Integrated Performance Report
Strategic Overview

September 2019

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for September 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 provide a report that showcases the breadth of the organisation and its achievements, meet the requirements of our regulators and provides 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 April 19, the Trust undertook work to review and refresh the summary dashboard for 2019/20 to ensure it remains fit for purpose and aligns to the Trust's updated objectives for 2019/20. A number of other developments identified by Trust board are being worked on and will be incorporated in the IPR in the coming months. This includes further information related to mental health act assessments; additional workforce metrics to include health and safety metrics; NHS access standards. These will be updated where appropriate and when confirmed. The Trust Executive Management Team (EMT) has identified a number of metrics currently without targets and is assessing whether targets for these metrics should be added. These will be updated where appropriate for the October Trust Board. The provider oversight framework for 2019/20 has recently been published and there will be a requirement to report against a number of measures in relation to leadership and workforce based on the staff survey. It is also expected there will be further development of the oversight framework for 2020/21 onwards to include measures identified in the long term plan.

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 four strategic objectives are:
• Improving health
• Improving care
• Improving resources
• Making SWYPFT a great place to work

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

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

| Summary | Quality | National Metrics | Locality | Priority Programmes | Finance/Contracts | Workforce |

This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and refreshed for 2019/20. Some metrics require development and it is anticipated that these will be ready by end of quarter 1, reported from July 19 onwards.

KPI	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**		**Aug-19**	**Year End Forecast**
% service users followed up within 7 days of discharge	95%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	90%		77.5%			Due end Oct 19		3
Out of area beds 2	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	207	303	195	178	146	21	3
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community	Community 75% Inpatient 90%	88.0%	87.6%	87.1%	86.7%	86.8%	86.2%	1
Inpatient 9		92.6%	91.5%	92.1%	93.3%	92.0%	92.5%	1
IAPT - proportion of people completing treatment who move to recovery 5	50%	54.4%	55.4%	51.9%	52.2%	54.6%	Due Nov 19	1
Number of suicides (per 100,000) population 6	tbc		0.67%			Due Oct 19		N/A
Delayed Transfers of Care	3.50%	1.4%	0.4%	0.6%	1.2%	1.6%	1.4%	4
Improve the quality and experience of care	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	95%	86%	86%	91%	86%	86%	85%
Friends and Family Test - Community	98%	98%	99%	97%	97%	96%	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	23	36	32	34	43	45	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	3	11	12	5	11	10	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic 7	trend monitor		14.5%			Due Oct 19		N/A
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	1	5	3	1	1	0	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor	32.0%	36.0%	37.4%	39.2%	37.0%	36.3%	
Psychology waiting times 12	tbc	Reporting to commence in 19/20 - likely Q4						
Access within one hour of referral to liaison psychiatry services and children and young peoples' equivalent in A&E departments 13		Reporting to commence in 19/20 - Dec19						
Improve the use of resources	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Year End Position**
Surplus/(Deficit)	In line with Plan	(£728k)	(£457k)	(£145k)	(£149k)	£188k	£207k	(£240k)
Agency spend	In line with Plan	£613k	£641k	£691k	£722k	£629k	£628k	£7.3m
CIP delivery	£1074k	£670k	£1.4m	£2m	£2.8m	£3.5m	£4.2m	£10.7m
Staffing costs compared to plan 10	tbc	(£367k)	(£124k)	(£268k)	(£448k)	(£450k)	(£624k)	tbc
Completion of milestones assumed in the optimisation of SystmOne for mental health 11	on plan	Reporting to commence in 19/20 - Nov19						
Financial risk in forecast	0	£1.5m	£1.5m	£2.8m	£3.1m	£3.3m	£1.1m	-
Making SWYPFT a great place to work	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Year End Position**
Sickness absence	4.5%	4.7%	4.6%	4.8%	5.0%	5.0%	5.0%	5.0%
Staff Turnover 6	10%	11.9%	10.4%	12.0%	12.6%	11.1%	11.8%	
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	N/A	N/A	75%	N/A	N/A	88%	
Staff FFT survey - % staff recommending the Trust as a place to work	65%	N/A	N/A	66%	N/A	N/A	72%	N/A
Actual level of vacancies	tbc	10.4%	10.3%	10.7%	11.9%	13.2%	12.8%	
% leavers providing feedback	tbc		25.0%			18.4%		

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 KPI counts first contact with service post referral. Under performance is generally due to waiting list issues. Q1 data has been impacted by some data quality issues as a result of transition to SystmOne and continuing challenges in recruiting specialist practitioners timely due shortage of LD specialists/applicants, this is a national issue - currently impacting on psychologists in Wakefield & Barnsley and LD nurses / speech & language therapists across all localities.

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 psychiatric intensive care unit 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 19 each month. Excludes ASD waits. Treatment waiting lists are currently impacted by data quality issues following the migration to SystmOne. Data cleansing work is ongoing within service to ensure that waiting list data is reported accurately.

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 - 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. The reported figure is a Trust wide position.

6 - Calculation for this is the number of suicides of services users under the care of the Trust during the reporting period (as recorded on our risk management system), divided by NHS registered population as per office of national statistics data. Appropriate range to be established for Q2 20/21 Q2

7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

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.

10 - Staffing costs compared to plan is reported per month not cumulative.

11 - Milestones assumed in the optimisation of SystmOne for mental health - reporting of this will commence in quarter 3 once the optimisation plan is agreed in quarter 2. Further detail related to this priority programme can be seen in the priority programmes section of the report.

12 -Psychology waiting times - waiting time functionality in SystmOne is being tested. Once this process has been signed off, work can commence on the set up for services. This needs to be in place before reporting can flow. It is anticipated this data may be available during quarter 4.

13 - The trust is involved in the urgent and emergency care pilot in conjunction with Mid Yorkshire Hospitals NHS Foundation trust. As part of this pilot, a dataset is being delivered with reporting set to commence from December 19.

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
• Positive progress on prone restraint continues
• Supervision, medicine omissions and risk assessment require further attention
• Complaints work remains positive, closure time improvement remains a focus
• Moderate/severe harm incident trend under review
• No under 18 admissions to adult wards

NHSI Indicators
• There were no admissions of children and young people to adult wards during September which is the first month this has occurred this year
• Treatment within 6 weeks of referral for improving access to psychological therapies (IAPT) has been confirmed as being above threshold for August
• For September data quality warnings cover metrics relating to employment and accommodation where there are a number of records showing as "unknown"

Locality
• Engagement and recruitment processes are commencing for the new stroke service including early supported discharge
• Mobilisation of work streams for Barnsley integrated community care is commencing
• Demand, complexity of care and bed occupancy for adult acute and older people's services remain high and challenging across all places
• The Calderdale Dales Unit electroconvulsive (ECT) team has received royal college of psychiatry accreditation along with very positive findings on care and safety
• Transition plans for forensic bed use have been implemented following agreement with the specialist commissioner
• The management of forensic CAMHS has transferred to the Specialist BDU as part of the CAMHS service line
• Waiting times from referral to treatment for CAMHS remain a key area of focus with robust action plans being developed
• Action and improvement plans for ward 18 are being delivered with safer staffing and professional support

Priority Programmes
• Plans being developed to re-launch Future in Mind as a whole system in Wakefield
• New specification for Barnsley integrated community neighbourhood teams now published and work has commenced on mobilisation activities
• Suicide postvention service has been officially launched with staff recruited
• Bed pressures remain high and a number of changes are required to provide a sustainable system. Focused work and effort has resulted in recent improved performance
• SystmOne change reference groups have transitioned to SystmOne improvement groups

Finance
• Pre Provider Sustainability Funding (PSF) surplus in month 6 of £207k. Cumulative deficit is £1.1m which is £0.6m favourable to plan.
• Cumulative income is £0.6m lower than plan due to the recognition of a number of risks relating to CQUIN and requirements for spending on waiting list initiatives
• Out of area bed costs were £17k in month and £855k year-to-date, which is 60% lower than the spend incurred of the first half of last year.
• Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend is 45% above the cap and 25% higher than the same period last year.
• Net underlying savings on pay amounted to £0.6 in-month with mobilisation to mental health investment a key factor as well as ongoing vacancies
• CIP delivery of £4.4m is £0.1m lower than plan. Currently £1.1m CIPs remain unidentified for the full year.
• Cash balance of £32.4m at the end of September
• Capital expenditure of £1.7m is lower than plan, partly as a result of delays whilst the final capital plan was agreed
• The financial risk rating remains at 2

Workforce
• Cumulative sickness absence up to the end of September is 5%, which is higher than the same period last year.
• Staff turnover increased to 11.8% month on month which is 1% lower than prior year
• Appraisal completion for band 6 and above is 83.3% compared to a target of 95%
• Overall performance against mandatory training targets remains good
• 4 RIDDOR incidents reported in Q2 relating to incidents of violence & aggression, and slips, trips & falls

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	31.8%	35.8%	36.9%	38.7%	36.0%	36.3%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	31% 4/13	44% 4/9	26% 4/15	40.0%	53.0%	45.0%	4
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	36% 4/11	28% 5/18	17% 12/71	20% 4/20	12% 2/17	33% 3/9	1
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	95%	86%	86%	91%	86%	86%	1
Service User Experience	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	99%	97%	97%	96%	98%	1
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	N/A	75%	N/A	N/A	88%	N/A
Quality	Staff FFT survey - % staff recommending the Trust as a place to work 13	Improving Health	Caring	AD	65%	N/A	N/A	66%	N/A	N/A	72%	N/A
Quality	Number of compliments received	Improving Health	Caring	TB	N/A	15	64	14	10	34	32	N/A
Quality	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	21	39	30	34	Due Nov 19	Due Dec 19	~~~
Quality	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	1	4	7	5	Due Nov 19	Due Dec 19	~~~
Quality	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0			1
Quality	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%							1
Quality	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=9	3	11	12	5	11	10	
Quality	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.4%	1.4%	0.5%	1.2%	1.6%	1.4%	1
Quality	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	86.8%	86.3%	89.8%	90.5%	89.2%	90.1%	N/A
Quality	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	65.3%	64.4%	67.1%	70.9%	74.4%	73.5%	N/A
Quality	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1158	1268	1084	1189	1209	1068	~~~
Quality	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	19	27	25	21	27	24	~~~
Quality	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	1	5	1	2	4	8	~~~
Quality	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	3	4	6	11	2	13	~~~
Quality	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	24.5%	27.0%	15.8%	17.1%	24.7%	23.4%	2
Quality	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	117%	116%	116%	116%	116%	1
Quality	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	96.6%	94.9%	92.1%	91.8%	91.8%	89.4%	1
Quality	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	41	46	34	41	42	44	~~~
Quality	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1
Quality	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1
Quality	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	80%	75.8%	87.5%	90.6%	94.4%	92.5%	85.2%	1
Quality	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	52	37	41	56	54	33	~~~
Quality	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	287	303	193	190	262	168	~~~
Quality	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	CH	80%		73.4%			62.6%		1
Quality	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	82.6%	86.1%	100.0%	96.6%	85.7%	88.5%	1
Quality	Smoking Cessation - 4 week quit rate 12	Improving Care	Effective	CH	tbc	Due end Oct 19		Due Jan 20				N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	1
Infection Prevention	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	1

Quality Headlines

* See key included in glossary
Figures in italics are not finalised
** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.

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 SWYPFT 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 SWYPFT 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 confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches

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

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. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in the latest month and this is expected to continue.

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.

8 - The threshold has been locally identified and it is recognised that this is a challenge. 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. Trend reviewed in risk panel and clinical governance and clinical safety group.

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. Criteria used is - Older people and working age adult 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.

12. This metric has been identified as suitable metric across all Trust smoking cessation services. The metric identifies the 4 week quit rate for all Trust smoking cessation services. The national quit rate for quarters 1-3 2018-19 was 52%. Q1 data will be available in October 19.

13. The national benchmark (65%) for this indictaor has been used to monitor Trust performance against.
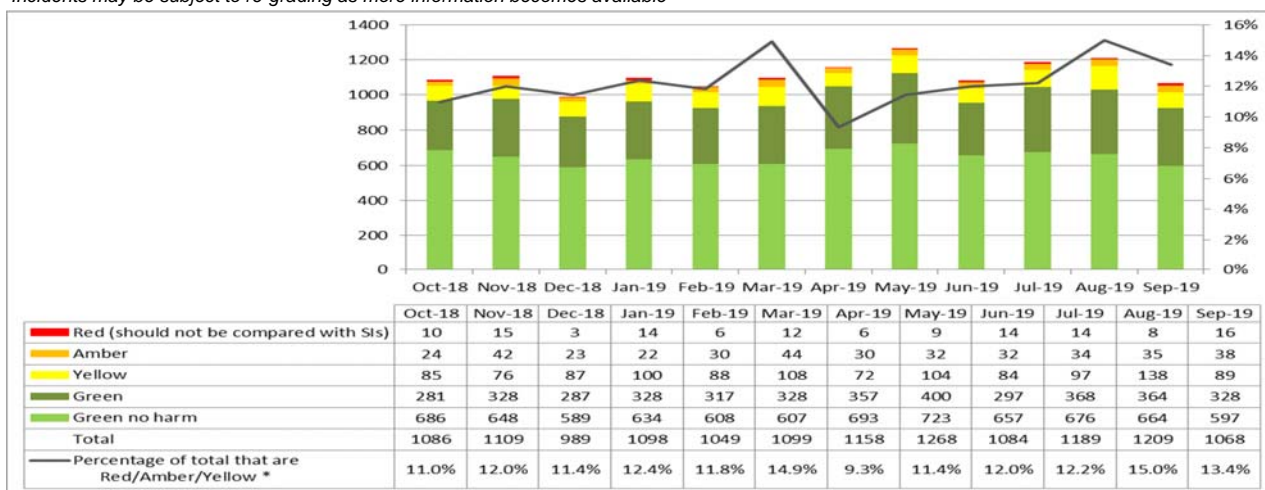
Quality Headlines

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 September has decreased (168) compared to the previous months (262) Further detail can be seen in the managing violence and aggression section of this report.

• NHS Safety Thermometer - medicines omissions – performance has improved slightly this month but continues to remain below threshold. Work continues across services to improve performance. The wards are self-monitoring weekly using the safety cross quality improvement tool and QIAT and pharmacy are doing some advisory visits to wards which are identified as hotspots from these. A review of omissions for the month has been undertaken and identified that a large proportion were clinically relevant or refused which then impacts on the performance. Further internal work to be undertaken over the next month so anticipate further update on the outcome of this will be included in next months report.

• Number of falls (inpatients) - September 19 has seen a reduction in the number of reported falls during the month. The level of incidents continues to mostly relate to Wakefield BDU and predominantly due to an increase in service users with high acuity high and as such increased levels of observations are being put into place to mitigate the risk. Staffing has been increased as a result of the acuity and falls risks which is reflective of the current service user group awaiting longer term placements.

• In recognition of the continued over achievement on fill rates an establishment review has been conducted and the implementation plan is now underway. The establishment changes will result in a change in our fill rate achievement levels and this is being assessed through the safer staffing group. Reporting arrangements against the new establishment levels are being finalised.

• Risk Assessments - Risk assessment performance, both completed assessments and quality of assessments continues to be managed through team action plans by quality governance leads/ matrons on a routine basis. A quality improvement group to review the wider issues impacting on risk assessment practice has been established, with the aim of ensuring risk assessments are completed in line with practice standards, are comprehensive, reviewed in a timely manner and risks are reflected in a risk management plan/ care plan. The goal is to achieve this target Trust wide by 31st May 2020. This project is aligned to the new risk assessment tool and developments with SystmOne. It has been identified that there may be a data quality issue where risk assessments have not been migrated successfully in the transition between electronic systems – this is being explored.

• Complaints - There is a slight decline in the complaints closed within 40 days in September. However, the overall trend remains positive. There is work in progress to improve our complaints pathway, with the aim to improve performance against this Trust target. Initial findings from the pathway review has identified several blockages in the system that we will need to address to improve performance, for example, allocation of a complaint to an investigator and complexity of the complaints. A report on the pathway review findings and recommendations is being prepared for the Director on Nursing & Quality & Director of Operations.

Work to address the concerns raised by 360 - Internal Audit is on track and due to complete by 31st October 2019. We are in the process of agreeing a date, in January 2020, for internal audit to review that the changes we have made to our system and pathways meets their recommendations.

Safety First

Summary of Incidents since October 2018

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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Red (should not be compared with SIs)	10	15	3	14	6	12	6	9	14	14	8	16
Amber	24	42	23	22	30	44	30	32	32	34	35	38
Yellow	85	76	87	100	88	108	72	104	84	97	138	89
Green	281	328	287	328	317	328	357	400	297	368	364	328
Green no harm	686	648	589	634	608	607	693	723	657	676	664	597
Total	1086	1109	989	1098	1049	1099	1158	1268	1084	1189	1209	1068
Percentage of total that are Red/Amber/Yellow *	11.0%	12.0%	11.4%	12.4%	11.8%	14.9%	9.3%	11.4%	12.0%	12.2%	15.0%	13.4%

* 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 2018/19 and 2019/20

	Q1 19/20	Q2 19/20	Q3 18/19	Q4 18/19	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Total
Suicide (incl apparent) - community team care - current episode	4	7	4	11	0	2	1	1	5	3	3	1	1	2	5	2	26
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	0	1	0	0	0	0	0	1	0	1	2	0	0	0	4
Suicide (incl apparent) - community team care - discharged	1	1	0	2	0	0	0	0	2	0	0	0	0	1	1	0	4
Self harm (actual harm) with suicidal intent	2	0	1	0	0	1	0	0	0	0	0	0	1	1	0	0	3
Homicide by patient	2	1	0	0	0	0	0	0	0	0	0	1	0	1	1	0	3
Pressure Ulcer - Category 3	1	0	0	2	0	0	0	0	0	0	2	0	1	0	0	0	3
Suicide (incl apparent) - inpatient care - current episode	0	0	1	1	0	1	0	0	0	0	1	0	0	0	0	0	2
Physical violence (contact made) against staff by patient	1	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	2
Information disclosed in error	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Lost or stolen paperwork	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Unwell/Illness	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Total	14	9	10	17	0	6	2	2	7	4	6	3	5	6	7	2	50

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

Mortality

The clinical mortality review group was held on 02/08/19 which focussed on learning and action from outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. The group discussed low level self-harm and the EUPD pathway, incidents of Violence and Aggression and focused on the theme 'Threat Assessment Investigation' and produced four learning library templates which will be shared with comms and promoted across the Trust.
Regional work: The Trust has completed a SJRR case study which will be published as part of the Regional Mortality work.
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. These include learning to date. See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/
Learning: Mortality is being reviewed and learning identified through different processes:
-Serious incidents and service level investigations – learning is shared in 'Our Learning Journey report' (2018/19).
-Structured Judgement Reviews – There are currently 0 SJRRs to be allocated, all reviews are currently being completed within the allocated timescale. There are 2 cases awaiting second review.

Safer Staffing

Overall Fill Rates: 116%
Registered fill rate: (day + night) 89.4%
Non Registered fill rate: (day + night) 140.6%

BDU Fill rates - July 19 - September 19

Overall Fill Rate	Month-Year		
Unit	Jul-19	Aug-19	Sep-19
Specialist Services	117%	117%	117%
Barnsley	115%	115%	111%
C & K	112%	110%	114%
Forensic	109%	108%	107%
Wakefield	134%	141%	142%
Overall Shift Fill Rate	**116%**	**116%**	**116%**

The figures (%) for September 2019:
Registered Staff - Days 82.7% (an increase of 2.5 on the previous month); Nights 96.1(an increase of 2.4 on the previous month)
Registered average fill rate - Days and nights 89.4% (an increase of 2.5% on the previous month)
Non Registered Staff - Days 138.5% (an increase of 0.6% on the previous month); Nights 142.7% (a decrease of 4.1 %on the previous month)
Non Registered average fill rate:
Days and nights 140.6% (a decrease of 1.7% on the previous month)
Overall average fill rate all staff: 115.0% (an increase of 0.4% on the previous month)

No wards, an improvement of two on the previous month, fell below the overall fill rates of 90% or above.

Summary
As above no ward has fallen below the 90% overall fill rate. Of the 31 inpatient areas 24, an increase of three wards on the previous month, (76.8%) achieved greater than 100%. Indeed of those 24 areas, 9 (28.8 of 31 wards) achieved greater than 120% fill rate.
 Registered on days (Trust Total 82.7%)
The number of wards that have failed to achieve 80% decreased by four to 13 (41.6%) on the previous month. These were spread throughout all BDUs. There were various factors cited including vacancies, sickness and supporting acuity across the BDU. This is traditionally also a High Holiday point in the beginning of the month where there is less availability of bank and agency staff to provide any back fills. All measures to ensure that the wards were safely staffed were followed and the areas continued mutually supporting one another.
Registered On Nights (Trust Total 96.1%)
Two wards (6.2%), a decrease of two, has fallen below the 80% threshold. These were Elmdale within the C&K BDU and Hepworth within the Forensic BDU. Similar reasons as above were sighted for this. The number of wards which are achieving 100% and above fill rate on nights reduced by 1 ward to 16 (51.2%) this month. Two wards utilised in excess of 120%.
Specialist services remained consistent on 117% with Barnsley reducing by 4% to 111%. Calderdale and Kirklees BDU increased by 4% to 114%. Forensic BDU were 107% a decrease of 1%. Wakefield BDU increased by 1% to 142%. Overall fill rate for the trust remained consistent on 116%.
Significant pressures remain on inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness. This is also a high annual leave period for all substantive, bank and agency staff. We are expecting a continued improvement in the RN figures with September being a month where traditionally a significant number of newly qualified staff join the Trust. We are also looking at uplifting the available numbers of HCAs in line with the establishment/skill mix review including the reintroduction of an increase in peripatetic staff.

Information Governance

During September 19, there has been a slight decrease increase in the number of confidentiality information governance breaches reported compared to the decreased number reported in September. 10 breaches during the month - 6 counts of information disclosed in error and 4 patient healthcare record issues.

No incidents were reported to the ICO.

Work continues in the Trust to support services to reduce the number of IG incidents occurring. Letters are sent to teams with breaches asking for completion of action plans and regular communications continues.

Commissioning for Quality and Innovation (CQUIN)

The Trust continues to work on the 19/20 CQUIN requirements, some of which some of which come into effect mid year. Preparations are taking place for the Q2 submissions which are due to be submitted at the end of the month - the forecast for all applicable Q2 indicators is full achievement. Overall value of the scheme has reduced to 1.25% of contract value. The indicators for 19/20 are as follows:
• Staff flu vaccinations (Barnsley, Calderdale, Kirklees, Wakefield)
• Alcohol and tobacco (Barnsley, Calderdale, Kirklees, Wakefield)
• 72hr follow up post discharge (Barnsley, Calderdale, Kirklees, Wakefield)
• Mental health data - Mental Health Data: Data Quality Maturity Index; Mental Health Data: Interventions (Barnsley, Calderdale, Kirklees, Wakefield)
• Use of anxiety disorder specific measures in IAPT (Barnsley)
• Three high impact actions to prevent hospital falls (Barnsley)
• Improving awareness and uptake of screening and immunisation services in targeted groups (Barnsley Child Health service)
• Improving physical health for people with severe mental illness (Calderdale, Kirklees, Wakefield)
• Develop and submit a quality improvement plan in Q1 and report on progress and achievement in Q4 via an annual quality report (Wakefield TB)
• Healthy weight in adult secure MH services (Forensic)

Work is underway to monitor action plans to ensure maximum achievement for the year. Forecast for year end at end of September is currently 86% achievement with the following indicators being identified as areas of potential risk:.
• Staff flu vaccines - risk identified with current performance compared to performance for same time last year. This is linked to staggered supply of vaccines and is a national issue.
• Mental Health Data Quality - focussed work taking place to concentrate on hotspot areas. Initial July performance was forecast to be 87% which falls short of payment threshold (>90%). July refresh position is now forecast at 96.1% - the improvement is related to a focussed piece of work to ensure all relevant data items were flowing and were mapped to the valid national codes. Regular reporting to monitor data quality being established. Work is now to commence on part b of the indicator which looks at the recording of interventions with reporting commencing from Q3 and as baseline is currently unknown, some risk has been identified in achievement.
• IAPT - anxiety specific disorders - monitoring comes into effect from quarter 2, with final performance measured at year end using an average of July - March data taken from the IAPT minimum dataset. Low numbers included in the measure have a significant impact on reported performance. Local reported performance differs slightly to nationally published data due to rounding approach taken by NHS Digital where there are small numbers. Local position shows higher performance.

NHS South West Yorkshire Partnership NHS Foundation Trust

Patient Experience

Friends and family test shows

• 86% of respondents would recommend Trust mental health services
• 98% of respondents would recommend Trust community health services
• The September results show an improvement in the number of people that would recommend community services compared to last month, the position for mental health services remains the same. On review of the results and the comments of those who would not recommend, we have not identified any trends or issues within the comments.

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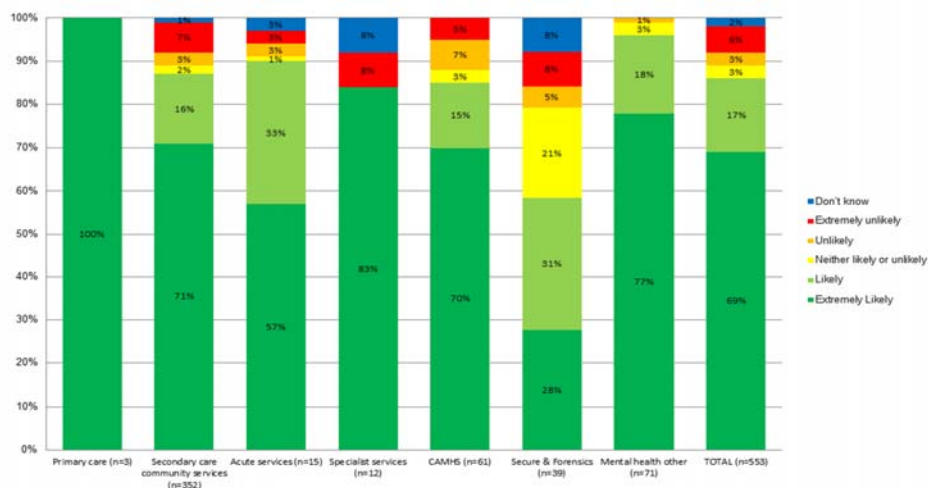
Community Services
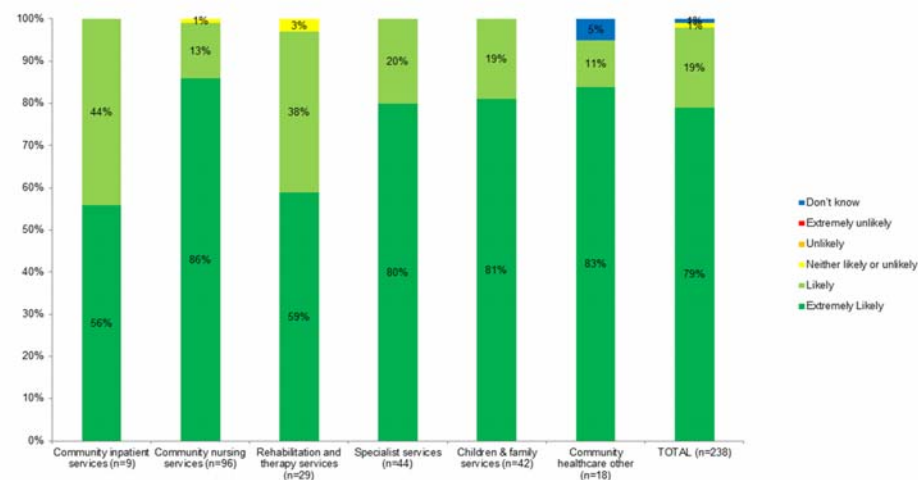
Friends and family test feedback is viewed by business delivery units either via the live dashboard or in bespoke reports. Data is used to inform trends and to focus on areas of good practice and areas for improvement. The Trust asks 2 open ended questions:

What was good about your experience?
What would have made your experience better?

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

Care Quality Commission (CQC)

CQC action plan

CQC asked us to respond to our 'must' and 'should' do actions by 20th September. These documents were submitted to the CQC within the required timescale.

Meetings have been held with key staff across core services to discuss our CQC 'must' and 'should' do actions. This year we are proposing a different approach in response to some of the actions we are taking. For example, CQC identified some similar themes across a number of core services around the need to improve the quality of risk assessment information. This also applied to care planning, record keeping and safe medicines management. Where these common themes were identified, we have established Trust wide quality improvement projects. It is intended that this approach will lead to sustainable improvement. Progress will be monitored via clinical governance group, learning shared via the quality improvement group and reported to clinical governance and clinical safety comittee as part of the regular CQC reports.

Currently the CQC action plan is in draft format and is being taken to the Operational Management Group (OMG) on 30th October before going to EMT and the Clinical Governance and Clinical Safety Committee in November for sign off.

CQC Relationship Owner

In November our CQC relationship owner will change. Hamza Aslam is going to be taking over this role from Catherine Beynon-Pindar. The Trust has worked closely with Catherine to develop a good working relationship. A number of systems and processes had also been set up to promote effective engagement between Catherine and the Trust. When we held our CQC engagement meeting on 25th September, Catherine explained that she would be sharing the value of continuing this way of working with Hamza who will be attending the next CQC engagement meeting which is planned for November.

Safeguarding

Safeguarding Adults
• Safeguarding team audit of documentation from Kirklees to review triangulation of information, safeguarding referrals and actions – linked work to a mental health homicide review.
• Calderdale thematic review of street based lives – this was an opportunity for sharing information regarding current processes in service delivery across all partner agencies for individuals living street based lives.
• Domestic abuse training delivered to the enhanced team Wakefield x2 and psychiatric liaison team x1 as part of lessons learnt from a domestic homicide review.
• Team have attended the root cause analysis systems training.
• Multi agency audit findings meeting Barnsley which indicated good practice by community district nursing team in relation to a specific safeguarding case in South Yorkshire.
• The safeguarding team attended a professionals meeting to support the team with complex safeguarding issues that involved alleged Hari Krishna representatives – additionally an information sheet to support staff has been created.

Safeguarding Children
• Safeguarding team offered support to a staff member regarding a potential a child safeguarding practice review (CSPR), completion of two initial information gathering exercises for two potential CSPR and completion of a chronology for a cross border children safeguarding practice review.
• Attended launch of the domestic abuse strategy 2019/20 Kirklees
• Safeguarding team involvement with Kirklees improving access to psychological therapies (IAPT) service in relation to the appropriateness of the use of private facilities whereby concerns have been raised about the proprietor.

Infection Prevention Control (IPC)

• Annual infection prevention control plan 2019-20 (including quality improvement progress) is progressing well. No area at risk of non-completion. Quarter 2 has been fully completed.
• Surveillance: there has been no cases of MRSA Bacteraemia, MSSA bacteraemia, or clostridium difficile. There has been 1 ecoli bacteraemia case (SRU- date of case September 2019) upto date for 2019-20 data set which has been presented at post incident review panel (no set trajectory for these cases).
• Incident breakdown – 2 bite/scratch/spit, 2 incontinent of urine, 2 contact with needlestick injury (1 dirty needle / 1 clean needle), 2 faeces, 1 pathogen (infestation) and 1 ward /unit cleanliness.
• Severity rating – 8 incidents were risk rated green and 2 yellow.
• All incidents are investigated and supported by the infection prevention and control team
• Mandatory training figures are healthy - hand hygiene-trust wide total – 95%; infection prevention and control - trust wide total – 91%;
• Policies and procedures are up to date.
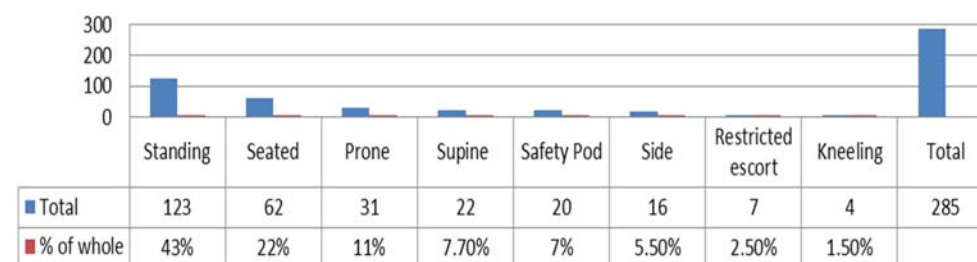
Reducing Restrictive Physical Intervention

IPR data – September 2019 – Reducing Restrictive Physical Intervention (RRPI)

There were 168 reported incidents of restrictive physical interventions use in September this being a 36% reduction on the August figures that stood at 262. The highest proportion of all restraints again was in the standing position (123) which equates to 38% of all positions used, 178 a marked reduction from August that stood at 702. Seated restraints stood at 62 that equates to 22%% of all positions used. In relation to incidents of that would be deemed prone restraint 27 this is a 32.5% reduction in the use of prone restraint from August 40. Wakefield BDU had the highest number of prone restraints 18 but it must be noted this is a 33% reduction in use from August that stood at 27. Only 3 BDUs reported the use of prone restraint in September these being Wakefield 18, Barnsley MH 6 and Forensics 3.

All Incidents Requiring Restrictive Physical Interventions Sept 2019 by BDU

	Wakefield	Kirklees	Specialist Services	Barnsley Mental Health	Calderdale	Forensic Service	Total
Total	57	26	26	24	19	16	168
% of whole	34%	15.50%	15.50%	14.50%	11.50%	9.50%	

All Restraint Positions used in Incidents Requiring Restrictive Interventions Used Sept 2019

	Standing	Seated	Prone	Supine	Safety Pod	Side	Restricted escort	Kneeling	Total
Total	123	62	31	22	20	16	7	4	285
% of whole	43%	22%	11%	7.70%	7%	5.50%	2.50%	1.50%	

All Incidents Requiring Restrictive Physical Interventions Sept 2019 by Team
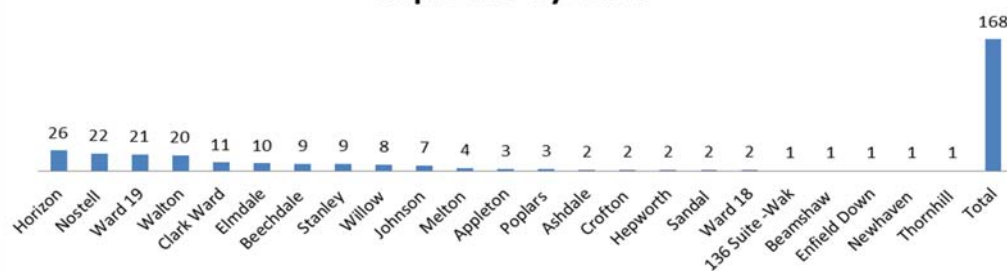
All Incidents Requiring Restrictive Physical Interventions Sept 2019 by Reason Given
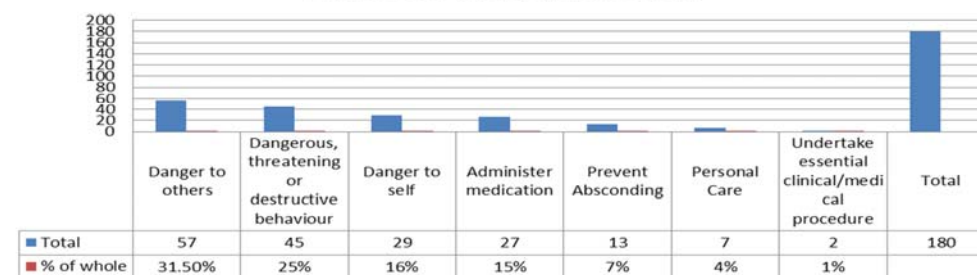
	Danger to others	Dangerous, threatening or destructive behaviour	Danger to self	Administer medication	Prevent Absconding	Personal Care	Undertake essential clinical/medical procedure	Total
Total	57	45	29	27	13	7	2	180
% of whole	31.50%	25%	16%	15%	7%	4%	1%	

Mental Health Act

From this month (September 2019), we will be including some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these have been taking place over the last few months. This month, we are able to commence reporting performance against Section 17 leave. Future developments will include reporting relating to Section 132 patients rights. Progress to date on this is as follows:
• The Trust section 132 policy and additional document amendments have been completed and agreed with the practice governance coach and the matrons.
• The Mental Health Act administrators have started attending the wards and meeting with registered staff to show them the new process, where to record on SystmOne and where to access theSystmOne white board (dashboard) so that the registered staff can at a glance and in real-time see what the activity is and what needs addressing / where the hotspiots are.
• The MHA administrators will be developing a process to keep this under review and send reminders where needed to registered staff alerting that a patients' rights are due. We anticipate that we will be in a position to commence reporting on this data in the December 19 report (November data). We will in the first instance use the data from the SystmOne white board.

Section 17 leave

The Care Quality Commission have repeatedly raised as an issue the non completion of page 2 of the Section 17 leave form. This relates to the recording of who has been informed of the leave and the involvement of the service users and is a requirement of the MHA Code of Practice. Previous initiatives have not proven successful, so in light of this, the Trust has put a new monitoring process into place and now each form that is completed and submitted to the local MHA office is reviewed to ensure that it has been fully completed. If the form is not completed, it is sent back to the matrons/practice governance coach for action. The new process has been in place for approximately 2 months and has proven effective in most areas. There continues to be some hot spots and this is being addressed at ward level.
The numbers below are separated into :
numbers of forms received in total
of those forms, the number of forms that need to be returned for completion
the target for completion is 100% following action by MHA administration staff process of 'eview and return' where not completed. The 100% compliance target is what is expected by the MHA Code of Practice.

	Sep-19		
	Section 117 form application		
Service	Forms Received	Forms complete	% complete
Older people services Trustwide	67	62	92.5%
Working age adult - Trustwide	275	245	89.1%
Specialist Forensic services	219	160	73.1%
Rehabilitation services - trustwide	21	21	100.0%

Please note, data will be refreshed each month as completed forms are received.

| Summary | Quality | **National Metrics** | Locality | Priority Programmes | Finance/Contracts | Workforce |

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 table below lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. This table has been revised to reflect the changes to the framework introduced during 2017/18.
• Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
• NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.
The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year End Forecast	Data quality rating [8]	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.7%	98.8%	99.2%	98.7%	98.7%	98.9%	98.7%	98.8%	1		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	98.7%	100.0%	100.0%	96.3%	95.4%	100.0%	1		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	99.2%	100.0%	100.0%	99.2%	100%	100%	1		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	97.4%	97.2%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	1		
Data Quality Maturity Index [4]	Improving Health	Responsive	CH	95%	Due Nov 19	Due Nov 19	96.8%	96.9%	100.0%	96.1%	97.0%	Due Nov 19	1		
Out of area bed days [5]	Improving Care	Responsive	CH	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	703	318	207	303	193	151	146	21	3		
IAPT - proportion of people completing treatment who move to recovery [1]	Improving Health	Responsive	CH	50%	Due Nov 19	Due Nov 19	54.4%	55.4%	51.9%	52.2%	52.5%	Due Nov 19	2		
IAPT - Treatment within 6 Weeks of referral [1]	Improving Health	Responsive	CH	75%	Due Nov 19	Due Nov 19	83.1%	86.3%	81.4%	78.2%	76.1%	Due Nov 19	1		
IAPT - Treatment within 18 weeks of referral [1]	Improving Health	Responsive	CH	95%	Due Nov 19	Due Nov 19	98.6%	99.1%	98.4%	98.3%	98.6%	Due Nov 19	1		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	92.0%	72.7%	88.0%	92.0%	85.7%	76.5%	1		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.8%	89.4%	87.3%	88.0%	88.3%	88.8%	89.4%	89.9%	1	⚠️	
% clients in employment [6]	Improving Health	Responsive	CH	10%	11.4%	11.6%	11.3%	11.4%	11.5%	11.7%	11.6%	11.6%	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 20								2		

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year End Forecast	Data quality rating [8]	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	90	28	5	29	56	7	21	0	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	9	2	1	5	3	1	1	0	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	214	183	214			183		N/A			
Proportion of people detained under the MHA who are BAME [2]	Improving Care	Safe	CH	Trend Monitor	14.5%	13.1%	14.5%			13.1%		N/A			

NHS Standard Contract	Objective	CQC Domain	Owner	Target			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Year End Forecast	Data quality rating [8]	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%	99.1%	99.2%	98.7%	99.4%	99.0%	98.8%	99.7%	100.0%	1		
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%	99.7%	99.8%	99.8%	99.8%	99.9%	99.9%	1		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.2%	98.6%	84.1%	90.7%	89.5%	98.5%	98.6%	98.6%	1		

* 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

4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).

5 - Out of area bed days - The reported figures are in line with 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.

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'

8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle idenfiies any issues and detailed response provided below in the data quality rating section.

Areas of concern/to note:

• A couple of metrics have not been finalised at the time of the report. Work continues with operational services on additional data quality checking which has been required as a result of transfer to a new clinical information system, this however, continues to be an improvng position.

• The Trust continues to perform well against the majority of NHS Improvement metrics

• Maximum 6-week wait for diagnostic procedures - previous issues with a small number of waiters over 6 weeks have been resolved and the Trust is now achieveing the threshold. A number of actions have been put in place to reduce risk of further inder performance of this metric.

• Inappropriate out of area bed placements amounted to 21 days in September which is a further decrease compared to 146 days reported in August. The Trust has achieved its quarter 2 trajectory which is the first time the quarterly trajectory has been achieved since the indicator was introduced.

• % 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. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.

• The IAPT 6 week wait figure for August has now been finalised and this is now above threshold. September figures will be available in the November report.

• The scope of the data quality maturity index has changed in July 2019 as part of a national CQUIN, though the target has remained the same. The July and August figures are provisional, with July being published in October and August being published in November.

Data quality:

An additional column has been added to the above table to identify where there are any known data quaity issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

For the month of September the following data quality issues have been identified in the reporting:

• The reporting for employment and accomodation for August shows a number of records with an unknown employment or accommodation status. This has therefore been flagged as a data quality issue.

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

Barnsley BDU

General community services

Key Issues
• Yorkshire smoke free (YSF) managers working with partners on proposed QUIT programme across South Yorkshire.
• Health improvement team (Urban House) are seeing an increased number of clients with complex needs and the turnover of clients coming through the service has increased – a business case for additional required resource is being developed.
• Neighbourhood team mobilisation of integrated specification - task and finish groups established for estates and IT, SystmOne configuration, single point of access (SPA), E rostering etc.
• Integrated stroke service – the hyper-acute stroke unit commences formally in Barnsley 1st October. Recruitment processes commencing for early supported discharge service.
• Early Supported discharge (ESD) model reviewed independently and approved by CCG.

Strengths
• Childrens therapy services delivered twilight sessions information sessions to parents/carers/partners they received excellent feedback and we have noted the positive impact on waiting times into the service.
• Consistently positive friends and family test feedback for all services.
• Tissue viability team developed and launched a number of new pathways including leg ulcer pathway, self-harm pathway and moisture associated skin damage pathway
• Secretary of state for Scotland contacting BICES manager to look at replicating the re-cycling model across Scotland
• New out of area patient flow procedure to neuro rehabilitation unit at Kendray now completed and fully implemented

Challenges
• Audiology service level agreement with acute trust remains outstanding – both parties meeting late October to discuss further.
• Neighbourhood team specification - mobilisation of a new model and changes regarding integrated leadership and management, some agile bases and formation of neighbourhood teams and new ways of working.
• Workforce issues neighbourhood nursing service (NNS) – Level of increased demand alongside reduced capacity/ vacancies continues to be monitored very closely.
• NNS paper to support increased investment prepared.
• Epilepsy business case compiled due to increased demand and service pressures
• Stroke - Early supported discharge mobilisation

Areas of Focus
• Management of predicated staffing shortages in children's speech and language therapy due to maternity leaves and inability to obtain agency cover to date.

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

Barnsley BDU:

Barnsley Mental Health

Key Issues
• The acute service lines including intensive home based treatment (IHBT) continues to experience high demand, staffing pressures and acuity leading to pressures on the wards and on-going bank expenditure. Bed occupancy levels remain high. Resources are being utilised across the wards and effective skill-mixing deployed to minimise expenditure.
• Average length of stay remains in excess of target and is rising and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services, in particular the work around Criteria Lead Discharge.
• Demand and capacity remains a challenge in community services. Action plans and data improvement plans are in place and there is support with staff wellbeing, with some improvement in the core pathway due to extra clinics. The waiting list reduction plan in core continues on track.
• We are working with the CCG and primary care partners to scope and plan integrated services at neighbourhood and primary care network level.

Strengths
• As part of mobilisation plan recruitment into all age liaison psychiatry posts is proceeding well
• Continued success in recruitment to medical posts has meant there are currently no agency medical staff in the BDU
• Ongoing management of patient flow despite growing pressures

Challenges
• Demand and capacity in acute and community services continues to be a challenge.
• The action plan and training around care programme approach (CPA) reviews and SystmOne is leading to some positive impact, and is being closely monitored and supported at trio level.
• Barnsley BDU monthly sickness rates are in excess of trust target with a hotspot in acute services. General managers continue to work with HR business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team manager's 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, including safer staffing, in community services.
• Sickness management.

Calderdale & Kirklees BDU:

Key Issues
• Older adult wards remain under pressure with very high acuity and need levels. The number of delayed transfers of care remain higher than normal and intensive work with clinical commissioning group (CCG) and social care commissioners is continuing to try to identify and secure specialist long term accommodation.
• The improvement to out of area adult acute beds non-use has been sustained whilst the system and our acute medical and accident and emergency systems are under intense pressures.
• The Calderdale, Dales Unit electroconvulsive therapy (ECT) team received royal college of psychiatry accreditation, along with very positive findings on care and safety.

Strengths
• High performance on mandatory training continues.
• Improving access to psychological therapies performance is above local trajectory agreed with the CCG. Positive discussions are underway with the CCGs about next year's investment priorities and psychological wellbeing practitioner (PWP) training places.
• Discussions have commenced with the 3 CCGS about next years investment and business plans.

Challenges
• Adult capacity levels remain managed in intensive home based treatment teams and on community caseloads.
• Calderdale psychological therapies remain under pressure with support from the CCG to commission some additional wider community capacity in third sector and also moving forward to recruit additional therapists.

Areas of focus
• See above

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
• 8 learning disability beds were de-commissioned and agreement was reached with commissioners for us to increase our mental illness beds. Transition plans have been implemented and ongoing monitoring with commissioners is in place.
• Occupancy has increased above target. Medium secure at 94%. Bretton Centre occupancy now at 97%; Newhaven at 75% (with 2 admissions planned in November on completion of call button works.)
• Work with the West Yorkshire provider collaborative continues with the new care model expected to go live in April 2021.
• Bid for a forensic community service has been re submitted to NHSE, with improved partner engagement and involvement.
• Forensic outreach service for learning disabilities (FOLs) is offering a consultancy and advisory service across the core week. Recruitment continues and we have successfully appointed to several key posts, including the consultant psychiatrist, a consultant psychologist and speech and language therapist
• Programme of organisational development in place with good engagement across the BDU looking at culture, well-being, reducing sickness, improving engagement and communication.
• Improving our volunteer opportunities to be a focus.

Strengths
• Strong performance on mandatory training.
• Good track record delivering CQUINs.
• Progress being made on CQC action plans. Significant planning is underway to ensure the call system can be installed and implemented safely..
• Service review of psychology service has led to improved performance with positive progress on recruitment to psychology posts.
• Excellent service user engagement at service and regional level.
• Carer Involvement plans are in place.

Challenges
• Recruitment of registered staff in all disciplines. A significant resource is being utilised to optimise recruitment activity.
• High turnover.
• Reducing sickness.

Areas of Focus
• The BDU will undertake a large piece of work supported by human resources and will focus on the following areas:
*Leadership
*Sickness/absence
*Turnover
*Staff wellbeing
*Bullying and harassment
• Ensuring the culture remains positive and reflect the values of the organisation.
• Concentrated effort to reach appraisal targets.

Specialist BDU:

Key Issues
• Vacancy levels in learning disability services are adversely impacting on the ability to complete assessments/care planning within 18 weeks of referral. Data quality is now assured through routine performance clinics and each case breaching 18 weeks is tracked to ensure the reason for breaching is understood/recorded.
• Barnsley clinical commissioning group has confirmed the intention to re-procure child and adolescent mental health services (CAMHs) and bids must be submitted by 14 November 2019. The scope of the procurement includes lower level emotional/mental health services (as currently provided by Mindspace) and a partnership-based approach is expected. The new service model is expected to be implemented from 1 April 2020.
• Waiting times from referral to treatment in Wakefield and Barnsley CAMHs remain a concern. However, the number waiting in both areas has reduced. Further investment has been secured in Wakefield and Barnsley to implement waiting list initiatives.

Areas for focus
• The management of Forensic CAMHS (Wetherby young offenders institute and Adel Beck) has now transferred to specialist services business delivery unit as part of the CAMHs service line. This is designed to ensure the service benefits from alignment with childrens services governance arrangements and represents a key component of the improvement notice actions.
• The risk regarding the on-going delivery of harmful sexual behaviour was considered by the service and EMT. The risk was initially rated at 16 and mitigated to 9 with controls. It therefore remains on the local risk register.
• Robust action plans are being developed with regard to CAMHs waiting times within an improvement programme support/governance framework.
• Development of robust service response to Barnsley CAMHs procurement
• Proactively addressing vacancy levels in CAMHs and learning disability services (specifically consultant posts).

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

Wakefield and acute inpatients trustwide

Key issues
• The acute service line continues to experience high demand and staffing pressures leading to ongoing bank expenditure, however the acuity on the wards and maintaining safer staffing remains a significant challenge. Support for staff wellbeing is a priority.
• Good progress is being made on Ward 18 which has been experiencing particular challenges with staffing levels and retention. Action and improvement plans are being delivered with safer staffing and professions support. Bespoke recruitment has commenced and a new leadership team is in place.
• 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, drawing on the work around Criteria Lead Discharge.

Strengths
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• Management of patient flow and for Wakefield nil OOA acute bed usage
• Official opening of Unity Centre took place on 10th October – really positive event led by a national journalist with lived experience and attended by external stakeholders and service users and carers.

Challenges
• Adult acute occupancy and acuity levels remain high.
• E-discharge performance is inconsistent and an improvement action plan in place lead by the matrons across the wards.
• Adult community medical vacancies and gaps continue to be a pressure leading to financial challenges.
• Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community.
• Care Programme Approach reviews performance which has been subject to action planning lead by the Quality and Governance Lead has made significant progress and is nearly on target.
• Mandatory training figures have reduced in certain areas – action plans are in place for each team and are being tracked by general managers. These include specific plans relating to fire training and inpatient areas.

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.
• Improvements to staffing levels and support for staff wellbeing on Ward 18.
• Continue to improve performance in service area hotspots through focussed action planning.
• Support for staff wellbeing across the BDU and in particular the wellbeing of staff in the acute service line.

Communications, Engagement and Involvement

• Unity Centre opening attended by Horatio Clare, Ashley Jackson, and Andrea Jenkyns MP. This included films showing the build progress. Development of a roadmap of estates investment across all our BDUs. Promotion through social media and online.
• Promotion of the i-hub environmental challenge and follow up work. Now promoting next challenge around reducing waste
• Support to EyUp! team Challenge 2019. EyUp! comms plan produced – to be shared and discussed at the next operational group. Christmas campaign and merchandising in development. Website updated to support external awareness raising.
• Creative Minds comms principles shared through the charitable funds committee and then to be actioned. Creative Minds communications toolkit also produced to support Creative Minds staff in their roles.
• Support to Barnsley BDU regarding integrated care proposals.
• Support to the information resource project group advising on how to make information more accessible. Central intranet resource being developed with the Trust library.
• Support for Smokefree service for Stoptober – promoting success of service and support available to internal and external audiences.
• Support for nursing associate recruitment campaign
• Pharmacy waste communications plan drafted with Kate Dewhirst – this is focusing on cost effective prescribing
• SystmOne for mental health – comms support for phase 2 – optimisation. Comms manager now dedicated to the project and is producing a comms plan, which will be linked to the project plan. Comms activity will be planned for each milestone.
• Comms and key messages for campaign to reduce the number of data breaches. Focus on laptop security and checking email and letter distribution details.
• Co-developing a partnership communication campaign with Barnsley Hospital, the CCG and GP Federation to promote alliance working and partnership working successes. Film on the learning from the Dearne pilot has been produced. Second phase being developed.
• Co-developing a Wakefield-district wide communications and engagement group, with action plan, for children and young people's mental health and wellbeing –working with NHS Wakefield CCG to co-produce the plan which will be reviewed, signed-off and actioned by all partners involved
• Developing comms and engagement approach for integrated care in Kirklees. Partnership forum established. Lead role in developing a comms and engagement strategy for the group.
• #Allofusimprove – promoting i-hub challenges and continued support promoting the IHI training across the Trust. #Allofusimprove case studies continue to be developed and rolled out.
• Supported flu campaign, including developing materials and communication plan
• Promotions linked to Mental Health Awareness Day and Suicide Prevention Awareness day
• Wellbeing marketing campaign plan has been developed, focused on staff wellbeing offer on stress, anxiety and mental wellbeing. The plan is for this to be delivered in phases throughout the autumn, with staff engagement starting.
• Internal bullying and harassment campaign in development.
• Freedom to speak up guardian campaign in development
• Meeting with regional communications colleagues to plan for Brexit
• Excellence awards 2019 judging has taken place. We received 227 applications (70 more than last year). Shortlists have been announced and photographs and films are currently being developed for the presentation. Kim Leadbeater is our guest speaker.
• Ongoing support to recruitment and retention, to attract new staff and help retain those already employed in the Trust. Transfer Talk campaign developed and will be launched in the next quarter.
• Support for all staff networks, including the BAME and LGBT+ network
• Began promotion for the NHS staff survey launch in early October – communications action plan created and will be actioned.
• Co-ordinating engagement briefings for EMT colleagues in advance of Overview and Scrutiny and Health and Wellbeing Board meetings and meetings with local MPs.
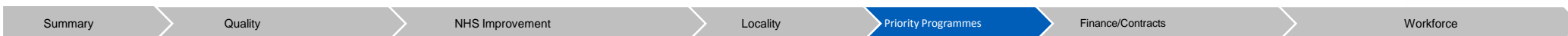
This is the October 2019 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for September 2019. The priority programme areas of work providing an update in this report are:
• Wakefield Projects
• Barnsley Projects
• South Yorkshire Projects
• West Yorkshire Projects
• SystmOne Optimisation
• Embed #allofusimprove to enhance quality
• Provide all care as close to home as possible (Out of Area)

The framework for this update is based on the Trust priorities for 2019/20 (as agreed in April 2019), and provides details of the scope, improvement aims, delivery and governance arrangements, and progress to date including risk management. Some areas of focus are for the Trust where the position is strategic and emergent; others are priority change programmes which will be delivered over 2019/20. The reporting arrangements for each programme of work are identified; some are hidden as they either report elsewhere on the IPR, do not report on the IPR, or do not report this month on the IPR. The proposed delivery is in line with the agreed Integrated Change Framework.
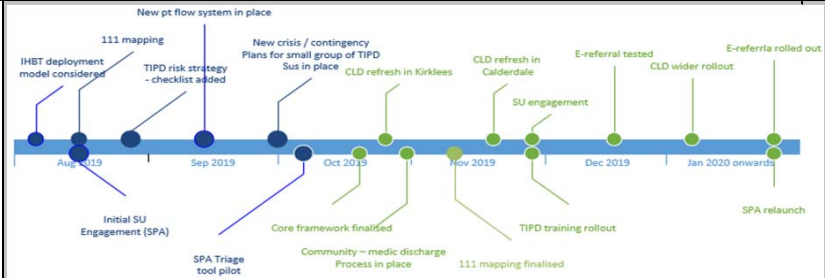
Priority	Scope	SRO	Change Manager	Governance Route	Improvement Aim(s)	Reporting Frequency	Narrative Update	Progress RAG rating	
IMPROVE HEALTH									
Work with our partners to join up care in Wakefield	1. To develop and deliver partnership structures and relationships that underpins integrated working 2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas determined as priorities by the Wakefield ICP. These include (but not limited to): • Elderly and Frailty • Mental Health (via the MH Alliance) • Dementia (via the MH Alliance) 5. SWYPFT to take a lead partnership role in the development and delivery of a MH Alliance for Wakefield that oversees • the delivery of priority work streams: - Crisis pathway - Personality Disorder - Suicide prevention • the delivery of the 8 projects that make up the Dementia Programme • the delivery of legacy commitments for the following: - Peri-natal mental health investment - Psychiatric Liaison Core 24 - CYP Eating Disorders - IAPT-LTC (in partnership with Turning Point). • the development and delivery of the Wakefield response to the NHS Long Term Plan for Mental Health. 6. Working with partners, develop and implement the operational requirements of the District's response to the agreed strategy for the Children and Young Peoples' Plan priority of emotional wellbeing and mental health.	Sean Rayner	Sharon Carter	Transformation Board	By 31/03/20• All primary care home neighbourhoods will have: - an established integrated leadership team - co-produced priority areas of focus - population health data pack available to underpin decisions - produced stories that demonstrate impact for the people in their area • Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Monthly on IPR	Plans are on-going to re-launch Future in Mind as a whole system with a clear transformation plan in Wakefield. The local transformation plan would form a key component of the emotional health and mental wellbeing section of the Children and Young People Partnership Plan to be completed by November. 16-25 C&YP Transformation. A WY ICS bid (of which this was Wakefield's suggested component) against the national Community Mental Health Transformation Fund had initially been unsuccessful. However, NHS England have now reconsidered and funding has been offered for the remainder of this financial year, to March 31 2020, focusing on earlier intervention based on local needs. Next steps are data analysis; identify greatest need; identify three PCHs; develop a framework and mobilisation. Service priorities mobilisation update: 1 – Increased capacity in IHBT (adults) - posts have gone out to advert. 2 – MH Helpline (all ages) across WY - currently working on specification which will be circulated. 3 – Increased capacity in Police Liaison (all ages) – one member in post, two more will commence in January. 4 – VCS Grant Fund (all age) – Management and process for grant funding is in final process of sign off by the W MH Alliance. The first meeting of the grants panel is scheduled for November, following launch in October. 5 – Expansion of the Children and Young People's Primary intervention team – implementation plan is in place and there are no key issues. Recruitment to vacancies is going well. 6 – Expansion of the crisis response for Children and Young People's Mental Health – currently going through organisational change process; recruited to two band 5 posts and clinical lead commences 17 October. 7 – "Autism review" of crisis services – all age services; expectation is that this research and review will provide support to better understanding of how to use the tool. 8a – Provision of a new Safe Space – agreed an approach. Local organisations are being requested that they identify what roles they would be willing to play in respect of safe space and/or support workers. 8b – Development of the Peer Support Network - already have individual organisations doing this – recruit of project manager to commence, SWYPFT hosting, to provide clarity and capacity to take forward. 9 – New capacity to offer Dialectic Behavioural Therapy (DBT) within Community Mental Health Teams, and 10 – Dialectic Behavioural Therapy Training, - Proposal drafted and to be circulated. Recruitment to backfill 2 posts will take place in November. 11 – Increased capacity to develop Multi-Agency Care Plans to support the Serenity Integrated Model and membership of the network - agreed that SWYPFT will employ, possibly by secondment, and two roles to be advertised. 12 – Increased capacity within the suicide postvention service - Currently having mobilisation challenges in recruitment, this is being managed by Wakefield Public Health team 13 – Grant funding for the Samaritans – a draft MOU has been developed. 14 – Roll out of the suicide prevention train the trainer model – Public Health working with Young Lives to set up a programme. Dates booked to pilot the ASK training (Assessing Suicide in Kids). 15 – IAPT–LTC and expansion to 22% - changing the model completely – clinical team leaders will take on more clinical capacity with the opportunity to use more therapists. The take up of services by people over 65 is being particularly looked as it is currently low.	Progress Against Plan	(green)
							Risks are managed by each programme of work, led by Transformation Manager, reporting to MH Alliance Board on a monthly basis. Areas of risk to report include: individual schemes in the plan will not be measured effectively in terms of their respective impact. The Alliance is working on an outcomes and benefits framework as part of risk mitigation. Programme manager commences post in December, and recruitment for band 6 project manager will commence in October. Both posts will be hosted at SWYPFT.	Management of Risk	(green)
							By 31/03/20 Each scheme in the plan will have delivered to the outcomes framework developed. It is envisaged that the schemes will commence reporting against the outcomes measures from January 2020 onwards.		

Work with our partners to join up care in Barnsley	1. To develop and deliver partnership structures and relationships that underpin integrated working 2. To deliver integrated care networks in the six neighbourhoods of Barnsley which meet the requirements for primary care networks whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas as identified by the partnership groups. These include: a. Frailty b. CVD c. Stroke 5. To develop and deliver a communication and engagement plan that promotes integrated working, inspires staff to work in different ways and helps create an empowered public that takes more responsibility for their health and wellbeing. To underpin this work with a clear plan for SWYPFT in via the Barnsley and SY internal integration group.	Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 All six neighbourhoods will have • an established integrated leadership team • co-produced priority areas of focus • population health data pack available to underpin decisions • produced stories that demonstrate impact for the people in their area • The integrated care outcomes framework will be used by partners to begin to demonstrate impact of the different pieces of work • Each programme area will have delivered on key improvement aims as set out at the beginning of the year	Monthly on IPR	Barnsley has been successful in receiving transformation funding for MH crisis care and all age liaison services. SWYPFT are in the process of agreeing contract variations with the CCG and recruitment to posts has commenced. A business case to support the investment in and delivery of digital capabilities as part of an initiative of the Barnsley Integrated Partnership Group has been circulated for comments this month. This case focuses on the priority of a Barnsley Shared Care Record, including a supporting programme of transformation activity. The new specification for Barnsley Integrated community neighbourhood teams was published this month. It sets out the requirement to shift from the current position where services are aligned to neighbourhood to truly integrated neighbourhood teams, common pathways of care, informed and activated service users, asset-based community development and population health management. Mobilisation will start from October with a request from Barnsley CCG that the new service model in place and ready to go for April 2020. An internal project team has commenced work on mobilisation plans and activities. This includes scoping the work required for operational as well as non-operational support services such as IM&T and P&I as significant restructuring of clinical record system, SystmOne, and performance reporting is required to deliver the requirements of the service specification. Barnsley Commissioners provided authorisation to proceed with Stroke Early Supported Discharge (ESD) service this month and will be writing to SWYPFT and BHNFT to confirm BCCGs intentions. A mobilisation plan has commenced development to undertake the operational change and recruitment required prior to ESD service being implemented.	Progress Against Plan	
							Risks remain as follows for Stroke services: Recruitment and retention Contracting arrangements and Key Performance Indicators, particularly in light of recent Neighbourhood Team Specification discussions (Stroke in Phase 2) Consultation period required once new model agreed Timescale of 1 October to go live – new model will not be in place, therefore existing arrangements & provision will need to continue. HASU start date of 1st October may still be impacted in terms of patient flow as ESD service will not be in place although SWYPFT have not been asked to reduce SRU beds at this stage. Transition period to new model being fully running Double running costs during implementation Single specification for neighbourhood teams - Identified risks so far: Inadequate resources to deliver core hours beyond current service offers and resource envelope Mobilisation of a 24/7 SPA admin and clinical triage , not currently resourced Out of Hours Merger of SystmOne units will be required as a rapid programme Delivering management of change in a short period of time Estates challenges to move to a hub model in the 6 neighbourhood networks Possibility of Memory assessment service being aligned away from core MH Impact on staff owing to changes in working arrangements and we are keeping our staff informed with regular briefing sessions and information updates.	Management of Risk	
							Implementation plan/key milestones: By 31/07/19 Programme areas have identified key improvement aims for 19/20 By 30/09/19 New specification for integrated community teams will be published		
Work with our partners to join up care in South Yorkshire	Work with our South Yorkshire(SY) partners to deliver shared objectives as described through the integrated care systems plans. As the programmes of work develop, we aim to underpin this work with a clear plan for SWYPFT via the Barnsley and SY internal integration group.	Alan Davis & Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Bi-monthly on IPR	The SYB ICS 5 year response to the NHS Long Term Plan has been drafted and is currently being discussed through boards and governing bodies as part of the engagement process and the final plan will be submitted to NHSE/I by the end of November in line with the national timeframe. The plan focuses on the needs of the SYB population to improve population health, reduce health inequalities and improve outcomes, quality and experience for people through more integrated care approaches and transforming care. South Yorkshire Housing Association were awarded the contract for IPS provision in South Yorkshire following a competitive procurement. SWYPFT will provide two IPS posts in Barnsley as part of this service and recruitment is underway.	Progress Against Plan	
								Management of Risk	

Working with our partners to join up care in West Yorkshire	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) Integrated Care System (ICS), including active membership of the West Yorkshire Mental Health, Learning Disabilities & Autism Service Collaborative, to deliver shared objectives with our partners in the areas of: • Forensic services including adult, children and LD project. SWYPFT is the Lead Provider for the WY&H Adult Secure Provider Collaborative. • Adult Mental Health Services • LD transforming care partnerships • Children and Adolescent Mental Health services whole system pathway development • Suicide Prevention • Autism and ADHD We aim to underpin this work with a clear plan for SWYPFT via the WY internal integration group.	Sean Rayner	Sharon Carter & Sarah Foreman	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year, and/or reshaped (rescoped) as determined by the ICS Programme Board in Autumn 2019.	Monthly on IPR	Transformation funding (Wave 1) for community mental health, the ICS have now reached agreement with NHSE to fund the bids during 19/20 (circa £2.5M). After a lot of collaboration, it was felt that the risk in the system around the lack of second year funding could be managed. WY&H HCP MH, LD and Autism Programme Board are working on a number of projects within the workstreams identified. Workstream configuration is being reduced to 8 workstreams + 3 enablers. UEC and adult acute care pathway is to join under the leadership of Patrick Scott, BDCFT. SWYPFT internal team are looking to align SWYPFT resources to support and influence workstreams. The West Yorkshire Forensic Provider Collaborative has secured £96,000 from the WY&H ICS to fund clinical and project support to undertake the next phase of the work. An Adult Secure Lead Provider Partnership Board has been established and is implementing an updated governance and assurance arrangements, commencing October 2019. Recruitment to part-time, fixed term project leadership & support capacity is underway. Specialist Community Forensic Team Pilot Wave 2 Selection: outcome of bid is expected mid October 2019. Every mind matters metal health campaign will soon be launched and ICS members are encouraged to be ambassadors of the campaign and go back to their organisations to promote the campaign and resources to staff and beyond. The Learning Disabilities ATU Project has secured confidential approval in principle to an agreed service model. The next phase involves public engagement and undertaking further clarification of the financial and contracting deliverability of the service model. This month saw the official launch and go live date planned for the suicide postvention service now all staff have been appointed. Social media profiles and project website have gone live and continue to be developed. A half day conference took place at Halifax Town Hall for World Suicide Prevention Day. 4 new members of staff have been recruited this month to work across the ICS on two key initiatives – Suicide Prevention work with men and a WY wide Suicide bereavement support project working in partnership with Leeds Mind. These projects relate to key areas within the Suicide Prevention strategy, of which SWYPFT is the lead for the WY&H Suicide Prevention strategy. Plans for a suicide prevention campaign across WY&H building continue, meetings ongoing with ICS Communications team leading on this.	Progress Against Plan	
							Risks are managed by each programme of work. Areas of risk to report include: Failure to deliver timely response to bids and proposals due to lack of resource, other work priorities and skills. There is a risk that the timescales are too ambitious and do not allow for sufficient time to engage with all partners. Stakeholder engagement remains a challenge to progression for the majority of the programmes. West Yorkshire Forensic Lead Provider Business Case: whether a NMOC for forensics is deliverable in the context of the financial & contracting due diligence that will need to be undertaken over the following months.	Management of Risk	
							By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.		
Improve our mental health offer for older people	To deliver the agreed community model within each BDU. To review progress in October 2019 and reassess the support from commissioners and decide if we can commence work on the inpatient proposals	Subha Thiyagesh	work managed within BDU s	OMG	To implement the community model in each BDU as far as the existing resources allow. For this to be evidenced by self-assessment	at key milestones	Progress review will take place in October and report on in November.		
							Review of progress in implementing the community aspects of the model 31st October 2019 Review of the context/environment that impact on this work 30th November 2019 Document presented to OMG containing a recommendation from the OPS steering group regarding future direction 31st January 2020		

IMPROVE CARE

Provide all care as close to home as possible	To reduce the use of inpatient beds (both out of area and within the Trust) in a way which contributes to increased quality and safety across the whole pathway and improves staff wellbeing.	Carol Harris	Ryan Hunter	OMG (with monthly report to EMT)	To deliver the programme of work described in the driver diagram and associated plans. The programme of work is a mixture of significant change & Important Improvement projects.	Monthly on IPR	• Appropriate Inpatient Stays: Work to refresh criteria led discharge has now commenced. High level process map, new protocol and roles and responsibilities (RACI) model have been produced. The pilot will commence in late October in Ward 18 and early November at the Dales, the project team has visited the wards in advance to prepare for the refresh. • The patient flow service is now operating on a business as usual basis. New sitrep report is now in place and meetings are being held with IHBT managers to confirm how joint working with the patient flow team will happen. We are still awaiting confirmation of a new office space for team. Feedback from patient flow service is that there are still high pressures in the system. • There is evidence of the community strand continuing to have an impact, with continued reductions in numbers of people waiting to be stepped down from IHBT to community teams across Calderdale and Kirklees and some reductions in weekend handovers from enhanced to IHBT. A new framework for core is in draft and a meeting to focus medics caseloads is planned for October. Priority work remains to get the community caseloads to more manageable levels to enable recovery focussed work. • The work in community should help enable new ways of working in IHBT, in particular establishing more joint out of hours mental health act assessments with AMHPs, but resourcing issues in the IHBT continue to limit opportunities to develop this, though plans are in place to resolve recruitment issues. Barnsley IHBT are visiting the Kirklees IHBT team in October and learning from this will help inform a workshop to be held late Oct / early Nov. • Triage tool testing and SBAR use has taken place in SPA in early October – early feedback is very positive from the team and work is now taking place to establish resource implications of implementing the tool. Joint work with Calderdale GP lead continues, with plans to test e-referral by Christmas. 111 meeting to finalise changes required is being organised. Service user engagement events planned for November. • The Trauma Informed Personality Disorder (TIPD) pathway activity continues to make good progress. Teams are now establishing collaborative care plans and aiming to implement new ways of working. The new pathways have been drafted and PD champions are being identified. A training programme is being established and rolled out in late 2019. • Work continues to ensure that the right level of information is available across all levels of management and governance in the organisation. The programme remains at yellow as there are still parts of the plan that have taken longer to implement than expected, there are still very high bed pressures, and we are still some way off from having a sustainable system.	Progress Against Plan	
							Key risks identified on programme risk register are set out below. There are plans in place to mitigate and track activity against these risks and more detail is provided in the highlight report to EMT: 1) Failure to deliver timely improvement due to lack of resource, other work priorities and skills - this has been flagged to steering group given some slippage - although plans are being rebased and progress is being made across all strands. Activity across the programme is likely to run well into 2020. CLD refresh to run until approximately March 2020. SPA set to refresh in early 2020. 2) Lack of relevant information and poor data quality could lead to poor decision making and / or poor assessment of changes, leading to: - being unable to quantify impact of some changes - changes having a negative impact - changes leading to other unintended consequences Dashboards now developed but not fully in use. Trajectories need to be agreed based on the dashboards and then tracked via new performance management processes. Further development of dashboards into Power BI was put forward as critical to success by SSG in recent challenge review. 3) Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures. Proposed to refresh sustainability model via self-assessment. 4) Differing cultures across the trust and varying levels of engagement could lead to failure to deliver the proposed changes. The programme continues to work with key stakeholders including staff to develop and implement the required changes. Regular communication is to include thanks and appreciation. To bring even more people into the engagement, including staff, service users/carers	Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Embed #allofusimprove to enhance quality			Tim Breedon & Salma Yasmeen	Vicki Whyte	EMT	Capability across the Trust will be increased A network of #allofusimprove Champions and Facilitators will be in place across the Trust to support continuous improvement. The #allofusimprove toolkit and helpdesk will be refreshed to support people to 'do and share' their improvements ideas. I Hub will be re-launched and used to strengthen the sharing, development and embedding of improvement and innovation across the Trust	at key milestones	Trust priority conversation on iHub 'Spending wisely and reducing waste' launched in October and has generated 11 ideas to date. 250 staff across the Trust currently completing the IHI Certificate of Quality & Safety. 82 staff completed IHI Certificate and are now Trust Improvement Facilitators 4 members of staff have completed QSIR practitioner training with ACT Academy. Trust Board commenced 'Leading for Improvement Board Development Programme' with first session on measurement, the next session is scheduled for December 2019. The QSIR framework has been mapped across to the 3 phase Trust change framework and the tools identified. The toolkit is currently being prepared as a webpage with hyperlinks to the tools and guidance documents in order than staff can easily access this resource to undertake their own QI projects. It is anticipated this will be completed and "live" by mid-November. SPC measurement for improvement tools used in Care Closer to Home programme. Case studies published on intranet demonstrating impact. Learning Library established to share learning from experience. Knowledge Café on Change and Innovation scheduled for 30th October	Progress Against Plan	
								no key risks identified	Management of Risk
								By 1/05/19 I Hub Relaunched. By 31/08/19#allofusimprove toolkit updated and in place. By 31/03/20: 250 people to complete quality improvement training 24improvement case studies developed and shared 4 x QI Silver Training sessions held 20 x Improvement Coaching & Mentoring sessions held.	

IMPROVE RESOURCES

	Delivering SystmOne optimisation plan	Salma Yasmeen	Jules Williams & Sharon Carter	Transformation Board	Completion of phase 1: implementation of clinical record system, SystmOne for MH, project closure report. Completion of phase 1: SystmOne for MH post implementation review. Build on from lessons learnt into phase 2: optimisation Co create and co deliver all priority areas of Optimisation plan (areas tbc)	Monthly on IPR	The SystmOne Change Reference groups have now transitioned to SystmOne Improvement Groups. Updates on optimisation have been made through these groups and local issues/ideas discussed. Outputs from engagement events together with concerns highlighted through help-desk have informed the development of an Optimisation Project Delivery Plan, and work stream leads have met to review the initial action plan, consider resources required to deliver the change, and to assign a lead. Findings of the Care Plan clinical testing were presented to CSDG on 9th September for sign off and there was agreement that organisational roll out can commence. This is 2 months behind the original schedule owing to the delay in Phase 2 (SystmOne Optimisation) commencement and required need for supplier to make secondary changes to the new Care Plan design based on initial feedback received nationally. The agreed implementation of the new Mental Health Care Plans is being piloted in Forensic services in October. Communications and drop-in demo / Q&A sessions have been set up in Forensics Services ahead of go-live to support implementation, respond to questions and identify any clinical concerns or training gaps that can be included in an updated training guide. Further engagement and testing will take place across services via the Service Improvement Groups. Roll out/cut over and training approach to be agreed in October following engagement with services. Aim is by the end of October the MH Care Plan will be signed off and ready for co delivery and roll out. A plan is being devised for risk assessment optimisation activity to be rolled out at the same time as clinical training on risk formulation FIRM. Further testing and engagement is required as part of codesign/co create phases aligned to programme governance. The level of training and support for the technical systmone aspects is being determined and a detailed project plan for the Risk Assessment optimisation activity on systmone, with engagement and training and cut over/roll out approach is in development. Following engagement and co-design with SPA and IHBT services, event templates to support improvement in data quality have been tested in demo, and are now built in live systmone environment ready for implementation. The scale and scope of the programme of work is being reconsidered owing to demands from other priority programmes for clinical services input, IM&T, ICT, and P&I resources.	Progress Against Plan	
Make the most of our clinical information							Optimisation Risk assessment will be undertaken as part of workstream planning, coordinated by workstream leads meeting. Preliminary risks have been identified as: There is a risk insufficient time/resources being made available by external stakeholders, or lack of commitment to the changes from external stakeholders impacting on the success of pilots or on wider roll-out of major optimisation activities such as tasks Insufficient resources to be able to configure the clinical system as required. Insufficient resources to be able to be able to train and support clinicians External pressures such as changes to the Barnsley Community Services specification might place pressure to divert resources. In the event of end-user staff not engaging in optimisation there will be a risk of not capturing all processes/ways of working which will result in configuration of SystmOne having not made any improvement or being unsafe. There is a risk that without sufficient resources, and a consistent approach and guidance that clinicians will continue to record data incorrectly or use their own individual 'work-around' 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 and no improvements identified Due to the volume of optimisation activities required there is a risk that significant optimisation opportunities might be overlooked	Management of Risk	
							The High Level Optimisation plan signed off by EMT in July 2019 suggested preliminary milestones for the project. Owing to extending the period of stabilisation, sign off of the plan being delayed until July, CQC inspection and project management not commencing until August, the initial phase of engagement and prioritising has been rescheduled. A robust plan for ongoing engagement and involvement throughout further stages of the project is in development, and delivery of the project remains on target as 31st May 2020. Owing to the above, Optimisation programme plan rescheduled and to be in place by end of October 2019 (following sign off by PSG) As agreed by EMT in July, Post implementation Review rescheduled to be completed by October 2020. Secondary changes made by the supplier to the new Care Plan design based on initial feedback delayed roll out of the care plans for testing. Roll out (subject to sign-off by CSDG) has been rescheduled to commence in October.		

MAKE THIS A GREAT PLACE TO WORK

| | | | | | | These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR | | |

Progress against plan rating
On target to deliver within agreed timescales / project tolerances
ability/confidence to deliver actions within agreed timescales / project tolerances
ability/capacity to deliver actions within agreed timescales / project tolerances
Actions will not be delivered within agreed timescales / project tolerances
Action complete

Risk Rating — Likelihood

Consequence	1 Rare	2 Unlikely	3 Possible	5 Almost certain
5 Catastrophic	5	10	15	25
4 Major	4	8	12	20
3 Moderate	3	6	9	15
2 Minor	2	4	6	10
1 Negligible	1	2	3	5

Green	1 – 3	Low risk
Yellow	4 – 6	Moderate risk
Amber	8 – 12	High risk
Red	15 – 25	Extreme / SUI risk

Glossary:

C&YP Children and Young People
ICS Integrated Care System
WY West Yorkshire
SYB South Yorkshire and Bassetlaw
NHS National Health Service
PCH Primary Care Hub (also referred to as Primary Care Network)
PCN Primary Care Network (also referred to as Primary Care Hub)
IHBT – Intensive Home Based Treatment
MH mental health
VCS voluntary and community sector
DBT Dialectic Behavioural Therapy
MOU memorandum of understanding
IAPT Improving Access to Psychological Therapies
LTC long term conditions
CCG Clinical Commissioning Group
IM&T Information management and technology
P&I performance and information
ESD Early Supported Discharge
WY&H West Yorkshire and Harrogate
HCP Health Care partnership
LD Learning Disabilities
UEC Urgent and Emergency Care
BDCFT Bradford District Care Trust
SWYPFT South West Yorkshire Partnership Foundation Trust

ATU Assessment and Treatment Unit
HASU Hyper acute stroke unit
SPA single point of access
NHSE/I National Health Service England/ NHS Improvement
IPS individual placement support
NMOC new model of care
OMG organisational management group
OPS older peoples services
SRU stroke rehabilitation unit
FIRM Formulation informed risk assessment
CSDG clinical safety design group
QI quality improvement
SPC statistical process control
IHI Institute for Health Improvement
QSIR Quality, Service Improvement and Redesign)
SSG an external consultancy company
EMT executive management team
GP General practitioner
TIPD Trauma Informed Personality Disorder
SBAR Situation - Background - Assessment – Recommendation – quality improvement tool
AMHP Approved mental health professional
RACI roles and responsibilities indicator
LTP long term plan
ICT Integrated change team

Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in September 2019. The biggest risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£1.1m)	(£0.2m)	September financial performance is a surplus of £207k excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £1.1m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.9m	£7.4m	Agency expenditure is higher than plan with £0.6m spent in September, £0.2m above the agency cap set by NHS Improvement. This is a similar level to August. Current projection is that our agency cap will be exceeded by £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements.	
4	Cash	£32.4m	£31.3m	Cash in the bank continues to be above planned levels; partly due to opening balances being higher than plan but also due to continued actions in year.	
5	Capital	£1.7m	£6m	Capital spend is below plan at the end of September. Forecast is being amended to £6m to refelct the current most likely position.	
6	Delivery of CIP	£4.4m	£10.6m	Year to date £4.4m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.1m is rated as red with a high risk on delivery.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is 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
SWYPFT successful in a bid to become the lead provider for the West Yorkshire collaborative for adult secure services on the further development track workstream to commence from April 2021.

CQUIN
Work is ongoing to prepare the Q2 CQUIN submissions for the end of October 2019.

Contracting Issues - Barnsley
Work continues in relation to the implementation of the 2019/20 mental health investment plan including Improving access to psychological therapies (IAPT) expansion, extension to development of all age and crisis liaison services and support for children and young people with a diagnosis of attention deficit hyperactivity disorder (ADHD) waiting for treatment. Review is ongoing in relation to neighbourhood nursing. Implementation of work related to children's therapies expansion and waiting list reduction is ongoing. Mobilisation continues for implementation of the new Barnsley smoke free service model for commencement 1 November 2019.

Contracting Issues - Calderdale
Key ongoing work priorities include early intervention in psychosis (EIP), reduction in out of area (OOA) in adult mental health, continued development of perinatal services and further development of children and young people's services in line with implementation of the THRIVE model. 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. Work is ongoing to implement Individual Placement Support and to implement additional crisis investment gained through bids to NHSE.

Contracting Issues - Kirklees
Key ongoing work priorities include continued development of psychological therapies for adults covering both core and long term conditions services, expansion of early intervention in psychosis services, continued development of perinatal services transformation of mental health services for older people to support provision of care closer to home through community based provision. Commissioners are making additional investment to support the further development of pathways for people with personality disorder. Work is ongoing to implement additional crisis investment gained through bids to NHSE.

Contracting Issues - Wakefield
Key ongoing work priorities include continued development of 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. Work continues in implementation of the additional mental health investment streams related to increasing capacity within the intensive home based treatment team, expanding capacity for police liaison and providing new capacity to offer dialectic behavioural therapy within community mental health teams.

Contracting Issues - Forensics
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. SWYPFT successful in a bid to become the Lead Provider for the West Yorkshire collaborative for adult secure services on the furthr development track workstream to commence from April 2021.

Workforce

Human Resources Performance Dashboard - September 2019

Sickness Absence

Legend: Green on target | Amber <=0.5% above target | Red >0.5% above target | Trust Target | BDU Target
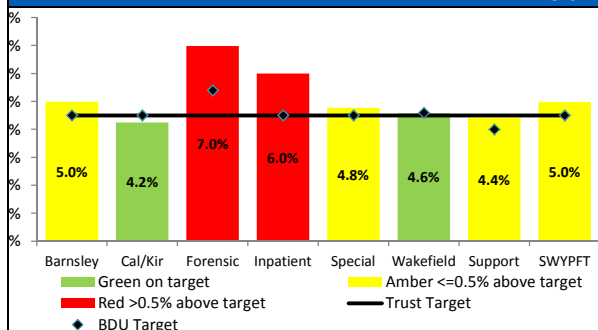
Current Absence Position and Change from Previous Month - Sept 2019

	Barn	Cal/Kir	Fore	Inpat	Spec	Wake	Supp	SWYPFT
Rate	4.6%	4.4%	8.0%	6.9%	3.6%	4.4%	4.3%	5.0%
Change	↑	↑	↑	↓	↓	↑	↔	↔

The Trust YTD absence levels in September 2019 (chart above) were above the target at 5%.

The YTD cost of sickness absence is £3,005,912. If the Trust had met its target this would have been £2,716,186, saving £289,726.
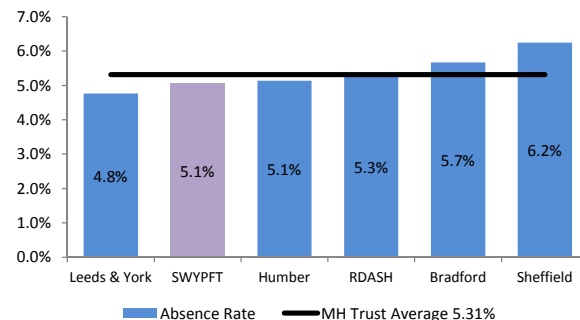
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 2018-19 financial year.

During this time the Trust's absence rate was 5.05% which is below the regional average of 5.31%.

Appraisals - All Staff

Legend: Red <85% | Amber >=85% & < 95% | Green >=95%
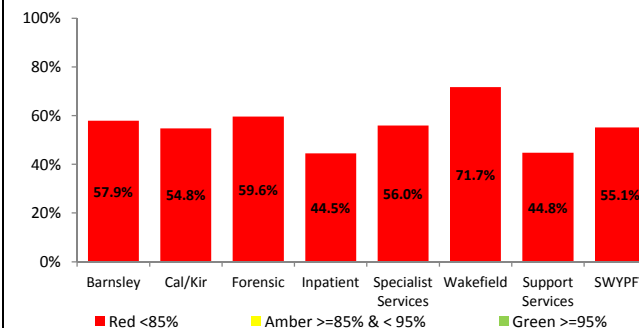
The above chart shows the appraisal rates for the Trust to the end of September 2019.

Until August, the figures only included staff on Band 6 and above. From September's report onwards, they include all staff.

The Trust target for appraisals for staff on Band 6 and above is to reach 95% by the end of June each year and, for all staff, to reach 95% by the end of September.

Turnover and Stability Rate Benchmark

Legend: Red <3% or >12% | Amber >=3 & <5% or >10 & <12% | Green 5-10%
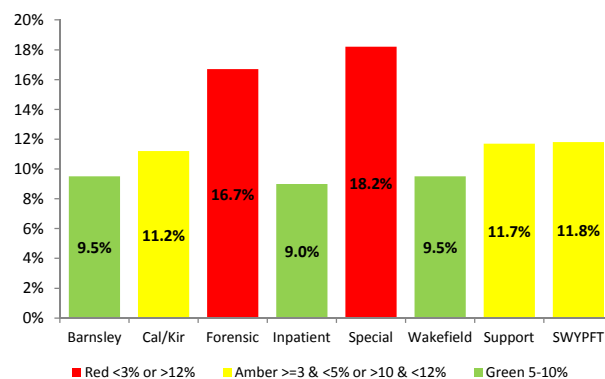
This chart shows the YTD turnover levels up to the end of September 2019.

The turnover data excludes decommissioned services
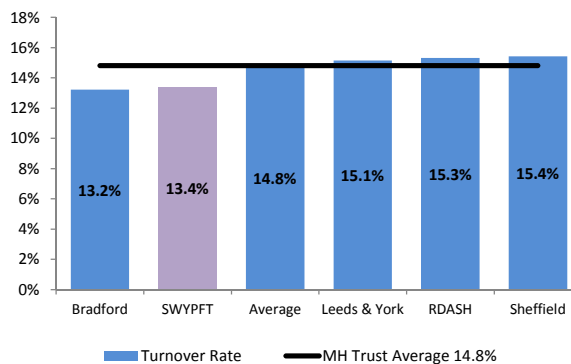
This chart shows turnover rates in MH Trusts in the region 2018-19.

This is calculated as: leavers/average headcount

These figures include temporary staff who are usually excluded from the Trust's local reports and so these figures are higher than ours. Decommissioned services are included in this benchmark data.

Fire Training Attendance

Legend: Red <70% | Amber >=70% & < 80% | Green >=80%
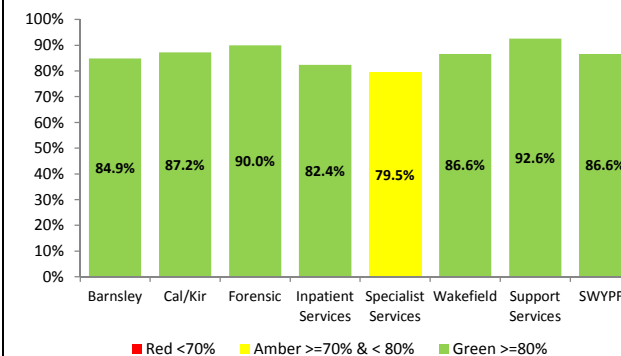
The chart shows the 12 month rolling year figure for fire lectures to the end of September 2019. Specialist Services are still slightly below the target but all other areas and the Trust continue to achieve the 80% target.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.1%	5.7%	5.8%	5.7%	5.8%	5.1%	4.6%	4.7%	4.7%	5.2%	5.3%	5.0%	5.0%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%	99.1%	6.3%	19.8%	66.2%	76.2%	80.3%	83.8%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%	97.5%	0.2%	1.5%	7.8%	26.4%	39.1%	69.7%
Aggression Management	Improving Care	Well Led	AD	>=80%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%	82.8%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%	83.0%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%	88.7%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%	91.5%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%	86.6%
Food Safety	Improving Care	Well Led	AD	>=80%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%	82.0%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7&	91.7&	92.2%
Information Governance	Improving Care	Well Led	AD	>=95%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%	94.2%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%	91.7%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%	93.2%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%	88.8%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	83.8%			82.6%			86.8%			72.9%		61.3%	
Prevent	Improving Care	Well Led	AD	>=80%											80.8%	81.5%	83.5%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%	94.2%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%	91.5%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%	96.0%
Bank Cost	Improving Resources	Well Led	AD	-	£845k	£615k	£674k	£678k	£752k	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k
Agency Cost	Improving Resources	Effective	AD	-	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£613k	£641k	£619k	£772k	£629k	£628k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£507k	£586k	£571k	£572k	£602k	£476k	£482k	£479k	£494k	£521k	£541k	£507k	£497k
Business Miles	Improving Resources	Effective	AD	-	279k	267k	299k	279k	286k	270k	289k	274k	240k	293k	281k	245k	284k
Health & Safety																	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commenced 19/20							7			4		

1 - this does not include data for medical staffing.

Workforce - Performance Wall cont…

Mandatory Training
• The Trust is above 80% compliance for all 14 mandatory training programmes with 7 being above 90%. Information Governance training has a target of 95% and is currently slightly below this.

Appraisals
• Appraisal completion rate for band 6 and above has increased to 83.8% however performance to the end of September is below expected levels and is below the level achieved for the same time last year. There is typically a time lag in terms of recording appraisals so an increase is expected by the end of October.

Sickness Absence
• Year to date sickness at the end of September is 5.0% which compares with 4.6% last year. The monthly rate of 5.0% is 0.1% lower than September last year.

Turnover
• Turnover continues to be an area of focus and the recruitment and retention task group have developed an action plan which is monitored through the workforce and remuneration committee.
• Staff turnover at the end of September is 11.8% which whilst a slight increase compared to August is 1% lower than the corresponding period last year. Particular hotspots are in forensic and specialist services BDUs.
• The year to date turnover rate for registered nursing staff is 10.8%

Health & Safety
• 4 RIDDOR incidents reported during quarter 2. The incidents related to 2 as a result of violence & aggression, 2 related to slips trips & falls – 1 in a patient's home from a member of staff who tripped over a cable & 1 from someone walking back to

Guardian of Safe Working Report - Q2 (July - Sept 2019)

High level data

Number of doctors in training (total):	55
Amount of time available in job plan for Guardian to do the role:	1 Programmed Activity (PA)
Admin support provided to the Guardian:	Ad hoc
Amount of job-planned time for educational supervisors:	0.25 PAs per Trainee

Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps but this has been much better on the S. Yorkshire and Leeds/Wakefield schemes recently with full recruitment for August 2019. On the Calderdale and Kirklees Core Training Scheme there are a number of vacancies, compounded by issues with trainees being on maternity leave or unable to take part in the rota for health reasons. Also, new doctors from overseas are not always ready to take part in the rota on arrival.

Exception reports (with regard to working hours)
There have only been a few ERs completed in SWYT since the introduction of the new contract and none during this period.

Fines
There have been none within this reporting period.

Work schedule reviews
There were no reviews required.
Poor recruitment to core training posts in Psychiatry has led to a number of gaps. 1 out of the 7 Wakefield posts remains vacant. On the Calderdale and Kirklees Core Training Scheme there are a number of less than full time trainees and another on maternity leave; there is therefore the equivalent of 4 out of 10 posts vacant. None of the 4 CT posts in Barnsley are vacant.

Exception reports (with regard to working hours)
There have only been a few ERs completed in SWYT since the introduction of the new contract and none during this period.

Rota gaps and cover arrangements

Gaps by rota July/August/September '19					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	3 (2%)	3 (100%)	0	0	0
Calderdale 1st	49 (27%)	48 (96%)	0	0	1 (2%)
Kirklees 1st	9 (10%)	9 (100%)	0	0	0
Wakefield 1st	17 (9%)	16 (94%)	0	0	1 (6%)
Total 1st	78 (12%)	76 (97%)	0	0	2 (3%)
Wakefield 2nd	19 (21%)	0	0	19 (100%)	0

Costs of Rota Cover July/August/September '19					
1st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	3 (28)	£980	0	0	£980
Calderdale	48 (463.25)	£16214.75	0	0	£16214.75
Kirklees	9 (122)	£4270.00	0	0	£4270.00
Wakefield	16 (193.5)	£6772.50	0	0	£6772.50
Total	76 (806.75)	£28237.25	0	0	£28237.25

The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. The Medical bank seems to be working well so that very few shifts were unfilled. None have been filled by agency staff during this quarter.

Issues and Actions

Recruitment – Vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through The Royal College (MTI - Medical Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training). We currently have MTI (2) and WAST (2) doctors in the trust and we expect more to join us next year unless National Recruitment to Core Training improves. We were pleased to welcome 4 new core trainees to the Calderdale and Kirklees scheme in August 2019. 3 vacancies were advertised for the February 2020 rotation but only 1 was filled. For August 2019 all vacant slots were filled by MTI and WAST doctors but there has subsequently been 1 resignation. The Leeds-Wakefield rotation and the South Yorkshire Rotation are both fully recruited and no gaps are expected for February 2020. Local GP schemes have raised the possibility of sending more trainees for experience in psychiatry from August 2020 which would be positive for their training and might address some of the rota gaps.

Junior Doctors' Forum – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education. Currently discussions are on-going about arrangements to allow Core Trainees to gain more emergency psychiatry experience. The forum has also been involved in deciding how money associated with the Fatigue and Facilities Charter should be spent.

Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum. We will also work to improve use of personalized work schedules for trainees.

Amendments to 2016 Contract – I have been working with colleagues in HR to ensure that rotas are updated to reflect the amendments to the Junior Doctor Contract. These will lead to a slight increase in costs for the trust. It is expected that most will be implemented in December but further changes are likely to be necessary prior to August 2020.

Responsible Officer Quarterly Report

MEDICAL APPRAISALS	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20
Number expected to be undertaken in period	28	31		
Number undertaken in period	27	29		
Number not undertaken for which the RO accepts postponement is reasonable	1	2		
Percentage of appraisals taken place	96%	93%		
Percentage of appraisals signed off in period as satisfactory	100%	100%		

MEDICAL REVALIDATIONS	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20
Number of revalidation recommendations due in period	14	8		
Number of positive recommendations	12	8		
Number of deferrals	2	0		
Number of non-engagements	0	0		
Percentage of revalidation recommendations made	100%	100%		

RESPONDING TO CONCERNS	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20
Number of active cases under Maintaining High Professional Standards procedures	0	0		

Publication Summary

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

NHS England

Delivering same-sex accommodation

This guidance has been updated to reflect current patient pathways, including further definition of what is and is not a mixed-sex accommodation breach and circumstances in which mixing may be justified and therefore not constitute a breach.

Click here for link to guidance

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

NHS Improvement provider bulletin: 18 September 2019:
Changes to the patient safety alerts process
•New platform for public sector payments
•Time to get your free flu jab — new flu vaccination campaign
•Cancer patient experience survey — get your local results
•Develop your senior leadership skills with the Nye Bevan programme
•EU Exit readiness workshop

Diagnostic imaging dataset: May 2019

NHS sickness absence rates: May 2019, provisional statistics

NHS staff earnings estimates: June 2019, provisional statistics

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

Childhood vaccination coverage statistics: England, 2018-19

NHS Improvement provider bulletin: 25 September 2019:
•Updated information on continuity of medicines supply in a no-deal EU exit
•Submit your board assessment framework for seven-day hospital services (7DS)
•Share your evidence for the review of pharmacy aseptic services in England
•Reducing single-use plastics in the NHS
•What does the NHS Long Term Plan mean for urgent and emergency care (UEC) delivery?

NHS Improvement provider bulletin: 2 October 2019:
Changes to the patient safety alerts process
•New platform for public sector payments
•Time to get your free flu jab — new flu vaccination campaign
•Cancer patient experience survey — get your local results
•Develop your senior leadership skills with the Nye Bevan programme
•EU Exit readiness workshop

NHS Improvement provider bulletin: 9 October 2019:
•Volunteers in NHS trusts survey
•'People' not 'beds' — changing the language we use in health and social care
•Developing allied health professional (AHP) leaders
•Updates from our partners

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2019 - August 2019

Psychological therapies: reports on the use of IAPT services, England July 2019; final including reports on the IAPT pilots

Out of area placements in mental health services: July 2019

Mental health services monthly statistics: final July, provisional August 2019

Delayed transfers of care: August 2019

Referral to treatment waiting times statistics for consultant-led elective care: August 2019

Direct access audiology waiting times: August 2019

Estates Returns Information Collection (ERIC): summary page and dataset for ERIC, 2018/19

Finance Report

Month 6
(2019 / 20)
Appendix 1

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With **all of us** in mind.

Contents

	Performance Indicator	Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in September 2019. The biggest risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£1.1m)	(£0.2m)	September financial performance is a surplus of £207k excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £1.1m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.9m	£7.4m	Agency expenditure is higher than plan with £0.6m spent in September, £0.2m above the agency cap set by NHS Improvement. This is a similar level to August. Current projection is that our agency cap will be exceeded by £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements.	
4	Cash	£32.4m	£31.3m	Cash in the bank continues to be above planned levels; partly due to opening balances being higher than plan but also due to continued actions in year.	
5	Capital	£1.7m	£6m	Capital spend is below plan at the end of September. Forecast is being amended to £6m to refelct the current most likely position.	
6	Delivery of CIP	£4.4m	£10.6m	Year to date £4.4m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.1m is rated as red with a high risk on delivery.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

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

The Trust is regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources calculation as outlined below. The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right.

Area	Weight	Metric	Actual Performance		Plan - Month 6	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.7	1	2.1	2
	20%	Liquidity (Days)	25.2	1	17.4	1
Financial Efficiency	20%	I & E Margin	-0.4%	3	-1.0%	4
Financial Controls	20%	Distance from Financial Plan	0.6%	1	0.0%	1
	20%	Agency Spend	45%	3	17%	2
Weighted Average - Financial Sustainability Risk Rating				2		3

Impact

The rating remains at 2 for September 2019 although, due to the reducing deficit position, the I & E margin metric continues to improve within its threshold. This metric includes cash received as part of the Provider Sustainability Fund (PSF).

The agency rating is the only metric which is lower than planned.

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 £5.3m has been set for the Trust in 2019 / 2020. This metric compares performance against this cap.

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,768	17,628	(140)	Clinical Revenue	106,134	105,423	(711)	212,804	212,010	(794)
				17,768	**17,628**	**(140)**	**Total Clinical Revenue**	**106,134**	**105,423**	**(711)**	**212,804**	**212,010**	**(794)**
				1,312	1,252	(60)	Other Operating Revenue	7,124	7,234	110	14,003	14,400	397
				19,080	**18,880**	**(200)**	**Total Revenue**	**113,258**	**112,657**	**(601)**	**226,806**	**226,410**	**(397)**
4,254	4,069	(185)	4.3%	(15,087)	(14,463)	624	Pay Costs	(89,761)	(86,970)	2,791	(179,860)	(176,051)	3,809
				(3,689)	(3,554)	135	Non Pay Costs	(21,237)	(20,249)	987	(42,911)	(43,289)	(377)
				310	18	(292)	Provisions	(9)	(2,477)	(2,468)	3,653	846	(2,807)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,254	**4,069**	**(185)**	**4.3%**	**(18,466)**	**(17,999)**	**467**	**Total Operating Expenses**	**(111,007)**	**(109,697)**	**1,310**	**(219,118)**	**(218,493)**	**625**
4,254	**4,069**	**(185)**	**4.3%**	**614**	**880**	**267**	**EBITDA**	**2,251**	**2,960**	**709**	**7,688**	**7,917**	**229**
				(442)	(467)	(25)	Depreciation	(2,651)	(2,788)	(137)	(5,302)	(5,586)	(284)
				(227)	(227)	0	PDC Paid	(1,363)	(1,363)	0	(2,726)	(2,726)	0
				8	21	12	Interest Received	50	108	58	100	156	56
4,254	4,069	(185)	4.3%	**(47)**	**207**	**254**	**Normalised Surplus / (Deficit) Excl PSF**	**(1,713)**	**(1,084)**	**630**	**(240)**	**(240)**	**0**
				117	117	0	PSF (Provider Sustainability Fund)	618	618	0	1,765	1,765	0
4,254	4,069	(185)	4.3%	**70**	**324**	**254**	**Normalised Surplus / (Deficit) Incl PSF**	**(1,095)**	**(466)**	**630**	**1,525**	**1,525**	**0**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,254	**4,069**	**(185)**	**4.3%**	**70**	**324**	**254**	**Surplus / (Deficit)**	**(1,095)**	**(466)**	**630**	**1,525**	**1,525**	**0**

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

Trust Cumulative I & E Profile (Excluding revaluation and PSF)
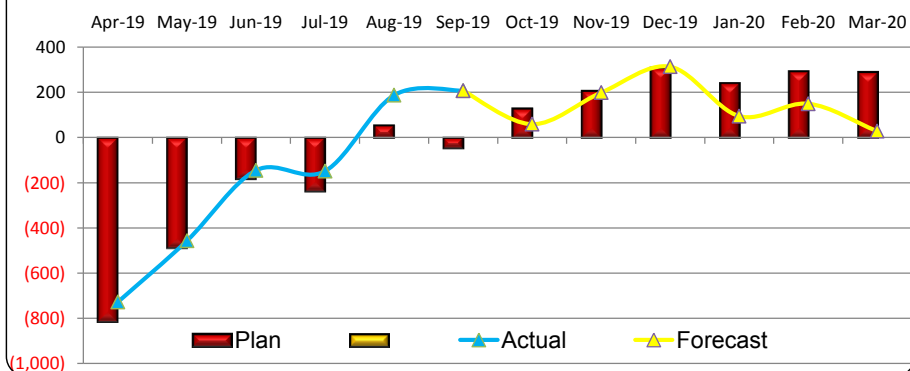
Produced by Performance & Information
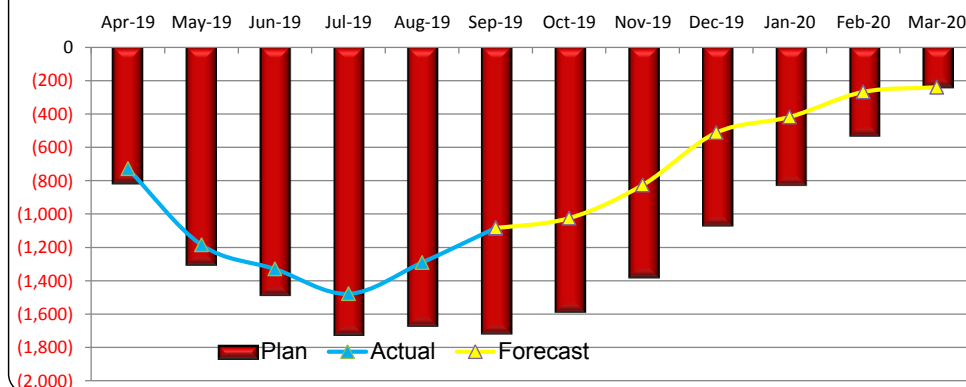
Income & Expenditure Position 2019 / 20

September 2019 is the second consecutive month where a surplus run rate has been reported. This continues to be facilitated by reducing out of area placement costs.

Month 6

The September position is a pre PSF surplus of £207k and a post PSF surplus of £324k, this is £254k ahead of plan. The key headlines are below. This represents the second consecutive month where a surplus has been reported and is largely due to continued reductions in out of area placement costs and expenditure control.

Both pay and non pay categories have continued to underspend, however this has been offset by income being lower than plan and some income risks being recognised.

Income

The year to date clinical revenue position recognises risk around CQUIN delivery and other known risks. Additional income risks are recognised within the provisions position.

Pay Expenditure

Pay budgets have continued to underspend; £624k in September. Recruitment into both vacancies and new posts created by investment continues and therefore pay expenditure is forecast to increase over the remaining 6 months of the year. Additional analysis is included within the pay information report to highlight the different expenditure levels across the services.

Additional information is also highlighted within the report on agency spend. The NHSI maximum agency cap for 2019/20 has been set at £5.3m. In September agency costs are £628k. This is £185k (45%) higher than cap.

Non Pay Expenditure

Non pay is underspent by £135k in September and cumulatively is £1.3m less than the same period last year. The report highlights expenditure on out of area placements which, whilst still a major area of focus, is £1.3m lower than last year. More details are included within the out of area focus page.

Forecast

The Trust is still forecasting to achieve its year-end control total of £240k deficit. Given a number of unidentified CIPs and other risks, particularly on income achievement, this is not assured at this point in time.

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-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k	Total 18/19 £k
CCG	12,398	12,398	12,242	12,429	12,367	12,539	12,447	12,444	12,441	12,457	12,457	12,457	149,074	146,036
Specialist Commissioner	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	24,297	23,356
Alliance	1,295	1,295	1,295	1,295	1,295	1,334	1,345	1,342	1,338	1,338	1,343	1,340	15,856	14,596
Local Authority	441	441	460	446	446	450	445	441	441	441	441	441	5,334	5,074
Partnerships	614	614	670	631	633	494	656	656	656	656	656	656	7,589	7,172
Other	737	730	681	821	1,001	786	860	851	851	848	848	848	9,861	6,708
Total	17,509	17,502	17,373	17,646	17,765	17,628	17,777	17,758	17,752	17,764	17,769	17,766	212,010	202,942
18/19	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,858	17,169	16,752	17,303	17,506	202,942	

Trust Income Profile

Legend: Plan — Actual — Forecast
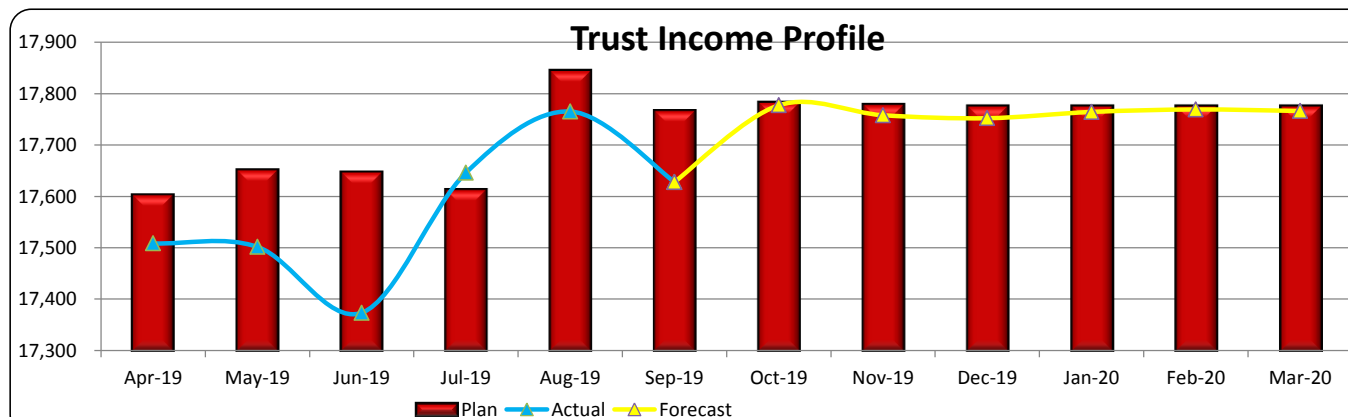
Income is less than plan in month due to:
* Estimates whilst actual costs incurred are verified for services recharged on an actual cost or activity basis. This includes estimate of activity for Barnsley neuro rehab beds.
* This includes recharges of staffing costs for Youth Offenders and Barnsley additional mental health investment. Invoices will be raised as agreed and when charges are agreed with commissioners.

Year to date a CQUIN delivery risk of £82k has been recognised across all commissioners. The forecast continues to assume that this will be achieved in full.

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 80% of total Trust expenditure.

The Trust workforce strategy was approved by Trust board during 2017 / 18 and annual plans are agreed by the Workforce and Remuneration Committee. The Trust's strategic workforce plan was approved in March 2018 and is updated annually.

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-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
Substantive	13,647	13,082	12,768	12,819	12,959	13,014							78,290
Bank & Locum	663	906	752	747	934	821							4,824
Agency	613	641	624	722	628	628							3,856
Total	14,923	14,629	14,145	14,288	14,522	14,463	0	0	0	0	0	0	86,970
18/19	13,610	13,789	13,901	14,503	13,854	14,000	13,819	13,738	13,861	14,138	14,137	15,126	168,476

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19							Total
Bank as %	4.4%	6.2%	5.3%	5.2%	6.4%	5.7%							5.5%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%							4.4%

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	11,781	9,250	278	2,016	11,544	237
Nursing Registered	32,433	26,423	1,666	271	28,361	4,072
Nursing Unregistered	9,874	8,821	2,310	905	12,035	(2,161)
Other	21,763	21,084	225	641	21,950	(187)
BDU Admin	6,406	5,578	246	10	5,834	571
Corporate Admin	7,505	7,133	99	14	7,245	260
Total	89,761	78,290	4,824	3,856	86,970	2,792

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	38,984	33,184	877	2,419	36,479	2,505
Inpatient	23,047	18,649	3,436	1,277	23,362	(315)
BDU Support	3,626	3,521	101	10	3,632	(6)
Community	10,769	10,302	178	97	10,576	192
Corporate	13,336	12,635	232	54	12,921	416
Total	89,761	78,290	4,824	3,856	86,970	2,792

Pay Expenditure Profile

Legend: 19/20 budget, 18/19, 19/20

Key Messages

Overall pay expenditure is higher in 2019/20 than previous years. This is largely a result of the national pay awards and pay increments under Agenda For Change. In addition the Trust has also been successful in securing new services such as Liaison and Diversion (from April 2019) with further investment forecast throughout the course of the year (IAPT, additional bids).

In September pay underspent by £624k. Year to date the underspend is £2.8m. Temporary staffing provided by both agency and bank staff totals £8.7m to date (10% of total pay expenditure) and this level of expenditure is being offset by vacancies. However additional staffing requirements and vacancies are often within different services or BDUs within the Trust. The service, quality and financial impact of this is considered as part of the monthly internal review.

Key variances above highlight that the largest area of underspend is within registered nursing due to known recruitment and retention difficulties. The current workforce strategy includes the utilisation of additional unregistered nurses to provide support. Mobilisation of the recurrent workforce strategy for adult acute inpatient continues following EMT approval. The financial effectiveness of this is being impacted by exceptional levels of sickness in recent months and cases of acuity above those normally expected. This plan replaces existing temporary staff with permenant employees and resets the rota's being utilised.

Agency Expenditure Focus
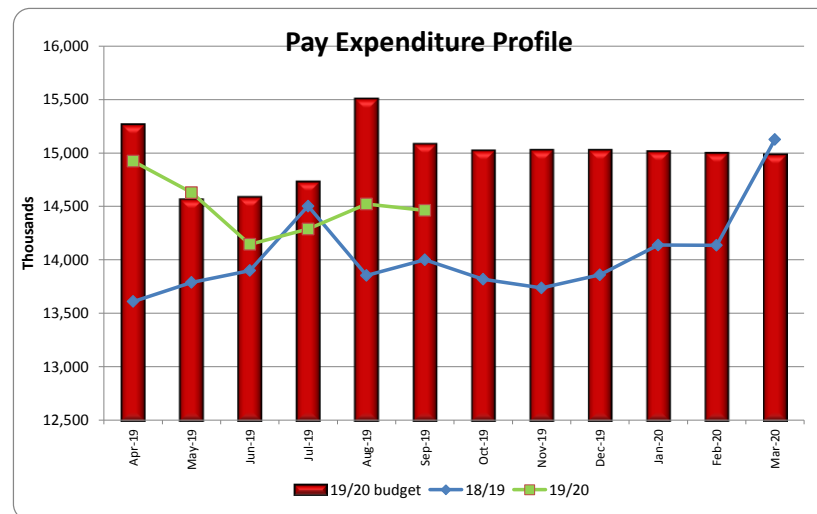
The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £1.2m more than cap.

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

The financial implications, alongside clinical and other considerations, continues to be a high priority area for the Trust. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

The maximum agency cap established by NHSI for 2019/20 is £5.3m which is £0.1m higher than the 2018/19 cap. In 2018/19 spend was £6.5m which breached the cap by £1.3m (24%). The NHSI agency cap has been profiled equally across the year with a maximum spend of £443k a month. The Trust plan assumed spend in excess of the cap at £5.9m.

Actual agency usage continues to be reported to NHS Improvement on a weekly basis. From September 2019 this reporting included additional focus on admin agency. The Trust have 3 individuals in September 2019 with plans in place for these to end.

September agency spend is £628k, 42% above cap. This is similar to spend last month and continues to be a higher rate than incurred in 2018/19. Cumulatively agency spend is £3.9m which is 45% above cap and 25% higher than the same period last year. Actions within the Trust agency action group continue to progress reducing agency spend overall.

The current forecast, based upon these plans, is £7.4m. This is a £0.1m increase from last month. The Trust Direct Engagement programme has now gone live; the financial impact of this continues to be validated. Additional costs have been forecasted to support delivery of additional service requests within CAMHS.

Bank and locum expenditure in September 2019 is £775k. This is lower than August 2019.

Agency Expenditure Trends (£m)

Legend: Other, A & C, Other Clinical, Nursing, Other Medical, Consultants

Agency and bank expenditure trend

Legend: Bank - Actual, Agency - Actual

Agency Spend By Month

Legend: 17/18, 18/19, 19/20, 19/20 NHSI cap
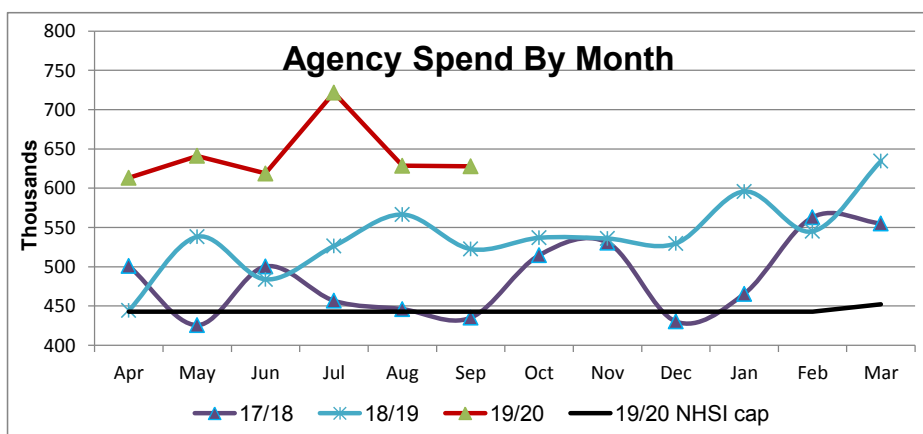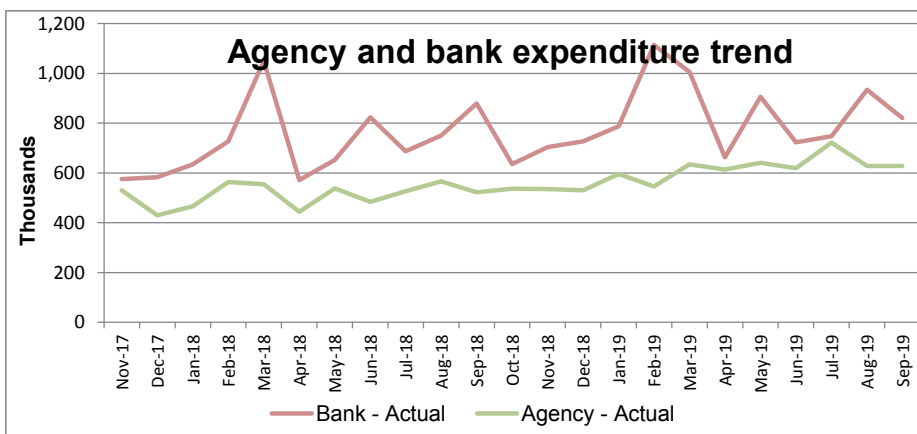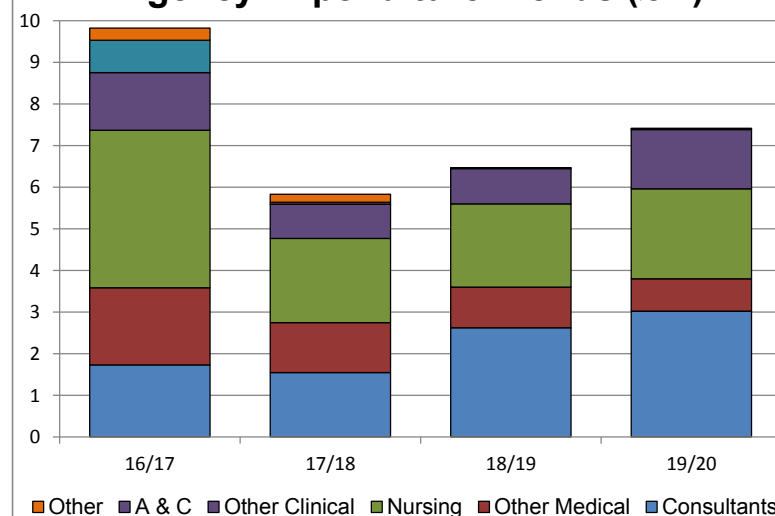
Non Pay Expenditure

Whilst pay expenditure represents over 80% of all Trust expenditure, 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-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
2019/20	3,333	3,391	3,276	3,400	3,295	3,554							**20,249**
2018/19	3,437	3,588	3,706	3,689	3,582	3,498	3,417	3,719	3,771	3,773	3,458	5,321	**44,959**

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Clinical Supplies	1,360	1,356	4
Drugs	1,819	1,709	110
Healthcare subcontracting	2,633	2,313	321
Hotel Services	918	799	119
Office Supplies	2,388	2,389	(1)
Other Costs	2,467	2,129	338
Property Costs	3,415	3,563	(148)
Service Level Agreements	3,101	3,077	24
Training & Education	204	255	(52)
Travel & Subsistence	1,746	1,434	312
Utilities	523	616	(93)
Vehicle Costs	663	611	53
Total	**21,237**	**20,249**	**987**
Total Excl OOA and Drugs	**16,784**	**16,227**	**557**
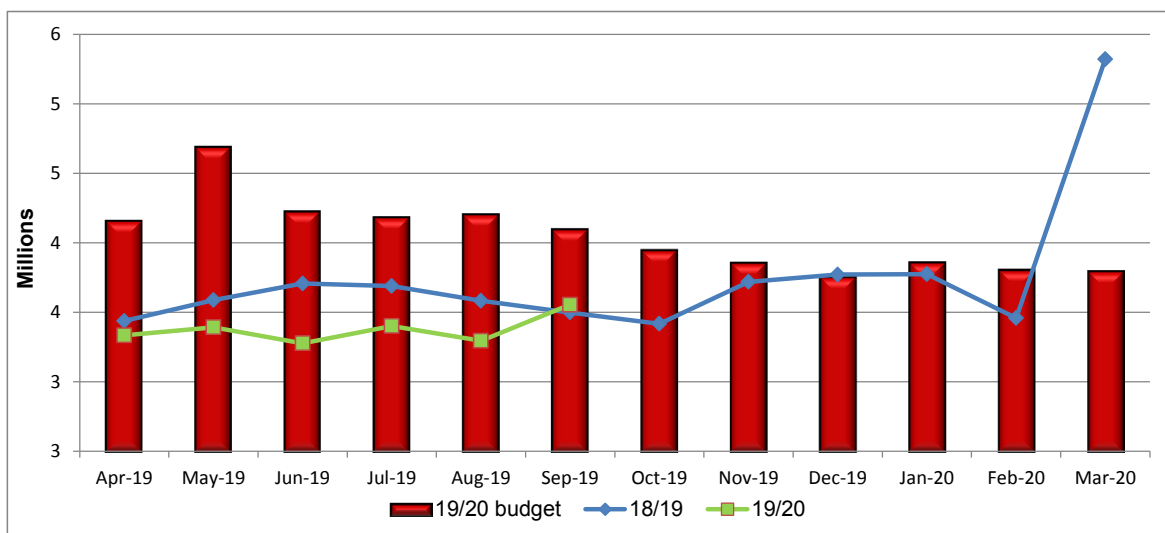
Key Messages

Budgets and plans were reset during the 2019/20 annual planning round. The plan included resetting those categories which have historically overspent such as healthcare subcontracting (use of out of area placements) and drugs. Overall most categories are underspent against these reset budgets with the exception of Estates related lines (property costs, utilities). These have been subject to a detailed deep dive review and reported back to the Trust non pay expenditure group.

As illustrated by the graph, year to date non pay expenditure is £1.3m lower than in the previous year. Whilst there are a number of variances within these values the reduction in out of area placement costs is in itself £1.3m lower.

The largest single underspend is within other costs (£338k). This encompasses a range of varied spend areas not covered by the other headings. The second largest is in the travel and subsistence costs category which is currently £312k under plan. These are being reviewed for areas of recurrent CIP saving.

The non pay review group continues to focus on areas of wastage and ineffeciency to ensure that all non pay expenditure offers value for money.

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 is for the out of area placements relating to adult acute beds including PICU in all areas. This 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
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	355	**3,929**
19/20	289	222	158	93	76	17							**855**

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
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	358	197	220	**4,904**
19/20	282	354	238	206	156	28							**1,264**

Bed Day Information 2019 / 2020 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	32	26	30	26	0	0							**114**
Acute	160	277	178	150	142	24							**931**
Appropriate	90	51	30	30	14	4							**219**
Total	282	354	238	206	156	28	0	0	0	0	0	0	**1,264**

Out of Area Expenditure - monthly

Legend: 17/18, 18/19, 19/20
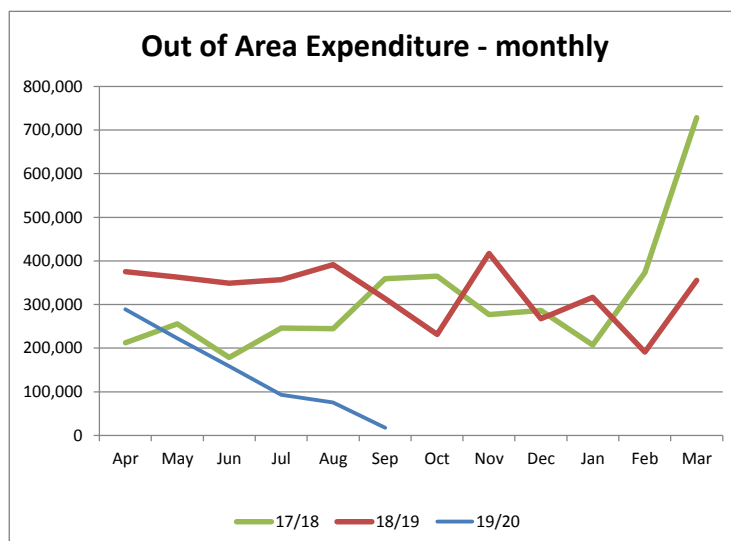
In 2019/20 the PICU out of area budget has been set to fund 2 appropriate out of area placements at any time. The acute out of area budget is phased to fund 9 out of area placements in April 2019 reducing to 5 placements by March 2020.

Demand for placements has reduced again in September 2019 with a second month of zero PICU placements. Overall the number of placements required has reduced compared to the same period last year, a year to date reduction of 1,783 days (59%).

Expenditure has reduced from £3,047k to £1,264k for the April to September period. This is a combination of reduced usage and reduced costs for specialist nursing and transport.

Whilst this is positive from an operational and financial perspective the impact on other areas (e.g. staffing on the inpatient wards) and general sustainability continue to be assessed. Workstreams will continue to ensure this is maintained and expand into a wider assessment of activity, commissioning requirements and ward sizes.

There continues to be huge focus on this issue across the Trust and the results achieved have been through significant effort by a large number of staff.

TOTAL - CUMULATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	688	1,376	2,066	2,790	3,615	4,439	5,455	6,481	7,507	8,542	9,596	10,624	4,439
Achieved - plan	669	1,353	2,018	2,788	3,487	4,191	4,922	5,653	6,384	7,124	7,906	8,690	4,191
Achieved - mitigation	4	19	69	113	151	181	283	381	480	578	676	774	181
Mitigations - Upside schemes										386	772	1,160	0
Shortfall / Unidentified	**15**	**4**	**(21)**	**(111)**	**(23)**	**67**	**249**	**446**	**643**	**455**	**242**	**(0)**	**67**

Cumulative CIP Delivery 2019 / 2020

Legend: Plan, Actual, Forecast
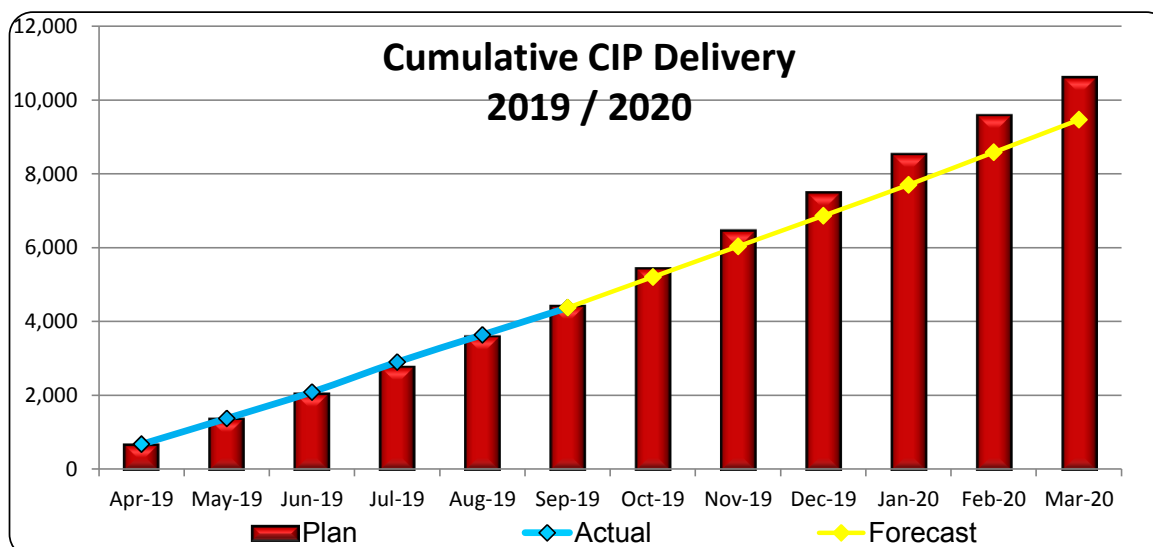
The Trust has set a challenging CIP target for 2019/20 of £10.6m which included £1.4m of unidentified savings at the beginning of the year.

Year to date performance is £67k behind plan with a shortfall (£153k) in recurrent offset by £86k over-delivery of non recurrent schemes. The majority of schemes continue to be delivered as originally planned.

Delivery of the full target requires mitigations for a further £1.1m. This work continues within the Trust financial sustainability workstream.

RECURRENT - CUMULATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	418	838	1,258	1,720	2,282	2,844	3,598	4,352	5,106	5,870	6,632	7,368	2,844
Achieved - plan	378	772	1,186	1,693	2,127	2,561	3,024	3,486	3,949	4,426	4,925	5,427	2,561
Achieved - mitigation	3	17	66	86	109	130	152	174	195	217	239	260	130
Shortfall / Unidentified	**38**	**50**	**7**	**(59)**	**47**	**153**	**423**	**692**	**962**	**1,227**	**1,468**	**1,681**	**153**

NON RECURRENT - CUMULATIVE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	269	538	808	1,070	1,332	1,595	1,857	2,129	2,400	2,672	2,964	3,256	1,595
Achieved - plan	291	582	832	1,095	1,360	1,631	1,899	2,167	2,435	2,698	2,981	3,263	1,631
Achieved - mitigation	1	2	3	27	42	51	131	208	284	361	437	514	51
Shortfall / Unidentified	**(23)**	**(46)**	**(28)**	**(52)**	**(70)**	**(86)**	**(173)**	**(246)**	**(319)**	**(386)**	**(454)**	**(521)**	**(86)**

	2018 / 2019 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	100,005	100,426	98,926	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	3,258	1,943	2
Non NHS Trade Receivables (Debtors)	1,007	777	1,291	3
Prepayments, Bad Debt, VAT	1,559	2,663	2,876	
Accrued Income	5,138	3,212	2,278	4
Cash and Cash Equivalents	27,823	21,637	32,430	5
Total Current Assets	**38,806**	**31,779**	**41,077**	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(3,033)	(3,147)	6
Capital Payables (Creditors)	(1,070)	(397)	(405)	
Tax, NI, Pension Payables, PDC	(6,002)	(6,001)	(5,576)	
Accruals	(8,020)	(8,198)	(11,635)	7
Deferred Income	(276)	(375)	(1,034)	
Total Current Liabilities	**(20,031)**	**(18,004)**	**(21,797)**	
Net Current Assets/Liabilities	**18,775**	**13,775**	**19,279**	
Total Assets less Current Liabilities	**118,780**	**114,201**	**118,205**	
Provisions for Liabilities	(7,221)	(6,270)	(7,067)	
Total Net Assets/(Liabilities)	**111,560**	**107,931**	**111,138**	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,265	
Revaluation Reserve	9,453	9,845	9,636	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	48,645	52,017	8
Total Taxpayers' Equity	**111,560**	**107,931**	**111,138**	

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. The current position is less than originally planned partly due to VAT refunds received in September.

2. The team continue to focus on minimising the level of NHS trade debtors. The value outstanding has reduced again in September and continue to be lower than plan. A number of aged debts have been escalated to support recovery.

3. Non NHS debtors are higher than plan, all debts over 30 days are actively chased to identify issues early.

4. Accrued income remains lower than plan, all accrued income is reviewed monthly to ensure that all invoices are raised in a timely and appropriate manner.

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. Payments to creditors continue to be paid in line with the Better Payment Practice Code (page 17). At September these are slightly higher than plan.

7. Accruals are higher than plan as the Trust awaits invoices for goods and services received.

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

Capital Programme 2019 / 2020

	REVISED 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	2,715	350	193	(157)	2,557	(159)	
Equipment Replacement	93	20	30	10	90	(3)	
IM&T	2,195	798	859	61	2,480	285	
Major Capital Schemes							
Fieldhead Non Secure	936	936	504	(432)	504	(432)	2
Nurse Call system	200	18	18	0	200	0	3
Clinical Record System	211	193	180	(13)	220	9	
VAT Refunds	0	0	(75)	(75)	(75)	(75)	1
TOTALS	**6,350**	**2,315**	**1,709**	**(606)**	**5,975**	**(375)**	

The capital programme has undertaken a number of revisions in year. The current plan is £6.35m.

Capital Expenditure 2019 / 2020

1. The originally agreed capital plan for 2019 / 20 was £7.0m and schemes are guided by the current estates and digital strategies.

Following various re-iterations given national guidance the capital plan for the year is now £6.35m. Based on the current most likely outturn the forecast is being amended to £6m.

Expenditure has reduced in month 6 as a number of historical VAT refunds have been processed by HMRC.

2. The final costs of the Fieldhead non-secure scheme are currently being agreed.

3. The nurse call system has commenced and is forecast to be complete early 2020.

Capital Programme 2019 / 2020 Cumulative Profile
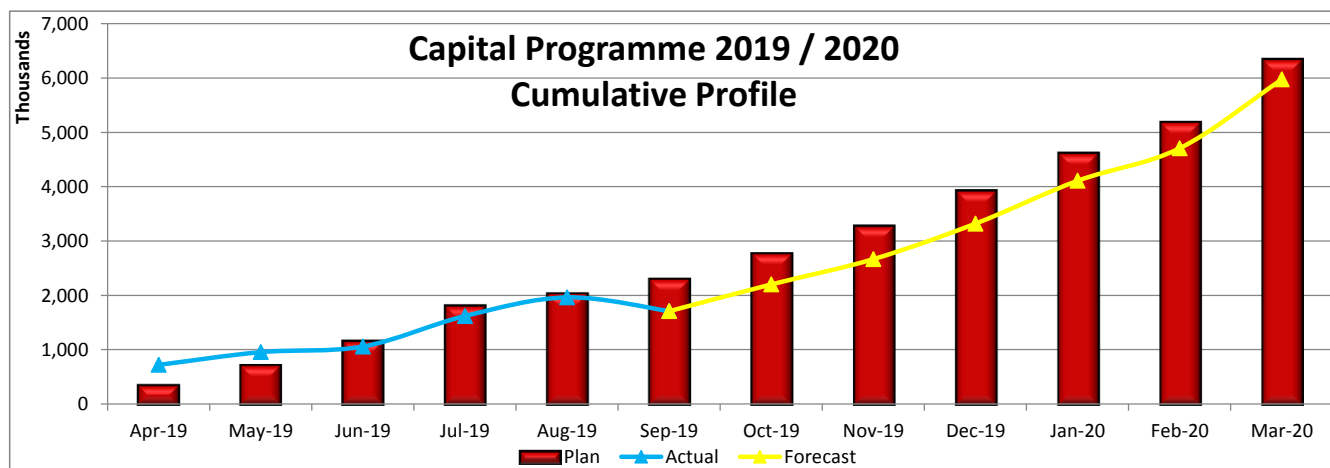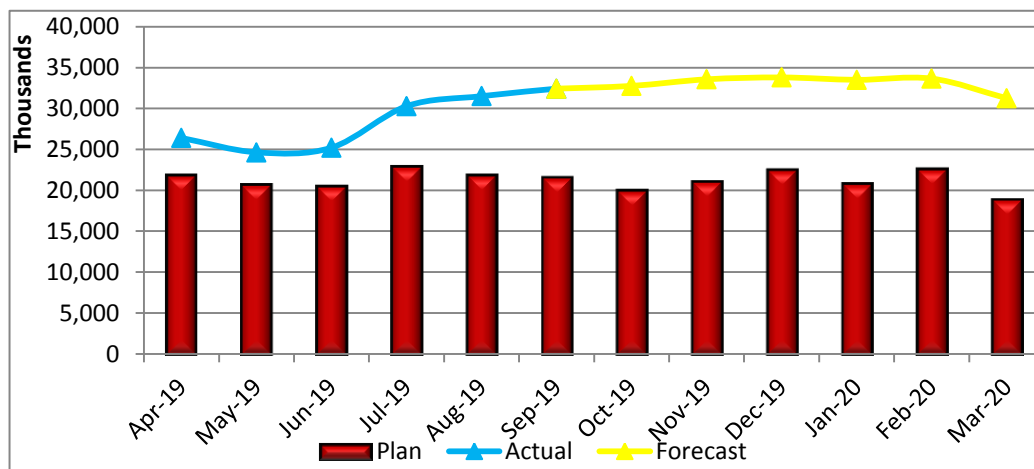
	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	21,637	32,430	10,793
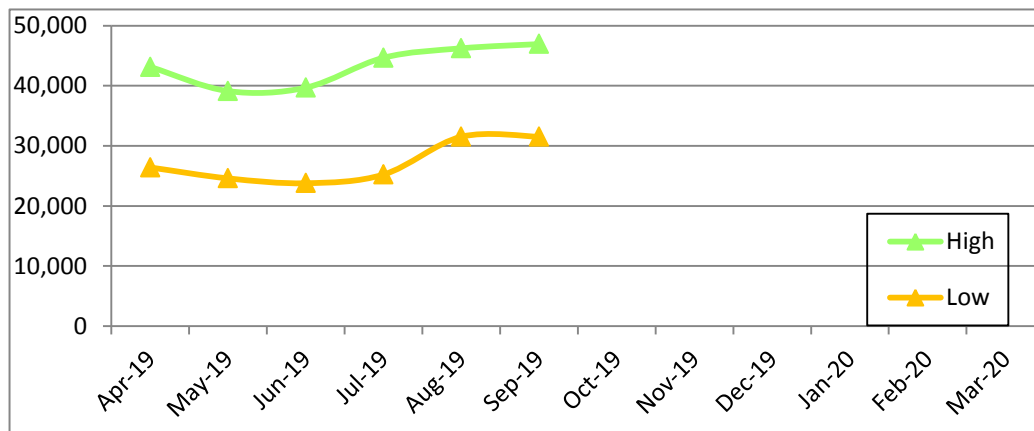
The Trust cash position remains healthy.

Although PDC (£1.3m) has been paid in September the overall cash position has increased. This is due to continued recovery of debtors, VAT refund and the generation of a surplus in the last two months.

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: £46.9m
    The lowest balance is: £31.5m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**22,617**	**27,823**	**5,206**	**1**
Surplus / Deficit (Exc. non-cash items & revaluation)	2,865	3,578	713	2
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	464	2,335	1,871	3
Trade Payables (Creditors)	236	(2,005)	(2,241)	5
Other Payables (Creditors)	0	44	44	
Accruals & Deferred income	(184)	4,373	4,557	4
Provisions & Liabilities	(5)	(153)	(148)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,042)	(2,374)	669	
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	(1,362)	(1,300)	62	
PDC Dividends received			0	
Interest (paid)/ received	48	108	60	
Closing Balances	**21,637**	**32,430**	**10,793**	
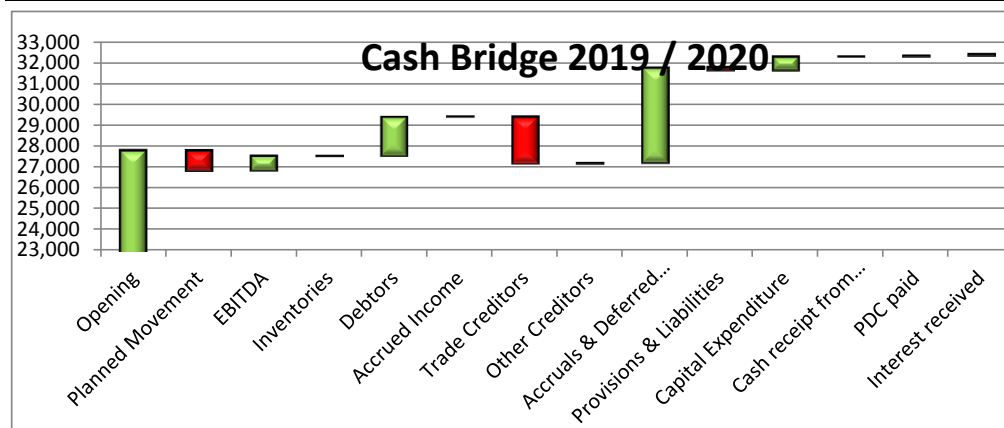
The plan value reflects the April 2019 submission to NHS Improvement.

Factors which increase the cash positon against plan:

1. The opening cash balance was higher than included in the annual plan submission.

2. The in year I & E position is better than plan.

3. Debtors, including accrued income, continue to be better than plan. Day to day management continues although a number of historical issues remain which are being pursued with other organisations for resolution.

4. Accruals are higher than plan whilst we await invoices. This improves cash as we have not yet paid for goods and services received. This is normal as we await the issuing of the end of quarter 2 invoices.

Factors which decrease the cash position against plan:

5. 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.

Cash Bridge 2019 / 2020

4.0	Better Payment Practice Code

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

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

NHS	Number %	Value %
Year to August 2019	95%	96%
Year to September 2019	96%	96%
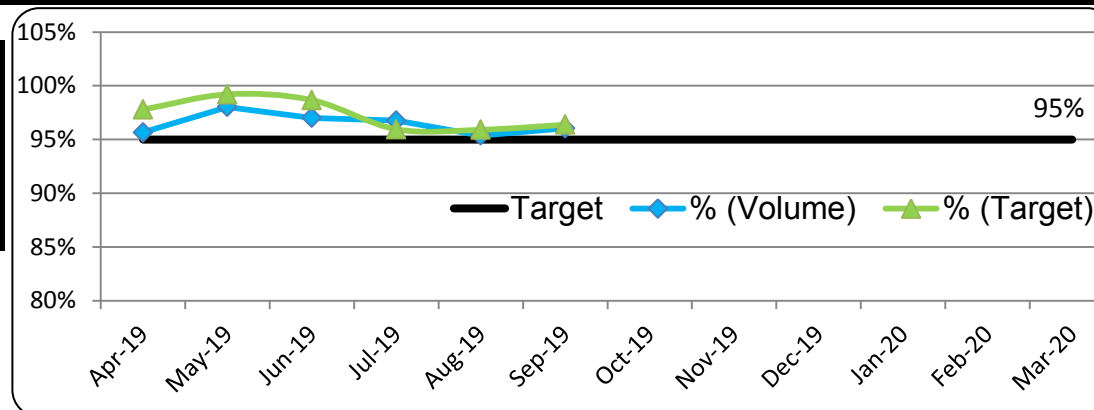
Non NHS	Number %	Value %
Year to August 2019	99%	98%
Year to September 2019	99%	98%
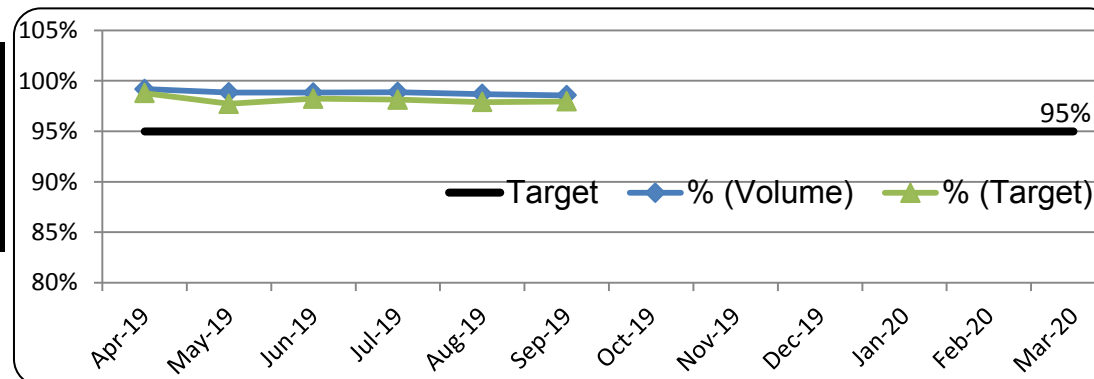
4.1	Transparency Disclosure

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 (£)
27-Sep-19	Property rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3119005	226,501
05-Sep-19	Property rental	Kirklees	Bradbury Investments Ltd	3117056	118,518
05-Sep-19	IT services	Trustwide	Daisy Corporate Services Trading Ltd	3117096	93,125
12-Sep-19	Property rental	Wakefield	Assura HC Ltd	3117800	90,000
16-Sep-19	CNST contributions	Trustwide	NHS Litigation Authority	3118024	64,044
16-Sep-19	Property rental	Barnsley	Apollo Court	3117965	35,612
06-Sep-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3117127	34,330
09-Sep-19	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	3117255	33,881
10-Sep-19	Staff recharge	Trustwide	Leeds and York Partnership NHS FT	3117443	33,732
02-Sep-19	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3116372	31,416
05-Sep-19	Property rental	Kirklees	Bradbury Investments Ltd	3117108	27,108
26-Jul-19	Communications	Trustwide	British Telecommunications plc	3113093	27,004
17-Sep-19	Communications	Trustwide	Vodafone Corporate Ltd	3118135	26,056
27-Aug-19	Communications	Trustwide	Virgin Media Payments Ltd	3115874	25,832
24-Sep-19	Communications	Trustwide	Virgin Media Payments Ltd	3118757	25,431
06-Sep-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3117127	25,218

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

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

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

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

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

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

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.

* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

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

Appendix 2 - Workforce - Performance Wall

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.2%	4.8%	4.9%	5.2%	5.4%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.4%	4.8%	4.9%	6.0%	6.0%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.7%	8.1%	22.1%	68.2%	73.1%	78.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	96.7%	0.4%	2.7%	13.7%	30.9%	44.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.2%	77.8%	77.9%	81.0%	81.8%	80.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.7%	83.5%	82.4%	82.7%	81.3%	83.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	84.6%	78.0%	81.9%	80.3%	80.3%	79.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.8%	88.9%	89.7%	90.5%	91.7%	91.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.9%	81.6%	81.7%	83.7%	84.4%	84.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	81.7%	82.4%	83.3%	79.3%	79.4%	77.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.0%	89.9%	90.9%	91.9%	92.4%	92.6%
Information Governance	Resources	Well Led	AD	>=95%	97.6%	96.8%	92.6%	92.9%	93.5%	92.9%
Moving and Handling	Resources	Well Led	AD	>=80%	87.6%	87.0%	87.5%	87.0%	87.8%	89.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	87.4%	86.5%	88.3%	89.3%	89.8%	90.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	78.8%	75.6%	78.6%	81.4%	84.1%	84.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.2%	87.5%	88.3%	90.0%	90.5%	91.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.1%	85.6%	87.2%	88.8%	89.6%	90.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.2%	90.5%	93.7%	91.9%	94.1%	95.9%
Agency Cost	Resources	Effective	AD		£37k	£28k	£57k	£46k	£56k	£53k
Overtime Costs	Resources	Effective	AD		£2k	£3k	£1k	£0k	£1k	
Additional Hours Costs	Resources	Effective	AD		£10k	£17k	£14k	£15k	£15k	
Sickness Cost (Monthly)	Resources	Effective	AD		£165k	£125k	£132k	£160k	£167K	£127k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		79.37	84.36	80.88	78.97	89.98	100.58
Business Miles	Resources	Effective	AD		97k	97k	99k	109k	104k	94k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.5%	4.1%	4.0%	4.0%	4.0%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.2%	4.1%	4.0%	3.8%	4.1%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	100.0%	9.7%	25.1%	66.9%	77.3%	81.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.5%	0.2%	1.7%	5.3%	18.0%	29.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.4%	81.9%	82.3%	83.3%	84.0%	83.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	77.3%	76.3%	75.1%	75.9%	75.5%	79.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.8%	91.2%	91.2%	90.4%	87.8%	87.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.9%	90.2%	90.2%	90.8%	91.1%	91.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.5%	84.2%	84.3%	85.6%	85.8%	84.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	83.4%	82.5%	81.5%	78.9%	79.5%	78.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.4%	90.1%	90.0%	89.5%	91.5%	90.7%
Information Governance	Resources	Well Led	AD	>=95%	98.8%	97.8%	95.1%	95.8%	95.7%	95.0%
Moving and Handling	Resources	Well Led	AD	>=80%	89.6%	90.5%	91.3%	92.0%	92.5%	92.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.6%	91.3%	91.6%	92.4%	93.7%	93.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.4%	86.9%	87.3%	89.6%	91.0%	90.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.4%	91.7%	92.3%	92.9%	93.0%	92.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.6%	89.5%	90.8%	90.8%	91.1%	91.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.9%	96.6%	96.4%	97.0%	96.8%	96.6%
Agency Cost	Resources	Effective	AD		£135k	£146k	£157k	£120k	£159k	£125k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£7k	£2k	£2k	
Additional Hours Costs	Resources	Effective	AD		£4k	£5k	£4k	£1k	£1k	
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£92k	£94k	£84k	£84k	£90k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		68.72	75.61	80.5	71.04	95.92	101.97
Business Miles	Resources	Effective	AD		82k	66k	45k	65k	£67k	53k

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	7.5%	5.6%	5.9%	6.3%	6.5%	6.8%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.6%	5.6%	6.2%	7.1%	6.9%	7.5%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.4%	3.5%	15.5%	58.8%	80.3%	80.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	90.3%	0.7%	0.7%	3.6%	35.2%	53.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.5%	85.1%	85.9%	87.7%	88.2%	87.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	85.8%	83.1%	86.1%	89.1%	90.2%	89.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.9%	90.3%	90.2%	92.3%	91.7%	92.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.4%	91.1%	91.4%	91.4%	91.2%	91.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.7%	86.8%	88.3%	88.5%	88.0%	89.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	83.6%	84.3%	82.1%	82.4%	83.9%	83.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.4%	90.1%	90.4%	91.9%	91.7%	91.6%
Information Governance	Resources	Well Led	AD	>=95%	98.5%	97.0%	95.3%	95.7%	93.9%	94.9%
Moving and Handling	Resources	Well Led	AD	>=80%	94.6%	95.3%	95.3%	95.0%	94.9%	93.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.0%	89.2%	91.9%	91.4%	93.2%	93.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.8%	83.9%	89.7%	91.3%	93.0%	92.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.1%	95.1%	94.6%	94.5%	94.9%	95.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.6%	88.4%	89.6%	89.7%	91.7%	91.3%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.9%	90.3%	90.3%	96.8%	94.1%	93.3%
Agency Cost	Resources	Effective	AD		£69k	£50k	£59k	£65k	£65k	£75k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£0k	£0k	£1k	
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£2k	£3k	£1k	
Sickness Cost (Monthly)	Resources	Effective	AD		£55k	£52k	£59k	£67k	£69k	£74k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		64.52	78.25	84.96	88.64	86.39	90.11
Business Miles	Resources	Effective	AD		9k	5k	6k	8k	10k	5k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.9%	4.4%	4.8%	4.9%	5.2%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.0%	4.4%	5.1%	4.9%	6.0%	5.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.5%	2.8%	10.9%	53.7%	64.7%	69.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	92.7%	0.0%	2.4%	9.4%	26.1%	37.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.9%	82.9%	81.8%	82.0%	81.0%	81.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.7%	78.6%	79.0%	78.1%	80.1%	80.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.6%	94.4%	95.6%	95.3%	93.7%	96.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.3%	87.5%	86.3%	85.7%	87.4%	88.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.7%	81.6%	82.4%	79.8%	7.8%	79.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.0%	73.3%	70.0%	73.3%	71.0%	72.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.7%	90.9%	89.4%	90.6%	89.9%	90.3%
Information Governance	Resources	Well Led	AD	>=95%	98.7%	98.2%	95.2%	95.1%	94.3%	94.3%
Moving and Handling	Resources	Well Led	AD	>=80%	90.2%	89.7%	91.3%	91.9%	91.4%	90.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.4%	93.4%	91.1%	89.9%	89.2%	89.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.3%	84.9%	85.2%	86.5%	87.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.2%	93.1%	91.3%	92.1%	91.6%	92.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	91.2%	90.7%	90.8%	92.1%	91.1%	91.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.3%	92.8%	94.4%	93.2%	92.4%	94.5%
Agency Cost	Resources	Effective	AD		£275k	£283k	£268k	£258k	£296k	£229k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£2k	£2k	£1k	
Additional Hours Costs	Resources	Effective	AD		£3k	£10k	£5k	£5k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£32k	£48k	£59k	£53k	£64k	£49k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		61.42	55.85	63.99	0	81.8	81.77
Business Miles	Resources	Effective	AD		35k	34k	34k	45k	36k	37k

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.30%	4.70%	4.50%	4.60%	4.40%	4.40%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.30%	4.60%	4.40%	4.70%	4.00%	4.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.50%	3.30%	12.90%	66.70%	77.00%	82.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	99.20%	0.00%	0.20%	2.50%	19.80%	29.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	68.00%	72.10%	80.10%	79.30%	79.70%	81.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.60%	76.90%	88.00%	83.30%	87.50%	87.50%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.50%	90.00%	89.70%	90.60%	92.00%	90.80%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.00%	89.10%	89.30%	90.30%	92.30%	91.10%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.90%	98.60%	97.10%	96.40%	97.10%	97.10%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.30%	92.00%	92.10%	92.00%	92.90%	92.70%
Information Governance	Resources	Well Led	AD	>=95%	99.20%	95.70%	94.20%	94.30%	95.30%	92.80%
Moving and Handling	Resources	Well Led	AD	>=80%	92.90%	92.40%	94.60%	95.70%	96.70%	95.20%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.30%	98.90%	99.00%	99.10%	99.70%	99.70%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.20%	90.50%	90.00%	94.10%	88.90%	88.20%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.50%	97.60%	97.80%	98.30%	98.70%	98.30%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.80%	96.50%	97.60%	97.90%	98.40%	98.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Agency Cost	Resources	Effective	AD		£12k	£14k	£15k	£6k	£5k	£5k
Overtime Costs	Resources	Effective	AD		£45k	£5k	£16k	£29k	£15k	
Additional Hours Costs	Resources	Effective	AD		£17k	£10k	£8k	£11k	£10K	
Sickness Cost (Monthly)	Resources	Effective	AD		£63k	£64k	£64k	£68k	£61k	£66k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		49.57	45.38	37.6	43.44	41.67	36.42
Business Miles	Resources	Effective	AD		29k	35k	22k	27k	29k	22k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.8%	5.7%	5.2%	4.8%	4.8%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.7%	5.6%	4.7%	3.9%	4.9%	3.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.5%	4.3%	23.8%	80.7%	95.5%	95.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.8%	0.0%	0.8%	13.9%	27.0%	42.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.2%	86.8%	87.6%	87.3%	87.1%	85.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.8%	79.0%	79.6%	81.8%	82.3%	82.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	83.6%	83.4%	82.8%	79.5%	78.9%	84.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.3%	89.8%	90.7%	90.8%	91.2%	91.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.0%	84.5%	86.3%	86.0%	86.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	74.0%	72.7%	79.3%	90.2%	88.3%	88.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.5%	90.2%	91.6%	91.8%	92.6%	92.3%
Information Governance	Resources	Well Led	AD	>=95%	98.9%	98.3%	95.5%	95.4%	95.3%	96.2%
Moving and Handling	Resources	Well Led	AD	>=80%	92.6%	92.2%	93.0%	92.9%	92.0%	92.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.8%	90.8%	89.7%	91.3%	92.8%	92.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.6%	84.5%	83.5%	86.9%	88.2%	88.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.3%	94.9%	95.1%	95.7%	95.0%	94.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.1%	89.6%	92.4%	94.0%	94.2%	93.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.1%	93.8%	93.4%	94.2%	94.6%	95.6%
Agency Cost	Resources	Effective	AD		£107k	£92k	£84k	£24k	£34k	£31k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£2k	£1k	£2k	
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£5k	£3k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£58k	£58k	£48k	£40k	£48k	£36k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		39.69	39.49	37.44	31.39	32.68	38.98
Business Miles	Resources	Effective	AD		37k	38k	34k	39k	34k	32k

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

NB: The year end forecast position for the dashboards was reviewed in October 2019 and revised to alisgn with the NHSI rating system.

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