Integrated Performance Report
Strategic Overview

February 2019

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 2019. 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.

NHS South West Yorkshire Partnership NHS Foundation Trust

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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Year End Forecast
Total number of children & young people in adult inpatient wards 5	0	3	1	0	3	3	1	2	2	3	1	1	2	1
% service users followed up within 7 days of discharge	95%	95.8%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	100%	Due April 19	4
% clients in settled accommodation	60%	79.1%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	78.2%	78.5%	78.0%	78.2%	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%		Due April 19		95%
Out of area beds 2	Q1 940, Q2 846, Q3 752, Q4 658	730	531	282	368	437	589	384	165	389	269	299	199	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community	Community 75% Inpatient 90%			79.8%	81.1%	82.0%	82.8%	84.1%	84.5%	84.5%	83.8%	83.3%	83.2%	4
Inpatient 9				89.1%	90.6%	93.3%	91.2%	90.1%	91.0%	92.5%	95.3%	97.4%	96.6%	4
Smoking Cessation - 4 week quit rate 8	tbc			63%			65%			Due April 19		Due July 19		N/A
Improve the quality and experience of care	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Year End Forecast
Friends and Family Test - Mental Health	85%	87%	86%	75%	82%	88%	91%	88%	89%	86%	90%	87%	84%	85%
Friends and Family Test - Community	98%	99%	97%	100%	98%	99%	97%	98%	100%	97%	99%	97%	98%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 4	trend monitor	20	24	20	19	32	23	19	31	38	22	40	28	[sparkline]
Safer staff fill rates	90%	115.7%	118%	120%	118%	118%	117%	116%	116%	119%	118%	119%	119%	100%
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	4	8	11	14	16	14	15	14	20	11	10	13	
% people dying in a place of their choosing	80%	86.8%	82.8%	88.5%	92.9%	85.7%	90.0%	89.2%	90.9%	83.3%	87.9%	80.0%	92.0%	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%		Due April 19		N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor		38.1%	39.8%	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	31.5%	26.7%	[sparkline]
Improve the use of resources	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Year End Forecast
Projected CQUIN Shortfall	£4.2m	£203k	-	£160k	£252k	£379k	£379k	£261k	£204k	£204k	£204k	£204k	£204k	£204k
Surplus/(Deficit)	In line with Plan	£1139K	(£292k)	(£204k)	(£464k)	(£125k)	(£139k)	£424k	(£73k)	(£80k)	£158k	£714k	(£244k)	(£2026k)
Agency spend	In line with Plan	£555K	£444k	£538k	£484k	£526k	£575k	£522k	£537k	£536k	£530k	£596k	£545k	£6.4m
CIP delivery	£1074k	£7475k	£619k	£1308k	£1981k	£2737k	£3615k	£4452k	£5234k	£6015k	£6779k	£8764k	£9669k	£9.7m
Sickness absence	4.5%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	4.9%
Aggression Management training	>=80%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	80%
Moving and Handling training	>=80%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	80%
Staff Turnover 6	10%	12.6%	9.7%	8.5%	11.6%	12.4%	13.0%	12.8%	12.5%	12.3%	12.0%	12.0%	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.
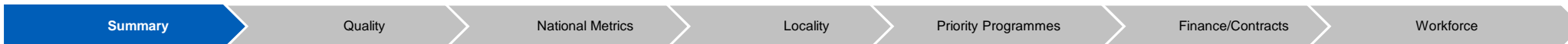
Lead Director:
• This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
• A number of targets and metrics are currently being developed and some reported quarterly.
• Opportunities for benchmarking are being assessed and will be reported 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
• Significant reduction in medication omissions to below national average following targeted action plan.
• Two under-18 admissions to adult wards due to lack of alternative CAMHS beds. Appropriate safeguards put in place.
• No duty of candour breaches since May 2018 and only one recorded in 2018/19.
• Staffing levels remain above 100% overall but significant staffing challenges remain in response to increased acuity.

NHSI Indicators
• The majority of national metrics continue to be achieved
• The Trust has achieved the threshold for maximum 6 week wait for diagnostic procedures following underachievement in the last two months.
• 15 days occupied by 2 young people under 18 in adult wards, which is higher than recent months.
• Inappropriate out of area bed admissions of 199 which continues to mean the Trust remains well above target.

Locality
• Support to contract negotiations taking place in each locality, with focus on activity, performance targets and new investments
• Focus on the stroke pathway in Barnsley with the aim of introducing an early supported discharge service
• Consideration being given to results of the staff survey in each place with actions being identified
• Demand and capacity is a challenge in Barnsley community mental health services
• Anti-ligature work has taken place in the ward 18 garden area
• Recruitment is taking place to the new learning disability forensic outreach service
• Mobilisation for the introduction of the South Yorkshire liaison and diversion service is taking place in readiness for April 1st start
• Out of area bed usage in Wakefield remains at nil through intense work

Priority Programmes
• SystmOne for mental health went live as planned
• Work is taking place to establish work streams based on the recommendations made in the SSG report. Bed pressures remain

Finance
• Pre Provider Sustainability Funding (PSF) deficit in February of £244k taking the cumulative position to a £325k deficit
• Included in the February position it non-recurrent income of £0.4m for out of area bed usage from Kirklees CCG. There were also non-recurrent costs incurred of a slightly higher number leaving an underlying deficit position of circa £160k
• The cumulative position is £1.8m favourable to plan and includes a significant saving in capital charges (£1.4) from a revised calculation for asset valuations, as well as one-off asset disposal gains of £0.7m and non-recurrent income support of £0.9m
• Expenditure on out of area beds of £191k takes the cumulative spend to £3.6m
• Cumulatively net savings on pay amount to £1.1m through the level of net vacancies, with a £0.2m saving recorded in February. Inpatient ward costs are overspent by £2.4m year-to-date
• Agency staffing costs were £545k in month, which is 56% higher than our cap. The full year projection of £6.4m is close to breaching the NHS Improvement cap by 25%. This would have adverse implications on our financial risk rating.
• CIP delivery of £9.7m is £0.9m above plan with performance boosted by the reduction in capital charges.
• The cash balance remains in relative health at £27.6m
• The achievement of the year-end control total of £2m remains probable with a possibility of bettering it.

Workforce
• Trust continues to achieve above 80% compliance in all the mandatory training areas.
• Sickness rate in February has fallen compared to January and the projection is that annual rate will be lower than last year.
• Turnover continues to be an area of focus and the Trust has agreed action.

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 2018-19.

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	Jan-19	Feb-19	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				38.1%	39.8%	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	31.5%	26.7%	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	22% 2/9	25% 3/12	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%	21% 16/76	11% 4/35	25% 3/12	10% 1/10	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%	87%	84%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	98%	97%	100%	98%	99%	97%	98%	100%	97%	99%	97%	98%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	74%	75%	N/A	76%	N/A	75%	N/A	N/A	71%	N/A	N/A	N/A	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	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	49	10	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	20	25		N/A
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	N/A	26				0	1	1	1	2	2	1	1	2	0	Due April 19	N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	1	2	1	0	0	0	0	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%	87.5%	Due April 19	4
	Un-outcomed 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%	2.3%	2.4%	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	10	13	
	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%	1.8%	1.6%	4
Quality	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%	89.3%	Due April 19	N/A
	Number of records with up to date risk assessment - Community 11								75.7%	78.4%	78.3%	74.6%	77.5%	78.4%	81.7%	86.2%	93.8%	92.9%		N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	2849	3065	2962	3441	1074	1090	1039	1168	1004	862	1085	1108	982	1099	1032	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	22	13	15	24	21	13	21	29	19	28	21	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	4	5	5	1	1	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	6	3	4	2	2	5	4	2	11	6	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%	23.5%	13.9%	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%	119%	119%	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%	98.7%	97.5%	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	30	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	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	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%	82.4%	80.6%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	139	139	150	181	40	40	44	43	37	52	40	41	49	39	48	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	165	168	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	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	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%	87.6%	82.6%			83.6%			81.5%			Due April 19		4

Quality Headlines

* See key included in glossary

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage

3 - The IG breach target is based on a year on year reduction of the number of breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches and categorisation of incidents has been updated in the year to reflect the requirements of the General Data Protection Requirements (GDPR)

4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears.

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

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

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

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

9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available eg 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.

Quality Headlines

During 2017/18 the Trust undertook some work to develop the key quality measures and this has continued into 18/19.
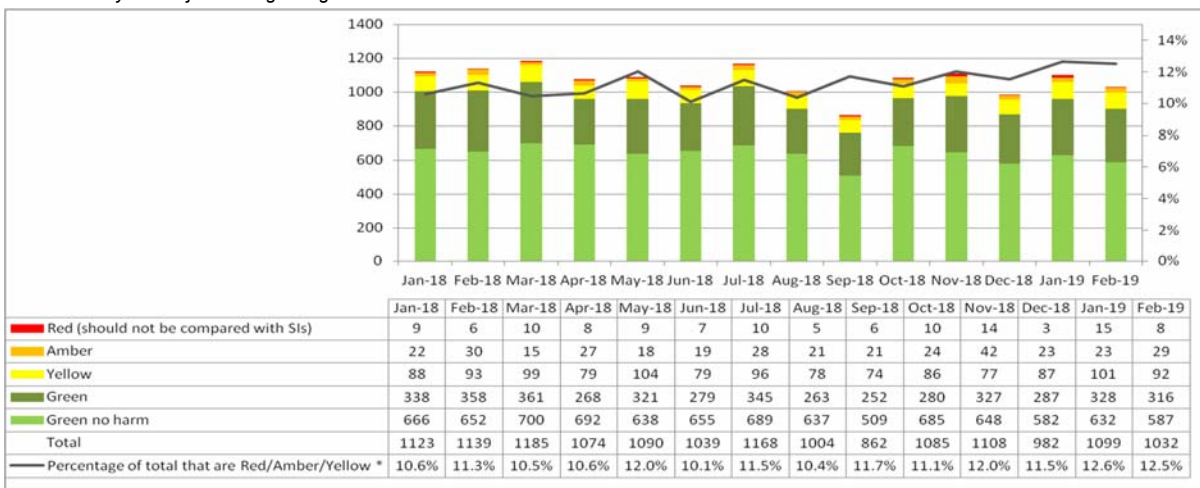
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.
• Number of restraint incidents - the number of restraint incidents during February was 168. The highest proportion of incidents are in the standing position (93).   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 February there were a total of 31 incidents recorded.   6 of those incidents lasted greater than 3 minutes:
- 1 incident lasted 4-5 minutes - 136 Suite Wakefield, level of aggression and risk;
- 1 incident lasting 5-10 minutes - Walton PICU in Wakefield to administer intra muscular meds and to facilitate seclusion exit.
- 1 incident lasting 9-10 minutes - Elmdale Ward, due to level of aggression displayed and to administer I.M. meds.
- 1 incident 10-15 minutes - Walton PICU, Wakefield, due to level of aggression and to manage infection control risks.
- 2 incidents over 15 minutes - 1 incident Elmdale ward, 20 minutes. Due to level of aggression displayed; 1 incident, 136 Suite Wakefield. Used intermittently over a 3 hour period. Due to level of aggression and to manage.
• NHS Safety Thermometer - medicines omissions – performance has significantly improved this month compared to previous months and stands at 13.9% for February.   This 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 and overall there has been a reduction of 9%. However, the mental health safety thermometer's national data has shown that the Trust has been an outlier when benchmarked.   Over the last month, there has been a focus for improvement on medicines omissions at all levels of the organisation. Wards and pharmacy teams have been working closely together on the causes and solutions to include in everyday practice. Some wards have included medicines omissions in safety crosses and others are reviewing each day. A "medicines refused? Refer to pharmacy" campaign was started during February. Ward breakdowns have also been provided giving more information to operational services. As we have previously reported, long-term plans include the procurement of Electronic Prescribing & Medicines Administration (EPMA) system which will prevent omissions.
• Number of falls (inpatients) - February saw an increase in fall incidents during the month compared to previous months; this was attributed to increases in Forensic and Calderdale and was due to an increase in service users with very complex physical health issues which has led to a high level of incidents reported during the month.
• % 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

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Red (should not be compared with SIs)	9	6	10	8	9	7	10	5	6	10	14	3	15	8
Amber	22	30	15	27	18	19	28	21	21	24	42	23	23	29
Yellow	88	93	99	79	104	79	96	78	74	86	77	87	101	92
Green	338	358	361	268	321	279	345	263	252	280	327	287	328	316
Green no harm	666	652	700	692	638	655	689	637	509	685	648	582	632	587
Total	1123	1139	1185	1074	1090	1039	1168	1004	862	1085	1108	982	1099	1032
Percentage of total that are Red/Amber/Yellow *	10.6%	11.3%	10.5%	10.6%	12.0%	10.1%	11.5%	10.4%	11.7%	11.1%	12.0%	11.5%	12.6%	12.5%

* 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 18/19	Q2 18/19	Q3 18/19	Q4 18/19 Jan & Feb only	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Informal patient absent without leave	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Information disclosed in error	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Lost or stolen hardware	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Lost or stolen paperwork	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	2
Self harm (actual harm) with suicidal intent	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Suicide (incl apparent) - community team care - current episode	4	3	4	9	1	1	3	0	2	1	0	2	1	1	6	3	21
Suicide (incl apparent) - community team care - discharged	2	1	0	2	0	0	0	2	0	1	0	0	0	0	2	0	5
Suicide (incl apparent) - inpatient care - current episode	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Unwell/Illness	0	1	1	0	0	0	0	0	1	0	0	0	1	0	0	0	2
Allegation of violence or aggression	0	0	0	0	1	0	0	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	1	0	0	0	1	0	0	0	0	2
Physical violence (contact made) against other by patient	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Pressure Ulcer - Category 3	1	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2
Total	8	9	10	12	4	1	3	4	5	4	0	6	2	2	8	4	43

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
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.

• 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 February 2019
• Patient safety alerts not completed by deadline of February 2019 - None

Mortality
A new clinical mortality review group will take effect from 29/3/19 to focus on learning and action from outcomes from learning from deaths reviews.
Training: Structured Judgement Reviewer (SJR) training took place on 31 January 2019. Eight people were trained.
Policy: The revised Learning from Healthcare Deaths policy was approved by EMT in January 2019. This is now available on the intranet and website.
Reporting: The Trust's Learning from Healthcare Deaths information is reported through the quarterly incident reporting process. The latest report is available on the Trust website. This includes learning to date. See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/
Learning: Mortality is being reviewed and learning identified through different processes:
-Serious incidents and service level investigations – learning is shared in 'Our Learning Journey' report for 2017/18
-Structured Judgement Reviews – learning from 2017/18 and Q1-2 cases is included in the latest report.
56% of reviews completed to date rated overall care as good or excellent

Safer Staffing

Overall Fill Rates: 119%
Registered fill rate: (day + night) 97.5%
Non Registered fill rate: (day + night) 140.4%

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

BDU Fill rates - November 18 - February 19

Overall Fill Rate	Month-Year		
Unit	Dec-18	Jan-19	Feb-19
Specialist Services	165%	180%	156%
Barnsley	120%	121%	123%
C & K	107%	109%	109%
Forensic	114%	116%	114%
Wakefield	130%	130%	135%
Overall Shift Fill Rate	**118%**	**119%**	**119%**

The figures (%) for February 2019:
Registered Staff - Days 89.2% (a decrease of 2.7% on the previous month); Nights 105.9% (an increase of 0.3% on the previous month)
Registered average fill rate - Days and nights 97.5% (a decrease of 1% on the pervious month)
Non Registered Staff - Days 139.5% (an increase of 3.2% on the previous month); Nights 141.4% (a decrease of 2.9% on the previous month)
Non Registered average fill rate - Days and nights 140.4% (an increase of 0.4% on the previous month)
Overall average fill rate all staff: 119.2% (a decrease of 0.3% on the previous month)
Overall fill rates for staff for the all inpatient areas remain at 90% or above.

Summary
There has again been no ward fell below a 90% overall fill rate. Of the 31 inpatient areas 24, a decrease of one on the previous month, (76.8%) achieved greater than 100%. Indeed of these 24 areas, 13 achieved greater than 120% fill rate. This was consistent with the previous month.
Registered On Days (Trust Total 89.2%)
The number of wards that have failed to achieve 80% increased by three wards to five (16%) on the previous month. There were three wards within the Forensic BDU (Chippendale, Priestley and Johnson). The others were Poplars within the Wakefield BDU and Ward 19 Male within Calderdale and Kirklees. There were various factors sited including vacancies, sickness and supporting acuity across the BDU.
Registered On Nights (Trust Total 105.9%)
No ward has fallen below the 80% threshold. The number of wards who are achieving 100% and above fill rate on nights remained at 20 wards (64%) from the previous month.
Average fill rates for most areas increased in February. Barnsley BDU increased by 2% to 123%. Calderdale and Kirklees BDU remained at 109%. Forensic BDU were 116% a decrease of 2%. Wakefield BDU increased to 135%. Specialist services were 156% with a decrease of 24%. Overall fill rate for the trust remained at 119%.
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

A slight increase from last month with 13 breaches reported, related to 8 information disclosed in error, 2 to lost or stolen paperwork and 3 were patient healthcare record issues.

No incidents were reported to the information commissioner's office.

Commissioning for Quality and Innovation (CQUIN)

Services continue to work towards the requirements for 18/19 and are now completing the final year end requirements which are due to be submitted to the commissioner at the end of April.

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 £204k shortfall for 2018/19. CQUIN leads are working to mitigate this risk as far as possible.
• Flu vaccinations - the Trust exceeded the 75% threshold and therefore achieved all income associated with this indicator. Final overall % performance for vaccination uptake is awaited.

The 19/20 national CQUIN schemes have been recently published, the Trust is working with its commissioners to agree the applicable indicators for each contract. The rules state there must be a maximum of 5 indicators per contract, overall value of the scheme as reduced to 1.25% of contract value.

Patient Experience

Friends and family test shows
- Community Services – 98% would recommend community services.
- Mental Health Services – 84% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 25% in specialist services and 100% in primary care
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services
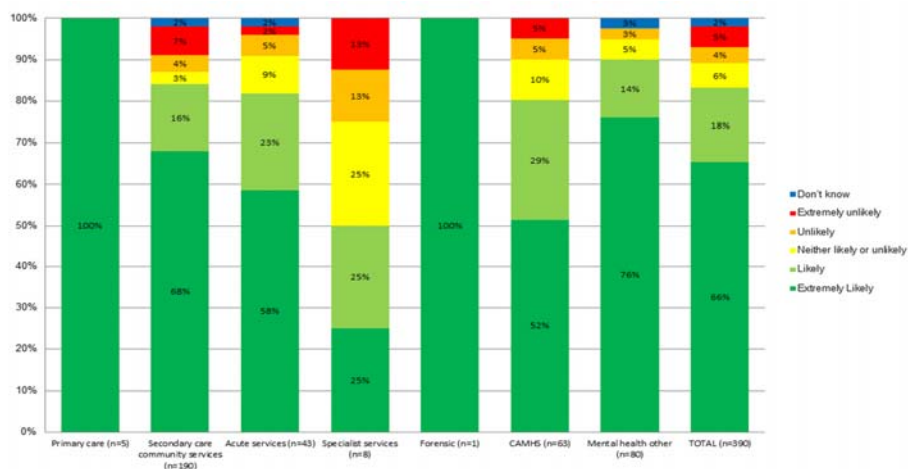
Community Services
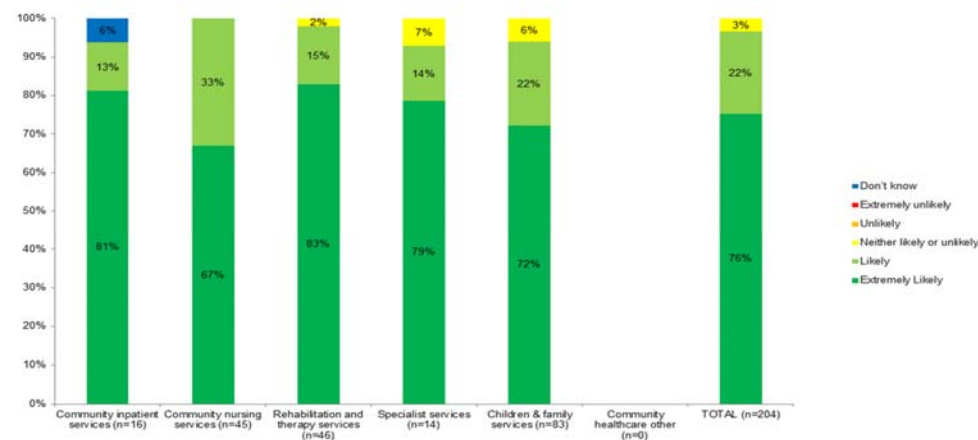
Care Quality Commission (CQC)

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. At February 2019 -72.5% of MUST DO actions and 87% of SHOULD DO have either being completed or making good progress.

An extra ordinary workshop is being held on 27.3.19 to review the CQC action plan in detail, assess the risks to successful completion and identify additional actions required to expedite actions that are behind anticipated completion dates. The action plan progress will be updated and a more frequent and enhanced monitoring system will be implemented from 1st April 2019

Safeguarding

Safeguarding children's activity February 2019
- The named nurse for safeguarding children has attended a number of external training opportunities including 'sexual safety on mental health wards', the learning from the training will be incorporated into the Trust Policy, briefs for staff, service users and carers and updating the current safeguarding children training packages.
- The safeguarding team continue to provide training as part of the safeguarding board offer and are currently preparing presentations for the upcoming safeguarding weeks in June and July.
- The safeguarding team have contributed to a number of external information gathering requests including a cross-border safeguarding practice review.
- The safeguarding team have contributed and attended the initial multi-agency pregnancy liaison advisory group multi-agency meeting in Wakefield which assesses the risk of individuals who are pregnant and may have mental health concerns and / or alcohol and substance misuse.

Safeguarding adult activity February 2019
- The specialist advisor safeguarding adults has contributed to a number of external information gathering requests for safeguarding adult reviews, domestic homicide reviews and a suicide panel.
- Additional support and supervision has been provided to a number of internal complex cases thus ensuring appropriate risk assessment and relevant external agencies are involved in a timely manner.
- Amended and re circulated the safeguarding adults policy, the sexual relationships policy and the threats to kill guidance document
- Data requests for performance dashboards for the safeguarding boards has been completed.

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. There has been a MRSA Bacteraemia, which relate to a person in Urban House. We have been involved in the care of this person. A MRSA bloodstream infection: post infection review is being undertaken by Kirklees CCG. Outcome expected soon. There may be some learning for SWYFT. This will not be on SWYFT surveillance figures.

• There has been an outbreak of gastroenteritis (Jan 2019) on Beechdale affecting 16 (9 patient 7 staff), ward closed 7 days. To note norovirus and respiratory viruses are circulation in the communities, this is a national picture.

• Q3 - 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 needlestick, 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.

NHS South West Yorkshire Partnership NHS Foundation Trust

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.

• Due to the requirements of staff to support the SystmOne go live, not all performance data is available this month at the time of report submission.

NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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%	97.1%	97.3%	97.2%	97.1%	96.2%	97.2%	98.0%	99.0%	99.3%	99.8%	98.2%	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%	97.9%	98.9%	100%	100%	100%	98.6%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	95.5%	98.3%	98.8%	98.9%	97.5%	97.0%	99.0%	98.8%	97.6%	95.5%	Due April 19	97.6%	97.9%	98.9%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	100%	Due April 19	97.7%	97.1%	97.1%	4	
Data Quality Maturity Index 4	Improving Health	Responsive	CH		98.3%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	98.2%	98.1%	98.1%	98.1%	98.2%	96.8%	98.1%	4	
Out of area bed days 5	Improving Care		CH	Q1 940, Q2 846, Q3 753, Q4	531	282	368	437	589	384	165	389	267	299	199	1181	1410	821	1	
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	52.9%	57.2%	53.2%	54.0%	52.1%	47.1%	50.8%	50.1%	57.8%	55.1%	57.1%	54.4%	51.1%	52.8%	3	
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	91.6%	88.0%	93.9%	93.9%	94.8%	94.0%	94.6%	96.9%	91.1%	92.3%	88.3%	91.3%	94.3%	94.4%	4	
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	100%	98.7%	100%	99.7%	99.5%	99.6%	99.7%	99.7%	99.4%	99.3%	98.8%	99.4%	99.6%	99.6%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	53%	93.5%	81.0%	70.0%	92.0%	91.4%	90.3%	94.2%	94.7%	88.6%	85.1%	85.3%	81.7%	90.3%	92.6%	4	
% clients in settled accommodation	Improving Health	Responsive	CH	60%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	78.2%	78.5%	78.0%	78.2%	79.1%	78.8%	78.2%	4	
% clients in employment 6	Improving Health	Responsive	CH	10%	9.0%	8.7%	8.6%	8.5%	9.5%	8.9%	8.6%	9.0%	9.3%	9.2%	Due April 19	8.6%	8.8%	9.3%	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		Due June 19														2	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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	2	0	14	22	1	22	8	29	2	4	15	16	45	39	2	
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	1	0	3	3	1	2	2	3	1	1	2	4	6	6	2	
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor		212			192			184			Due April 19	212	192	184	N/A	
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor		15.1%			14.1%			13.0%			Due April 19	15.1%	14.1%	13.0%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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%	97.4%	97.7%	97.5%	98.8%	98.5%	99.1%	98.9%	97.0%	98.7%	98.8%	98.8%	97.8%	98.8%	98.1%	4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.8%	99.9%	99.9%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	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%	90.7%	90.5%	90.8%	90.5%	95.5%	95.1%	91.0%	90.9%	90.8%	90.4%	90.7%	90.8%	91.1%	90.9%	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 majority of NHS Improvement metrics

• The proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT) is above threshold for February This is provisional data and the final data will be reported in next month's report.

• During February 2019, the number of service users aged under 18 years placed in an adult inpatient ward increased to 2 - this related to the admission of two 17 year olds to Wakefield BDU during the month. Total bed days and number of children and younger people under 18 in adult inpatient wards forecast for year end has been rated as '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, two or three, an overall reduction in the number of bed days can be seen but this continues to be 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.

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

Barnsley BDU:

Key Issues
• Pulmonary rehabilitation formal joint investigation work ongoing in response to performance targets.
• Activity profiles for 19\20 submitted to CCG to inform contract negotiations
• Bed usage for Barnsley registered patients in neurological rehabilitation is currently above the bed days commissioned from Barnsley CCG. Discussions with integrated care system (ICS) regarding use of uncomissioned beds has commenced.
• Sickness level for Trust (year to date) is 5.1% against a target of 4.5%. Barnsley district is at 5.5% for February which has reduced from January figure of 6.3%.

Strengths
• Doncaster smoke free (YSF) commissioner has indicated they will be using underspend and CQUIN money to develop and deliver smoke free services in acute settings through the Doncaster team.
• YSF Calderdale acting manager, Jan Spencer, was runner up in the Wakefield College's student of year award 2019.
• Friends and Family Test (FFT) remains excellent for the majority of health and wellbeing services
• Nova have been given funding from the commissioner for a further full time band 5 equivalent post for Wakefield live well due to the increased volume of work coming into the service
• Children's FFT excellent results
• Children's speech and language therapy (SALT) team have commented on the benefits of in house mindfulness training and the health and well-being checks that are available
• Dietetics - we have been asked to support the acute trust diabetes service on a short term basis to cover their sickness absence.
• Joint working with Barnsley hospital via multi-disciplinary team (MDT) meetings; Intermediate Care at risk of re-admission pathway and In Reach Nurse.
• Ongoing work and development in line with cardiovascular disease and frailty core CCG work streams

Challenges
• Yorkshire smoke free Barnsley out for tender in April/ May 2019
• Yorkshire smoke free Calderdale – commissioning intention for 2020 not known
• Yorkshire smoke free Sheffield – service targets remain very challenging despite conversion rates being excellent.
• NHS England's draft management of chicken pox in initial accommodation (IA) centres has enormous consequences for Urban House and implementation will be very challenging.
• Interpreter costs are having a negative impact on children's service budgets
• Dietetics are experiencing patients being inappropriately referred into service for a one to one appointment due to waiting list for XPERT (Diabetic education package for self-management)
• Commissioner currently reviewing funding levels for Children's therapy services due to increasing waiting times.
• CQC preparation underway

Areas of Focus
• Stroke Integrated Pathway - work continues. A further executive level meeting took place in March. The proposals and financial profiles are now being considered. An independent review of the proposed early supported discharge (ESD) model will be undertaken.
• Work continues with partners on the emerging primary care network structures in Barnsley to be known as 'Integrated Care Networks'. The number of these locally is still to be determined. The 6 neighbourhoods will remain a key focus at delivery of service level. The senior operational team in the BDU are now part of the CCG workforce development group.
• Neuro rehabilitation unit open day planned for May 2019
• Staff survey – work underway to focus on the 4 priorities. Director of human resource, OD and estates attended our BDU Operational Management Governance meeting 18.3.19. Our initial feedback from focus groups (neighbourhood nursing service) was discussed. Posters re the key 4 areas were suggested for the open hot desk area (e.g. Fieldhead hospital) to capture staff ideas re issues and potential actions.

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

Barnsley BDU:

Mental Health
Key Issues
• The acute service line continues to experience high demand and some staffing pressures leading to ongoing bank expenditure. 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 remains a challenge in community services, particularly in the enhanced pathways, where the resource and practice adjustments required following the changes in the integrated service model are ongoing. Action plans and data improvement plans are in place and there is support with staff wellbeing. Partnership approaches and effective communication continues between the council and SWYPFT.
• Extensive work is underway to develop the new South Yorkshire wide model for liaison and diversion services following participation in a successful tendering process. The new service will be implemented on 1 April 2019.

Strengths
• Management of patient flow.
• Human resource workforce performance strong across all domains other than food safety where an action plan is in place.
• Service users in Barnsley acute wards are benefitting greatly from the new cardio wall installed as a result of successful capital bids. The wall is an innovative and self-lead approach to exercise and is supporting an intensive programme to improve the cardio-vascular health and general wellbeing of our service users, and is also according to service user and staff feedback hugely enjoyable.

Challenges
• Demand and capacity in community services.
• Action plan continues to improve data quality and in particular performance around care programme approach 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 are being readjusted in partnership with the CCG following the disaggregation of social care resources.
• Barnsley BDU sickness rates are 5.2% overall in excess of trust target. For mental health, specialist services are 3.9% (within target), community 5.1% and acute 7%. General managers are working with HR business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team managers meetings and reported through to deputy director, for review at BDU level meetings.

Areas of Focus
• Admissions and discharges and patient flow in acute adults.
• Continue to improve performance and concordance in service area hotspots tracked team by team by general managers.
• Demand and capacity work in single point of access and the enhanced pathway.
• Reduction of agency and bank spend in acute services.
• Work continues with partners on integrated care networks , working with the neighbourhoods already in place. SWYPFT staff are represented at local and network level both developmentally and operationally.
• Local action planning in response to staff survey.
• Sickness management.

Calderdale & Kirklees BDU:
Key Issues
• Delayed transfers of care (DTOC) - Mental health MADE (multi agency discharge planning) CCG, local authority and trust meetings continuing and reductions in DTOC starting to take place.
• Continued pressure for admissions, particularly female, however a number of beds have been internally available especially for males. Occupancy and acuity remains high on all female adult wards and across the BDU.
• Staff survey results are being reviewed in each service line with action plans under development. Particular focus on results for rehab and administration staff.

Strengths
• Discharge co-ordinator capacity on all wards started in December to reinforce flow management. All 5 now in post. Evidence of benefits beginning to show with increased flow and emerging capacity.
• High levels of clinical supervision are being recorded across service lines.
• High performance on mandatory training.
• Appraisal completion over 99% across all bands.
• Sickness absence is well managed across BDU. Absence is higher in adult inpatients but all cases are being monitored.

Challenges
• Adult occupancy levels are high - inpatients and in intensive home based treatments.
• Caseload pressures have built up in some adult community teams, management actions are in place.

Areas of Focus
• Continue to focus on absence performance in service area hotspots such as adult inpatients. Other 3 service lines are green
• Ward 18 garden area reviewed for overall safety and new anti ligature, anti climbing and netting. Snagging work to complete before ward 18 garden can be reopened.
• Improvements to access and egress from The Dales to increase security work to be completed by April.
• Additional fencing work underway at The Dales garden due to recent incidences of absent without leave (AWOLs).

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

Forensic BDU:

Key Issues
• NHS England (NHSE) remain committed to de commissioning 8 learning disability beds. Further work has been undertaken within the Trust to identify an alternative use for those 8 beds.
• Service review/business case as lead provider continues to progress. Following the two successful workshops collaboration with partners continues. The partnership is hopeful that an opportunity to develop a forensic community service across West Yorkshire will be available by the end of March.
• Learning disability forensic outreach service recruitment to initial service has commenced. Team Leader and key clinicians appointed on a fixed term/secondment basis. Confirmation has now been received that £1.8m will be released by clinical commissioning groups (CCGs) to fund the original proposal. Work has been finalised on a revised specification and implementation plan. The aim is that the service will offer a consultancy and advisory service from 1.4.19.
• Following an Independent review commissioned by NHSE Leeds community health/SWYPFT are working collaboratively to finalise a recovery plan for the secure estate. A formal performance notice has been issued on the contract.
• Occupancy levels in medium secure above 95% but remain a concern in low secure being below target.

Strengths
• Strong performance on mandatory training.
• Developing innovative and collaborative work in the delivery of this years CQUINs.
• Progress being made on CQC action plans. Only action waiting to be addressed is the call system which is waiting a trust wide response.
• Service well-being group has identified key areas of development moving forward with a focus on sickness levels in particular short term sickness.

Challenges
• Low secure occupancy levels well below 90%
• Recruitment of band 5 nurses (23 vacancies across the business delivery unit).
• High turnover.
• Reducing sickness.
• Forensic child and adolescent mental health service performance notice. Extra resources deployed from elsewhere in forensic business delivery unit and support services.

Areas of Focus
• FCAMHs performance notice.
• The BDU will undertake a large piece of work supported by HR and will focus on the following areas:
  *Leadership
  *Sickness/absence
  *Turnover
  *Well-being
  *Bullying and harassment

Specialist BDU:
Key Issues
• Optimising the pathway of care for child and adolescent mental health services (CAMHs) meetings had been held (19 December 2018 and 15 March 2019) - chaired by the NHSE North medical director – to consider the system difficulties in accessing specialist T4 hospital beds and the resulting risk to the care of children and young people. Whilst it was acknowledged that T4 beds would remain in scarce supply the meeting had allowed for improved communication and escalation processes between providers. It had also informed CCG 2019/20 investment plans – with a commitment to further build capacity in CAMHS crisis and home based treatment teams.
• Wakefield safeguarding boards are leading on a serious case review regarding a number of deaths since May 2017 of 16-21 year olds through apparent suicide. A child adolescent mental health services oversight and assurance forum has also been established to understand the learning for the local system and ensure this underpins improvement in service delivery.
• Sickness rates in the Wakefield CAMHS crisis team have increased significantly recently. A range of occupational health and managerial supports have been offered. Options are being explored to access more specialist 'supervisory' support to proactively build the resilience of staff.
• The recent staff survey identified significant challenges in CAMHS – most notably in the Barnsley team. Workload pressure, specifically related to on-call , is a key factor.   The issue of on-call will be addressed with the move to an all-age liaison service model and a series of team-based workshops are being planned to proactively engage staff.
• Waiting times from referral to treatment in Wakefield and Barnsley CAMHS remain a concern. In Barnsley the wait for ADHD assessment and treatment is a particular concern
• Consultant recruitment cross CAMHS and learning disability remains a significant challenge – resulting in high agency use.

Strengths
• The transforming care partnership has recognised our learning disability service to be a stopping over medication of people (STOMP) good practice area nationally
• Friends and family tests return rates are much improved across all learning disability teams.
• Barnsley and Wakefield CCGs have committed to new investment in CAMHS waiting list initiatives. Additional investment will also be made available in 2019/20 from the new care models initiative.
• All CCG have prioritised investment in development of an all-age liaison model. Work is progressing on the detailed business cases in Wakefield and Calderdale/Kirklees.
• Kirklees application to be a CAMHs Trailblazer site was successful. Staff have now been recruited to the 2 school-hub based teams.

Areas for focus
• Proactively addressing vacancy levels in learning disability services and consultant posts in learning disabilities and CAMHs
• Development and implementation of the all-age service model and waiting list initiatives in CAMHs
• Continuing to disseminate early learning from review of the recent suicides of children/young people.
• Ongoing focus across specialist services on staff engagement and health and wellbeing.

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.
• 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 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.
• HR workforce performance strong across all domains other than food safety where an action plan is in place
• February's mental health safety thermometer for medication omissions showed a significant improvement for working aged adult inpatient services. Each ward have reviewed processes to ensure more robust monitoring and identification of omissions. Learning from the working age adult wards will be shared with colleagues from older peoples services.
• An infographic produced by SWYPFT explaining how Unity Centre coped with winter pressures has been featured on NHS Providers' website: https://nhsproviders.org/nhs-winter-watch-201819/week-12

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.
• Wakefield BDU sickness rates are 4.9% in excess of trust target. Community services are 4.1% (within target), and acute 5.4%. General managers are working with HR business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team managers meetings and reported through to deputy director, for review at BDU level meetings.

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.
• Local action planning in response to staff survey.
• 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.
• Sickness management.

Communications, Engagement and Involvement

• SystmOne for mental health – countdown to go live messages through targeted emails and social media, promotion of go live support (intranet resources, super users, support desk), regular updates to super users
• Staff survey results comms - including intranet section, briefing and infographic
• 2018/19 flu jab communications campaign announced as shortlisted in NHS Employers' Flu Fighter Awards in the 'Most innovative' category
• Promotion of West Yorkshire and Harrogate Health and Care Partnership "our neighbours" campaign, encouraging sign-up ahead of launch
• Internal comms survey analysis, completed by 560 staff (a 68% increase in responses compared to previous year)
• #Allofusimprove – developing case studies & promoting IHI training
• Continued collaboration with staff-side colleagues on the introduction of a staff app
• Co-development of a partnership communication campaign with Barnsley Hospital, the CCG and GP Federation to promote alliance working

This is the March 2019 priority programme update for the integrated performance report for progress on the 2018/2019 Trust priorities. A summary of key updates for activity conducted in February includes:

Out of Area:
• Bed pressures remain in the system and out of areas placements continue, though the levels fluctuate. Recent placements continue to be from the Calderdale/Kirklees locality.
• Criteria led discharge has now gone live across all inpatient units. Next steps will be to ensure that it is embedded and used as appropriate across the trust to ensure that it delivers the expected benefits.
• Following conclusion of activity with external consultants, SSG Health, where eight workstreams were identified, work has taken place to pull all activity into a priority plan for the Trust and align with other priorities that will support the reduction in bed use. Work is now ongoing on identifying priority strands and resources required to support the plan.
• A new partnership governance structure is being established to support the change programme as from April 2019.

Clinical Record System:
• Go Live dates for inpatient (25th February) and mental health community (5th March) occurred to plan.
• Considerable background work was conducted on the run up to both Go Live dates, particularly in migration of data form RiO to SystmOne
• Go Live protocols were followed for both go lives to ensure all preparations were in place prior to go live
• Acceptable targets of staff training were reached to enable go live
• Work is still ongoing 'post both go lives

Stroke Services Review:
• New model developments are to be presented to the Members' Council in May
• Senior/executive level stocktake meeting took place on 21st January 2019 and a senior/executive level meeting re the stroke pathway costings meeting was held 27th February 2019.
• Work commenced with corporate communications (all organisations) to convey positive outcomes of integrated pathway
• Continued involvement from voluntary sector (Stroke Association) in steering group and other developments beyond the remit of this project e.g. Stroke Café
• Barnsley Metropolitan Borough Council social care department has been invited to future steering group meetings

Learning Disabilities Operational Delivery 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.
• The project progresses well and is on track against plan.
• Expressions of interest have been invited to increase membership of the community infrastructure work-streams and opportunities to co-lead the three groups to support existing leads.
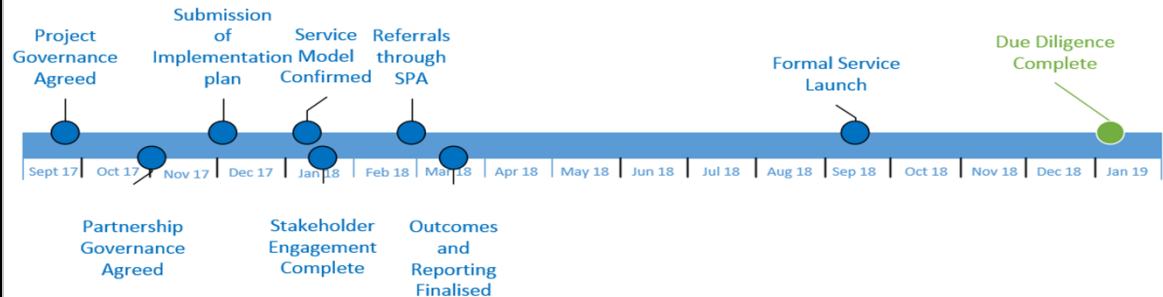
Priority	Scope	Narrative Update	Area	RAG
IMPROVING HEALTH				
Joined Up Care				
South Yorkshire Projects: Stroke Service Review	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Stroke service review As a result of the South Yorkshire integrated care System (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: MDT (Multi Disciplinary Team) working TIA (Trans Ischaemic Attacks) pathway ESD (Early Supported Discharge) pathway Project Objectives: • 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 MDT working across both organisations to reduce the impact of pathway handovers on patient care and improve system wide patient flow. • Develop a stroke specific ESD service which will support improved patients flow from the new hyper acute stroke unit (HASUs) and enable patients to reach their rehabilitation potential closer to home as/when appropriate in their recovery journey	• A communications was issued to staff in February, updating on progress in this project, following a steering group meeting held on 9th February 2019 • New model developments are to be presented to the Member's Council in May • Senior/Executive level stocktake meeting took place on 21st January 2019 and a senior/executive level meeting re the stroke pathway costings meeting was held 27th February 2019. • Work commenced with corporate communications (all organisations) to convey positive outcomes of integrated pathway • Continued involvement from voluntary sector (Stroke Association) in steering group and other developments beyond the remit of this project e.g. Stroke Café • Barnsley Metropolitan Borough Council social care department was invited to future steering group meetings Single TIA pathway (TIA): • Ongoing monitoring and review of new process via task and action group (TAG). • Follow up clinics have commenced at Cudworth, staffed by SWYPFT clinicians Stroke early support discharge (ESD): • Financial projection work was shared at the stroke pathway costings meeting on 27th February 2019. • Staffing model shared at the stroke pathway costings meeting on the 27th February 2019. • Outcome of financial discussions at senior/executive level meeting held 27.2.19 required further detailed break-down of proposed costs to enable a richer understanding of the financial modelling and to be presented back on the 15th March Multidisciplinary teams (MDT): • SWYPFT and BHNFT colleagues continue to meet to discuss patient flow. • Proposal for project support to develop integrated dashboard reporting system to share real time information to support MDT working and decision making • Continue to seek resolution for interoperability between clinical systems	Progress Against Plan	GREEN
		Initial areas of risk include: • Finances/contracting - in particular if there are issues with the cost of the remodelled ESD pathway - currently undertaking work on this. • Recruitment and retention - recruitment could be a challenge through 2019 if additional staffing is required to establish the new pathway. Also retaining current staff in the new model is a growing challenge. • Contracting arrangements • Hyper-acute stroke unit (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	YELLOW
		High level milestones: ESD - financial projections in place (Dec / Jan) ESD - senior meeting to be organised for January 2019 ESD - service model agreement - February 2019 ESD costing meeting February 2019 ESD further modelling breakdown - 15 March 2019 ESD - implementation process - March onwards2019 New model presented to members council - May 2019		

South Yorkshire Projects: Neurological rehabilitation	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Neurological rehabilitation Barnsley CCG have reduced the number of beds they commission for neuro rehabilitation unit (NRU) from 12 to 8. NRU has always had some out of area bed usage but financially this is insufficient to offset the loss of commissioned income. We want to raise awareness of the unit across the Trust and the wider system.	This priority reports bi-monthly on the IPR. This is the last update competed in February 2019: • The project team continues working against a plan to promote and market capacity in NeuroRehabilitation unit (NRU) beds in Barnsley that are 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 designed with 1000 copies printed and distributed to identified contacts within Clinical Commissioning Groups (CCGs)/General Practitioner (GPs) and hospitals across the region in early January. Positive feedback has been received with regard the booklets. • Pull-up banners to promote the service at conferences and clinical events are available • The Trust website has been updated to showcase the NRU unit in line with the new marketing booklet • An initial planning meeting has taken place with regards to the NRU open day which is planned for Tuesday 21st May; this event is to market the available beds and is targeted at commissioners and those who may potentially refer to the unit including the private sector. A further event will be held on Thursday 23rd May 2019 for patients, families and carers. Both events are scheduled to take place during 'Action for Brain Injury 'Week''. • NRU colleagues have drafted briefs of what it's like to work on the unit within their disciplines; these will be incorporated into the presentation material for the open day. • Current position is the NRU is operating with a sizeable deficit.	Progress Against Plan	🟩
		Financial risk the service does not breakeven.	Management of Risk	🟧
		Implementation Plan in place		
South Yorkshire Projects: Autism and ADHD	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Autism and ADHD	• Early discussions are taking place on developing a formal plan to take this priority forward. • This plan will include lessons learned from the current West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) priority for improving autism and attention deficit hyperactivity disorder (ADHD).	Progress Against Plan	🟩
		No known risks at this time.	Management of Risk	🟩
		Implementation Plan not yet available		
New Business	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Forensics: work with NHS and private sector partners in the region to develop and deliver a co-ordinated approach to forensic care.	New business activity within this priority is covered by the monthly bids and tenders report to SWYPFT extended management team (EMT) and is therefore not updated specifically in this priority section of the integrated performance report (IPR).	Progress Against Plan	🟩
		New business activity within this priority is covered by the monthly bids and tenders report to EMT and is therefore not updated specifically in this priority section of the IPR.	Management of Risk	🟩

West Yorkshire Projects: Community Forensics CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Community Forensic CAMHS	Following implementation of this project and subsequent handover to business as usual (BAU) formally in December 2018 this priority now reports monthly. Activities completed for the reporting period of February 2019 include: • Paula Phillips will now oversee the Yorkshire and Humber (Y&H) regional forensic (FCAMHS) service following the move of the previous manager to the secure estatework. • Referrals continue into the service at a positive rate. Referrals declined over Christmas and new year, as anticipated, however are slowly increasing to normal levels. • Band 6 mental health practitioner is now in post, commencing 25 February 2019. • Y&H team representatives have met with East Midlands FCAMHS to discuss the Bassetlaw area and cases along the border of the two regions – East Midlands are really keen to work closely with us and we have agreed to meet regularly for peer support / shared training events etc. • The team attended a PREVENT event, put on by North West FCAMHS in January – this was a very informative day • NHS England have requested an annual review now that the service has been running for a year. This will take place end March/early April 2019. A full audit of the first year of the service will be compiled in preparation for this meeting. • The next national clinical network meeting will be held on 22 March 2019 in Reading and Yorkshire and Humber will be represented at this event.	Progress Against Plan	
		• There are currently no high level risks identified in this project. • Risk sharing agreements are developed for the partnership	Management of Risk	
West Yorkshire Projects: Forensic Community Mental Health	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Forensic community mental health	In February 2018, NHSE approached SWYPFT regarding an opportunity to be one of three Wave 1 trial sites for a specialist community forensic team. A bid was duly prepared for this opportunity and submitted. We were informed that our bid was not successful and that SWYPFT was 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	N/A
		Not applicable	Management of Risk	N/A
		Not applicable		

West Yorkshire Projects: Forensic Community LD	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Forensic community LD	• SWYPFT submitted a proposal to NHSE for provision of a community forensic learning disability service to support individuals with a learning disability (LD) 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. • SWYPFT are awaiting confirmation of funding	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		An implementation plan will be developed once a successful bid is approved		
West Yorkshire Projects: Improving Autism and ADHD	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the areas of: • Improving autism and attention-deficit hyperactivity disorder (ADHD)	There are separate workstreams under the WY&H HCP MH programme board for both adults and children's adults autistic spectrum condition (ASD)/attention-deficit/hyperactivity disorder (ADHD). • Sean Rayner is the senior responsible officer (SRO) for both projects under the WY&H HCP MH Programme Board. • The greater focus currently is on the Childrens 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 childrens. Childrens ASC ADHD: • 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. Key actions going forward include: • Align ambition of project to the NHS Long Term Plan • Plan workshop for standardisation of pathway for assessment Adults ASC ADHD: • 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 Leeds and York Partnership NHS Foundation Trust (LYPT). • Meeting between the three providers to look at regional response to waiting times in Bradford is ongoing	Progress Against Plan	
		Childrens ASC ADHD high level risk: • Current active risk exists 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. Adults ASC ADHD: high level risk: • 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 specification in light of this.	Management of Risk	
		Development of an implementation plan of key milestones is yet to be finalised		

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. • Expressions of interest have been invited to increase membership of the community infrastructure work-streams and opportunities to co-lead the three groups to support existing leads. • Task and finish groups have now been established and all leads, apart from the positive risk taking group that will be reallocated to a lead, appointed. • A workshop conducted on 25th January 2019 to launch the main work-stream (community infrastructure) with an objective to commence scoping of key areas of focus and prioritisation took place. A follow-up service user/carer engagement will be undertaken during February and March utilising questions that Matthews Hub are supporting the creation of that will be used to engage with service users and carers across the region. Feedback from this engagement will support the structure of the focus priorities of the work stream. • Quarterly North region ODN meetings are in place with North East and North West ODNs to facilitate information sharing and explore opportunities for efficiency (reduce duplication) and potential for completing some pieces of work at greater scale. A recent meeting has been undertaken to plan a joint forensic event and the purpose of the ODN involvement is around identifying best practice across a wider patch and articulating that as well as developing a model of how we support people with complex needs and how we build that local resilience. • The service user/carer engagement group has been renamed the co-production group and membership of this group has increased to cover the Yorkshire and Humber region more extensively. This group is now active and visible within the ODN and will lead on engagement work to support the community infrastructure work-streams. • Rehab Utilisation work is now drafted and a presentation of outcomes was delivered to the ODN steering group on 21st February. Following feedback from the steering group, the presentation has been completed and will be presented in March. • Timescale planning for activities in Year 2 has commenced by project team and proposals will be in place soon.	Progress Against Plan	
		No specific risks are identified at this point although a potential area to be mindful of is the level of engagement and commitment to ODN related work which is required of all members - ODN, wider network, work-stream leads and work-stream group members – for the ODN to be successful and productive. Whilst not having a clinical lead in post yet, the ODN have mitigated for this without affecting the programme progressing.	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. This is the last update competed in February 2019: • 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 SWYPFT's 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 mental health five year 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 🟩
		Any implementation risks are with Leeds and do not transfer to SWYPFT; there is a financial risk to the Trust which is being monitored. There are however a number of concerns raised about: • 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.	Management of Risk 🟩
		Implementation plan is with Leeds	
Flow and out of area beds	Stop people under the care of SWYPFT being placed out of area and ensure everyone is as near to their own home as possible. Work with others across West Yorkshire and Harrogate to help stop all of us placing people out of area. Implement Personality disorder pathway.	Out of Area (OOA) • Bed pressures remain in the system and out of areas placements continue, though the levels fluctuate. Recent placements continue to be from the Calderdale/Kirklees locality. • Criteria led discharge has now gone live across all inpatient units. Next steps will be to ensure that it is embedded and used as appropriate across the trust to ensure that it delivers the expected benefits. • Following conclusion of activity with the external consultants, SSG Health, where eight workstreams were identified, work has taken place to pull all activity into a priority plan for the Trust and align with other priorities that will support the reduction in bed use. Work is now ongoing on identifying priority strands and resources required to support the plan. • A new partnership governance structure is being established to support the change programme and will be established from April 2019.	Progress Against Plan 🟥
		Current high risk is that we continue send people out of area, which has an adverse impact on their care. This risk remains off project trajectory with ongoing pressures across the system.	Management of Risk 🟥

| Workforce Productivity | Develop and deliver clinical support worker strategy. Develop new roles to improve rostering, reduce agency spend and enhance skill mix.
Develop and deliver a retention strategy. | This priority reports bi-monthly on the IPR. This is the last update competed in February 2019:
• Recruitment and Retention Steering Group in place – Last met on the 13th December. Professions and deputy director represented steering group with staff side representation. This group meets every month. An action plan is in place with key stakeholders identified and work is work ongoing on several themes which include:
- Development of career pathways in professions following December meeting. Nursing, AHP and Psychology leads developing career structure pathways. Plan to develop more visual progress opportunity for staff both within intranet and at job application, job advert/NHS Jobs.
- Review of recruitment process ongoing including LEAN processes of end to end recruitment.
- Feedback sessions conducted in all identified areas of high turnover/hot spots (agreed areas within Strategy). Key themes paper completed. CAMHs will be running a summit in early 2019 to address some of the issues and concerns raised as part of the wellbeing and focus groups.
- Increased internal marketing of available roles across SWYPFT. 21st edition published last week in Headlines (February 2019).
- Trust now fully utilising NHS Yorkshire jobs Facebook feed. All new posts entered on NHS Jobs are now uploaded to Facebook feed.
- Development started for bespoke webpage for apprenticeships which will include 'day in the life of…' information about roles available, benefits for working with the Trust.
- Trust on boarding system plans being drawn up. Basis media have been approached to potentially deliver the Trusts own bespoke on boarding process microsite subject to procurement and tendering etc. Basis media reps attending next recruitment and retention steering group meeting. Basis Media already deliver on-boarding to several local trusts (Leeds Teaching, Leeds Community)
- Staff ending employment procedure re-designed and in place with greater focus on feedback. Pro-active process now rather than re-active aimed at intervention where we are offering staff that are leaving alternative employment/opportunity to remain in the Trust etc. New process has already improved feedback levels by 600% since this time last year. Feedback response currently at 24% this year from 5% in previous years. Managers now getting feedback from forms which need attention. Next stage involves development of Trust wide report to capture ALL staff feedback in order to further improve response to concerns/development. This report currently being developed – circulation to service leads and senior management team/Board members. Implementation of internal transfer capture feedback to follow as this is currently not being done.
- Capture of exit interview feedback from internal movement of staff being rolled out from next month. Currently only capturing feedback from staff who leave the Trust altogether.
- New retirement interview procedure in place to focus on furthering employment within the Trust. Greater focus on opportunity to work flexibly in the Trust post retirement etc.
- Barnsley allied health professionals (AHP) services have set up a number of career open days in the services for year nine students from all Barnsley academies. First one completed this week.
- SWYPFT operational management group (OMG) has allocated £10k to develop our brand identity and corporate marketing initially. Part of this will be earmarked for communications to organise a refresh of our brand photography to reflect current staff in areas across the Trust and update our ability to add content to social media posts for vacancy recruitment etc.
- Part of the £10k funding will go to organising SWYPFT representation at the mental health (MH) nursing recruitment fair in Edinburgh in May 2019. Business case currently being written by nursing professions.
- Agreement in principal through OMG to support relocation costs incurred by nurses out of area who are successful in securing employment with the Trust.
- Brexit retention. Work completed to identify staff in Trust liable for settlement status. Currently 24 have come forward. Human Resources (HR) working with those to ensure no impact on eligibility to work. Settlement status fees now being covered by Government although the Trust had already committed to covering this on employees behalf. No issues envisaged with retention of these staff.
- Recruitment process has been evaluated. Main areas of blockage and delay currently being seen in operational areas. Currently averaging 134 days to recruit across all staff groups. Target set to achieve 100 day turnaround. This will be reviewed in 6 months. A number of interventions begun to improve timescales including:
- Electronic vacancy recruitment form (VRF)
- Automatic reminder emails weekly to operational managers and candidates to chase late information and speed up the process.
- Automatic emails to operational managers to target problem areas. | Progress Against Plan | |

- We have evaluated the period of time it takes managers to submit recruitment documentation after a member of staff has given their notice to leave (This is the stage prior to 1st stage of recruitment in 9 stages). There is a significant variance so identifying an average is not a true reflection (different notice periods in bands, managers holding onto notifications). The average number of days from a sample taken is 32 days after notice is given to receiving paperwork in Recruitment. In reality all staff members have to give between 4 to 12 weeks' notice, therefore we would have an expectation to receive the recruitment paperwork within 5 working days of notice given. If managers adhere to this it will dramatically reduce the overall recruitment period (including initial notice).

- '9 stages for recruitment' detailed analysis scoped and work to address blockages in recruitment process underway.

• Development of trainee nursing associates (TNA) and nursing apprenticeships ongoing. Workforce planning workshops completed during January/February 2019. Workforce workshops focusing on identification of numbers for development roles in teams for TNA's nurse associates, advanced clinical practitioner (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 apprentice healthcare support worker (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&HHCP being led by SWYPFT workforce planning and learning and development (L&D) leads – large scale collaborative workforce planning in early stages aimed at improving our collective workforce needs into Universities and further education. 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 2, 3 to 4 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.

Management of Risk

• Despite ongoing work around nursing strategy and recruitment/retention, we are still seeing sustained nurse vacancies across the whole Trust (currently 53wte within MH inpatient areas only). To achieve 100% nursing establishment approx. 180 additional whole-time equivalent (WTE) would be required over the next 12 months. Nurse vacancies are not reducing but not increasing either in general terms. Mitigating plans are being planned against which include greater emphasis on improving our nurse bank and increase/over recruitment into clinical support roles, alternative roles to recruitment to fill current workforce gaps in nursing including pharmacy technicians, AHP roles and AHP support roles.

• Agency spend across Trust in excess of cap (projected £879k above cap of £5.5m. Work within annual planning assumptions on workforce being conducted to identify ward establishment review requirements for skill mix of staff to identify reduction in agency spend.

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 done - August
• West Yorkshire collaborative activity to commence - September
• Professions workforce planning workshop underway – Jan/Feb 2019
• Workforce planning cycle starts - February 2019 following workforce workshops conclusion
• Strategic workforce plan update and clinical workforce support strategy refresh – Two-year plan to be developed from April 2019.

| Clinical record system | Plan and deliver a new clinical record system which supports high quality care | Inpatient services
• Inpatient 'Go Live' occurred on Monday 25th February 2019. Considerable work was completed in preparation for this go live date and by the start of the 25th all core data for inpatients (admission, discharge, referral, MHA, transfers, leave and (appointments (made by inpatients) up to 14 March 2019) were in SystmOne.
• All go/no go protocols had been followed prior to go live
• For inpatients the target for training of 85% was hit. This was a critical target for go live
• Cutover plan for inpatients and community.
• Option appraisal for training continues
• SystmOne software client rolled out and staff emailed to test they can access the icon
• Plan for onsite gateway in place per site.
• Good progress on community start-up ahead of plan
• Command centre structure/resources and role cards in place ready for go live
• Cutover commenced on plan
• Configuration signed off by CSDG, PSG and EMT, including the five key areas of documentation.
• Super user 'Get Set' pre-go live sessions
• Coordinator induction
• Technical go live completed on 22 February 2019
• Business go live readiness confirmed and in place for 25 February 2019 for inpatient areas
• Work continues on community training and business readiness for go live on 5 March 2019

Community (mental health)
• Community (mental health) go live occurred on Tuesday 5th March 2019.
• Again considerable and extensive preparations work was conducted on the run up to go live and the checklist assessment protocols were adhered to prior to go live. These included: training completeness; system configuration readiness; go live support readiness; community go live readiness assessment.
The target of 85% of all staff trained was achieved
• 100% of the referrals/discharges and transfers were transferred from RiO to SystmOne. A total of 18,000+ data items were transferred from RIO to SystmOne.
• Inpatient data entry catch up continuing
• Community start up activities completed as above
• Training continues for community services
• Go live support continues for inpatients areas
• Lessons learned undertaken for first go live | Progress Against Plan | |

Management of risk is Amber due to the training risk. Risks identified are:

1285 DATA MIGRATION: All planned testing activities are completed. The first phase Delta Testing complete with no go live critical new issues raised. Second and final phase due w/c 14/1/19. However, there are still 50/575 raised issues outstanding. These are sat with TPP and are being monitored daily by the team. Of these three are identified as go live critical.

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

1224 TRAINING: Staff are not competent and 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.

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

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

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

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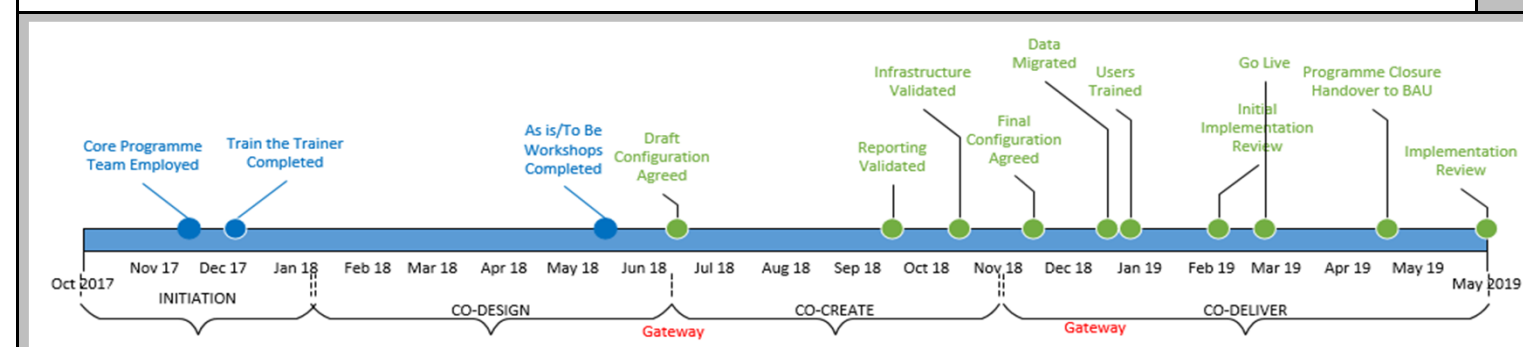
Co-produce, develop and agree a new model of care for older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.

This priority reports bi-monthly on the IPR. This is the last update competed in February 2019:

• This project is now moving forward on the basis of seeking to make improvements to community services in advance of any proposed in patient changes.

• Further conversations are now being planned in each locality to shape the local programme. Patient stories will be developed to show how the future community systems will lead to improvements and how those improvements would be delivered in each locality.

• It is envisaged that local plans will be established before local community improvements are taken forward through 2019. These changes will take place as part of local partnership governance programmes as appropriate.

Progress Against Plan

Older Peoples Services Transformation

• 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 appropriately resourced.

Management of Risk

Business Case review and Share with commissioners

Calderdale Clinical Meeting

Barnsley and Wakefield Commissioner Meeting

Community reconfiguration Activity starts (timing TBC)

Dec   Jan   Feb   Mar   Apr   May

Calderdale – case for intensive Team made

Community funding Agreed with commissioners

Patient case studies established
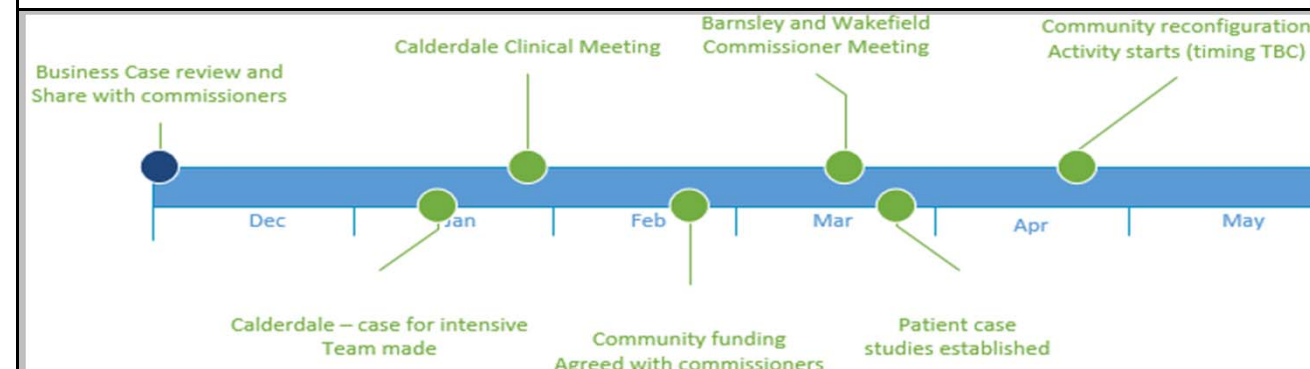
RAG Ratings

	On Target to deliver within agreed timescales/project tolerances
	On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
	Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
	Actions will not be delivered within agreed timescales/project tolerances
	Action Complete
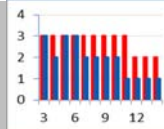
Overall Financial Performance 2018/19

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	1	2	The I & E margin metric remains at 1 in month. This is ahead of plan. All individual ratings are currently at level 1 except agency which is 2.	
2	Normalised Surplus (inc STF)	(£0.3m)	(£2m)	February 2019 finance performance excluding Provider Sustainability Fund (PSF) is behind plan at a deficit of £0.2m. Including PSF this is a surplus of £0.1m. The year end forecast is in line with plan with a surplus of £0.6m including PSF and a deficit of £2.0m excluding PSF.	
3	Agency Cap	£5.8m	£6.4m	Agency expenditure was £0.5m in February. Year-to-date costs of £5.8m are £1.0m (20%) above cap. Current year-end projection is to exceed our agency cap by £1.2m (23%).	
4	Cash	£27.6m	£22.6m	Cash remains ahead of plan primarily due to one off benefits such as asset sales, additional commissioner income and low levels of outstanding debtors.	
5	Capital	£7m	£8.3m	Expenditure is £0.6m (7%) behind plan year to date. The full capital programme is forecast to be spent by the year-end.	
6	Delivery of CIP	£9.7m	£10.6m	The upside cost reduction associated to the asset revaluation exercise was recognised in January 2019. This has helped to ensure that the Trust CIP target for 2018/19 has been exceeded to support the overall I & E position.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value and remains ahead of plan.	

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

Plan	——
Actual	——
Forecast	——

Contracting - Trust Board

Contracting Issues - General

The Trust is currently in the stage of finalising contract offers with main NHS commissioners.

CQUIN

The national CQUIN schemes for 19/20 contracts have been published and work continues with local commissioners to agree which schemes will be applied to SWYPFT contracts.

Contracting Issues - Barnsley

The Main and Alliance contracts for 2019/20 have been agreed with Barnsley CCG. The investment level for mental health in line with the mental health investment standard priorities has been approved by the CCG Governing Body. Further work will take place to finalise and agree the plan by the end of April across the range of priorities including all age liaison psychiatry, expansion of crisis resolution services for children and young people, diagnosis and treatment of ADHD in children and young people and further development of improving access to psychological therapies for long terms conditions in adults and young people. Further review will take place during 2019/20 in relation to neighbourhood nursing, musculoskeletal and dementia services. Additional investment has been provided to address pressures in tier 3 weight management services, children's therapies and continence services.

Contracting Issues - Calderdale

The contract offer is being finalised. The 2019/20 contract will see growth in mental health services in line with the Mental Health Investment Standard including investment for intensive home based treatment, early intervention in psychosis, mainstreaming of investment for perinatal mental health services and children's and young people's mental health services. Further work will take place in year in relation to the transformation of mental health services for older people to support provision of care closer to home through community based provision.

Contracting Issues - Kirklees

The contract offer is being finalised. The contract will continue to see significant growth in mental health services in line with the Mental Health Investment Standard including investment for improving access to psychological therapies for adults covering both core and long term conditions services, early intervention in psychosis and core mental health liaison. This also includes the mainstreaming of investment for perinatal mental health services. The CCGs are also investing in the transformation of mental health services for older people to support provision of care closer to home through community based provision.

Contracting Issues - Wakefield

The contract offer is being finalised. The contract, in line with the local Mental Health Alliance agreed priorities, will see growth in mental health services in line with the Mental Health Investment Standard including the mainstreaming of investment for perinatal mental health services, development of all age liaison psychiatry and the expansion of crisis services and support for addressing waiting lists for children and young people with a mental health need. Additional priority areas for investment identified are the expansion of adult crisis and intensive home based treatment services including a safe space to reduce the need for treatment out of area, the personality disorder and chaotic lifestyles pathway and suicide prevention. The Mental Health Alliance aims to review and agree the investment plans across these areas by the end of April 2019.

Contracting Issues - Forensics

The 2019/20 contract offer with NHS England for secure services is being finalised. The key priority work stream for 2019/20 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

The key area of focus is the mobilisation of the provision of liaison and diversion services across South Yorkshire covering Barnsley, Rotherham, Doncaster and Sheffield for commencement from 1 April 2019. The NHS England contract for provision of childhood vaccinations and immunisations has been agreed.

Workforce

Human Resources Performance Dashboard - February 2019

Sickness Absence

Legend:
- Green on target
- Amber <=0.5% above target
- Red >0.5% above target
- Trust Target
- BDU Target

Bar values: Barnsley 5.12%, Cal/Kir 4.53%, Forensic 7.73%, Special 5.09%, Wakefield 4.96%, Support 4.29%, SWYPFT 5.10%
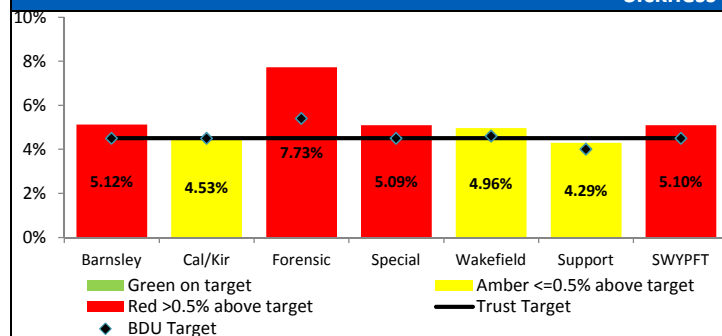
Current Absence Position and Change from Previous Month - Feb 2019

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.50%	4.90%	6.50%	4.70%	4.90%	4.60%	5.20%
Change	↓	↓	↓	↓	↓	↓	↓

The Trust YTD absence levels in February 2019 (chart above) were above the target at 5.1%.

The YTD cost of sickness absence is £5,542,680. If the Trust had met its target this would have been £4,890,600, saving £652,080.

Bar values: Leeds & York 4.3%, SWYPFT 4.8%, RDASH 4.9%, Humber 5.0%, Bradford 5.3%, Sheffield 6.0%

Legend: Absence Rate — MH Trust Average 5.02%
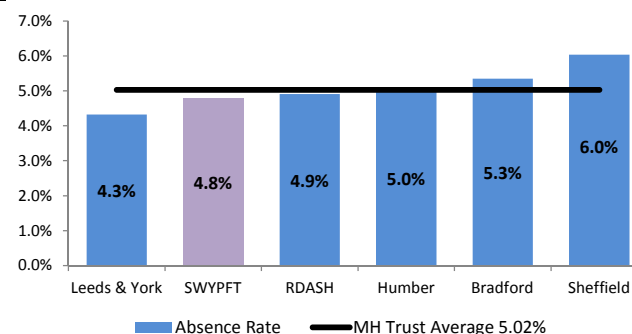
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2018 to October 2018.
During this time the Trust's absence rate was 4.78% which is below the regional average of 5.02%.

Appraisals - All Staff

Bar values: Barnsley 95.8%, Cal/Kir 98.4%, Forensic 97.5%, Specialist Services 96.4%, Wakefield 97.6%, Support Services 99.0%, SWYPFT 97.4%

Legend: Red <85%, Amber >=85% & < 95%, Green >=95%
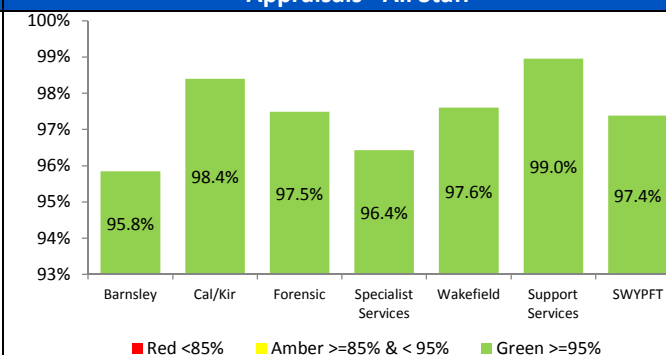
The above chart shows the appraisal rates for the Trust to the end of February 2019.
From September 2018 all staff have been included in the figures.
All areas have improved, month on month, and are now well above the target of 95%.

Turnover and Stability Rate Benchmark

Bar values: Barnsley 11.7%, Cal/Kir 11.8%, Forensic 15.3%, Special 17.9%, Wakefield 9.6%, Support 8.9%, SWYPFT 12.0%

Legend: Red <3% or >12%, Amber >=3 & <5% or >10 & <12%, Green 5-10%
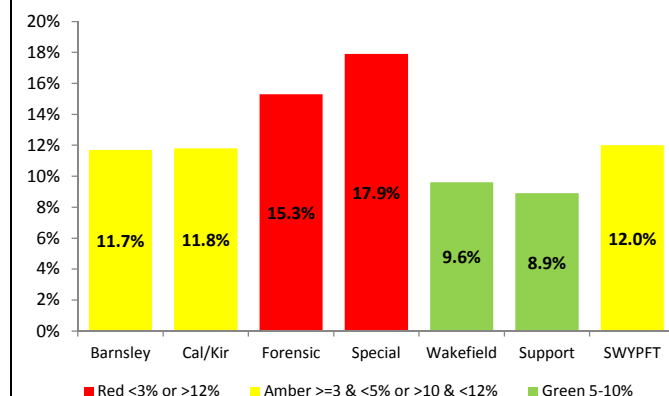
This chart shows the YTD turnover levels up to the end of February 2019.
*The turnover data excludes recently TUPE'd services

Bar values: Sheffield 10.6%, Bradford 11.3%, Humber 12.0%, Leeds & York 12.8%, SWYPFT 13.5%, RDASH 14.5%

Legend: Turnover Rate — MH Trust Average 12.7%
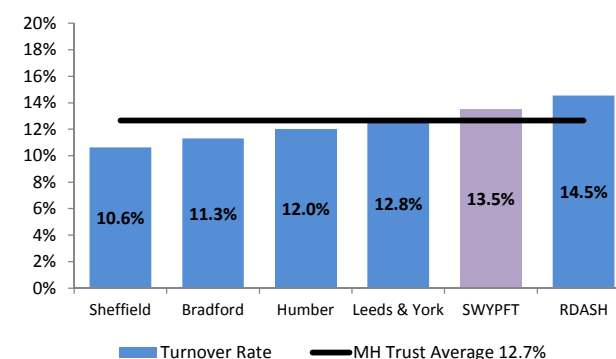
This chart shows turnover rates in MH Trusts in the region for the 12 months ending in November 2018. The turnover rate shows the percentage of staff leaving the organisation during the period.
This is calculated as: leavers/average headcount.
SWYPFT figures exclude decommissioned service changes.

Fire Lecture Training

Bar values: Barnsley 81.7%, Cal/Kir 85.1%, Forensic 87.8%, Specialist Services 81.0%, Wakefield 88.0%, Support Services 90.0%, SWYPFT 85.2%

Legend: Red <70%, Amber >=70% & < 80%, Green >=80%
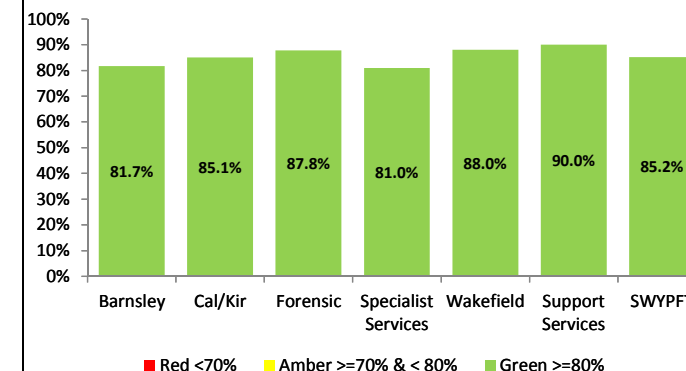
The chart shows the 12 month rolling year figure for fire lectures to the end of February 2019. The Trust continues to achieve the 80% target across all BDUs.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.9%	4.4%	4.4%	4.4%	4.7%	4.8%	5.1%	5.7%	5.8%	5.8%	6.0%	5.2%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	97.8%	7.3%	26.1%	72.2%	87.7%	92.8%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	96.0%	0.8%	2.8%	9.4%	21.6%	48.1%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%
Aggression Management	Improving Care	Well Led	AD	>=80%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.4%	82.3%	84.0%	84.5%	84.8%	83.3%	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	85.1%	85.6%	85.5%	85.8%	85.9%	86.0%	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	88.5%	89.0%	89.8%	89.7%	89.8%	90.1%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%
Fire Safety	Improving Care	Well Led	AD	>=80%	85.4%	85.3%	86.8%	86.6%	86.6%	87.4%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%
Food Safety	Improving Care	Well Led	AD	>=80%	77.2%	76.2%	77.2%	77.5%	80.8%	81.9%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	86.8%	87.0%	87.3%	87.3%	87.8%	88.5%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%
Information Governance	Improving Care	Well Led	AD	>=95%	96.5%	92.4%	92.7%	92.1%	91.9%	92.2%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	90.7%	91.1%	91.4%	91.3%	92.2%	91.7%	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	84.7%	85.7%	86.8%	86.5%	88.1%	87.3%	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	87.6%		82.6%			83.6%			81.5%		Due April 19	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	89.9%	90.0%	91.0%	91.3%	91.7%	91.7%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	87.8%	88.4%	88.6%	89.4%	90.1%	90.4%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.4%	94.4%	95.1%	94.9%	95.8%	95.2%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%
Bank Cost	Improving Resources	Well Led	AD	-	£907k	£557k	£603k	£768k	£646k	£730k	£845k	£615k	£674k	£678k	£752k	£1048k
Agency Cost	Improving Resources	Effective	AD	-	£555k	£444k	£538k	£484k	£526k	£566k	£522k	£537k	£536k	£530k	£596k	£545k
Overtime Costs	Improving Resources	Effective	AD	-	£6k	£8k	£13k	£5k	£11k	£5k	£8k	£4k	£5k	£7k	£7k	£8k
Additional Hours Costs	Improving Resources	Effective	AD	-	£23k	£29k	£15k	£23k	£31k	£32k	£29k	£30k	£31k	£24k	£26k	£276k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£483k	£430k	£449k	£420k	£461k	£471k	£507k	£586k	£580k	£580k	£612k	£476k
Business Miles	Improving Resources	Effective	AD	-	230k	274k	264k	259k	291k	269k	279k	267k	299k	279k	286k	270k

1 - this does not include data for medical staffing.

Workforce - Performance Wall cont…

Mandatory Training
• The Trust is above 80% compliance for each of the 14 mandatory training programmes with 7 being above 90%

Appraisals
• The appraisal rates continues to be above the 95% target and at the end of February was 97.5%, which is slightly above the rate for the same period last year (96.7%)

Sickness Absence:
• The Sickness Rate in February of 5.1% is below the January's rate of 6.0% and we are projecting a further reduction in March based on previous trends. There was a downward trend for every BDU in February compared to the previous month
• Forensic BDU continues to have the highest sickness rate and targeted support is being discussed with the BDU management team.
• The Trust compared to other MH/LD Trust in Yorkshire has a below average sickness rate and is the second lowest of the 6 organisations.
• The projection is that we will be below last annual sickness rate at the end of March 2019.

Turnover:
• Turnover continues to be an area of focus and the Recruitment and Retention task group have developed an action which is monitored through the Workforce and Remuneration Committee

Publication Summary

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

NHS England

NHS operational planning and contracting guidance 2019/20
This full planning guidance replaces the preparatory guidance published in December 2018 and covers system planning, the financial settlement, full operational plan requirements, and the process and timescales around the submission of plans. It is being published along with five-year indicative clinical commissioning group (CCG) allocations.

Click here for link to guidance

NHS Employers

Employer guide to nursing associates
Nursing associate is a new regulated role that bridges the gap between health and care assistants and registered nurses. With the first cohort of qualified nursing associates set to join the registered workforce, this interactive guide for employers has been produced to provide advice and support for those exploring the potential of this new role within their organisations.

Click here for link to guide

Ministry of Justice

Revising the Mental Capacity Act 2005 Code of Practice: call for evidence
The Mental Capacity Act is designed to protect and empower people who may currently lack the mental capacity to make their own decisions about their care and treatment. Since the Act came into force in 2007, the Code of Practice has provided practical guidance regarding its implementation. This Call for Evidence will seek to establish the extent to which the current Code of Practice reflects changes in case law and lessons learned through practical use of the Code of Practice over the last 11 years. The closing date for comments is 7 March 2019.

Click here for link to consultation

Publication Summary

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

NHS Improvement provider bulletin: 27 February 2019:
- Cyber security third party patching evaluation 2019/20
- EU Exit data guidance
- Planning for a 'no deal' EU Exit — medicines supply update
- Result of the consultation on proposals for the 2019/20 national tariff
- Guide to the NHS electronic staff record (ESR) — ensure your allied health professions are counted
- Resources to reduce catheter-associated urinary tract infections
- Talent management programme for aspiring deputy directors of nursing
- Guidance published to help trusts identify recurrent cost improvement plan (CIP) opportunities
- An NHS workforce for the future

NHS Improvement provider bulletin: 6 March 2019:
- Share your views on proposals for possible changes to legislation
- Changes to the leadership structure of NHS England and NHS Improvement
- New NHS Assembly leaders announced
- New Chief People Officer to help build the NHS workforce of the future
- Clostridium difficile infection (CDI) objectives 2019/20
- Join our Transformational Change through System Leadership (TCSL) programme
- New national medical examiner announced
- Model Hospital masterclass: equality, diversity and inclusion
- Same day emergency care workshop
- Elective care 2019: improving the patient experience
- Updates from our partners

Data on written complaints in the NHS:

NHS Staff Survey 2018 results briefing - the latest NHS staff survey shows a decline in overall levels of wellbeing and an increase in the numbers of staff reporting discrimination.

Finance Report

Appendix 1
Month 11
(2018 / 19)

www.southwestyorkshire.nhs.uk
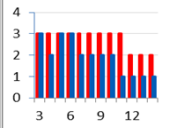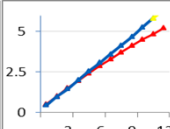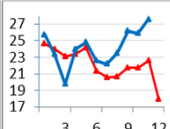
With **all of us** in mind.

Contents

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	1	2	The I & E margin metric remains at 1 in month. This is ahead of plan. All individual ratings are currently at level 1 except agency which is 2.	
2	Normalised Surplus (inc STF)	(£0.3m)	(£2m)	February 2019 finance performance excluding Provider Sustainability Fund (PSF) is behind plan at a deficit of £0.2m. Including PSF this is a surplus of £0.1m. The year end forecast is in line with plan with a surplus of £0.6m including PSF and a deficit of £2.0m excluding PSF.	
3	Agency Cap	£5.8m	£6.4m	Agency expenditure was £0.5m in February. Year-to-date costs of £5.8m are £1.0m (20%) above cap. Current year-end projection is to exceed our agency cap by £1.2m (23%).	
4	Cash	£27.6m	£22.6m	Cash remains ahead of plan primarily due to one off benefits such as asset sales, additional commissioner income and low levels of outstanding debtors.	
5	Capital	£7m	£8.3m	Expenditure is £0.6m (7%) behind plan year to date. The full capital programme is forecast to be spent by the year-end.	
6	Delivery of CIP	£9.7m	£10.6m	The upside cost reduction associated to the asset revaluation exercise was recognised in January 2019. This has helped to ensure that the Trust CIP target for 2018/19 has been exceeded to support the overall I & E position.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value and remains ahead of plan.	

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

Plan	
Actual	
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 11	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.0	1	2.4	2
	20%	Liquidity (Days)	23.9	1	20.1	1
Financial Efficiency	20%	I & E Margin	1.0%	1	0.1%	2
Financial Controls	20%	Distance from Financial Plan	0.9%	1	0.0%	1
	20%	Agency Spend	20.1%	2	0.0%	1
Weighted Average - Financial Sustainability Risk Rating				1		1

Impact
The Trust's I & E Margin (including PSF) has exceeded 1% and as such the risk rating has achieved a level 1, all other ratings are level 1 with the exception of agency which has achieved level 2. The overall finance risk rating which is based on a weighted average remains at 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 WTE	Actual worked WTE	Variance WTE	%	This Month Budget £k	This Month Actual £k	This Month Variance £k	Description	Year to Date Budget £k	Year to Date Actual £k	Year to Date Variance £k	Annual Budget £k	Forecast Outturn £k	Forecast Variance £k
				17,053	17,303	250	Clinical Revenue	184,590	185,436	846	201,471	202,328	856
				17,053	**17,303**	**250**	**Total Clinical Revenue**	**184,590**	**185,436**	**846**	**201,471**	**202,328**	**856**
				1,309	1,070	(239)	Other Operating Revenue	12,453	13,038	585	13,596	14,285	689
				18,362	**18,373**	**11**	**Total Revenue**	**197,043**	**198,474**	**1,431**	**215,067**	**216,612**	**1,545**
4,104	4,077	(27)	0.7%	(14,149)	(13,959)	190	Pay Costs	(154,458)	(153,172)	1,286	(168,572)	(167,463)	1,108
				(3,629)	(3,458)	171	Non Pay Costs	(38,795)	(39,638)	(843)	(42,185)	(43,931)	(1,746)
				243	(364)	(607)	Provisions	2,103	578	(1,525)	2,415	40	(2,375)
				0	(129)	(129)	Gain / (loss) on disposal	600	526	(74)	600	526	(74)
4,104	4,077	(27)	0.7%	**(17,535)**	**(17,910)**	**(375)**	**Total Operating Expenses**	**(190,550)**	**(191,706)**	**(1,156)**	**(207,742)**	**(210,829)**	**(3,087)**
4,104	4,077	(27)	0.7%	**827**	**463**	**(364)**	**EBITDA**	**6,493**	**6,767**	**275**	**7,326**	**5,784**	**(1,542)**
				(470)	(456)	14	Depreciation	(5,201)	(4,285)	916	(5,671)	(4,742)	929
				(310)	(269)	42	PDC Paid	(3,415)	(2,952)	463	(3,726)	(3,220)	505
				4	17	13	Interest Received	41	145	104	45	152	107
4,104	4,077	(27)	0.7%	**50**	**(244)**	**(294)**	**Normalised Surplus / (Deficit) Excl PSF**	**(2,082)**	**(325)**	**1,757**	**(2,026)**	**(2,026)**	**0**
				312	312	0	PSF (Provider Sustainability Fund)	2,360	2,360	0	2,670	2,670	0
4,104	4,077	(27)	0.7%	**362**	**68**	**(294)**	**Normalised Surplus / (Deficit) Incl PSF**	**278**	**2,036**	**1,757**	**644**	**644**	**0**
				0	0	0	Revaluation of Assets	0	(11,081)	(11,081)	0	(11,081)	(11,081)
4,104	4,077	(27)	0.7%	**362**	**68**	**(294)**	**Surplus / (Deficit)**	**278**	**(9,045)**	**(9,323)**	**644**	**(10,437)**	**(11,081)**

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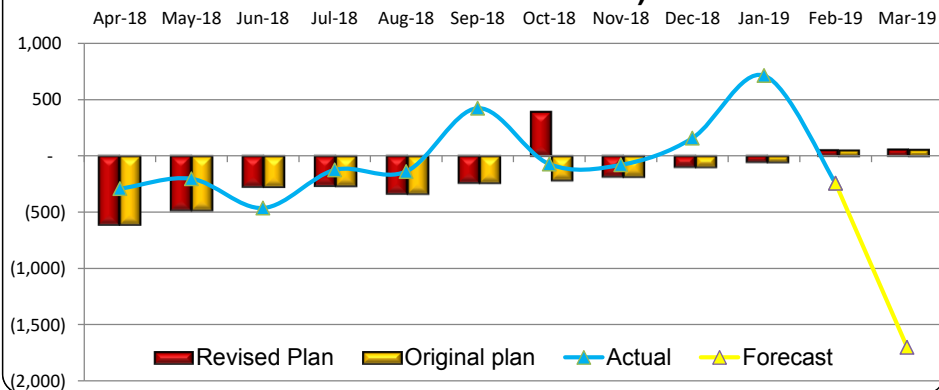
Trust Cumulative I & E Profile (Excluding revaluation and PSF)

Income & Expenditure Position 2018 / 2019
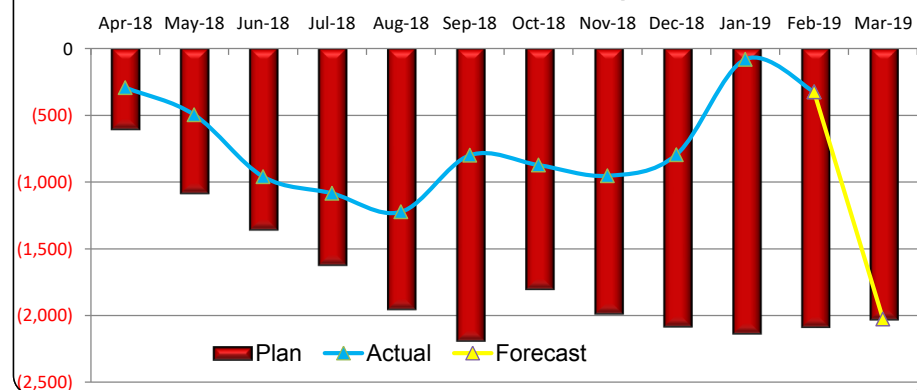
Despite further additional commissioner income new costs such as new VAT changes have resulted in deficit financial performance in February 2019.

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 11

The February position is a pre PSF deficit of £244k and a post PSF surplus of £68k. The normalised year-to-date position is a pre PSF deficit of £325k, which whilst favourable to plan, has only been made possible by a number of non-recurrent measures. The underlying position remains concerning.

The key pressures remain as previous months and are outlined below; workforce pressures and out of area bed usage continue to be the most significant although these are partially mitigated through savings elsewhere within the Trust.

Income

At month 11 income is £250k higher than plan. A full breakdown of income is shown on page 7.

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

Pay Expenditure

In February pay underspent by £190k. This underspend position remains possible due to the level of vacancies offsetting costs associated with temporary staffing to meet clinical and service requirements. These are often not within the same service line or locality and recruitment is actively being undertaken. As such this could lead to increased 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.

February agency costs are 56% higher than the NHSI agency cap, year to date expenditure of £5.8m exceeds the NHSI maximum agency cap of £5.2m by £0.6m. Bank costs continue to increase and to date £14.2m has been spent on temporary staffing. Additional information is provided on the pay and agency pages.

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 £200k, in February the overspend was £300k due to high occupancy levels, high acuity levels, vacancies and sickness.

Non Pay Expenditure

Non pay is underspent by £171k in February. Out of area bed spend is £191k in-month and £3.6m cumulatively. More details are included within the out of area focus page. Drugs costs remains a pressure, overall spend has reduced from 2017/18 however this is primarily due to decommissioning of services, a year on year comparison of current services shows a marginal increase in costs.

Forecast

The Trust is currently forecasting to achieve a challenging revised year-end outturn of £2.0m deficit. Achievement of this position would enable access to a minimum of £2.7m PSF which will support the Trust's cash position and capital programme. If this can be exceeded additional PSF would be available; the value of this would not be confirmed till late April 2019.

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	12,429	12,010	145,383	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	1,290	1,288	1,330	14,601	11,478
Local Authority	430	413	422	438	426	426	416	437	437	437	375	437	5,095	4,851
Partnerships	577	577	577	585	655	595	561	612	611	559	605	613	7,126	6,838
Other	558	567	543	543	560	579	542	542	604	516	660	556	6,768	6,981
Total	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,858	17,169	16,752	17,303	16,892	202,328	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	

Trust Income Profile

Legend: Plan, Actual, Forecast
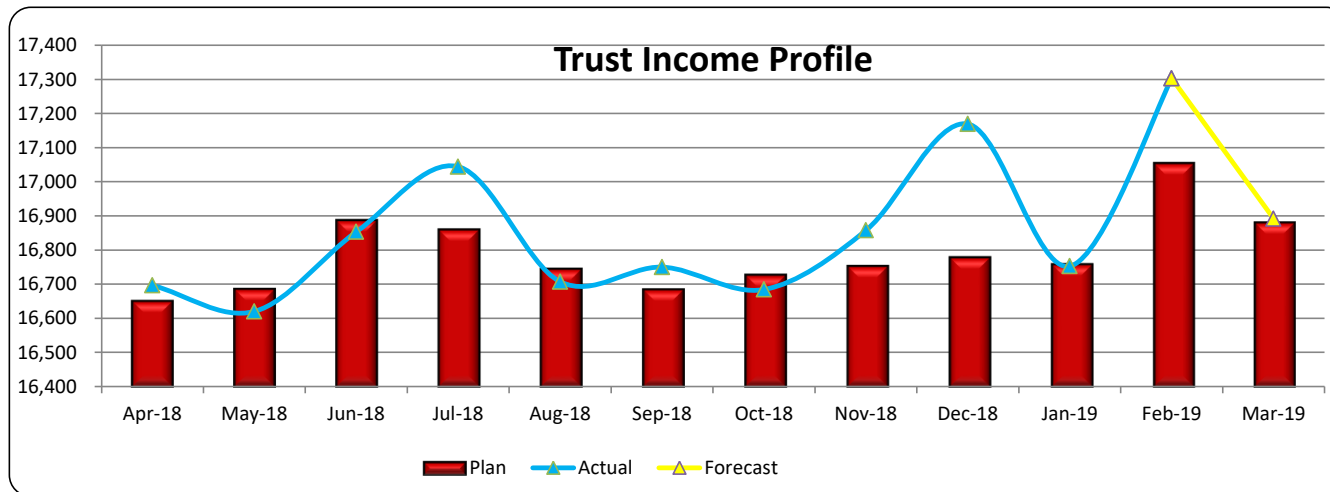
There has been a spike of income in February 2019; over and above income received from the main block contracts.

£400k relates to support of costs incurred by the Trust to deliver activity levels (inpatient staffing and out of area placements) from Kirklees CCG.

Additional non-recurrent income has also been confirmed during February 2019 which was not previously included in the figures. This relates to additional activity such as targeted waiting list schemes.

Contract discussions are ongoing for 2019/20 and are due to be finalised in March 2019.

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	12,755	12,478		139,172
Bank & Locum	571	652	839	687	749	878	635	704	726	787	1,114		8,343
Agency	444	538	484	526	575	522	537	536	530	596	545		5,834
Total	13,610	13,789	13,901	14,503	13,854	14,000	13,819	13,738	13,861	14,138	14,137	0	153,350
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%	5.6%	7.9%		5.4%
Agency as %	3.3%	3.9%	3.5%	3.6%	4.2%	3.7%	3.9%	3.9%	3.8%	4.2%	3.9%		3.8%

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Temp £k	Agency £k	Total £k	Variance £k
Medical	20,235	16,219	414	3,244	19,877	359
Nursing Registered	55,482	48,021	2,875	540	51,435	4,047
Nursing	16,459	15,597	3,974	1,278	20,849	(4,390)
Other	36,681	36,648	470	748	37,866	(1,184)
Corporate Admin	13,984	12,847	157	0	13,004	980
BDU Admin	11,616	9,841	454	25	10,320	1,297
Total	154,458	139,172	8,343	5,834	153,350	1,108

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	65,833	57,894	1,581	3,799	63,275	2,559
Inpatient	39,351	34,147	5,869	1,761	41,777	(2,426)
BDU Support	6,270	5,766	138	0	5,904	365
Community	18,779	18,298	330	197	18,825	(46)
Corporate	24,225	23,067	425	77	23,569	656
Total	154,458	139,172	8,343	5,834	153,350	1,108

Pay Expenditure Profile

Key Messages

In absolute terms pay expenditure has increased from £152.2m to £153.2m for the first 11 months of the year (0.7%). This is an increase from 81% to 83% as a proportion of Trust healthcare income partly due to the reduced levels of income in 2018/19.

The YTD overspend on inpatient services (excluding forensics) is £2.2m. In February this equates to an additional 142 members of staff. Of the 19 wards (excluding Forensics), 16 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 (£2.7m) and corporate services (£0.7m).

Year to date bank expenditure is £8.3m , £1.8m (28%) higher than the same period in 2017/18 and agency expenditure is £561k (10%) 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 £359k, and is running with circa 55 WTE vacancies, half of which are covered by temporary staffing and some by additional allowances to substantive staff.
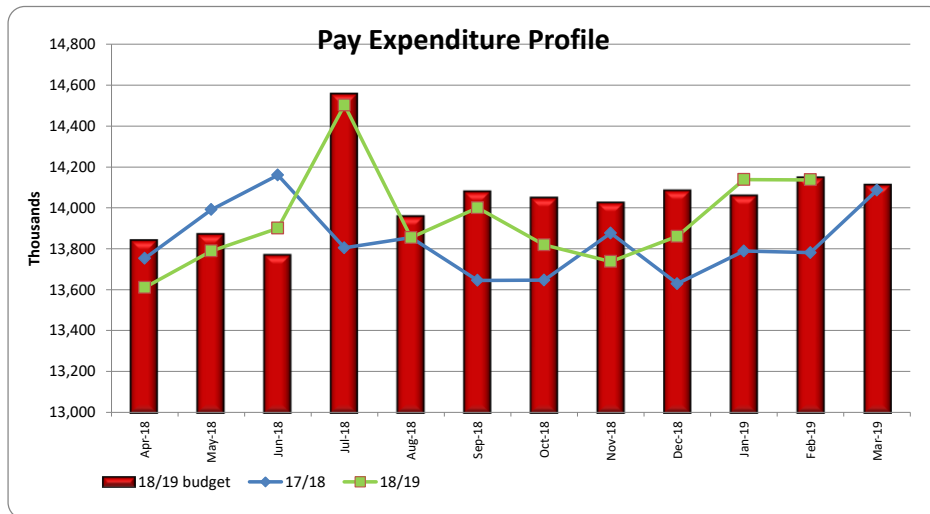
The NHS Improvement agency cap is £5.2m

Year to date expenditure exceeds cap by £1.0m

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 increased again this year 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. The current forecast position exceeds cap by £1.2m (23%), if this increases to 25% the NHSI agency metric will reduce from 2 to 3.

At month 11 agency spend is £545k, 56% above cap.

Year to date agency expenditure totals £5.8m, this is £0.6m higher than the same period in 2017/18. Agency medical staffing is £0.7m higher and unregistered nursing is £0.1m higher in 2018/19 offset by small reductions across other headings.

Year to date the agency cap has been breached by £975k, it is no longer possible for expenditure to remain within cap for 2018/19. 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 February is £1,114k, the highest month this year and an increase of £327k compared to January. The increase is not restricted to one BDU and mainly results from high acuity, high sickness and on-call cover.

Year to date 82% of bank expenditure is on nursing staff of which 80% is across the Trust's 30 wards. Bank nursing expenditure on 4 wards, Johnson, Sandal, Nostell and Walton accounts for 25% of total year to date bank nursing expenditure.

Agency Expenditure Trends (£m)

Agency Spend By Month

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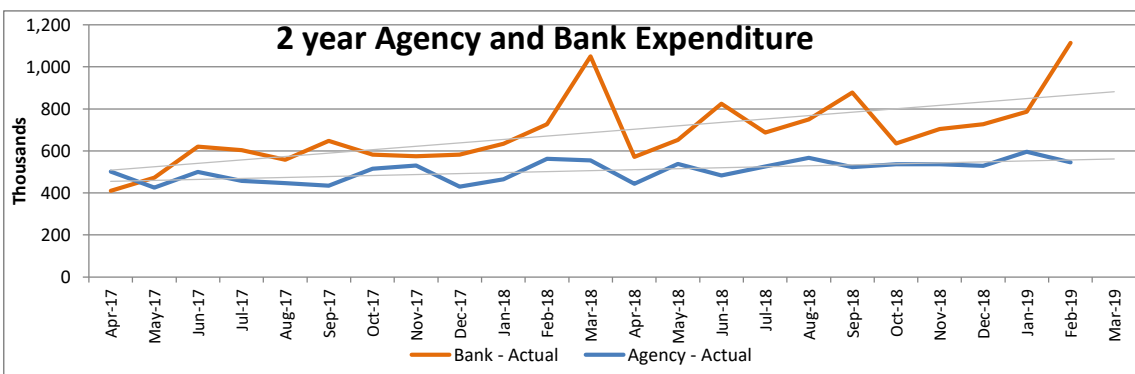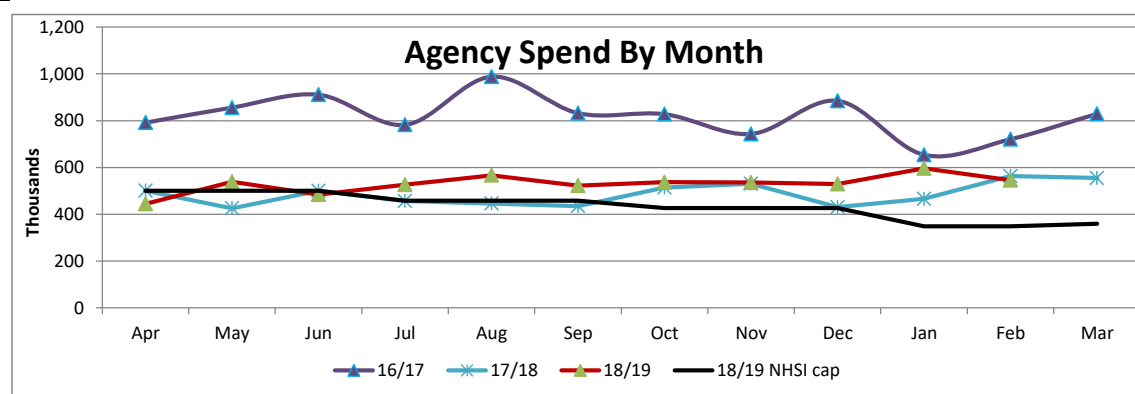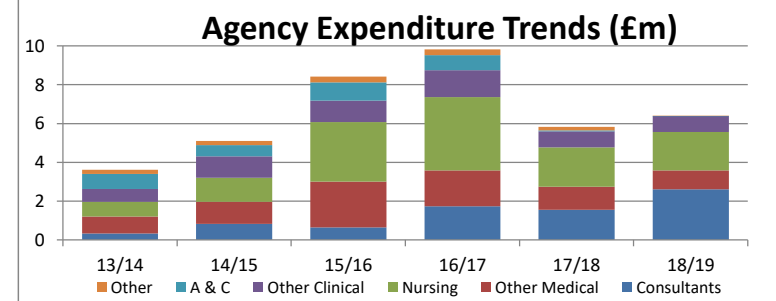
Whilst pay expenditure represents over 75% of all Trust costs, non pay expenditure presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

	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	3,773	3,458		39,638
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

Non Pay Category	Budget YTD £k	Actual YTD £k	Variance £k
Clinical Supplies	2,457	2,718	(261)
Drugs	2,694	3,096	(403)
Healthcare subcontracting	4,283	5,781	(1,498)
Hotel Services	1,700	1,712	(12)
Office Supplies	4,700	4,166	534
Other Costs	4,622	4,248	374
Property Costs	6,058	6,102	(43)
Service Level Agreements	5,654	5,540	114
Training & Education	787	705	81
Travel & Subsistence	3,443	3,038	405
Utilities	1,190	1,256	(66)
Vehicle Costs	1,207	1,274	(67)
Total	**38,795**	**39,638**	**(843)**
Total Excl OOA and Drugs	**31,818**	**30,760**	**1,058**
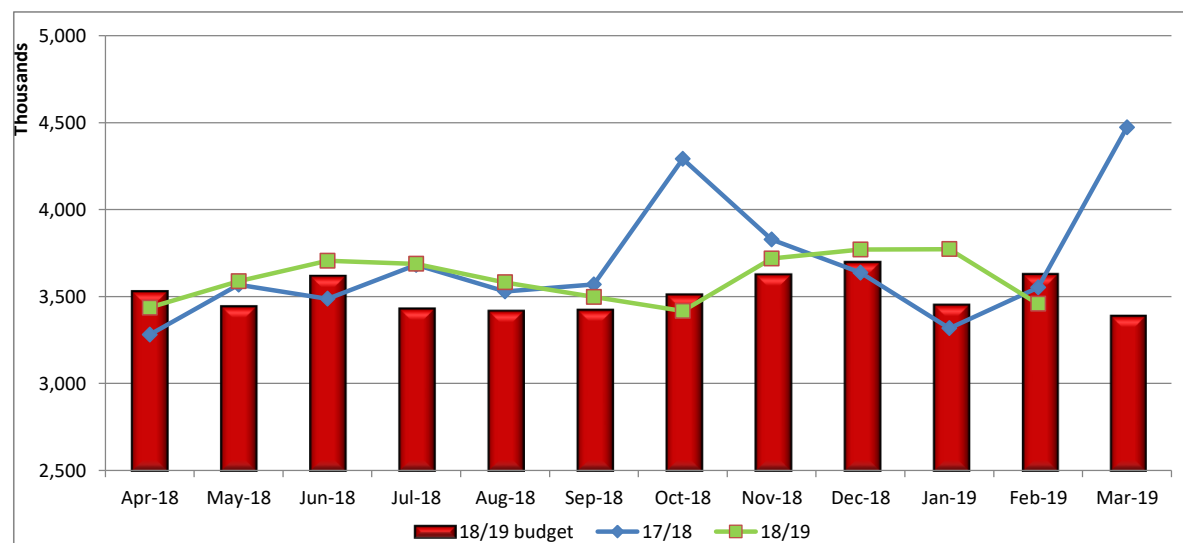
Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £1.5m. 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 February 2019 this is £403k overspent against budget. The Pharmacy team 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.

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	317	191		**3,574**

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	329	359	194		**4,682**

Bed Day Information 2018 / 2019 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Total
PICU	316	207	142	91	76	30	48	41	31	31	28		**1,041**
Acute	278	157	258	348	542	401	127	396	278	289	126		**3,200**
Gender	13	10	12	62	62	42	70	71	20	39	40		**441**
Total	607	374	412	501	680	473	245	508	329	359	194		**4,682**

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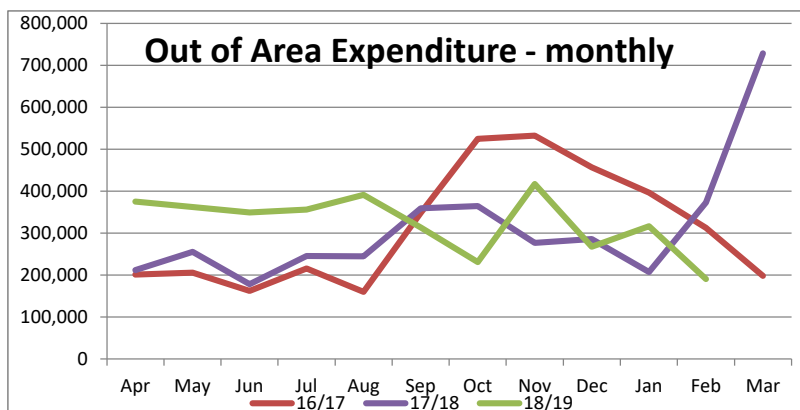
Due to the increasing levels of high demand from January to March 2018 the out of area budget has been weighted to account for higher spend at the start of the year reducing significantly across the year as actions from the project board are implemented.

In February acute activity reduced significantly to one patient placed out of area then increased to 5 patients placed out of area toward the end of the month. PICU activity remains low; of the two patients placed out of area one is waiting for an NHSE placement, the other requires a gender specific environment . The forecast assumes demand will remain at this level in March, action plans agreed continue and suggestions from external consultants are being trialled to establish their effectiveness.

	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	8,762	9,701

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
Delivery as originally planned	555	1,136	1,699	2,259	2,827	3,394	3,975	4,560	5,139	5,739	6,342	6,945	6,342	6,945
Mitigations - Recurrent & Non-Recurrent	39	124	260	478	788	1,061	1,264	1,455	1,640	3,025	3,327	3,628	3,327	3,628
Mitigations - Upside schemes													0	0
Total Delivery	595	1,260	1,959	2,737	3,615	4,455	5,240	6,015	6,779	8,764	9,669	10,574	9,669	10,574

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
Variance	(96)	(122)	(132)	(61)	114	251	139	17	(116)	941	907	873	907	873

Cumulative CIP Delivery 2018 / 2019

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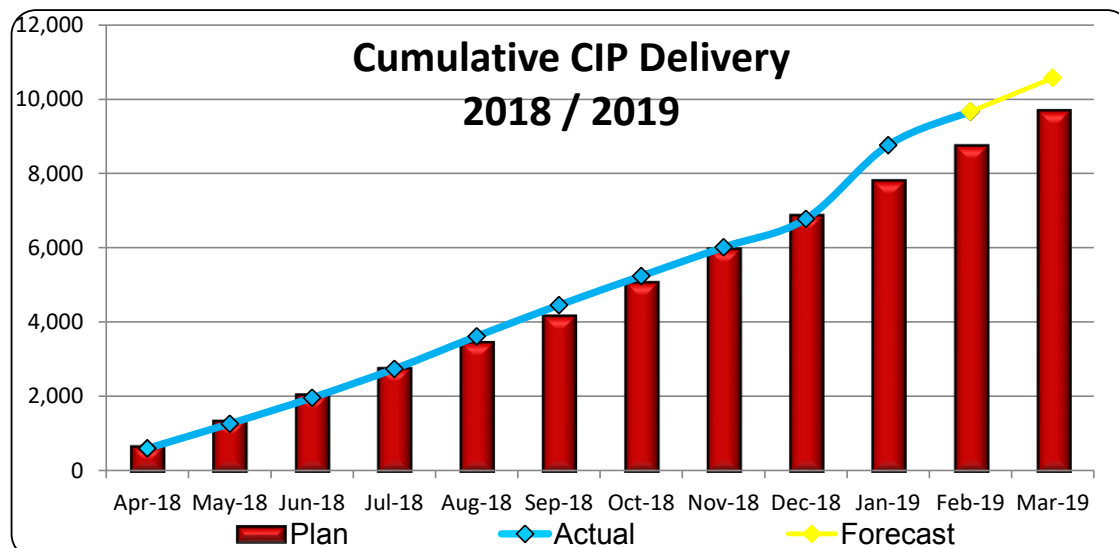
The Trust has a CIP requirement for 2018 / 19 totalling £9.7m. This included £1.6m of unidentified savings at the beginning of the year.

This initial planning gap had a number of upside scenarios identified as a means for closing the gap. A number of these have now been finalised which has meant that the target for 2018/19 has been achieved in full.

Of the £10.6m identified £2.7m is non-recurrent (£1.9m as planned, £0.8m as additional mitigations). These continue to be reviewed as part of the 2019/20 annual planning process to confirm if this can be converted into recurrent schemes.

	2017 / 2018 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	123,810	124,853	99,189	1
Current Assets				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,507	2,114	
Non NHS Trade Receivables (Debtors)	1,913	2,977	1,015	2
Other Receivables (Debtors)	1,219	1,000	1,367	3
Accrued Income	3,660	4,650	4,878	4
Cash and Cash Equivalents	26,559	22,599	27,581	5
Total Current Assets	**34,971**	**33,965**	**37,187**	
Current Liabilities				
Trade Payables (Creditors)	(4,158)	(6,090)	(3,640)	6
Capital Payables (Creditors)	(1,142)	(992)	(464)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(6,608)	
Accruals	(5,799)	(6,000)	(8,098)	7
Deferred Income	(670)	(670)	(1,059)	
Total Current Liabilities	**(17,552)**	**(19,752)**	**(19,869)**	
Net Current Assets/Liabilities	**17,419**	**14,213**	**17,318**	
Total Assets less Current Liabilities	**141,229**	**139,066**	**116,507**	
Provisions for Liabilities	(6,490)	(5,740)	(6,276)	
Total Net Assets/(Liabilities)	**134,739**	**133,326**	**110,231**	
Taxpayers' Equity				
Public Dividend Capital	44,015	44,015	44,034	
Revaluation Reserve	24,938	24,938	9,845	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	60,566	59,153	51,132	8
Total Taxpayers' Equity	**134,739**	**133,326**	**110,231**	

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

1. Capital expenditure is detailed on page 14. Year to date spend remains below plan. In January 2019 the impact of the asset revaluation exercise has been actioned which has significantly reduced our asset value.

2. Non-NHS Debtors, and debtors generally continue to be lower than plan.

3. Other Receivables variance, including prepayments, is due to payment timing for licences and the lease car insurance.

4. Accrued income is slightly higher than plan, all valid invoices will be raised ahead of the year-end.

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 as some invoices have not yet been received.

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

	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	1,291	1,076	(215)	1,851	223	
Equipment Replacement	0	0	36	36	68	68	
IM&T	1,610	1,405	1,033	(372)	1,382	(228)	
Major Capital Schemes							
Fieldhead Non Secure	4,229	4,035	4,156	121	4,249	20	
Clinical Record System	828	828	751	(77)	801	(27)	
VAT Refunds	0	0	(56)	(56)	(56)	(56)	3
TOTALS	**8,295**	**7,559**	**6,997**	**(562)**	**8,295**	**(0)**	1, 2

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

Capital Programme 2018 / 2019 Cumulative Profile

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 was previously added from national funding with a further £60k added in month for the commencement of IM & T / paper digitisation scheme.

2. All schemes are planned to be completed by 31st March 2019 with the exception of the non-secure project and the clinical record system.

3. VAT claims for capital programmes are being chased. These will be added back into the capital programme as and when confirmed.
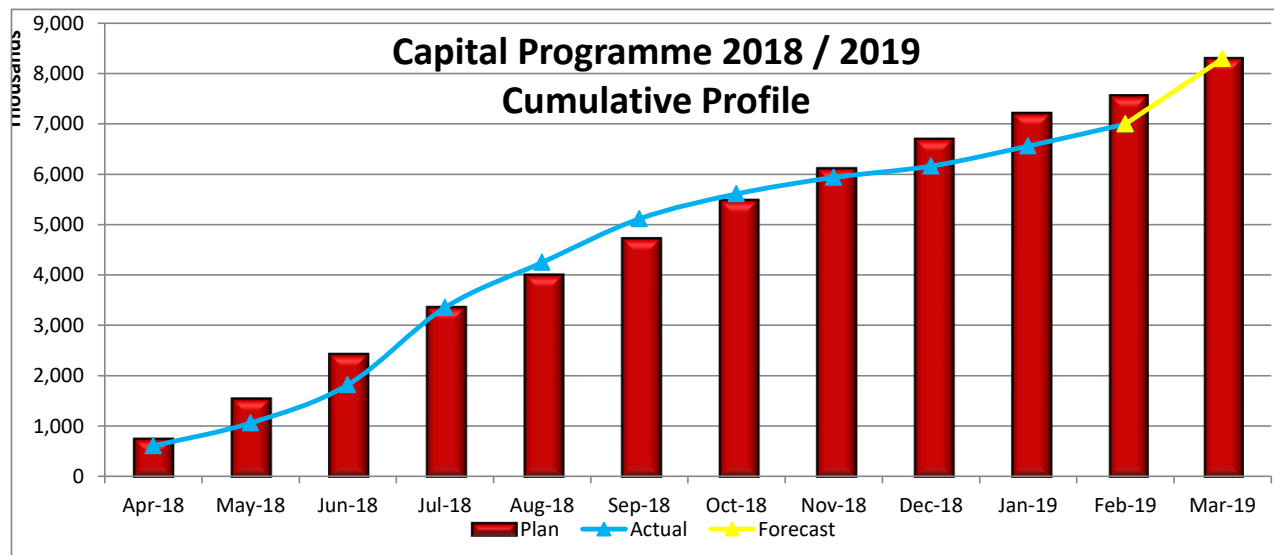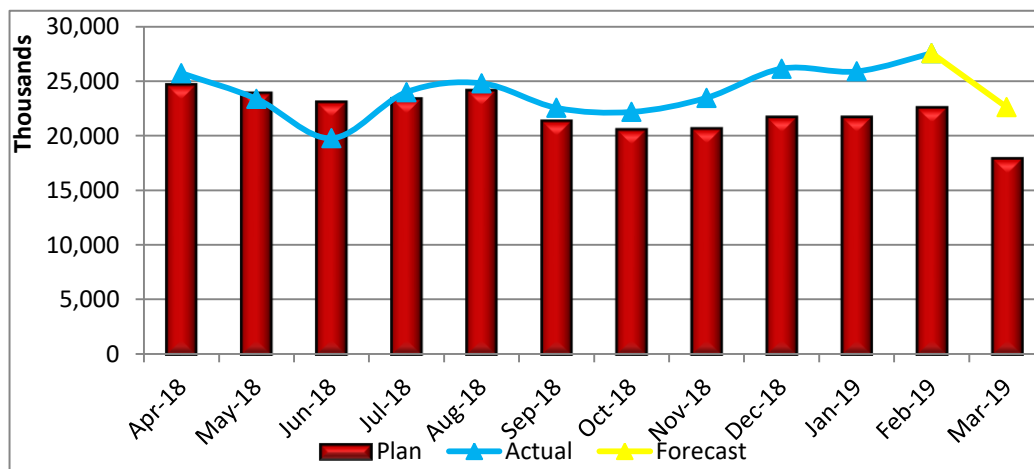
	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	22,599	27,581	4,982
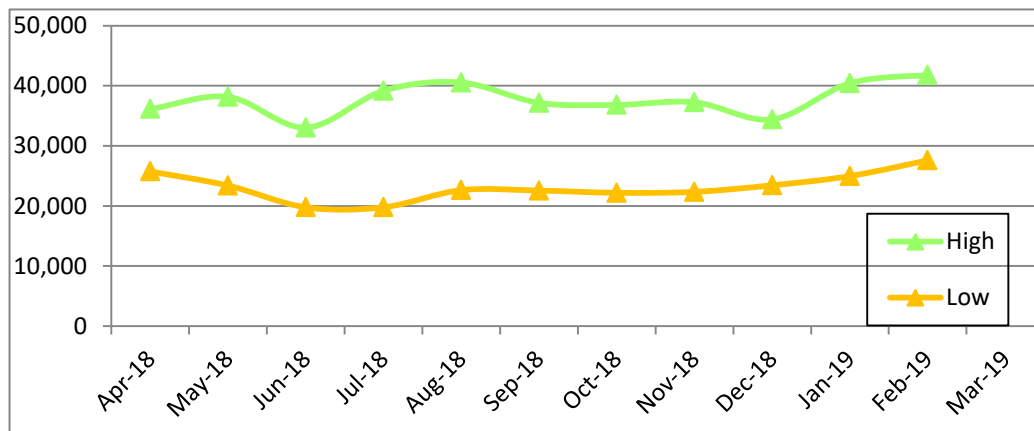
Effective cash management remains a key financial objective

Overall cash remains higher than planned due to one off benefits in previous months such as asset sales, additional commissioner income and continued low debtor levels.

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

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

The highest balance is: £41.8m
The lowest balance is: £27.6m

This reflects cash balances built up from historical surpluses.

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)	7,201	8,602	1,401	1
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(3,000)	139	3,139	2
Accrued Income / Prepayments	0	(1,333)	(1,333)	5
Trade Payables (Creditors)	650	(797)	(1,447)	
Other Payables (Creditors)	0	20	20	
Accruals & Deferred income	(750)	2,687	3,437	3
Provisions & Liabilities	0	(215)	(215)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(6,245)	(7,675)	(1,430)	6
Cash receipts from asset sales	0	1,295	1,295	4
PDC Dividends paid	(1,860)	(1,848)	12	
PDC Dividends received			0	
Interest (paid)/ received	44	145	101	
Closing Balances	**22,599**	**27,581**	**4,982**	

Cash Bridge 2018 / 2019
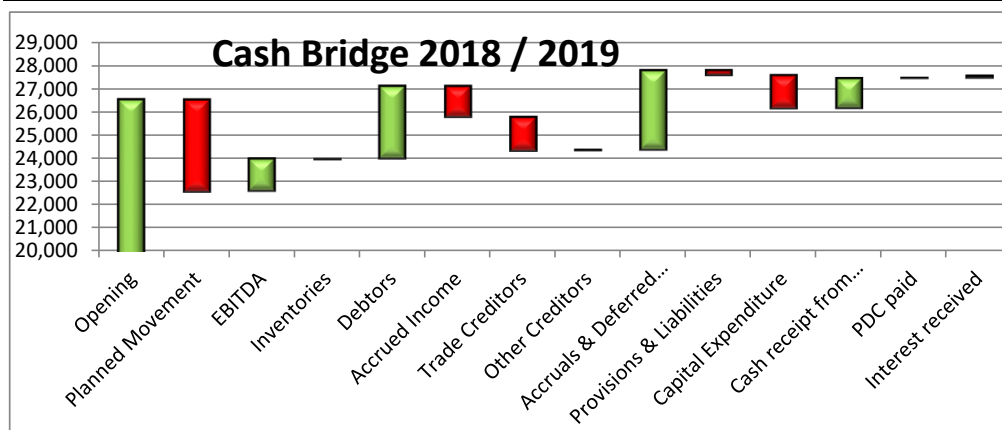
The plan value reflects the April 2018 submission to NHS Improvement.

Factors which increase the cash positon against plan:

1. The overall I & E position is better than plan. This does not include the lower than plan depreciation costs which is a non cash item.

2. Debtors are lower than plan. This is exceptionally low and is forecast to increase in Month 12 but will continue to be managed as far as possible to maximise cash.

3. 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.

4. Cash receipts from the sale of Trust assets

Factors which decrease the cash position against plan:

5. 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.

6. Creditors, and capital creditors, are higher 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 January 2019	95%	94%
Year to February 2019	95%	94%
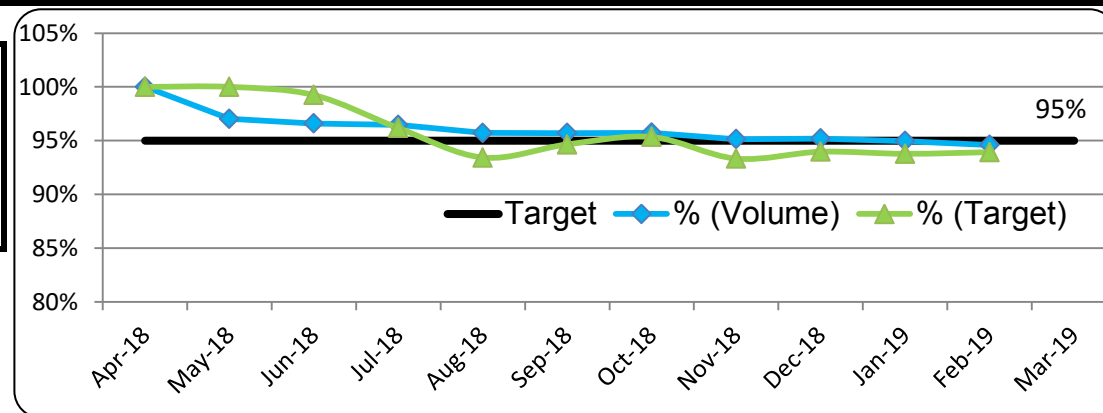
Non NHS	Number %	Value %
Year to January 2019	98%	98%
Year to February 2019	98%	98%
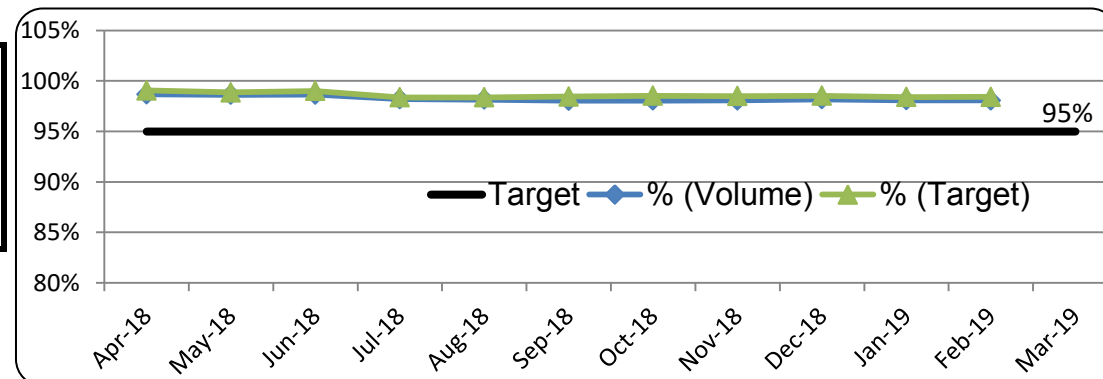
4.1 Transparency Disclosure

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
08-Feb-19	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3096942	226,501
28-Jan-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3095706	132,280
07-Feb-19	Consultancy	Trustwide	SSG Partners Limited	3096713	120,000
05-Feb-19	IT Services	Trustwide	Daisy Corporate Services Trading Ltd	3096433	111,750
04-Feb-19	Staff recharge	Trustwide	Greater Manchester Mental Health NHS Foundation Trust	3096203	87,059
25-Jan-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3095559	52,917
20-Feb-19	IT Services	Trustwide	Insight Direct (UK) Ltd	3098072	45,900
11-Feb-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3097084	40,851
04-Feb-19	Property Rental	Barnsley	Community Health Partnerships	3096469	31,178
04-Feb-19	Property Rental	Barnsley	Community Health Partnerships	3096471	31,178
20-Feb-19	IT Services	Trustwide	Insight Direct (UK) Ltd	3098070	29,400
04-Feb-19	Electricity	Trustwide	EDF Energy	3096175	28,192
14-Jan-19	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	3094432	27,015
14-Jan-19	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	3094430	27,015
19-Feb-19	Communications	Trustwide	Vodafone Corporate Ltd	3097954	25,686
04-Feb-19	Property Rental	Barnsley	Community Health Partnerships	3096471	25,051
04-Feb-19	Property Rental	Barnsley	Community Health Partnerships	3096469	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)

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.2%	4.5%	4.8%	5.0%	5.1%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.1%	6.7%	6.8%	6.3%	6.2%	5.5%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	89.1%	90.2%	96.2%	96.7%	98.7%	98.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	69.3%	77.7%	90.9%	91.7%	94.1%	96.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.5%	83.5%	82.4%	81.1%	81.9%	83.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.6%	79.5%	80.4%	82.5%	82.8%	82.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	86.6%	87.3%	88.2%	88.9%	88.9%	86.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.4%	92.5%	92.0%	92.6%	91.8%	90.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.3%	85.9%	86.6%	87.5%	81.7%	82.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	72.9%	74.1%	77.0%	75.0%	77.8%	77.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.9%	89.8%	90.0%	89.7%	88.8%	90.4%
Information Governance	Resources	Well Led	AD	>=95%	91.1%	90.9%	89.3%	88.6%	94.1%	96.2%
Moving and Handling	Resources	Well Led	AD	>=80%	83.5%	83.5%	85.2%	86.7%	85.4%	87.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	85.6%	87.5%	89.0%	89.1%	90.0%	88.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.4%	81.1%	85.0%	84.0%	83.2%	84.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.7%	89.1%	90.7%	90.9%	90.6%	90.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.6%	90.4%	89.4%	89.9%	89.1%	88.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.3%	95.2%	95.4%	95.8%	95.8%	95.8%
Agency Cost	Resources	Effective	AD		£71k	£90k	£73k	£68k	£46k	£30k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£0k	£3k	£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£15k	£15k	£17k	£10k	£9k	£13k
Sickness Cost (Monthly)	Resources	Effective	AD		£140k	£188k	£186k	£175k	£177k	£142k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		7876.0%	7774.0%	8442.0%	8579.0%	7340.0%	7385.0%
Business Miles	Resources	Effective	AD		105k	105k	107k	100k	104k	97k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.9%	4.4%	4.5%	4.9%	5.1%	4.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.2%	99.4%	99.7%	99.7%	100.0%	100.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	86.3%	92.8%	95.4%	97.1%	97.8%	98.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.2%	79.2%	80.6%	82.2%	82.4%	82.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.2%	80.2%	79.5%	78.4%	81.6%	79.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.2%	87.7%	87.7%	88.0%	88.0%	89.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.8%	89.9%	90.4%	91.3%	90.5%	91.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.5%	88.7%	87.7%	88.8%	85.1%	83.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	83.3%	84.1%	88.1%	87.8%	84.6%	84.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	89.2%	88.1%	87.6%	89.9%	89.8%	90.2%
Information Governance	Resources	Well Led	AD	>=95%	94.8%	94.9%	92.7%	91.2%	97.5%	97.8%
Moving and Handling	Resources	Well Led	AD	>=80%	88.7%	88.5%	89.0%	88.8%	87.8%	88.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.4%	90.9%	91.4%	91.1%	91.9%	92.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.7%	89.6%	89.7%	89.1%	88.6%	87.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.9%	92.4%	93.6%	94.6%	93.9%	92.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	85.0%	87.4%	86.2%	89.9%	88.9%	88.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.7%	95.7%	95.2%	95.2%	94.9%	95.9%
Agency Cost	Resources	Effective	AD		£73k	£103k	£114k	£105k	£101k	£102k
Overtime Costs	Resources	Effective	AD		£6k	£1k	£4k	£2k	£2k	£1k
Additional Hours Costs	Resources	Effective	AD		£0k	£0k	£1k	£1k	£0k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£98k	£107k	£103k	£119k	£126k	£111k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		76.65	78.65	79.51	74.99	68.26	70.03
Business Miles	Resources	Effective	AD		69k	54k	77k	57k	69k	64k

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

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	7.5%	7.5%	7.6%	7.6%	7.7%	7.6%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	9.3%	8.1%	7.6%	8.3%	8.4%	6.5%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.8%	94.7%	93.3%	93.4%	94.6%	94.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	87.0%	89.7%	96.9%	97.2%	98.4%	98.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.6%	85.6%	86.8%	86.1%	85.1%	87.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	85.3%	85.0%	85.3%	84.7%	84.2%	86.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	83.8%	82.4%	82.2%	85.2%	86.4%	89.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.6%	94.4%	95.0%	95.6%	95.3%	95.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.3%	85.6%	84.6%	87.7%	87.8%	88.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	87.1%	86.1%	88.1%	84.1%	84.3%	87.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.7%	90.2%	90.3%	90.4%	90.6%	90.6%
Information Governance	Resources	Well Led	AD	>=95%	90.4%	91.2%	89.8%	93.1%	95.4%	97.2%
Moving and Handling	Resources	Well Led	AD	>=80%	89.7%	91.4%	91.8%	91.4%	90.6%	92.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.5%	89.2%	91.3%	90.0%	89.6%	89.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	80.1%	80.6%	85.4%	83.6%	83.3%	83.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.1%	93.6%	93.5%	95.3%	96.0%	96.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.2%	89.5%	87.6%	91.4%	93.3%	94.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.6%	95.5%	82.8%	86.7%	93.3%	93.1%
Agency Cost	Resources	Effective	AD		£57k	£44k	£62k	£76k	£69k	£31k
Overtime Costs	Resources	Effective	AD			£0k		£0k	£2k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£3k	£2k	£1k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£77k	£75k	£69k	£79k	£86k	£55k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		73.91	63.16	63.48	57.24	48.97	62.2
Business Miles	Resources	Effective	AD		7k	5k	4k	9k	8k	7k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.6%	4.8%	5.0%	5.1%	5.1%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.0%	6.6%	6.3%	5.7%	5.3%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.8%	95.8%	98.4%	98.4%	99.5%	99.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	67.4%	77.3%	90.5%	90.5%	91.8%	92.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.0%	76.6%	77.7%	83.7%	85.5%	81.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.9%	77.7%	79.0%	78.3%	78.2%	77.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.4%	91.9%	92.4%	93.2%	92.7%	94.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.2%	88.3%	89.2%	90.2%	89.4%	88.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.2%	86.1%	82.0%	83.1%	81.0%	80.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.8%	70.0%	73.3%	73.3%	72.4%	72.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.9%	89.5%	89.4%	89.3%	89.1%	91.2%
Information Governance	Resources	Well Led	AD	>=95%	92.1%	92.1%	87.4%	87.7%	95.5%	98.2%
Moving and Handling	Resources	Well Led	AD	>=80%	88.4%	89.3%	89.2%	89.0%	87.7%	90.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.4%	92.7%	95.1%	94.4%	93.8%	93.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.9%	86.4%	88.7%	86.9%	87.8%	87.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.2%	92.4%	93.6%	93.9%	92.8%	93.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.4%	91.5%	92.1%	93.4%	92.8%	91.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.4%	94.0%	92.3%	92.8%	91.4%	91.9%
Agency Cost	Resources	Effective	AD		£197k	£221k	£202k	£202k	£264k	£276k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£0k	£0k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£0k	£2k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£60k	£81k	£72k	£66k	£62k	£47k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		62.89	63.85	57.17	57.68	56.77	64.46
Business Miles	Resources	Effective	AD		35k	37k	44k	43k	38k	39k

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

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.9%	4.0%	4.1%	4.2%	4.3%	4.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.9%	4.2%	5.0%	4.8%	5.4%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.0%	99.5%	99.5%	99.5%	99.5%	99.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	83.6%	96.0%	98.3%	98.3%	99.2%	99.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.6%	79.6%	77.3%	74.0%	76.7%	73.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.5%	77.8%	75.0%	85.2%	84.0%	84.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	33.3%	25.0%	0.0%	100.0%	100.0%	100.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	85.1%	86.0%	87.2%	87.5%	87.6%	88.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.3%	87.7%	89.1%	91.4%	90.0%	88.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.1%	94.4%	96.5%	95.9%	97.2%	97.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.5%	88.1%	87.2%	88.3%	88.7%	89.1%
Information Governance	Resources	Well Led	AD	>=95%	91.5%	91.8%	90.4%	94.4%	97.5%	98.7%
Moving and Handling	Resources	Well Led	AD	>=80%	90.5%	89.0%	91.6%	91.4%	89.3%	86.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.0%	99.0%	99.2%	99.2%	99.0%	99.3%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.7%	82.6%	85.7%	87.5%	95.2%	95.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.6%	95.3%	95.1%	96.2%	94.5%	97.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.2%	95.2%	94.2%	95.6%	96.1%	96.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%
Agency Cost	Resources	Effective	AD		£0k	£5k	£16k	£8k	£26k	£22k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k	£0k	£4k
Additional Hours Costs	Resources	Effective	AD		£12k	£12k	£9k	£7k	£10k	£7k
Sickness Cost (Monthly)	Resources	Effective	AD		£63k	£70k	£79k	£73k	£82k	£65k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		36.87	42.92	41.1	46.27	50.42	52.74
Business Miles	Resources	Effective	AD		25k	32k	28k	32k	24k	23k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.7%	4.7%	4.8%	4.8%	4.9%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	5.7%	4.9%	5.1%	4.9%	5.8%	4.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.8%	97.4%	98.9%	98.9%	99.5%	99.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	79.1%	89.9%	93.4%	93.9%	95.8%	95.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.6%	83.8%	83.1%	85.5%	86.2%	85.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.7%	79.2%	78.3%	83.0%	82.9%	81.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	79.2%	78.2%	78.4%	80.9%	82.6%	84.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.0%	89.2%	90.8%	91.3%	92.2%	91.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.6%	85.9%	87.0%	88.3%	88.0%	89.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	67.9%	70.9%	69.7%	67.4%	68.7%	73.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	91.7%	91.1%	91.2%	91.3%	90.9%	92.1%
Information Governance	Resources	Well Led	AD	>=95%	91.9%	92.7%	90.0%	90.5%	97.6%	98.5%
Moving and Handling	Resources	Well Led	AD	>=80%	85.2%	87.1%	88.7%	89.2%	89.5%	92.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.0%	91.5%	92.5%	92.2%	93.1%	92.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.9%	86.7%	87.6%	87.2%	87.6%	86.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.7%	92.5%	93.5%	93.6%	94.3%	94.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.0%	89.0%	87.1%	89.8%	90.9%	89.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	91.9%	92.3%	93.3%	94.2%	91.9%	92.7%
Agency Cost	Resources	Effective	AD		£124k	£73k	£68k	£70k	£90k	£82k
Overtime Costs	Resources	Effective	AD			£0k		£1k		£1k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£2k	£1k	£5k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£70k	£61k	£60k	£59k	£69k	£55k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		48.13	42.47	45.36	45	45.52	41.04
Business Miles	Resources	Effective	AD		37k	34k	39k	38k	43k	40k

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