '18					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	24 (13%)	19 (79%)	1 (4%)	4 (16%)	0
Calderdale 1st	49 (27%)	44 (90%)	2 (4%)	3 (6%)	0
Kirklees 1st	23 (25%)	23 (100%)	0	0	0
Wakefield 1st	5 (3%)	5 (100%)	0	0	0
Total 1st	101 (16%)	91 (90%)	3 (3%)	7 (7%)	0
Wakefield 2nd	3 (3%)	0	0	3 (100%)	0

Costs of Rota Cover October/November/December '18					
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	19	£6,606	0	0	
Calderdale	44 (^)*	£14,086	2 (4)	£208	
Kirklees	23 (352)	£12,340	0	0	
Wakefield	5 (44.75)	£1,566	0	0	
Total	74 (^)	£34,598	2 (4)	£208	£34,807

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

^ Data incomplete.

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

Issues and Actions

Recruitment – vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through the royal college (MTI - Medical Training Initiative) and health education England (WAST - widening access to specialist training) and a pilot physician associate role to address this. The first MTI (1) and WAST (2) doctors have now joined the trust and it is hoped that with support and training they have been taking part in the on-call rotas. Unfortunately there were no new core trainees appointed to the Calderdale in Kirklees scheme to start in February and it would be extremely concerning if this is the case again for August.

Management of rota gaps – The process for managing rota gaps appears to be improving. The medical bank appears to have had an impact on this. Also, new administrators are developing experience and getting used to processes to manage gaps.

However, the trust still needs support from agency locums. It is positive that no shifts were un-covered.

Junior doctors' forum – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. Where concerns do not relate directly to the contract, issues are raised with the relevant clinical lead.

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

IT system – Initial issues with the allocate system seem to have been resolved and this is working smoothly.

Publication Summary

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

NHS Improvement

Developing a patient safety strategy for the NHS

This consultation outlines NHS-wide proposals to ensure improved patient safety. The proposals include a commitment for some of the most important types of avoidable harm to patients to be halved over the next five years in areas such as medication errors and never events, alongside developing a 'just culture' for the NHS where frontline staff are supported to speak up when errors occur. The consultation is open for responses until 15 February 2019.

[Click her for link to consultation](#)

Public Health England

Health matters: reducing health inequalities in mental illness

This guidance brings together data and evidence of what works in removing health inequalities experienced by people living with mental illness. It focuses on some of the actions that local areas can take to reduce these health inequalities, so that people with mental illness can achieve the same health outcomes and life expectancy as the rest of the population.

[Click here for guidance](#)

Department of Health and Social Care

EU exit operational readiness guidance: actions the health and care system in England should take to prepare for a 'no deal' scenario

This guidance, developed and agreed with NHS England and NHS Improvement, will support the health and care system in England to be prepared for a no-deal scenario. It summarises the areas that the Department of Health and Social Care is focusing on in its no-deal exit contingency planning and those in which local action is required. Further operational guidance will be provided to support the health and care system to prepare for the UK leaving the EU before 29 March 2019.

[Click here for guidance](#)

NHS England

The NHS long-term plan

The plan focuses on improving services outside hospitals and moving towards more joined-up, preventive and personalised care for patients and on the ambition to establish integrated care systems in every part of the country by 2021. It includes measures to: improve out-of-hospital care, supporting primary medical and community health services; ensure all children get the best start in life by continuing to improve maternity safety; support older people through more personalised care and stronger community and primary care services; make digital health services a mainstream part of the NHS. In addition, this plan includes measures to prevent 150,000 heart attacks, strokes and cases of dementia over the next 10 years and to provide better access to mental health services for adults and children.

[Click here for plan](#)

Publication Summary

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

[NHS workforce statistics: September 2018](#)

[Learning disability services monthly statistics: provisional statistics \(assuring transformation: November 2018, mental health statistics data set: September 2018 final\)](#)

[NHS sickness absence rates: August 2018, provisional statistics](#)

[Diagnostic imaging dataset statistical release: provisional monthly statistics, August 2017 to August 2018](#)

[Seasonal flu vaccine uptake in health care workers 2017 to 2018: provisional monthly data for 1 September 2018 to 30 November 2018](#)

[Seasonal flu vaccine uptake in children of primary school age: monthly data, 2018/19](#)

NHS Improvement provider bulletin: 19 December 2018:

- Have your say on the national patient safety strategy for the NHS
- Give your views on the draft standard ambulance vehicle specification
- Monthly finance return: technical guidance update — overseas visitors income
- Mental health trusts invited to enter garden competition
- New outpatients diagnostic dashboard
- Medical device safety officer (MDSO) and medication safety officer (MSO) conference 2019
- Updates from our partners



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 9
Appendix 1
(2018 / 19)**



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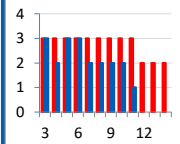
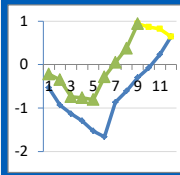
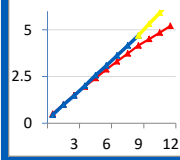
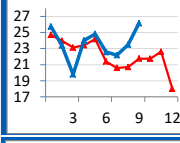
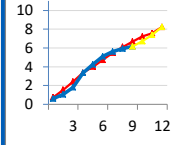
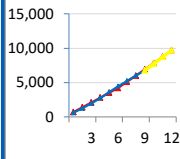
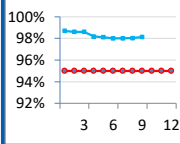





With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators
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Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	1	2	The capital service capacity metric has improved from 2 to 1 in month; this has improved the Trust's overall finance and use of resources risk rating from 2 to 1. This is ahead of plan. All individual ratings are currently at level 1 or 2.	
2	Normalised Deficit (excl PSF)	(£0.8m)	(£2m)	December's financial performance is a surplus of £0.2m pre PSF (Provider Sustainability Fund). The cumulative deficit is £0.8m. This position is supported by a number of non-recurrent benefits such as gains on asset disposals and additional one off commissioner investment.	
3	Agency Cap	£4.2m	£6.5m	Agency expenditure was £0.5m in December. Year-to-date costs are £4.7m which is £0.5m (13%) above cap. Current year-end projection is to exceed our agency cap by £1.3m (25%).	
4	Cash	£26.2m	£22m	Cash remains ahead of plan primarily due to one off benefits such as asset sales and due to low levels of outstanding debtors.	
5	Capital	£6.2m	£8.2m	Expenditure is £0.5m (8%) behind plan for the year to date. A number of small changes have been made to the overall programme in year and these are forecast to complete in Qtr 4.	
6	Delivery of CIP	£6.8m	£9.7m	Savings of £6.8m have been identified for the year to date which is £0.1m (1.7%) behind plan. Previously identified upside opportunities are expected to close the current £0.6m gap during Qtr 4 ensuring that the CIP value is delivered in full during 2018/19.	
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 9	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.18	1	2.2	2
	20%	Liquidity (Days)	23.6	1	19.1	1
Financial Efficiency	20%	I & E Margin	0.6%	2	-0.2%	3
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	12.8%	2	0.0%	1
Weighted Average - Financial Sustainability Risk Rating				1		3

Impact

The Trust's I & E Margin (including PSF) remains a small surplus and as such the risk rating has achieved a level 2. The Capital Service Capacity metric has improved from 2 to 1 in December therefore the overall finance risk rating which is based on a weighted average has improved from 2 to 1, the highest rating available.

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.

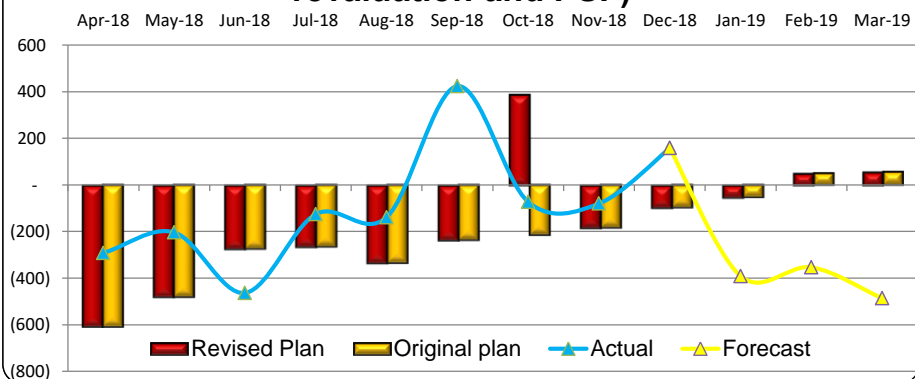
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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

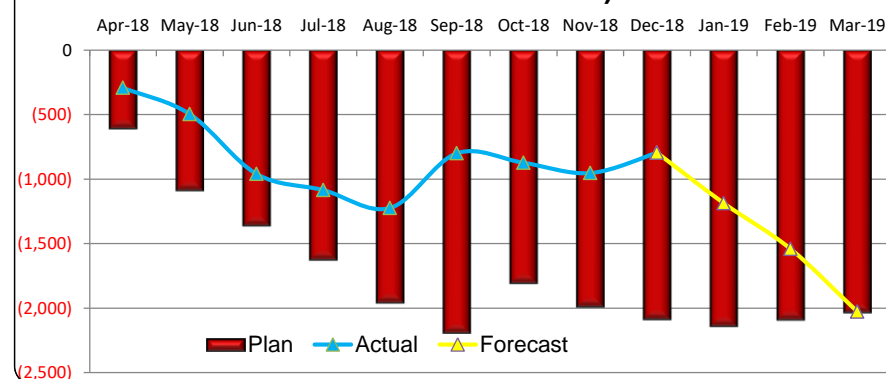
Agency Cap - A cap of £5.2m has been set for the Trust in 2018 / 2019. This metric compares performance against this cap.

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
				16,780	17,169	390	Clinical Revenue	150,778	151,381	603	201,117	201,907	790
				16,780	17,169	390	Total Clinical Revenue	150,778	151,381	603	201,117	201,907	790
				1,201	1,280	80	Other Operating Revenue	10,039	10,483	444	13,252	13,829	577
				17,980	18,450	470	Total Revenue	160,817	161,864	1,047	214,369	215,736	1,367
4,094	4,018	(76)	1.9%	(14,086)	(13,861)	225	Pay Costs	(126,248)	(125,075)	1,173	(168,363)	(167,419)	944
				(3,698)	(3,771)	(72)	Non Pay Costs	(31,712)	(32,406)	(695)	(41,766)	(41,696)	70
				486	103	(383)	Provisions	1,484	1,118	(366)	2,486	(27)	(2,513)
				0	0	0	Gain / (loss) on disposal	600	654	54	600	654	54
4,094	4,018	(76)	1.9%	(17,298)	(17,528)	(230)	Total Operating Expenses	(155,875)	(155,709)	167	(207,043)	(208,488)	(1,445)
4,094	4,018	(76)	1.9%	682	921	240	EBITDA	4,942	6,155	1,213	7,326	7,248	(78)
				(472)	(490)	(17)	Depreciation	(4,260)	(4,320)	(59)	(5,671)	(5,783)	(112)
				(310)	(294)	16	PDC Paid	(2,794)	(2,742)	52	(3,726)	(3,625)	101
				4	20	17	Interest Received	34	112	78	45	134	89
4,094	4,018	(76)	1.9%	(97)	158	255	Normalised Surplus / (Deficit) Excl PSF	(2,079)	(795)	1,284	(2,026)	(2,026)	0
				407	407	0	PSF (Provider Sustainability Fund)	1,736	1,736	0	2,670	2,670	0
4,094	4,018	(76)	1.9%	310	565	255	Normalised Surplus / (Deficit) Incl PSF	(342)	942	1,284	644	644	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,094	4,018	(76)	1.9%	310	565	255	Surplus / (Deficit)	(342)	942	1,284	644	644	0

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



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



Supported by additional commissioner investment in mental health services in December 2018 the Trust have recorded a surplus in month. The recurrent run rate remains a concern.

Update to plan

The plan position was updated in October 2018 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 Provider Sustainability Funding (PSF) monies through the 2:1 incentive scheme. The Trust has agreed a revised total of £2.0m deficit (pre PSF) for 2018/19 and a surplus of £644k including PSF.

Month 9

The December position is a pre PSF surplus of £158k and a post PSF surplus of £565k. The main driver is additional non recurrent investment of £500k received in December, without which the December position would be a deficit of £342k. This underlying position remains concerning. The normalised year-to-date position is a pre PSF deficit of £795k, which whilst favourable to plan, has only been made possible by a number of non-recurrent measures.

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

Income

At month 9 income is £390k higher than plan and includes additional non recurrent funding investment in relation to improving the interface between mental health and primary care in Barnsley. A full breakdown of income is shown on page 7.

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

Pay Expenditure

In December pay underspent by £225k. This underspend position occurred 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 cost pressure in the future. 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.

December bank and agency costs are in line with year to date averages. Year to date bank costs are £1.4m (29%) higher and agency costs £0.4m (11%) higher than the comparative period in 2017/18.

Inpatient wards across the Trust continue reporting significant pressures. Across all inpatient wards (excluding Forensic BDU) the average overspend each month year to date is £182k due to high occupancy levels, high acuity levels, vacancies and sickness.

Non Pay Expenditure

Non pay is overspent by £72k in December. Out of area bed spend is £331k in-month and £3.1m cumulatively, both spend and activity are 35% lower than the November position. 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.

Provisions

The provision line shows as a pressure in December due to budgets associated with currently unidentified savings targets as discussed in this report; these will be aligned as mitigations are finalised.

Forecast

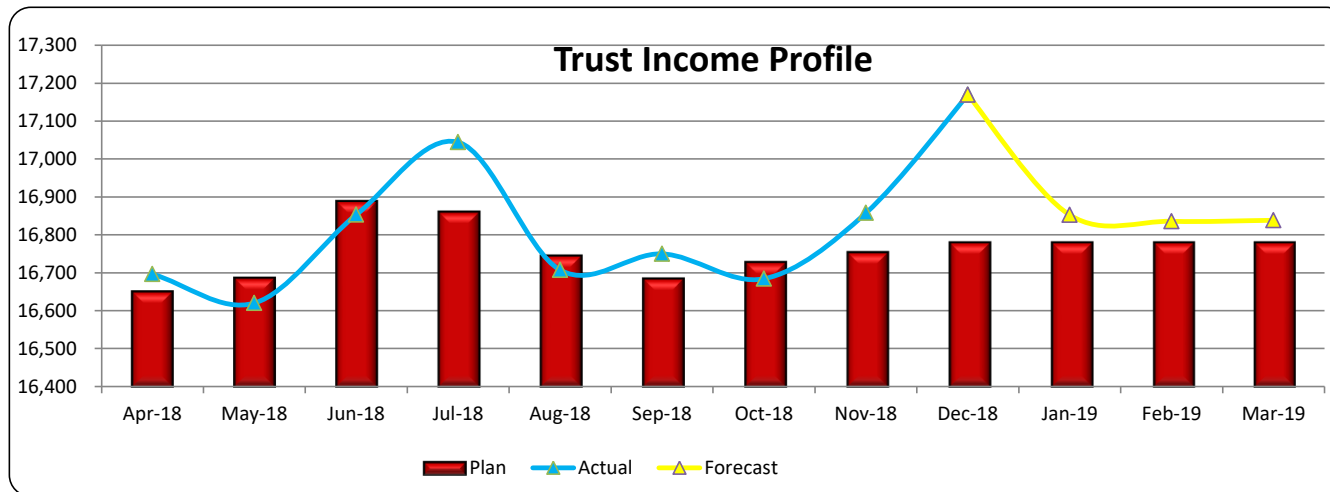
The Trust is currently forecasting to achieve a challenging revised year-end outturn of £2.0m deficit. Achievement of this position would enable access to a minimum of £2.7m PSF which will support the Trust's cash position and capital programme.

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. This is subject to regular discussions and triangulation with commissioners to ensure that we have no differences of expectation. This is periodically formally assessed by NHS Improvement.

	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	12,023	12,290	12,004	11,990	11,958	144,891	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	1,298	1,282	1,292	1,290	1,325	14,601	11,478
Local Authority Partnerships	430	413	422	438	426	426	416	437	437	437	437	437	5,157	4,851
Other	577	577	577	585	655	595	561	612	611	614	614	614	7,190	6,838
Total	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,858	17,169	16,852	16,836	16,838	201,907	204,951
17/18	17,133	17,247	17,174	17,355	16,953	16,553	17,534	17,083	17,308	16,950	16,922	16,739	204,951	



Income has increased in December 2018 due to:

Additional non recurrent funding (£500k) from Barnsley CCG relating to investment in mental health and primary care engagement and improvement.

Recharges to non-local commissioners are higher than planned.

These are offset by reduced income against plan for Neuro Rehab beds; actions to increase income continue to be explored.

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	12,498	12,605				113,939
Bank & Locum	571	652	839	687	749	878	635	704	726				6,442
Agency	444	538	484	526	575	522	537	536	530				4,693
Total	13,610	13,789	13,901	14,503	13,854	14,000	13,819	13,738	13,861	0	0	0	125,074
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%	5.2%				5.2%
Agency as %	3.3%	3.9%	3.5%	3.6%	4.2%	3.7%	3.9%	3.9%	3.8%				3.8%

Year to Date Budget v Actuals - by staff group						
	Budget £k	Substantive £k	Temp £k	Agency £k	Total £k	Variance £k
Medical	16,492	13,391	313	2,580	16,283	208
Nursing Registered	45,402	39,328	2,000	459	41,787	3,615
Nursing	13,436	12,703	3,243	1,088	17,033	(3,597)
Other	29,965	29,904	396	540	30,840	(875)
Corporate Admin	11,453	10,551	125	0	10,676	777
BDU Admin	9,446	8,063	366	26	8,455	991
Total	126,194	113,939	6,442	4,693	125,074	1,120

Year to date Budget v Actuals - by service						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	53,795	47,496	1,100	3,025	51,621	2,174
Inpatient	32,135	27,826	4,609	1,470	33,905	(1,769)
BDU Support	5,118	4,722	106	0	4,828	290
Community	15,343	14,944	281	169	15,393	(50)
Corporate	19,803	18,952	346	29	19,327	476
Total	126,194	113,939	6,442	4,693	125,074	1,120

Key Messages

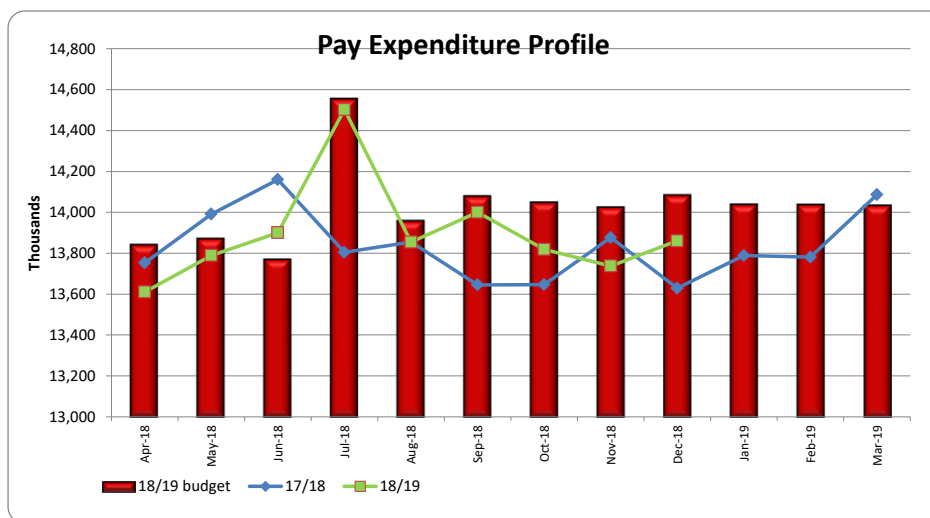
In absolute terms pay expenditure has increased from £124.4m to £125.1m for the first 9 months of the year (0.6%). However this is an increase from 81% to 83% as a proportion of Trust healthcare income due to the reduced levels of income in 2018/19.

The YTD overspend on inpatient services (excluding forensics) is £1.6m. In December this equates to an additional 102 members of staff. 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.

The overspend on inpatient areas is offset by underspends across all other service areas, more noticeably in mental health community (£2.1m) and corporate services (£0.5m).

Bank expenditure in December is £22k higher than the previous month. Year to date bank expenditure is £1.4m (29%) higher than the same period in 2017/18 and agency expenditure is £448k (11%) higher than the same period in 2017/18. Where contracts have been agreed with agencies to supply agency workers under the NHS capped rates e.g. nursing, the comparative hourly rates between bank and agency do not differ substantially. Where rates have not been agreed or preferred suppliers are unable to meet demand, agency rates can exceed bank by up to 30%. These rates differences are more pronounced in specific medical staffing groups such as CAMHS.

Year to date medical staffing is underspent by £208k, and is running with circa 45 WTE vacancies, half of which are covered by temporary staffing and some by additional allowances to substantive staff.



2.1 Agency Expenditure Focus

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

The forecast of £6.5m exceeds cap by £1.3m

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 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. The current forecast position exceeds cap by £1.3m (25%), at this level the Trust's NHSI agency metric will reduce from 2 to 3 at month 12. If all other metrics remained constant this would reduce the overall finance rating from 1 to 2.

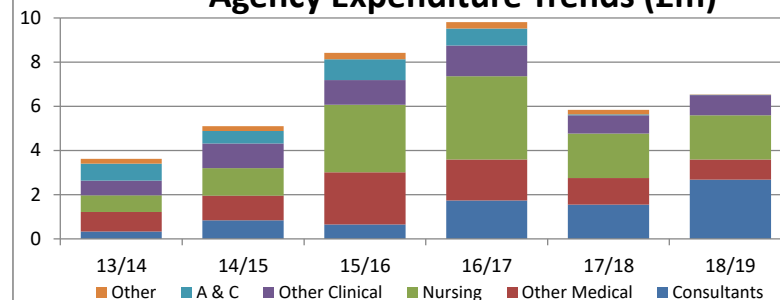
At month 9 agency spend is £530k, 24% above cap. Agency expenditure has remained at a consistent level for the last two quarters.

Year to date agency expenditure totals £4.7m, this is £0.5m higher than the same period in 2017/18. Agency medical staffing is £0.6m higher in 2018/19 offset by small reductions across other headings.

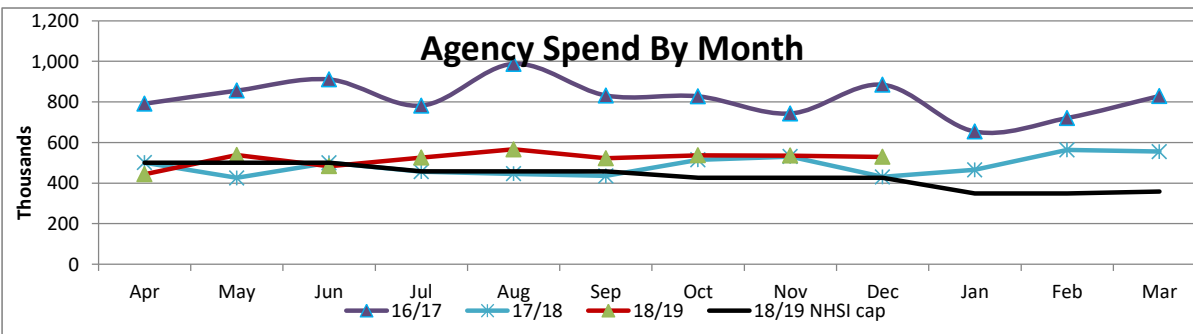
Agency expenditure is subject to detailed scrutiny at all levels within the Trust. Plans continue to be progressed to reduce this level of expenditure. The Trust continues to report agency usage to NHS Improvement on a weekly basis.

Bank expenditure in December is £726k, in line with year to date averages. Year to date 81% of bank expenditure is on nursing staff, 67% is across the Trust's 30 wards. Bank nursing expenditure on 4 wards, Johnson, Sandal, Nostell and Walton accounts for 28% of total year to date bank nursing expenditure.

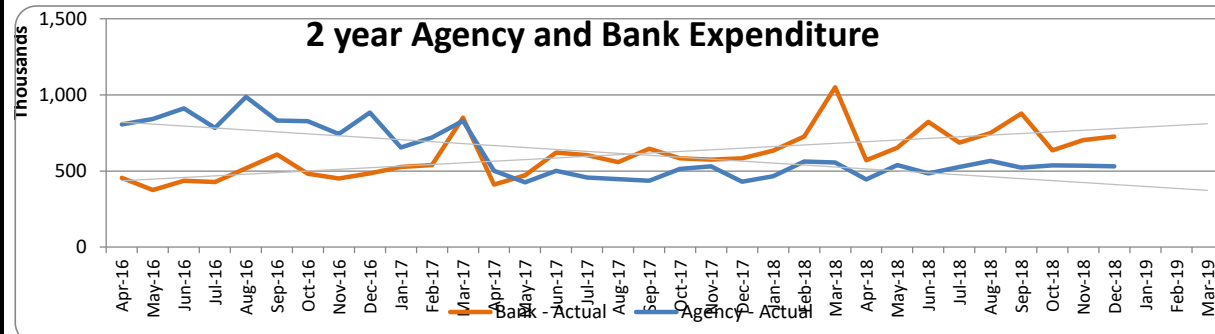
Agency Expenditure Trends (£m)



Agency Spend By Month



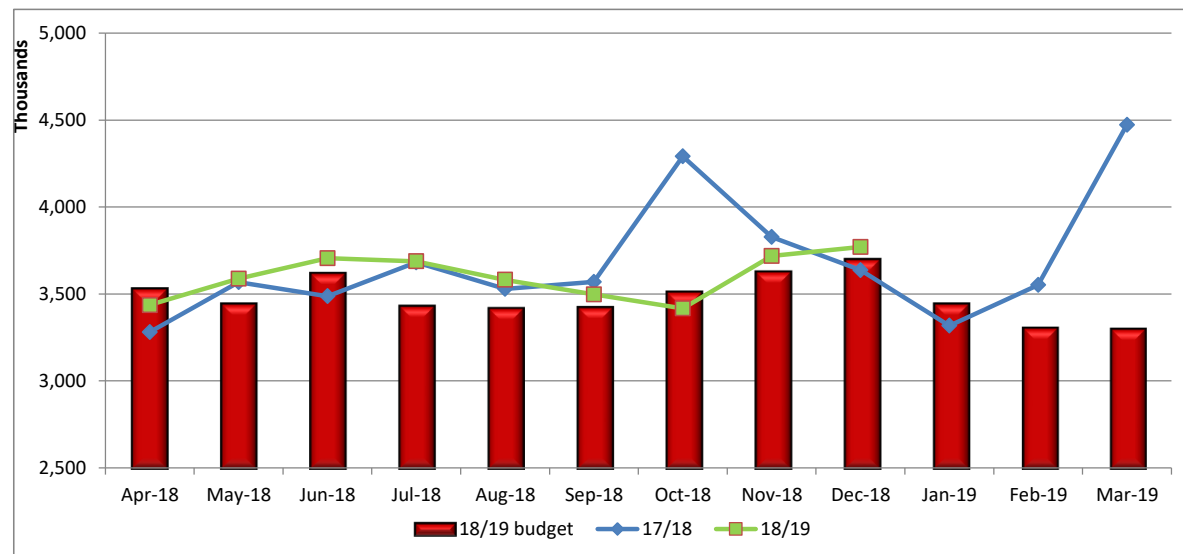
2 year Agency and Bank Expenditure



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	3,719	3,771				32,406
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	2,020	2,240	(221)
Drugs	2,173	2,593	(420)
Healthcare subcontracting	3,605	4,980	(1,376)
Hotel Services	1,388	1,383	5
Office Supplies	3,893	3,428	465
Other Costs	3,586	3,198	389
Property Costs	5,091	5,043	48
Service Level Agreements	4,656	4,588	68
Training & Education	582	450	132
Travel & Subsistence	2,831	2,496	336
Utilities	898	960	(62)
Vehicle Costs	989	1,047	(58)
Total	31,712	32,406	(695)
Total Excl OOA and Drugs	25,933	24,833	1,101



Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £1.4m. As a constant and significant pressure the out of area focus provides further details on this.

Drugs expenditure is the second highest overspend category. As at December 2018 this is £420k 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. Other costs includes a wide variety of expenditure associated with running such a diverse Trust. This includes advertising, recruitment, membership fees, interpretation and professional fees.

2.1

Out of Area Beds 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 (£)

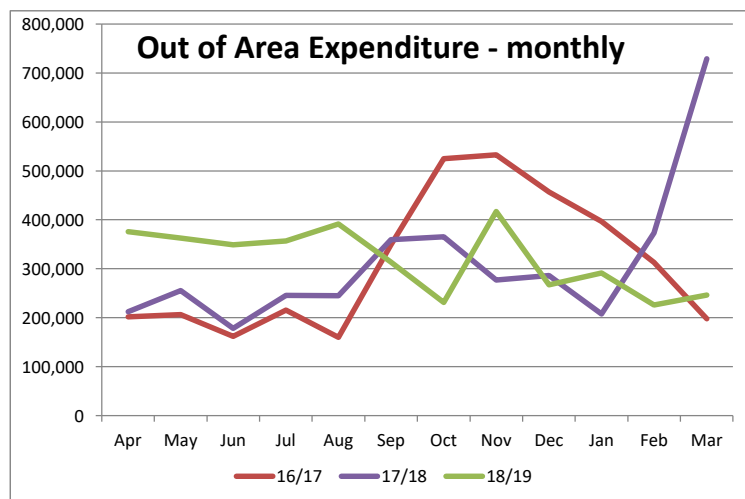
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232	417	268				3,066

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	680	473	245	508	331				4,131

Bed Day Information 2018 / 2019 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	316	207	142	91	76	30	48	41	31				982
Acute	278	157	258	348	542	401	127	396	280				2,787
Gender	13	10	12	62	62	42	70	71	20				362
Total	607	374	412	501	680	473	245	508	331				4,131



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.

In December acute activity has returned to previous levels and PICU activity remains low. The trajectory assumes a significant reduction in acute activity however this will be challenging over the winter months when activity typically increases. It is expected that critical led discharge and appointment of discharge coordinators in Kirklees and Calderdale will support the reduction.

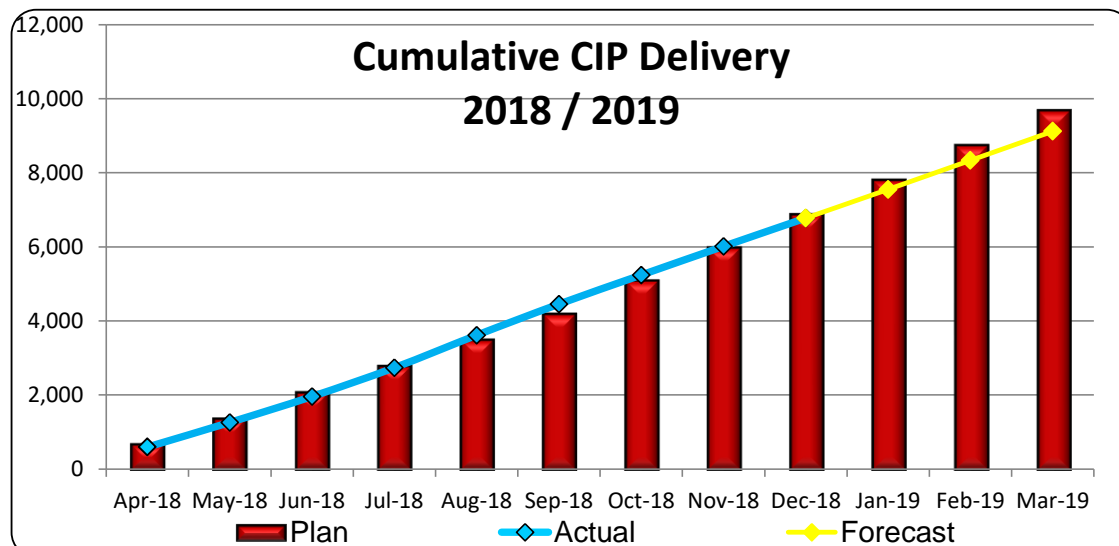
The out of area project board is reviewing and benchmarking community staffing models across the districts and reviewing metrics to improve information to services. External support are working with services to support the reduction in use and the Trust Board will be kept up-to-date with progress. This work is due to be completed by the end of January.

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	6,894	9,701

Delivery as originally planned	555	1,136	1,699	2,259	2,827	3,394	3,975	4,560	5,139	5,732	6,335	6,939	5,139	6,939
Mitigations - Recurrent & Non-Recurrent	39	124	260	478	788	1,061	1,264	1,455	1,640	1,820	2,001	2,181	1,640	2,181
Mitigations - Upside schemes										192	384	581	0	581
Total Delivery	595	1,260	1,959	2,737	3,615	4,455	5,240	6,015	6,779	7,744	8,720	9,700	6,779	9,700

Variance	(96)	(122)	(132)	(61)	114	251	139	17	(116)	(79)	(42)	(0)	(116)	(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.

There has been no movement in savings identified in month with the gap required to be closed through mitigations and upsides remaining at £581k. The key upside arising from a review of Trust asset valuations (and associated impact on PDC and depreciation charges) is planned to deliver this with final values to be confirmed in Qtr 4.

Work continues in the identification of additional saving opportunities to support delivery of the 2018/19 financial position and for the 2019/20 annual plan.

	2017 / 2018 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	123,810	125,169	125,012	1
Current Assets				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,407	1,832	
Non NHS Trade Receivables (Debtors)	1,913	3,077	1,470	2
Other Receivables (Debtors)	1,219	1,000	2,038	3
Accrued Income	3,660	4,650	3,223	4
Cash and Cash Equivalents	26,559	21,752	26,156	5
Total Current Assets	34,971	33,118	34,952	
Current Liabilities				
Trade Payables (Creditors)	(4,158)	(4,970)	(3,359)	6
Capital Payables (Creditors)	(1,142)	(1,892)	(377)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(6,384)	
Accruals	(5,799)	(6,000)	(6,876)	7
Deferred Income	(670)	(670)	(935)	
Total Current Liabilities	(17,552)	(19,532)	(17,931)	
Net Current Assets/Liabilities	17,419	13,586	17,021	
Total Assets less Current Liabilities	141,229	138,755	142,033	
Provisions for Liabilities	(6,490)	(5,740)	(6,344)	
Total Net Assets/(Liabilities)	134,739	133,015	135,689	
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	58,842	61,119	8
Total Taxpayers' Equity	134,739	133,015	135,689	

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 detail has 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 remains below plan but the year end forecast remains on target.

2. Non-NHS Debtors, and debtors generally continue to be the focus for the Trusts cash management strategy. As such debtors remain significantly lower than plan.

3. Other Receivables, including prepayments, is higher than plan. 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. Some invoices expected in Qtr 3 remain outstanding and are being chased.

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

3.1

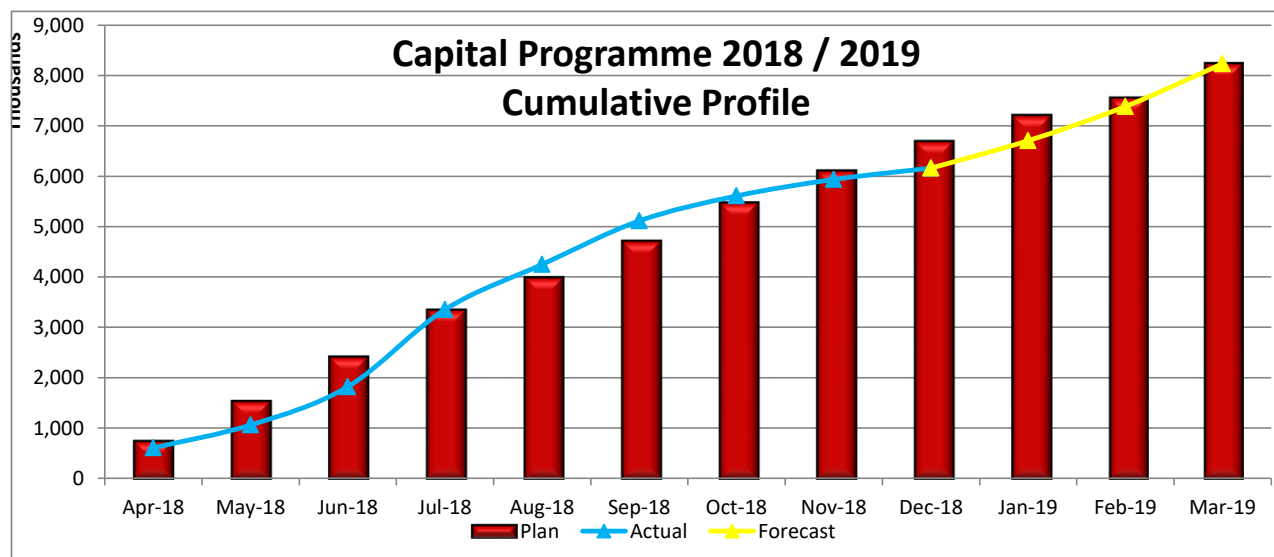
Capital Programme 2018 / 2019

	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	955	766	(189)	1,862	234	3
Equipment Replacement	0	0	27	27	67	67	
IM&T	1,550	1,325	915	(410)	1,304	(246)	2
Major Capital Schemes							
Fieldhead Non Secure	4,229	3,587	3,896	309	4,249	20	4
Clinical Record System	828	828	615	(213)	808	(20)	4
VAT Refunds	0	0	(56)	(56)	(56)	(56)	
TOTALS	8,235	6,695	6,162	(533)	8,235	(0)	1

Remaining capital schemes are forecast to be delivered during 2018/19.

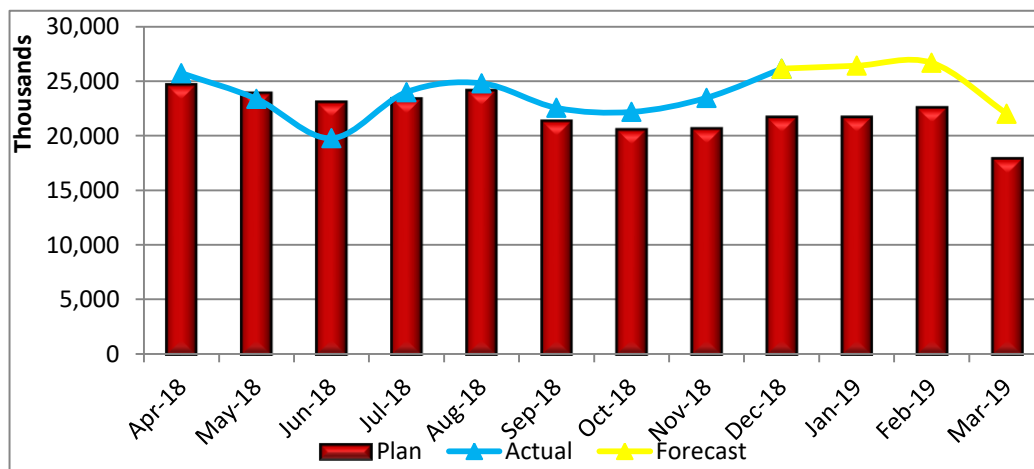
Capital Expenditure 2018 / 2019

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 forecast underspends relates to schemes such as Business Intelligence which have been deferred pending completion of the Clinical Record System scheme. Other schemes have progressed as planned.
3. A number of minor capital schemes have commenced later than originally planned. These are progressing and are forecast to complete in year.
4. The major schemes continue and will be finalised in early 2019/20.

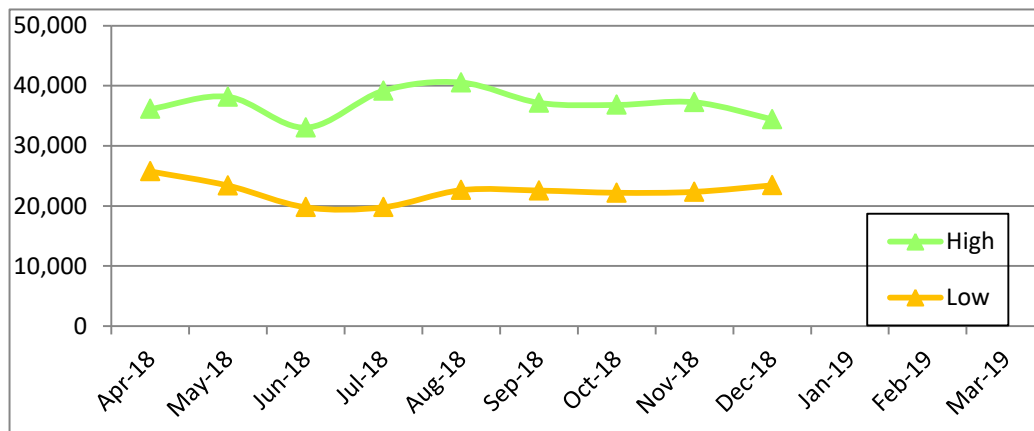


3.2

Cash Flow & Cash Flow Forecast 2018 / 2019



	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	21,752	26,156	4,404



Effective cash management remains a key financial objective

Overall cash has increased by £2.6m in month to £26.2m and a detailed reconciliation of working capital compared to plan is presented on page 16.

The key components have been unplanned one off benefits such as asset sales and low debtor levels.

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

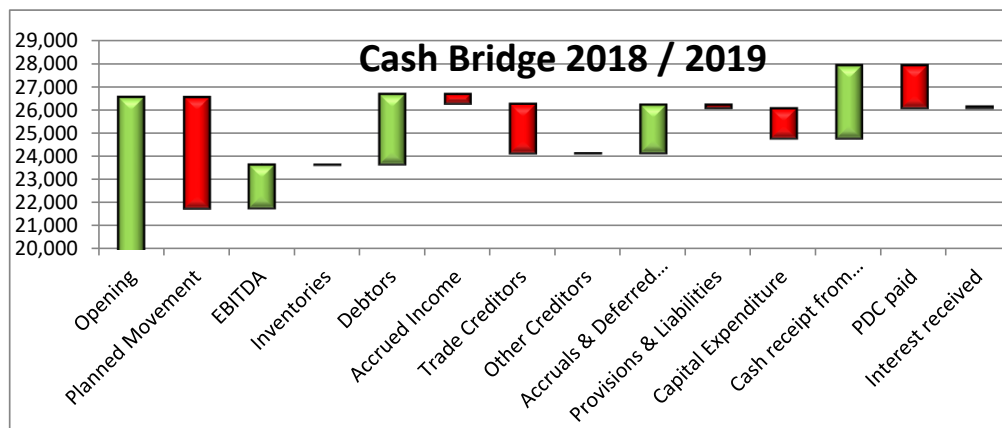
The highest balance is: £34.4m

The lowest balance is: £23.4m

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)	5,336	7,237	1,901	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(3,000)	43	3,043	3
Accrued Income / Prepayments	0	(427)	(427)	4
Trade Payables (Creditors)	1,050	(1,091)	(2,141)	5
Other Payables (Creditors)	0	8	8	
Accruals & Deferred income	(750)	1,341	2,091	2
Provisions & Liabilities	0	(146)	(146)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(5,619)	(6,927)	(1,308)	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	36	112	76	
Closing Balances	21,752	26,156	4,405	



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. This is exceptionally low and is forecast to increase in Qtr 4.

NHS debts are reviewed as part of the month 9 Agreement of Balances exercise. No significant issues have been identified.

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.

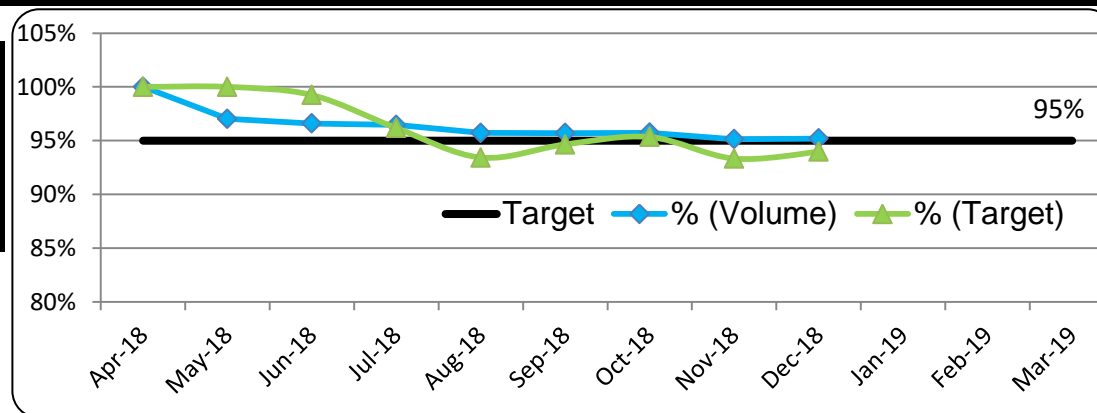
4.0

Better Payment Practice Code

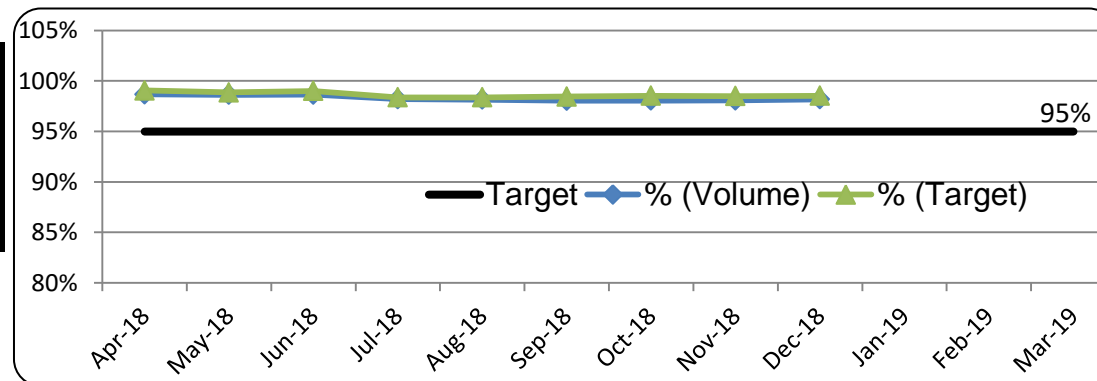
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 November 2018	95%	93%
Year to December 2018	95%	94%



Non NHS		
	Number	Value
	%	%
Year to November 2018	98%	98%
Year to December 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 (£)
12/12/2018	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3092875	505,143
03/12/2018	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3090540	148,981
30/11/2018	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3090519	125,196
05/12/2018	Property Rental	Kirklees	Bradbury Investments Ltd	3090909	118,518
05/12/2018	IT Services	Trustwide	Daisy IT Managed Services Limited	3091041	93,125
18/12/2018	CNST contributions	Trustwide	NHS Litigation Authority	3092316	61,855
04/12/2018	IT Equipment	Trustwide	Dell Corporation Ltd	3090776	53,731
25/09/2018	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3084132	44,435
05/12/2018	Drugs	Trustwide	Lloyds Pharmacy Ltd	3090974	42,548
12/12/2018	Property Rental	Trustwide	Calderdale and Huddersfield NHS Foundation Trust	3092875	34,833
04/12/2018	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	3090650	34,426
04/12/2018	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3090649	31,416
07/12/2018	Property Rental	Barnsley	Community Health Partnerships	3091196	31,178
05/12/2018	Drugs	Trustwide	Lloyds Pharmacy Ltd	3090974	28,269
07/12/2018	Electricity	Trustwide	EDF Energy	3091185	28,246
05/12/2018	Property Rental	Kirklees	Bradbury Investments Ltd	3090910	27,108
27/11/2018	Communications	Trustwide	Virgin Media Payments Ltd	3089904	25,938
31/12/2018	Communications	Trustwide	Virgin Media Payments Ltd	3093002	25,884
04/12/2018	Clinical Services	Wakefield	Mid Yorkshire Hospitals NHS Trust	3090689	25,615
07/12/2018	Purchase of Healthcare	Trustwide	Cygnat Health Care Ltd	3091340	25,440
19/12/2018	Communications	Trustwide	Vodafone Corporate Ltd	3092372	25,414
16/11/2018	Communications	Trustwide	Vodafone Corporate Ltd	3089106	25,171
07/12/2018	Property Rental	Barnsley	Community Health Partnerships	3091196	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	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Resources	Well Led	AD	< =4.5%	4.0%	4.0%	4.2%	4.5%	4.8%	5.0%
Sickness (Monthly)	Resources	Well Led	AD	< =4.5%	3.9%	4.1%	5.10%	6.70%	6.80%	6.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	83.50%	87.4%	89.1%	90.2%	96.2%	96.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	16.9%	35.6%	69.30%	77.70%	90.9%	91.7%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	82.8%	83.4%	84.5%	83.5%	82.4%	81.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	84.5%	83.0%	79.6%	79.5%	80.4%	82.5%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	88.9%	87.9%	86.6%	87.3%	88.2%	88.9%
Equality and Diversity	Resources	Well Led	AD	> =80%	92.5%	92.7%	92.4%	92.5%	92.0%	92.6%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	88.2%	87.6%	87.3%	85.9%	86.6%	87.5%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	65.70%	70.1%	72.9%	74.1%	77.0%	75.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> =80%	88.0%	87.7%	88.9%	89.8%	90.0%	89.7%
Information Governance	Resources	Well Led	AD	> =95%	91.5%	91.5%	91.1%	90.9%	89.3%	88.6%
Moving and Handling	Resources	Well Led	AD	> =80%	81.3%	81.5%	83.5%	83.5%	85.2%	86.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	> =80%	87.2%	86.5%	85.6%	87.5%	89.0%	89.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	> =80%	84.7%	84.0%	81.4%	81.1%	85.0%	84.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	> =80%	91.1%	90.9%	89.7%	89.1%	90.7%	90.9%
Safeguarding Children	Quality & Experience	Well Led	AD	> =80%	90.1%	90.1%	90.6%	90.4%	89.4%	89.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	96.6%	95.7%	95.3%	95.2%	95.4%	95.8%
Agency Cost	Resources	Effective	AD		£93k	£59k	£71k	£90k	£73k	£68k
Overtime Costs	Resources	Effective	AD		£4k	£1k	£1k	£1k	£0k	£3k
Additional Hours Costs	Resources	Effective	AD		£15k	£17k	£15k	£15k	£17k	£10k
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£117k	£140k	£187k	£185k	£172k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		91.4	71.1	78.8	77.7	84.4	85.8
Business Miles	Resources	Effective	AD		106k	102k	105k	105k	107k	100k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Resources	Well Led	AD	< =4.5%	4.7%	4.5%	4.4%	4.4%	4.4%	4.5%
Sickness (Monthly)	Resources	Well Led	AD	< =4.5%	4.6%	3.8%	3.9%	4.4%	4.6%	4.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	96.5%	99.4%	99.2%	99.4%	99.7%	99.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	22.5%	54.0%	86.3%	92.8%	95.4%	97.1%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	83.1%	83.1%	81.2%	79.2%	80.6%	82.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	85.9%	85.7%	84.2%	80.2%	79.5%	78.4%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	86.8%	86.6%	87.2%	87.7%	87.7%	88.0%
Equality and Diversity	Resources	Well Led	AD	> =80%	90.1%	90.2%	89.8%	89.9%	90.4%	91.3%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	85.0%	86.7%	86.5%	88.7%	87.7%	88.8%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	81.3%	81.4%	83.3%	84.1%	88.1%	87.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		> =80%	87.6%	88.7%	89.2%	88.1%	87.6%	89.9%
Information Governance	Resources	Well Led	AD	> =95%	94.1%	93.2%	94.8%	94.9%	92.7%	91.2%
Moving and Handling	Resources	Well Led	AD	> =80%	87.4%	87.1%	88.7%	88.5%	89.0%	88.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	> =80%	93.9%	92.9%	92.4%	90.9%	91.4%	91.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	> =80%	92.1%	90.6%	89.7%	89.6%	89.7%	89.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	> =80%	90.9%	90.8%	90.9%	92.4%	93.6%	94.6%
Safeguarding Children	Quality & Experience	Well Led	AD	> =80%	87.2%	86.8%	85.0%	87.4%	86.2%	89.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	97.2%	95.8%	95.7%	95.7%	95.2%	95.2%
Agency Cost	Resources	Effective	AD		£89k	£112k	£73k	£103k	£114k	£105k
Overtime Costs	Resources	Effective	AD		£4k	£3k	£6k	£1k	£4k	£2k
Additional Hours Costs	Resources	Effective	AD		£2k	£0k	£0k	£0k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£104k	£90k	£98k	£108k	£106k	£120k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		66.97	75.42	76.65	78.65	79.51	74.99
Business Miles	Resources	Effective	AD		64k	59k	69k	54k	77k	57k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Resources	Well Led	AD	< =5.4%	6.5%	7.1%	7.5%	7.6%	7.5%	7.6%
Sickness (Monthly)	Resources	Well Led	AD	< =5.4%	7.6%	9.7%	9.4%	8.1%	7.3%	8.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	83.8%	85.7%	94.8%	94.7%	93.3%	93.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	32.3%	56.0%	87.0%	89.7%	96.9%	97.2%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	88.4%	87.3%	84.6%	85.6%	86.8%	86.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	86.5%	85.3%	85.3%	85.0%	85.3%	84.7%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	85.4%	85.5%	83.8%	82.4%	82.2%	85.2%
Equality and Diversity	Resources	Well Led	AD	> =80%	94.3%	95.0%	93.6%	94.4%	95.0%	95.6%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	88.9%	88.8%	85.3%	85.6%	84.6%	87.7%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	89.5%	89.2%	87.1%	86.1%	88.1%	84.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> =80%	91.6%	90.0%	88.7%	90.2%	90.3%	90.4%
Information Governance	Resources	Well Led	AD	> =95%	94.3%	93.0%	90.4%	91.2%	89.8%	93.1%
Moving and Handling	Resources	Well Led	AD	> =80%	92.1%	91.0%	89.7%	91.4%	91.8%	91.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	> =80%	92.1%	91.5%	89.5%	89.2%	91.3%	90.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	> =80%	82.8%	82.1%	80.1%	80.6%	85.4%	83.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	> =80%	94.8%	94.3%	93.1%	93.6%	93.5%	95.3%
Safeguarding Children	Quality & Experience	Well Led	AD	> =80%	91.3%	91.3%	89.2%	89.5%	87.6%	91.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	95.5%	96.0%	92.6%	95.5%	82.8%	86.7%
Agency Cost	Resources	Effective	AD		£54k	£51k	£57k	£44k	£62k	£76k
Overtime Costs	Resources	Effective	AD		£0k	£0k		£0k		£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k	£3k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£72k	£85k	£77k	£73k	£65k	£77k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.59	69.76	73.91	63.16	63.48	57.24
Business Miles	Resources	Effective	AD		7k	9k	7k	5k	4k	9k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Resources	Well Led	AD	< =4.5%	4.6%	4.5%	4.6%	4.8%	5.1%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	< =4.5%	3.4%	3.9%	5.0%	6.6%	6.7%	5.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	72.5%	89.8%	94.8%	95.8%	98.4%	98.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	31.0%	54.1%	67.4%	77.3%	90.5%	90.5%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	82.6%	80.4%	79.0%	76.6%	77.7%	83.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	85.2%	80.6%	78.9%	77.7%	79.0%	78.3%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	90.2%	91.4%	91.4%	91.9%	92.4%	93.2%
Equality and Diversity	Resources	Well Led	AD	> =80%	85.1%	87.4%	88.2%	88.3%	89.2%	90.2%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	80.8%	85.2%	85.2%	86.1%	82.0%	83.1%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	73.1%	76.9%	77.8%	70.0%	73.3%	73.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> =80%	85.5%	87.4%	87.9%	89.5%	89.4%	89.3%
Information Governance	Resources	Well Led	AD	> =95%	91.0%	92.8%	92.1%	92.1%	87.4%	87.7%
Moving and Handling	Resources	Well Led	AD	> =80%	85.8%	87.9%	88.4%	89.3%	89.2%	89.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	> =80%	92.8%	92.6%	91.4%	92.7%	95.1%	94.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	> =80%	87.7%	87.7%	86.9%	86.4%	88.7%	86.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	> =80%	89.9%	88.6%	89.2%	92.4%	93.6%	93.9%
Safeguarding Children	Quality & Experience	Well Led	AD	> =80%	88.7%	89.4%	90.4%	91.5%	92.1%	93.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	94.5%	95.3%	94.4%	94.0%	92.3%	92.8%
Agency Cost	Resources	Effective	AD		£187k	£231k	£197k	£221k	£202k	£202k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£0k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£2k	£1k	£1k	£0k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£44k	£45k	£60k	£81k	£76k	£68k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		50.3	52.67	62.89	63.85	57.17	57.68
Business Miles	Resources	Effective	AD		41k	40k	35k	37k	44k	43k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.9%	4.0%	3.9%	4.0%	4.1%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.1%	4.0%	3.9%	4.2%	5.1%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.2%	96.0%	99.0%	99.5%	99.5%	99.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	17.7%	51.7%	83.6%	96.0%	98.3%	98.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.1%	80.6%	80.6%	79.6%	77.3%	74.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	92.0%	92.0%	87.5%	77.8%	75.0%	85.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	33.3%	33.3%	33.3%	25.0%	0.0%	100.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.8%	85.9%	85.1%	86.0%	87.2%	87.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.3%	89.2%	87.3%	87.7%	89.1%	91.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.1%	95.7%	95.1%	94.4%	96.5%	95.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.2%	88.9%	88.5%	88.1%	87.2%	88.3%
Information Governance	Resources	Well Led	AD	>=95%	89.2%	91.9%	91.5%	91.8%	90.4%	94.4%
Moving and Handling	Resources	Well Led	AD	>=80%	91.3%	90.8%	90.5%	89.0%	91.6%	91.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.3%	99.0%	99.0%	99.0%	99.2%	99.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.0%	85.7%	85.7%	82.6%	85.7%	87.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.7%	95.5%	95.6%	95.3%	95.1%	96.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.0%	96.4%	96.2%	95.2%	94.2%	95.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%
Agency Cost	Resources	Effective	AD			£-9k	£0k	£5k	£16k	£8k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£10k	£11k	£12k	£12k	£9k	£7k
Sickness Cost (Monthly)	Resources	Effective	AD		£59k	£61k	£63k	£70k	£80k	£71k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		31.96	33.31	36.87	42.92	41.1	46.27
Business Miles	Resources	Effective	AD		36k	25k	25k	32k	28k	32k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.1%	4.5%	4.7%	4.7%	4.8%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	6.0%	5.8%	5.7%	4.9%	5.3%	5.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.7%	94.7%	95.8%	97.4%	98.9%	98.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	24.1%	55.7%	79.1%	89.9%	93.4%	93.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.5%	82.7%	83.6%	83.8%	83.1%	85.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	81.0%	79.8%	79.7%	79.2%	78.3%	83.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	77.8%	78.9%	79.2%	78.2%	78.4%	80.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.2%	87.8%	89.0%	89.2%	90.8%	91.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.2%	85.9%	83.6%	85.9%	87.0%	88.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.0%	72.7%	67.9%	70.9%	69.7%	67.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.2%	89.5%	91.7%	91.1%	91.2%	91.3%
Information Governance	Resources	Well Led	AD	>=95%	91.6%	91.4%	91.9%	92.7%	90.0%	90.5%
Moving and Handling	Resources	Well Led	AD	>=80%	79.9%	83.2%	85.2%	87.1%	88.7%	89.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.8%	90.7%	90.0%	91.5%	92.5%	92.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.1%	88.1%	86.9%	86.7%	87.6%	87.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	88.9%	89.7%	91.7%	92.5%	93.5%	93.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.0%	88.6%	89.0%	89.0%	87.1%	89.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.4%	93.3%	91.9%	92.3%	93.3%	94.2%
Agency Cost	Resources	Effective	AD		£103k	£123k	£124k	£73k	£68k	£70k
Overtime Costs	Resources	Effective	AD		£2k	£0k		£0k		£1k
Additional Hours Costs	Resources	Effective	AD		£2k	£1k	£0k	£1k	£2k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£74k	£71k	£70k	£61k	£68k	£72k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		47.15	51.62	48.13	42.47	45.36	45
Business Miles	Resources	Effective	AD		37k	35k	37k	34k	39k	38k

Glossary

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

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

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

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