Integrated Performance Report
Strategic Overview

August 2019

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for July 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 leavers' feedback; health and safety metrics; NHS access standards which we intend to flow during quarter 2. 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.

The relatively early timing of this Trust Board coupled with some residual additional checking following the SystmOne implementation means not all metrics were available at the time of issuing this report.

| 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	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-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**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Year End Forecast**
% service users followed up within 7 days of discharge	95%	98.2%	96.2%	97.2%	100%	97.7%		4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	90%	82.8%		77.5%		Due Oct 19		95%
Out of area beds 2	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	154	207	303	193	151	146	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community	Community 75% Inpatient 90%	88.1%	88.0%	87.6%	87.1%	*86.7%*	*86.8%*	4
Inpatient 9		90.2%	92.6%	91.5%	92.1%	93.3%	92.0%	4
IAPT - proportion of people completing treatment who move to recovery 5	50%	57.0%	54.4%	55.4%	51.9%	52.2%	*52.5%*	4
Number of suicides (per 100,000) population 6	tbc	Reporting to commence for 19/20			0.67%	Due Oct 19		N/A
Delayed Transfers of Care	3.50%	1.6%	1.4%	0.4%	0.6%	1.2%	1.6%	4
Improve the quality and experience of care	**Target**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	95%	95%	86%	86%	91%	86%	85%
Friends and Family Test - Community	98%	99%	98%	99%	97%	97%	96%	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	29	23	36	32	36	40	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	9	3	11	12	5	11	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic 7	trend monitor	16.6%		14.5%		Due Oct 19		N/A
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	1	1	5	3	1	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor	23.2%	31.8%	35.8%	36.9%	38.7%	36.0%	
Psychology waiting times 12	tbc	Reporting to commence in 19/20						
Access within one hour of referral to liaison psychiatry services and children and young peoples' equivalent in A&E departments		Reporting to commence in 19/20						
Improve the use of resources	**Target**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Year End Position**
Surplus/(Deficit)	In line with Plan	(£1240k)	(£728k)	(£457k)	(£145k)	(£149k)	£188k	(£240k)
Agency spend	In line with Plan	£634k	£613k	£641k	£691k	£722k	£629k	£7.3m
CIP delivery	£1074k	£10574k	£670k	£1353k	£2018k	£2776k	£3487k	£10.7m
Staffing costs compared to plan 10	tbc	Reporting to commence in 19/20	(£367k)	(£124k)	(£268k)	(£448k)	(£450k)	tbc
Completion of milestones assumed in the optimisation of SystmOne for mental health 11	tbc	Reporting to commence in 19/20						
Financial risk in forecast	0	Reporting to commence in 19/20		£1.5m	£1.5m	£2.8m	£3.1m	£3.3m	-
Making SWYPFT a great place to work	**Target**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Year End Position**
Sickness absence	4.5%	5.0%	4.7%	4.6%	4.8%	5.0%	5.0%	5.0%
Staff Turnover 6	10%	11.9%	11.9%	10.4%	12.0%	12.6%	11.1%	
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	75%	N/A	N/A	75%	N/A	N/A	
Staff FFT survey - % staff recommending the Trust as a place to work	65%	65%	N/A	N/A	66%	N/A	N/A	N/A
Actual level of vacancies	tbc	Reporting to commence in 19/20	10.4%	10.3%	10.7%	11.9%	13.2%	
% leavers providing feedback	tbc	Reporting commenced 19/20			25.0%			

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

Notes:

1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This 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.

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.

12 - Psychology waiting times - reporting of this will commence once the SystmOne optimisation plan is agreed. We anticipate this will be at some point during quarter 3.

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
• CQC action plan submission completed
• Deterioration in medicines omissions under investigation
• Increase in moderate / severe harm incidents requires review
• Prone restraint performance continues to be positive
• Under 18 admissions remain at a low number for this month, work continues to eradicate this as a least worst option.

NHSI Indicators
• A data quality rating column has been added to the report to identify where are issues that could potentially be impacting on reported performance
• Breaches have taken place in the last two months in relation to the maximum 6 week wait for diagnostic procedures in paediatric audiology.
• 1 children and young person was placed in an adult ward during the month, amounting to 21 bed days
• The data quality maturity index has fallen marginally below the 95% threshold
• Treatment within 6 weeks of referral for IAPT has also dipped slightly below the 75% target. This is only a provisional figure and subject to further work. Typically the final percentage improves from the provisional figure.

Locality
• In Barnsley the neighbourhood team specification has been approved. Phase 1 implementation is due to take effect from April 2020.
• Barnsley smoke free mobilisation is underway
• Demand and acuity pressures continue across all inpatient wards
• Focused work on IAPT in Barnsley and Kirklees to ensure access targets are met
• Much improved performance regarding waiting time reduction in Kirklees memory services following the introduction of 3 advanced practitioners
• A bid for a forensic community service has been updated and submitted to NHS England & Improvement
• Wakefield has secured a place as a field leader tester pilot site as part of the national urgent and emergency mental health clinical reviews standards programme

Priority Programmes
• The Trust is engaging fully with the development of a single service specification that will cover general community services in Barnsley
• Partnership working remains a key area of focus and includes the formation of primary care networks in each place and how the Trust interacts with them
• Intense focus remains on developing sustainable solutions that will result in reduced use of out of area bed placements
• High level optimisation plan for SystmOne for mental health approved
• An independent review of the proposed stroke model in Barnsley is taking place towards the end of September

Finance
• Pre Provider Sustainability Funding (PSF) surplus in month 5 of £188k, which is £133k favourable to plan. Cumulative deficit is £1.3m which is £0.4m favourable to plan. The cumulative position includes £0.7m of pay increases paid fully in April.
• Cumulative income is £0.4m lower than plan due to the recognition of a number of risks relating to CQUIN, occupancy, and also income received from the spot purchase of beds.
• Out of area bed costs were £75k in month and £837k year-to-date, which whilst not yet a sustainable position cumulatively represents less than half of the cost incurred compared to the same period last year.
• Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend is 46% above the cap. If spend exceeds 50% of the cap this will have an adverse impact on our financial risk rating
• Net underlying savings on pay amounted to £450k in-month and £1.6m year-to-date
• CIP delivery of £3.6m is in line with plan. Currently £1.1m CIPs are unidentified for the full year.
• Cash balance increased to £31.5m in August
• Given the improvement in margin the financial risk rating improved from 3 to 2

Workforce
• Sickness absence up to the end of August is 5%, which is higher than the same period last year
• Staff turnover reduced from 12.6% to 11.1% month on month and is almost 2% lower than the same period last year
• Appraisal completion for band 6 and above is 80.3% compared to a target of 95%
• Overall performance against mandatory training targets remains good

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	23.2%	31.8%	35.8%	36.9%	38.7%	36.0%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	50% 1/2	31% 4/13	44% 4/9	26% 4/15	40.0%	53.0%	1
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	11%	36% 4/11	28% 5/18	17% 12/71	20% 4/20	12% 2/17	4
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	95%	95%	86%	86%	91%	86%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	99%	98%	99%	97%	97%	96%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	75%	N/A	N/A	75%	N/A	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work 13	Improving Health	Caring	AD	65%	65%	N/A	N/A	66%	N/A	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A		15	64	14	10	34	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	N/A	308	21	39	30	Due Sept 19		N/A
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	N/A	11	1	4	7			N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0			
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%		Due July 19					4
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=9	9	3	11	12	5	11	
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.6%	1.4%	1.4%	0.5%	1.2%	1.6%	4
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%		Due July 19					N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%							N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1098	1158	1266	1084	1187	1196	N/A
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	19	19	27	25	23	31	N/A
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	3	1	5	1	2	3	N/A
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	7	3	4	6	11	6	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	17.7%	24.5%	27.0%	15.8%	17.1%	24.7%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	118%	117%	116%	116%	116%	4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	96.5%	96.6%	94.9%	92.1%	91.8%	91.8%	4
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	N/A	44	41	46	34	41	10	N/A
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	3
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	4
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	80%	88.0%	75.8%	87.5%	90.6%	94.4%	92.5%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	59	52	37	41	56	55	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	207	287	303	193	190	262	N/A
	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	CH	80%	86.7%	72.4%			Due Oct 19		4
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	82.6%	82.6%	86.1%	100.0%	96.6%	85.7%	
	Smoking Cessation - 4 week quit rate 12	Improving Care	Effective	CH	tbc	67%	Due 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	4
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	4

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 SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

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

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

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

5 - CAMHs Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. 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. Please note that services only been fully using the system since December 2016.

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

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

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

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

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.
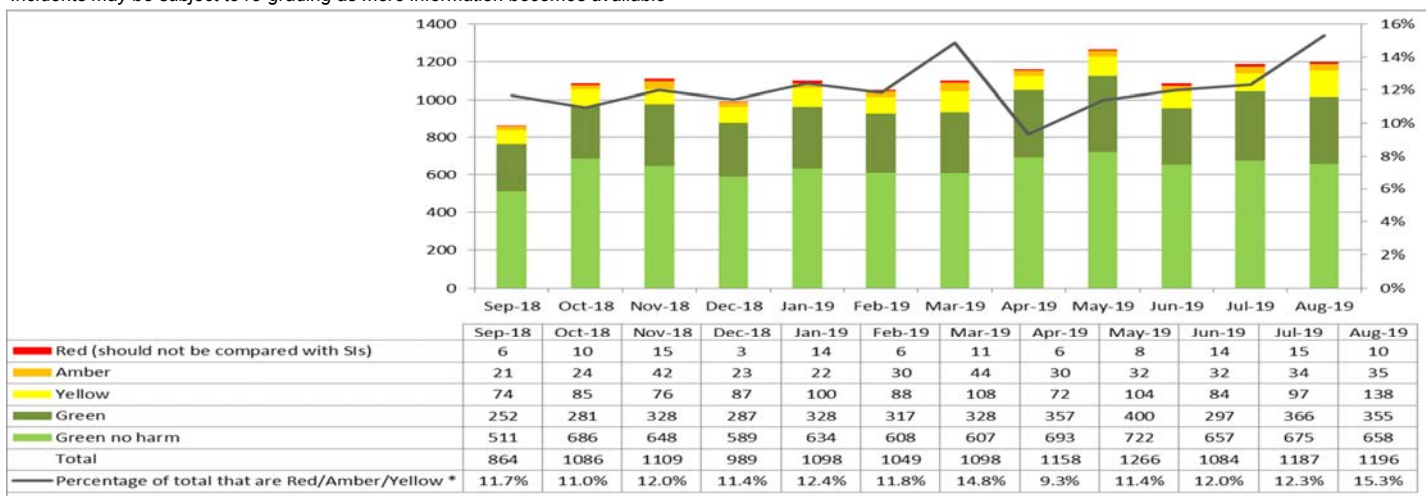
Quality Headlines

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

• NHS Safety Thermometer - medicines omissions – performance has deteriorated this month and has now droppped below threshold. Work continues across services to improve performance. The brief for the data collectors was not re-issued this month as it has been issued for the last three months, this may have had an impact on the performance. A number of the records have been reviewed across all localities and services. There were 36 omissions in the records selected 15 refused, 9 valid clinical reason (all one ward and unusually high), Absent from the ward 7. There was only a small proportion due to practice or supply (Not documented 3 medicine not available 2). 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.

• Number of falls (inpatients) - August 19 remains at a similar level to last month with 55 incidents reported compared to 41 in June 19. 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.

Safety First

Summary of Incidents since September 2018

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

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Red (should not be compared with SIs)	6	10	15	3	14	6	11	6	8	14	15	10
Amber	21	24	42	23	22	30	44	30	32	32	34	35
Yellow	74	85	76	87	100	88	108	72	104	84	97	138
Green	252	281	328	287	328	317	328	357	400	297	366	355
Green no harm	511	686	648	589	634	608	607	693	722	657	675	658
Total	864	1086	1109	989	1098	1049	1098	1158	1266	1084	1187	1196
Percentage of total that are Red/Amber/Yellow *	11.7%	11.0%	12.0%	11.4%	12.4%	11.8%	14.8%	9.3%	11.4%	12.0%	12.3%	15.3%

* A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).
The distribution of these incidents shows 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 August 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 emotionally unstable personality disorder (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 structured judgement review (SJRR) case study which will be published as part of the regional mortality work.
Training: Further structured fudgement reviewer training is being arranged for September 2019.
Reporting: The Trusts 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 4 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) 91.8%
Non Registered fill rate: (day + night) 141.8%

BDU Fill rates - June 19 - August 19

Overall Fill Rate	Month-Year		
Unit	**Jun-19**	**Jul-19**	**Aug-19**
Specialist Services	118%	117%	117%
Barnsley	110%	115%	115%
C & K	115%	112%	110%
Forensic	106%	109%	108%
Wakefield	140%	134%	141%
Overall Shift Fill Rate	**116%**	**116%**	**116%**

The figures (%) for August 2019:
Registered staff - Days 80.2% (a decrease of 3.4% on the previous month); Nights 93.7% (a decrease of 6.3% on the previous month);
Registered average fill rate - Days and nights 91.8% (same as last month)
Non Registered Staff: Days 137.9% (an increase of 2.7% on the previous month); Nights 146.8% (an increase of 4.4% on the previous month)
Non Registered average fill rate: Days and nights 141.8% (an increase of 3.0% on the previous month)
Overall average fill rate all staff: 114.3% (a decrease of 1.4 on the previous month)

Two wards, Appleton and Priestley within the Forensic BDU, fell slightly (both 0.2%) below the overall fill rates of 90% or above which is an increase of one on the previous months. This was due to a reduction in filled beds, reallocations to other areas, vacancies and sickness as well as a seasonal decrease in temporary resources.

• 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.

Summary
As above two wards have fallen below the 90% overall fill rate. Of the 31 inpatient areas 21, a decrease of three wards on the previous month, (67.2%) achieved greater than 100%. Indeed of those 21 areas, 14 (44.8% of 31 wards) achieved greater than 120% fill rate. This was an increase of four wards on the previous month.
Registered On Days (Trust Total 83.6%)
The number of wards that have failed to achieve 80% increased by five to 17 (54.4%) 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 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 100%)
Four wards (12.8%), an increase of three, has fallen below the 80% threshold. These were Ashdale and Elmdale within the C&K BDU, Beamshaw in Barnsley as well as Sandal within the Forensic BDU. Similar reasons as above were sighted for this. The number of wards who are achieving 100% and above fill rate on nights reduced by 1 ward to 17 (54.4%) this month.
Barnsley BDU and Specialist Services remained consistent on 115% and 117% respectively. Calderdale and Kirklees BDU decreased by 2% to 110%. Forensic BDU were 108% a decrease of 1%. Wakefield BDU increased by 7% to 141%. 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 an improvement in the RN figures with September being a month where traditionally a significant number of newly qualified staff join the trust.

Information Governance

During August 19, there has been an increase in the number of confidentiality information governance breaches reported compared to the decreased number reported in July. 11 breaches during the month - 5 counts of information disclosed in error, 3 lost or stolen paperwork, 2 patient healthcare record issues and 1 uploaded to website in error.

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.

None of these incidents required reporting to the information commissioner's office.

Commissioning for Quality and Innovation (CQUIN)

Q1 CQUIN has been approved for Wakefield, Kirklees and Calderdale CCGs which means full achievement of available funding for Q1. Full achievement for the HSE and Barnsley CCG Q1 CQUIN indicators has now been confirmed.

The Trust is currently working on the 19/20 CQUIN requirements with preparations taking place for the Q2 submissions which sees a number of additional requirements. Overall value of the scheme has reduced to 1.25% of contract value. The indicators have been identified 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 develop and monitor action plans to ensure maximum achievement for the year. Forecast for year end at end of August was 87% achievement with the following indicators being identified as areas of potential risk:.
• 72hr follow up post discharge - forecast some underachievement in Q3 and full achievement in Q4. Indicator takes effect from Q3. Workshop has taken place to raise awareness. Regular reporting being established to monitor. A communication strategy has been devised. Work has been taking place within BDU localities informing clinicians of the CQUIN and the rational for the change as well as asking teams to agree how best to implement the practice. Changes to the standard operating procedure for 7 day discharge to be amended to reflect the CQUIN.
• 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.
• Three high impact actions to prevent Hospital Falls - internal risk identified with April and May due to late implementation following contract negotiation and clarification of requirements. This has been mitigated by proposal to submit only June data. Plans in place to ensure this is achieved from Q2 onwards. Q1 was confirmed as fully achieved, therefore reducing the financial risk.

A further update on the forecast year end position will be available at the end of the month and it is anticipated that this will show an improvement on 87% achievement.

Patient Experience

Friends and family test shows

• 86% of respondents would recommend Trust mental health services
• 96% of respondents would recommend Trust community health services
• The results show a decline in a number of people that would recommend both mental health and community services. 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
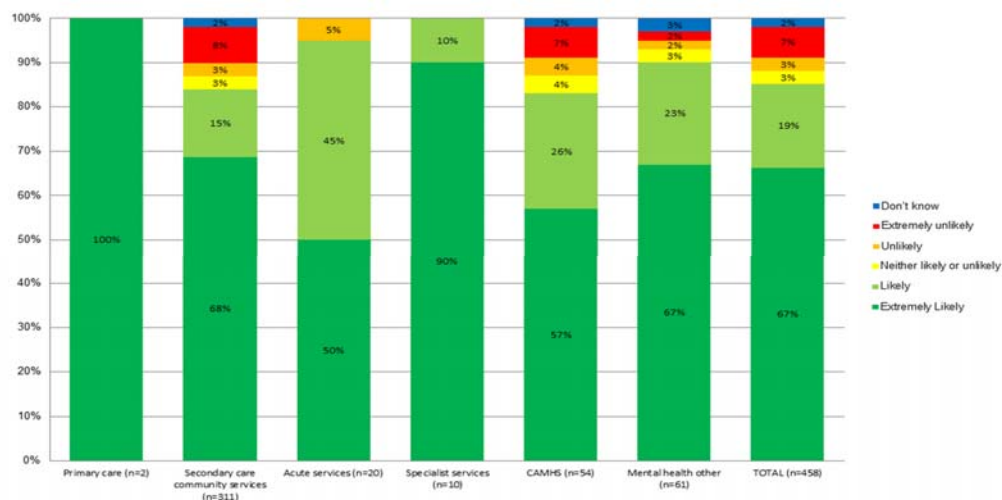
Community Services
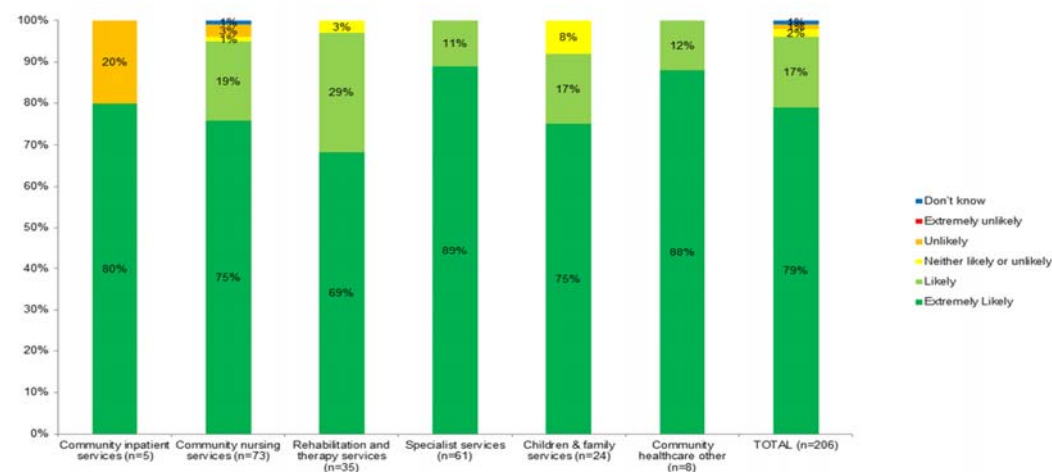
Friends and family test feedback is viewed by business delivery units either via the live dashboard or in bespoke reports. Data is used to inform trends and to focus on areas of good practice and areas for improvement. The Trust asks 2 open ended questions:

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)

The Care Quality Commission (CQC) inspected 4 of our core services in May and June 2019
• They also carried out a well-led review
• We received the draft report for factual accuracy checking
• The final version of the reports were published on Friday 23 August
• We're a learning organisation and we welcome their independent view of our services
The overall rating for the organisation is now GOOD. We have a number of MUST Do actions in CAMHS and Acute & PICU Core services and SHOULD do actions across the core services. We are in the process of collating a quality improvement plan that the CQC will use to monitor our progress against via our engagement arrangements.
Key findings
Their findings highlight our areas of strength and improvement:
• Our clear vision, values and strategy that are person-centred and respected throughout the Trust
• That staff felt respected, valued and supported
• That staff are kind and caring, building positive relationships with service users
• Our commitment to a holistic and preventative approach to care
• Our open culture with good reporting of incidents, and the way we learn from and act on what happens
• Our occupational health support for staff which provides help for #allofus
• Our strong relationships with partners
• Our progress from requires improvement to good for responsiveness
• The improvements seen in our community adult mental health services
The CQC have also provided a fair representation of the areas where we're facing significant challenges:
• Our services are still under pressure. Our child and adolescent mental health services (CAMHS) waiting lists are too high in some areas, particularly around ASD.
• We need to improve service user and carer engagement and speed up our responses to complaints from stakeholders
• We need to address specific issues, such as:
o Risk assessments
o Pharmacy and medicine management
o Timeliness of our cost improvement plans (CIPs)

Safeguarding

Safeguarding Adults
• The Safeguarding adults advisor is now in post
• The safeguarding team delivered the West Yorkshire Quality Mark (WYQM) domestic abuse training to the psychiatric liaison team as part of an action plan for a domestic homicide review
• The Safeguarding team co -developed a briefing paper for care homes on pressure ulcer care, this was shared with SWYPFT practitioners
• The Safeguarding Team supported the Kirklees older people service team to place the agreed plan between regarding 'information sharing' between teams

Safeguarding Children
• Named nurse safeguarding children has been supporting a BDU to develop a business plan for a representative at the daily risk assessment management meeting for domestic abuse.
• Named nurse safeguarding children has supported the BDU to agree guidelines for recording and sharing of domestic abuse information.
• Safeguarding childrens nurse advisor has begun the development of "safe to go home initiative" expected to be launched in September.
• A deep dive of PREVENT compliance has been carried out and highlighted hotspots in several teams, the managers have been contacted and extra sessions are being facilitated by the safeguarding children's team to achieve the expected mandatory percentage.

Infection Prevention Control (IPC)

• Annual infection prevention plan 2019-20 (including quality improvement progress) is progressing well. No area at risk of non-completion.
• 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) up to date for 2019-20 data set which has been presented at PIR panel (no set trajectory for these cases).
• Q2 incidents - Wakefield - 5, Barnsley (mental health and community) – 2, Forensics - 2, Calderdale/Kirklees – 1, Specialist Services - 0 and Corporate Support Services - 0.
• 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.
• Mandatory training figures are healthy - hand hygiene-Trust wide total – 94%; Infection Prevention and Control- Trust wide total – 91%;
• Policies and procedures are up to date.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Reducing Restrictive Physical Intervention

There were 262 reported incidents of restrictive physical interventions use in August this being a 38% increase on the July figures that stood at 190. This is mainly comprised from incidents in 2 areas having a marked increase in incidents, Walton PICU and Horizon, 3 service users in these 2 areas accounted for around 84 of the incidents in August. The highest proportion of all restraints again was in the standing position 267 which equates to 38% of all positions used (702). Seated restraints stood at 134 that equates to 19% of all positions used (702). In relation to incidents of that would be deemed prone restraint, there was a 2.5% increase of prone restraint use in August (40) as opposed to July (39). Wakefield BDU had the highest number of Prone Restraints (27) Calderdale had the lowest 1. It must be noted that Calderdale has only 1 acute inpatient area.

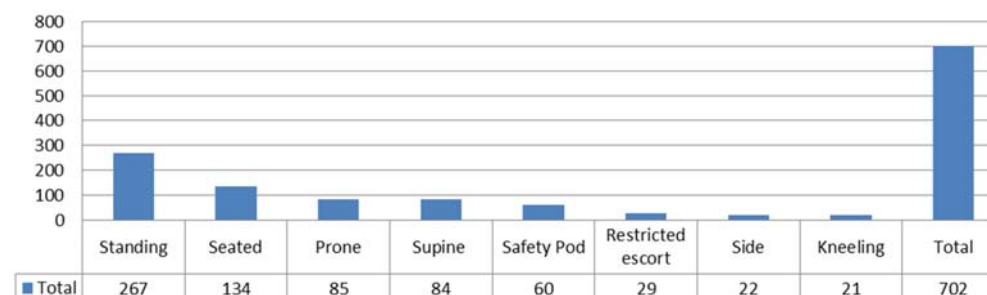### Total no of Incidents involving Restrictive Physical Interventions by BDU August 2019

	Barnsley Mental Health	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Total
Total	23	20	25	100	23	71	262
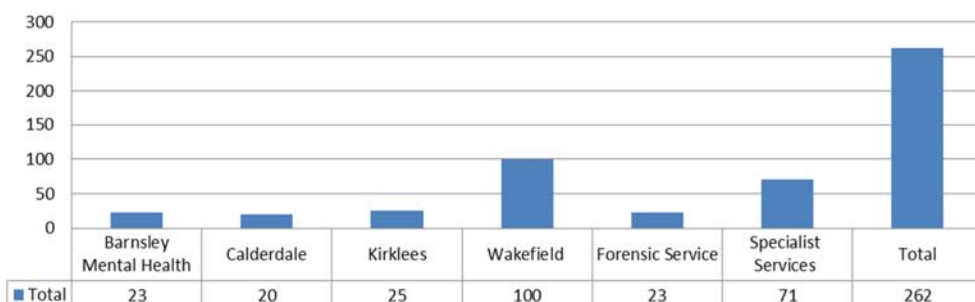
Restraint Positions used in 262 incidents of Restrictive Physical Interventions August 2019

	Standing	Seated	Prone	Supine	Safety Pod	Restricted escort	Side	Kneeling	Total
Total	267	134	85	84	60	29	22	21	702

Total of incidents requiring Restrictive Pysical Interventions by Team August 2019

Total, 262

Values: 136 Barnsley 1, 136 Wakefield 3, Appleton 4, Ashdale 6, Beamshaw 1, Beechdale 16, Bronte 1, Clark 16, Crofton 15, Elmdale 4, Enfield Down 1, Horizon 69, Johnson 16, Melton 4, Newhaven 1, Nostell 19, Poplars 7, Stanley 6, Thornhill 1, Walton 50, Ward 18 16, Ward 19 2, Willow 1, Barnsley CLTD 2, Total 262
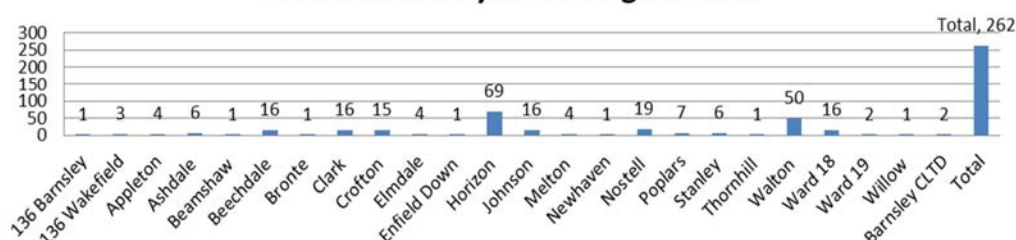
Total no of Restrictive Physical Intervention by Reason August 2019
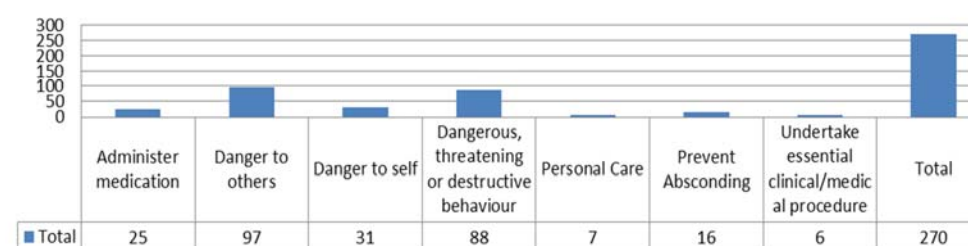
	Administer medication	Danger to others	Danger to self	Dangerous, threatening or destructive behaviour	Personal Care	Prevent Absconding	Undertake essential clinical/medical procedure	Total
Total	25	97	31	88	7	16	6	270

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 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Apr-19	May-19	Jun-19	Jul-19	Aug-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%	97.2%	97.2%	99.3%	97.2%	99.2%	98.7%	98.7%	98.9%	98.7%	4		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100%	100%	97.9%	100%	98.7%	100%	100%	96.3%	95.4%	4	⚠️	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	97.6%	97.9%	98.9%	96.8%	99.2%	100%	100%	99.2%	100%	4		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	97.7%	97.1%	97.1%	99.2%	96.2%	97.2%	100%	97.7%		4		
Data Quality Maturity Index [4]	Improving Health	Responsive	CH	95%	98.2%	96.8%	98.1%	98.0%	96.8%	96.9%	100.0%	96.1%	94.9%	4		
Out of area bed days [5]	Improving Care	Responsive	CH	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	1181	1450	899	616	207	303	193	151	146	2		
IAPT - proportion of people completing treatment who move to recovery [1]	Improving Health	Responsive	CH	50%	54.4%	51.1%	52.4%	55.4%	54.4%	55.4%	51.9%	52.2%	52.5%	3		
IAPT - Treatment within 6 Weeks of referral [1]	Improving Health	Responsive	CH	75%	91.3%	94.3%	94.4%	88.7%	83.1%	86.3%	81.4%	78.2%	74.5%	4		
IAPT - Treatment within 18 weeks of referral [1]	Improving Health	Responsive	CH	95%	99.4%	99.6%	99.6%	99.2%	98.6%	99.1%	98.4%	98.3%	98.0%	4		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	81.7%	90.3%	92.6%	80.5%	92.0%	72.7%	88.0%	92.0%	85.7%	4		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	79.1%	78.8%	78.2%	78.2%	87.3%	88.0%	88.3%	88.8%	89.3%	4	⚠️	
% clients in employment [6]	Improving Health	Responsive	CH	10%	8.6%	8.8%	9.3%	9.2%	11.3%	11.4%	11.5%	11.7%	11.7%	4	⚠️	
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		Inpatient 88% Community - 78% EIP - 94.4%				Due June 20					2		

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Apr-19	May-19	Jun-19	Jul-19	Aug-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	16	45	39	23	5	29	56	7	21	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	4	6	6	3	1	5	3	1	1	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	212	192	184	199		214		Due Oct 19		N/A		
Proportion of people detained under the MHA who are BAME [2]	Improving Care	Safe	CH	Trend Monitor	15.1%	14.1%	13.0%	16.6%		14.5%				N/A		

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Apr-19	May-19	Jun-19	Jul-19	Aug-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%	97.8%	98.8%	98.1%	98.9%	98.7%	99.4%	99.0%	99.9%		4		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.9%	99.9%	99.9%	99.9%	99.7%	99.8%	99.8%	99.8%	99.8%	4		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.8%	91.1%	90.9%	89.6%	84.1%	90.7%	89.5%	98.5%	98.4%	4		

* See key included in glossary.

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

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

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

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

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

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. Whilst an improving picture, this is in part related to the impact of transition to SystmOne for mental health. At this point in time additional data quality checking is required for some measures.

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

• Maximum 6-week wait for diagnostic procedures - current data identifies a number of individuals that have exceeded the 6 week wait for a paediatric audiology diagnostic procedure. Work is taking place to review the data in conjunction with the reporting definitions. This therefore has been flagged as a potential data quality issue. Further update to be provided in next months report, to confirm whether this is the case.

• During August 2019, the number of service users aged under 18 years placed in an adult inpatient ward was one 17 year old - who was admitted in August and who turned 18 year old at the end of August. The admissions continue to relate to factors outside control of the Trust. When this does occur the Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.

• Inappropriate out of area bed placements amounted to 146 days in August which is a further decrease compared to 151 days reported in July.

• % 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.

• The IAPT 18 week wait figure for August has dropped below threshold, though this figure is provisional and will be revised in October.

• The scope of DQMI 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 will be included in the narrative section.

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

• Maximum 6-week wait for diagnostic procedures indicator has been identified as being impacted by data quality issues. The detail of this can be seen above against the areas of note impacting on reported performance. Work is taking place to review the data and reporting and to ensure alignment to national reporting definitions, further update to be included in next months report.

• The reporting for employment and accomodation for august is provisional so has been flagged as a potential 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
• Neighbourhood team specification signed off and agreed by Barnsley clinical commissioning group governing body. Work continues to understand the full impact of the re specification of 21 individual service lines in phases 1 & 2; delivery of phase 1 by 1st April 2020 and phase two by March 2021. This will require a significant change programme for the BDU and Task and Finish Groups to commence on key work streams.
• Barnsley Yorkshire Smoke Free (YSF) mobilisation underway.
• Neighbourhood teams – professionally we are looking at first contact physiotherapists
• Long term conditions (LTC)- Level of increased demand causing pressures within the system

Strengths
• Neighbourhood team specification - moves Barnsley in the right direction of the NHS long term plan ask to have closer integration of primary and community services, which will enable an enhanced and improved service offer at a neighbourhood level. This will also provide opportunity for AHPs to demonstrate the extended scope provision to GP practice and secondary care to improve care for patients
• Consistently positive friends and family test feedback for all services.
• All health and wellbeing services are providing excellent services, with very high performance levels.

Challenges
• Neighbourhood team specification - mobilisation of a new model of working involving 500 plus staff, changes regarding integrated leadership and management, changes of agile bases for some staff, formation of new teams and new ways of working.
• Implementation of SystmOne into childrens audiology services and correct classification of breaches.
• Management of predicated staffing shortages in children's speech and language therapy (SALT) in autumn due to multiple maternity leave/staff changes which will have an impact on service delivery.
• Recruitment: very few applications for extended scope physiotherapist
• LTC workforce issues – maternity leave, vacancy and recruitment processes
• Neighbourhood nursing service paper for investment prepared.
• Epilepsy business case in development regarding increasing demands

Areas of Focus
• To commence formal consultation (Sept 2019) with Yorkshire smoke free Barnsley team members on proposed model and structure as part of the mobilisation plan.
• Stroke Services – independent review of proposed early supported discharge model by CCG now arranged for 26 September 2019
• Neuro rehab unit – standard operating procedure for out of area placements patient transfers now developed in place and being piloted. Financial profile positively changing.

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 line including intensive home based treatment team continues to experience high demand, staffing pressures and acuity leading to pressures on the wards and on-going bank expenditure. This is being kept to a minimum by utilisation of resources across the wards and effective skill-mixing.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services, in particular the work around criteria led 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 additional out of hours clinics having been held in the core pathway to meet demand.
• 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 currently no agency medical staff in the BDU
• Ongoing management of patient flow despite growing pressures
• Willow ward has a recovery tree on the wall and a treatment rainbow done in collaboration with staff and service users.

Challenges
• Demand and capacity in community services continues to be a challenge.
• The improving access to psychological therapies service is pursuing a range of measures to ensure concordance with its year-end access target of 19% quarters 1-3 and 22% quarter 4, including promoting internet access, the use of stresspac and running additional groups. It is challenged by vacancies in psychological wellbeing workers and access to training places, its workforce plan is currently optimising capacity.
• The action plan and training around care programme approach 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 human resource business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team manager 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 particular end of life care which increases the need for additional staff. The number of delayed transfer of care cases has increased as it was more difficult to identify suitable specialist long term accommodation. We are monitoring this in order to see if the capacity in the community is generally sufficient, before we enter the winter period. Discussions are underway with commissioners.
• On 13th September we reached had a day with no out of area patients.
• A series of improvements, the introduction of 3 advanced practitioners and positive changes to Kirklees memory service has seen the team drastically reduce waiting times for diagnostic appointments from around 12 weeks to just three.

Strengths
• High performance on mandatory training continues.
• Improving access to psychological therapy performance continues to improve now workforce has been stabilised. We had a positive meeting with the NHSE intensive support team on 12th August where we were able to show the very positive over performance in the first 4.5 months of new financial year.
• Delayed transfer of care cases remain well managed in Kirklees with some slippage due to low placement capacity in Calderdale.

Challenges
• Adult occupancy levels remain high in inpatients but has improved in IHBTs and on community caseloads.
• Calderdale psychological therapies remain under pressure with support from the CCG, 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 de-commissioned. Detailed plan in place to assess and admit out of area medium secure service users to Appleton in place once ministry of justice approval is granted. Regular liaison with NHSE to monitor the plan.
• Occupancy for medium secure above 90%.
• Work with the West Yorkshire provider collaborative continues. Integrated care system providing monies to support the work.
• 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.
• Work on the recovery plan for Forensic child and adolescent mental health services (secure estate) continues with good progress being made. Results of the health needs analysis have been shared. Plan for service to be placed in specialist services BDU with other childrens services. Quality impact assessment planned.
• Programme of organisational development in place 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. Only action waiting to be addressed is the call system which is waiting a Trust wide response.
• Service review of psychology service has led to improved performance.
• Excellent service user engagement at service and regional level.

Challenges
• Delivering the recovery plan for the secure estate working towards removal of performance notice.
• Recruitment of registered staff in all disciplines. A significant resource is being utilised to optimise recruitment activity.
• High turnover.
• Reducing sickness.

Areas of Focus
• Forensic child and adolescent mental health service performance notice.
• The BDU will undertake a large piece of work supported by human resource and will focus on the following areas:
*Leadership
*Sickness/absence
*Turnover
*well-being
*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
• There is likely to be a re-procurement of CAMHS in Barnsley in readiness to have a new service model implemented from 1 April 2020
• Waiting times from referral to treatment in Wakefield and Barnsley CAMHS remain a concern. However, the number waiting in Wakefield has reduced. Further investment has been secured in Wakefield and Barnsley (ADHD specific) to implement waiting list initiatives.
• Vacancy levels in learning disability services are adversely impacting on the ability to complete assessments/care planning within 18 weeks of referral. A Quality Impact Assessment (QIA) is being undertaken with specific regard to vacancy levels.

Strengths
• A non- medical nurse prescriber has now commenced in post in Wakefield community learning disability services. This will support the medical team in the more responsive and targeted management of current caseload.
• Three substantive CAMHS consultants have been recruited and commenced in post.

Areas for focus
• Robust action plans are being developed with regard to CAMHS waiting time. within an improvement programme support/governance framework.
• Development of robust service response to Barnsley CAMHS
• Proactively addressing vacancy levels in 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.
• Ward 18 continues to experience particular challenges with staffing levels and retention. Action and improvement plans are in place 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
• Wakefield has secured a place as a field tester pilot site as part of the national urgent and emergency mental health clinical review of standards programme lead by NHS England.
• Wakefield working age adults wards to begin editions training as part of national study in reducing restrictive practice during Q3.
• Ward 18 has successfully become part of a national programme sexual safety collaborative through the royal college of psychology.
• Management of patient flow and for Wakefield nil out of area acute bed usage, and no inappropriate psychiatric intensive care unit out of area placements.
• Official opening of unity centre to be held 10th October - to be opened by a BBC journalist with lived experience.
• Nostell ward are piloting new reducing restrictive practice idea - coloured lanyards to show staff who are free and available to undertake 1-1 interactions with patients.

Challenges
• Adult acute occupancy and acuity levels remain high.
• Medicines omissions require improvement and are particularly high across Calderdale and Kirklees wards and Melton ward Barnsley, collaborative work with pharmacy is underway and action plan is in place.
• 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 is still subject to action planning lead by the quality and governance lead.
• 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

• CQC publication comms. Staff briefings, infographic, press release, intranet and web content and social media all produced. Posters produced and distributed across the Trust, including an infographic poster and a quote poster.
• Project plan being developed for the Unity Centre opening in October.
• 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 this week
• Internal anit-bullying and harassment campaign in development.
• Developing 'transfer talk' campaign to promote new internal job transfer market
• Meeting with regional communications colleagues to plan for Brexit
• Entered Sarah Armer (specialist dietitian) into Our Health Heroes awards and she was successfully shortlisted. Now encouraging people to vote for her
• Supported flu campaign, including developing materials and communication plan
• Plans in place to adapt and use the national mental health campaign for mental health awareness day.
• Suicide prevention communications to coincide with international awareness day.
• Continued support to Barnsley BDU regarding integrated care.
• EyUp! comms plan produced – to be shared and discussed at the next operational group. Christmas campaign and merchandising in development.
• Our Year drafted and awaiting sign off and Trust Prospectus developed and printed.
• SystmOne for mental health – comms support for phase 2 – optimisation.
• Creative Minds comms principles drafted – aim to share through the charitable funds committee and then to be actioned
• Developing comms and engagement approach for integrated care in Kirklees, developing a comms and engagement strategy for the group and case studies.
• Meeting of the West Yorkshire and Harrogate mental health and learning disability collaborative took place.
• #Allofusimprove –case studies continue to be developed and rolled out.
• Excellence awards 2019 judged and shortlists publicised. 220+ applications have been received. Two promo films produced and promoted internally and externally. Plans now under way for the evening celebration event.
• The staff app has been downloaded over 350 times and we're looking at the improvements that can be made including some work on our wellbeing offer
• Support for all staff networks, including the BAME and LGBT+ network.
• Stakeholder engagement analysis being carried out, which will then be developed into a stakeholder strategy and action plan.
• Renewal of volunteering accreditation and assessment has been submitted. Visit will take place in December.
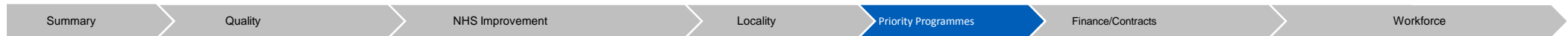
This is the September 2019 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for August 2019. The priority programme areas of work providing an update in this report are:
• Wakefield Projects
• Barnsley Projects
• West Yorkshire Projects
• Clinical Record System
• 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 underpin 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 as identified by the partnership groups. These include: • 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 a MH Alliance for Wakefield that oversees • the delivery of new 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).	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	The Wakefield partnership has continued to progress the integration agenda through the Integrated Care Partnership (ICP). The ICP has approved a new governance framework for drawing together all the work currently being undertaken in respect of creating and developing sustainable places and communities for Wakefield District. The November ICP meeting will largely focus on further organisational development work. The Mental Health Alliance has worked together to agree the priorities for 2019/20 in line with the mental health investment standard. The detailed proposals to support the priorities (including proposals approved against the WY&H ICS bid for transformation funding for community crisis care) were approved at the ICP Board and the Wakefield CCG Governing Body meetings in July. All the approved priorities are now being mobilised. Following a national recruitment process, the Alliance has appointed to the post of Mental Health Transformation Lead. This post, funded by Wakefield CCG, will be employed by the Trust, and accountable to the Alliance Chair. Wakefield Primary Care Networks - The Trust's director of provider development is the senior responsible officer for this programme (on behalf of the ICP Board). There are seven Primary Care Homes (PCHs), the local version of primary care networks, in Wakefield, which went 'live' on 1 July 2019, in line with the national timetable. The Trust's service offer in Wakefield is being aligned to PCHs, and the lessons from this work (plus the equivalent work in Barnsley) will help shape the Trust's place-based service configuration going forward. All seven PCHs have supported and implemented the approach whereby their social prescribing link workers are employed through Live Well Wakefield, via a memorandum of understanding.	Progress Against Plan	
							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.	Management of Risk	
							By 31/03/20 Each scheme in the plan will have delivered on key improvement aims as set out at the beginning of the programme.		

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	Individual Placement and Support (IPS) - Following a successful procurement process, the Trust as a key partner in this ICS programme will benefit from additional funding to deliver a new service in Barnsley. Mental Health Liaison and Crisis Care - The Trust in partnership with Barnsley CCG, recently submitted two bids to NHS England for additional transformational funding as part of the SYB ICS Bids. One bid (circa £500,000) was to enable the all-age mental health liaison service to achieve 'Core 24' status and the second bid (circa £231,000) was to enable Barnsley to develop a Crisis Assessment Unit, based on the model successfully implemented by TEWV (Tees, Esk and Wear Valleys NHS Foundation Trust). The Crisis Assessment Unit should provide an alternative to ED as a place of safety and reduce usage of the S136 suite at Kendray hospital. Both bids have been successful. The Barnsley Clinical Commissioning Group (CCG) continues to work with partners, including the Trust, to develop joined up integrated care. Partners across Barnsley continue to work together to develop integrated models of care including Primary Care Networks (PCNs), integrated primary and community care as part of the neighbourhood model, and developing an integrated model of care for Stroke and Frailty. Stroke: The aim is to secure final agreement to progress implementation of a new Stroke pathway including an Early Supported Discharge model. This is currently on hold pending external review, once this has been undertaken there will be a further senior/exec level meeting. Single specification for neighbourhood teams: As part of the move towards integrated and joined up care in Barnsley, the CCG are planning to issue a single service specification that will cover our general community services and memory services. Engagement events have been held throughout August for staff to learn more about the proposed changes and have their say in how services might look in the future.The mobilisation of an agreed neighbourhood team model is proposed to commence end September 2019, with implementation of new way of working for phase one from April 2020 and phase 2 by March 2021.	Progress Against Plan	
							Risks remain as follows for **Stroke services**: Recruitment and retention Finances/contracting arrangements including financial modelling particularly for early supported discharge pathway Timescale of 1 October to go live – consultation period leading up to this could delay start depending when model is agreed. Without a decision the 1st October start date is under significant risk with impact not just on ESD but also effective patient flow for the hyper-acute stroke units. 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 single point of accrss 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 mental health. Impact on staff owing to changes in working arrangements . SWYPFT have collectively provided a response to the service specification and should hear the outcome by mid-September. Staff have been involved in making these comments 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 6 neighbourhoods have established leadership teams By 31/12/19 6 neighbourhoods have identified priority areas By 31/03/20 Stories have been shared from the networks, ICOF populated and shared, Programme areas have delivered on key improvement aims.		

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 Service Collaborative, to deliver shared objectives with our partners in the areas of: • Forensic services including adult, children and LD projects • 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.	Monthly on IPR	West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative update: • Transformation funding (Wave 1) for community mental health: a WY&H ICS bid was made by the deadline of 21 June 2019. This comprised two components: Specialist community rehabilitation service (to be tested in Kirklees, Calderdale and Leeds); Young person offer focussing on early intervention for vulnerable people in defined populations (to be tested in Wakefield, Bradford and Leeds). A feedback conference call took place on 31 July 2019 related to the outcome of this bid. A further feedback session with the national team is being arranged, to help inform the learning for further submissions.(update: 12/09/19, NHSE have since agreed to fund a proportion of the bid that we submitted for 2019/20, further details to follow) • Transformation funding for community crisis care a WY&H ICS bid was made by the deadline of 24 June 2019. This bid comprised some elements that were West Yorkshire-wide and most elements were place-based. Confirmation was received on 12 July 2019 that all the WY&H ICS proposals would be funded. The place based proposals in respect of the Trust's services are being mobilised. • NHS England specialised commissioning – The intention is that by 2022/23, there will be 100% Provider Collaborative coverage nationally across all specialised mental health, learning disability and autism services. NHSE invited 'Applications' from the ICS in July 2019 and, if successful, this would result in four year contracts being awarded to the provider collaborative to lead on the delivery of these services. This builds on the new care model pilots that have been running for 12 months. The Trust has been working with our partners in the West Yorkshire Mental Health, Learning Disability and Autism collaborative to develop applications, on behalf of WY&H ICS, for CAMHS tier 4, adult eating disorder and adult secure forensic services. The Trust submitted a Lead Provider collaborative application for forensic adult secure in July 2019. The Trust received confirmation on 16 August 2019 that the application had been considered as a Further Development Track submission i.e. on track to become a Lead Provider from April 2021. Should the work be able to be completed in a shorter timeframe, the Trust will be able to re-submit the Application in the Fast Track or Development Track timeframe (November 2019 or April 2020). The West Yorkshire Forensic Provider Collaborative has begun to take this work forward and has secured £96,000 from the WY&H ICS to fund clinical and project support to undertake the next phase of the work. The Leeds York Partnership Foundation Trust, Lead Provider Application for the West Yorkshire Adult Eating Disorder Provider Collaborative, was considered to be a Fast Track submission i.e. on track to become a Lead Provider from April 2020. The LCH Lead Provider Application for the West Yorkshire CAMHS Provider Collaborative was considered to be a Development Track submission i.e. on track to become a Lead Provider from October 2020. • Specialist Community Forensic Team Pilot Wave 2 Selection The Trust submitted a bid on behalf of the West Yorkshire Forensic Provider Collaborative for Wave 2 selection. Following feedback on the bid, further work has been undertaken with partners to add more detail to the bid, particularly in respect of details on the patient cohort that the service will focus on and how the service will work innovatively with different agencies (for example, housing providers). This revised bid was submitted on 6 September 2019.	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 achievable owing to financial challenges.	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.		

NHS South West Yorkshire Partnership NHS Foundation Trust

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	• Progress on implementing new patient flow system, with new sitrep report now in place, 'silver command style' team calls on high pressure days. More ongoing challenge around admissions to be put into the system around alternatives to admissions and joint working with IHBT over the coming months. • There are some existing challenges across the inpatient strand of work, with a drop in the number of discharges in August and an increasing number of current patients that have long stays (over 60 days). Action is being taken to proactively discharge more of the longer stays, if appropriate, and refresh activity around the criteria led discharge process is now scheduled for September (previously scheduled for August). • There is evidence of the community strand now having an impact, with reductions in numbers of people waiting to be stepped down from IHBT to community teams across Calderdale and Kirklees. This should help enable new ways of working in IHBT, in particular establishing more joint out of hours mental health act assessments with AMHPs. • The PD pathway activity continues to make good progress and teams are now establishing collaborative care plans and aiming to implement new ways of working. A pathway launch event is scheduled for 17 Sep and we're aiming to get good attendance from across the professional groups. • In SPA, a learning visit to Avon and Wiltshire has taken place (to learn from a recent similar transformation) and the learning from is being reviewed and factored into the plan. • Dashboards will be published for all strands in early September and work is taking place to ensure that the right level of information is available across all levels of management and governance in the organisation. • SSG further round of challenge is scheduled to happen in September (19th). Whilst the overall numbers of out of area bed days has remained lower than out long term averages (acute placements likely to be in line with July numbers and PICU numbers lower), there are still severe pressures on beds. Barnsley, Calderdale and Kirklees are using more beds than commissioned (30% plus based on July data). Current pressures do suggest that we going to continue to see ongoing variation in the numbers of people out of area until the change programme enables a more 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: •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. •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 (this risk is reducing). •Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures. •Differing cultures across the trust and varying levels of engagement could lead to failure to deliver the proposed changes.	Management of Risk	
Embed #allofusimprove to enhance quality	To build improvement capability and capacity in the Trust. To use improvement tools in key projects and capture the impact.	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 'Spending wisely and reducing waste' will launch during September 2019. 246 staff across the Trust currently completing the IHI Certificate of Quality & Safety. 61 staff completed IHI Certificate and are now Trust Improvement Facilitators 4 members of staff have completed quality, service improvement and redesign (QSIR) practitioner training with advancing change and transformation (ACT) Academy. Trust Board commenced 'Leading for Improvement Board Development Programme' with first session on measurement. 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 24 improvement case studies developed and shared 4 x QI Silver Training sessions held 20 x Improvement Coaching & Mentoring sessions held.		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce

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 high level optimisation plan was signed off by EMT in July 19. Following a period of stabilisation after completion of Phase 1 (implementation and transition from RiO to SystmOne), Phase 2 (SystmOne Optimisation) commenced as a project in August 2019. The project management team has been pulled together with a project governance process, which follows the model of project delivery approved at EMT.The project continues to follow the principles of co-create, co-design and co-deliver. Key activities covered in August: • Change Reference Groups have all met recently and are currently transitioning to SystmOne Improvement Groups. Updates on optimisation have been made through these groups, with local implementation and improvement activities discussed. • An update on optimisation and a call for support in testing the new care plans went out through The Brief and on the intranet. • Codesign event on SystmOne Optimisation was held 9th August for MH, LD and CAMHS services. Other events planned for engagement with General Community services and with Medics to shape the optimisation programme plan. • A plan for implementing the new Care Plans has been developed and volunteers have been recruited from across the organisation and from different clinical backgrounds for final testing prior to roll-out. This includes testing of the training materials for the new care plans. • SystmOne programme workstreams have been reconvened, including the clinical safety design group. • Preliminary engagement and co-design of Event Templates to support improvement in data quality in SPA and IHBT services commenced • Based on user feedback, some configured lists have been made shorter and easier to use while not impacting on data reporting. | 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 from end of September. | | |

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

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 improved from 3 to 2 in August 2019. This is due to the improved I & E margin position. The biggest risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£1.3m)	(£0.2m)	August financial performance is a surplus of £188k excluding Provider Sustainability Fund (PSF). This is the first monthly surplus in 2019/20. This reduces the year to date cumulative deficit to £1.3m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.2m	£7.3m	Agency expenditure is higher than plan with £0.6m spent in August, £0.2m above the agency cap set by NHS Improvement. Current year-end projection is to exceed our agency cap by £2m.	
4	Cash	£31.5m	£28.5m	The cash position continues to be healthy and higher than planned. Work will continue to ensure this is maintained for the remainder of the year.	
5	Capital	£2m	£6.4m	Following further national guidance the capital forecast has been revised again to £6.4m. This is £0.6m less than the original base £7.0m plan.	
6	Delivery of CIP	£3.6m	£10.6m	Year to date £3.6m 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%	Plan
Amber	Variance from plan ranging from 5% to 15%	Actual
Green	In line, or greater than plan	Forecast

Contracting - Trust Board

Contracting Issues - General

A 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.

CQUIN

Q1 CQUIN approved for Barnsley and the specialist commissioner.

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.
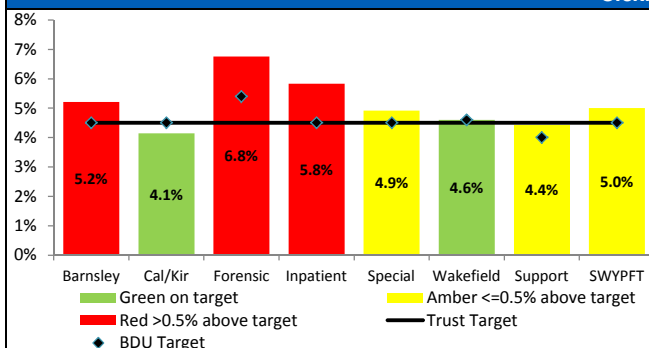
Contracting Issues - Forensics

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. In July 2019, working with our partners in the West Yorkshire & Harrogate ICS the Trust responded to a call for applications from NHSE to be a NHS lead provider collaborative for adult secure care. Following evaluation by NHSE, the application has been placed on the "further development track" to become lead provider from April 2021.

Workforce

### Human Resources Performance Dashboard - August 2019

Sickness Absence

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

Current Absence Position and Change from Previous Month - August 2019

	Barn	Cal/Kir	Fore	Inpat	Spec	Wake	Supp	SWYPFT
Rate	5.2%	4.1%	6.8%	5.8%	4.9%	4.6%	4.4%	5.0%
Change	↓	↑	↓	↑	↑	↑	↑	↑

The Trust YTD absence levels in July 2019 (chart above) were above the target at 5%.
The YTD cost of sickness absence is £2,524,912. If the Trust had met its target this would have been £2,272,421, saving £252,491.

Legend: Absence Rate — MH Trust Average 5.31%
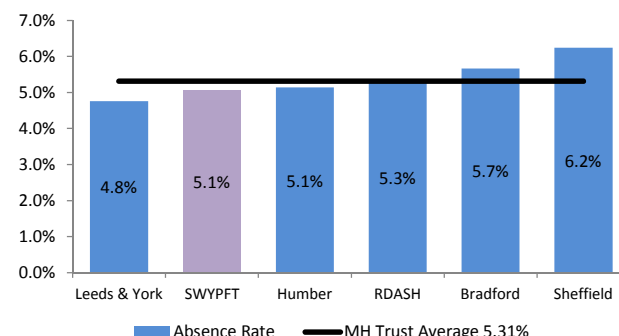
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 2018-19 financial year.
During this time the Trust's absence rate was 5.05% which is below the regional average of 5.31%.

Appraisals Band 6 & Above

Legend:
- Red <85%
- Amber >=85% & < 95%
- Green >=95%
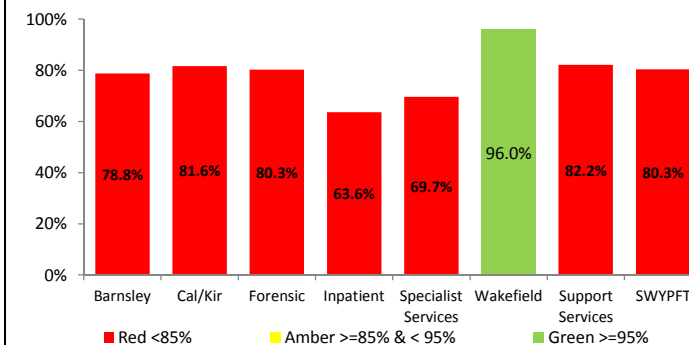
The above chart shows the appraisal rates for the Trust to the end of August 2019.
From June to August, the figures will only include staff on Band 6 and above. From September's report onwards, they will include all staff.
The Trust target for appraisals for staff on Band 6 and above is to reach 95% by the end of June each year.

Turnover and Stability Rate Benchmark

Legend:
- Red <3% or >12%
- Amber >=3 & <5% or >10 & <12%
- Green 5-10%
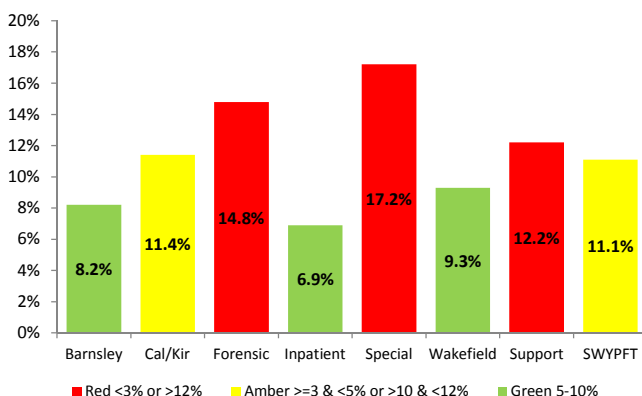
This chart shows the YTD turnover levels up to the end of August 2019.
The turnover data excludes decommissioned services

Legend: Turnover Rate — MH Trust Average 14.8%
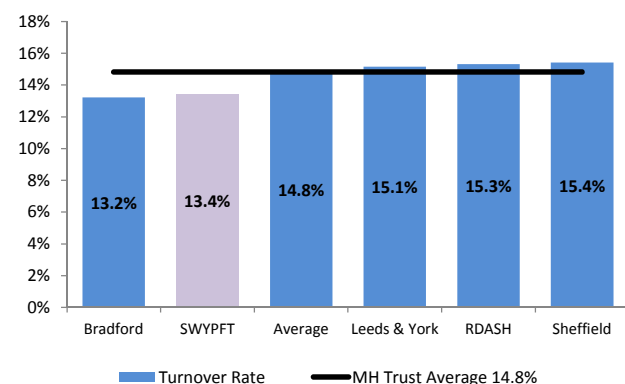
This chart shows turnover rates in MH Trusts in the region 2018-19.
This is calculated as: leavers/average headcount
These figures include temporary staff who are usually excluded from the Trust's local reports and so these figures are higher than ours.
Decommissioned services are included in this benchmark data.

Fire Training Attendance

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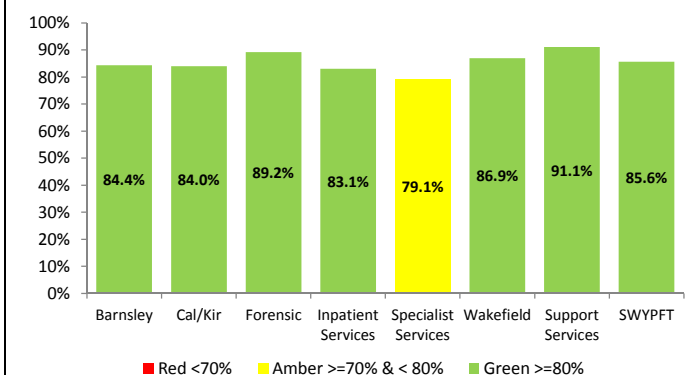
The chart shows the 12 month rolling year figure for fire lectures to the end of August 2019. Specialist Services are still slightly below the target but all other areas and the Trust continue to achieve the 80% target.

Workforce - Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	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%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.8%	5.1%	5.7%	5.8%	5.7%	5.8%	5.1%	4.6%	4.7%	4.7%	5.2%	5.3%	5.0%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	92.8%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%	99.1%	6.3%	19.8%	66.2%	76.2%	80.3%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	48.1%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%	97.5%	0.2%	1.5%	7.8%	26.4%	39.1%
Aggression Management	Improving Care	Well Led	AD	>=80%	83.0%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	83.3%	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	86.0%	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	90.1%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%
Fire Safety	Improving Care	Well Led	AD	>=80%	87.4%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%
Food Safety	Improving Care	Well Led	AD	>=80%	81.9%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	88.5%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7&	91.7&
Information Governance	Improving Care	Well Led	AD	>=95%	92.2%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	86.1%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	91.7%	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	87.3%	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	83.8%			82.6%			86.7%			69.9%		Due Oct 19	
Prevent	Improving Care	Well Led	AD	>=80%												80.8%	81.5%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	91.7%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	90.4%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	95.2%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%
Bank Cost	Improving Resources	Well Led	AD	-	£730k	£845k	£615k	£674k	£678k	£752k	£1048k	£772k	£625k	£844k	£695k	£708k	£889k
Agency Cost	Improving Resources	Effective	AD	-	£566k	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£613k	£641k	£619k	£772k	£629k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£471k	£507k	£586k	£571k	£572k	£602k	£476k	£482k	£479k	£494k	£521k	£541k	£507k
Business Miles	Improving Resources	Effective	AD	-	269k	279k	267k	299k	279k	286k	270k	289k	274k	240k	293k	281k	245k
Health & Safety																	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commenced 19/20									7		Due Oct 19	

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 80.3% however performance to end of August is below expected levels and is below the level achieved for the same time last year. There is a time lag in terms of recording appraisals so an increase is expected by the end of September.

Sickness Absence
• Sickness absence at the end of August is 5% which is higher than the same period last year (4.5%). Compared to prior year forensic and inpatient BDUs have lower absence, whilst Barnsley is 1.49% higher.

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.
• August staff turnover was 11.1% which is a decrease compared to previous month, with particular hotspots in Forensic, Specialist and Support services BDUs.
• The year to date turnover rate for registered nursing staff is 10.6%

Health & Safety
• Q2 data for RIDDOR incidents due to be reported in October.

Publication Summary

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

NHS England and NHS Improvement

NHS oversight framework 2019/20

This guidance outlines the joint approach NHS England and NHS Improvement will take to oversee organisational performance and identify where commissioners and providers may need support. It replaces the provider Single Oversight Framework and the clinical commissioning group CCG Improvement and Assessment Framework (IAF) and will inform the assessment of providers in 2019/20. It is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems.

Cllick 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: 28 August 2019:
• NHS Oversight Framework for 2019/20
• WebEx: Equality, diversity and inclusion workforce planning
• Health and Care Innovation Expo 2019
• Audit and finance forum

NHS Improvement provider bulletin: 4 September 2019:
• £210 million funding boost for frontline NHS staff announced
• Identifying overseas visitors — guidance on using the message exchange for social care and health
• Enabling staff movement between NHS organisations
• Improving outcomes for people with eating disorders
• Nominate your organisation for a national retention award
• Develop your senior leadership skills with the Aspiring Chief Executive programme
• Listen to the first NHS Assembly podcast

NHS Improvement provider bulletin: 11 September 2019:
• Revised friends and family test guidance
• Unsung Hero Awards — just a few weeks left to nominate your colleagues
• Temporary Staffing Conference 2019
• The importance of evaluation in NHS engagement and communications
• National demand and capacity summit

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

Out of area placements in mental health services: June 2019

Psychological therapies: reports on the use of IAPT services, England June 2019 final including reports on the IAPT pilots and Q1 2019-20 data

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

Delayed transfers of care: July 2019

Diagnostics waiting times and activity: July 2019

Mixed sex accommodation breaches: July 2019

Quarterly hospital activity data: Q1 2019/20

Finance Report

Month 5
(2019 / 20)
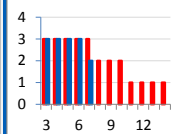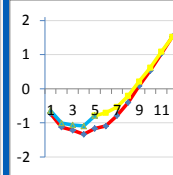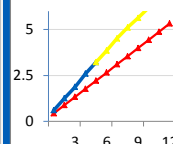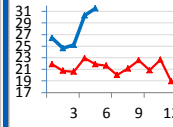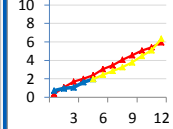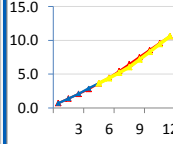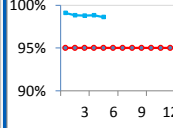
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With **all of us** in mind.

Contents

Performance Indicator		Year To Date	Forecast	Narrative	Trend
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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 5	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.3	2	1.9	3
	20%	Liquidity (Days)	23.4	1	17.6	1
Financial Efficiency	20%	I & E Margin	-0.8%	3	-1.2%	4
Financial Controls	20%	Distance from Financial Plan	0.4%	1	0.0%	1
	20%	Agency Spend	46%	3	18%	2

Weighted Average - Financial Sustainability Risk Rating	2	3

Impact

Given the surplus in month 5 the I & E margin rating has improved from 4 to 3. This means that we no longer have any individual rating at 4 which would have capped the overall score. Therefore the overall rating has improved to 2. It is forecast to maintain this level for the remainder of the year.

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
				17,845	17,765	(80)	Clinical Revenue	88,366	87,795	(571)	212,686	212,384	(302)
				17,845	**17,765**	**(80)**	**Total Clinical Revenue**	**88,366**	**87,795**	**(571)**	**212,686**	**212,384**	**(302)**
				1,307	1,252	(55)	Other Operating Revenue	5,812	5,982	170	13,541	13,899	358
				19,152	**19,017**	**(135)**	**Total Revenue**	**94,178**	**93,777**	**(401)**	**226,227**	**226,282**	**56**
4,221	4,057	(164)	3.9%	(15,508)	(14,522)	986	Pay Costs	(74,674)	(72,507)	2,167	(179,341)	(175,872)	3,470
				(3,572)	(3,295)	277	Non Pay Costs	(17,548)	(16,695)	853	(42,860)	(42,851)	8
				644	(340)	(984)	Provisions	(319)	(2,495)	(2,176)	3,662	370	(3,292)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,221	**4,057**	**(164)**	**3.9%**	**(18,437)**	**(18,157)**	**280**	**Total Operating Expenses**	**(92,541)**	**(91,697)**	**844**	**(218,539)**	**(218,353)**	**186**
4,221	**4,057**	**(164)**	**3.9%**	**716**	**861**	**145**	**EBITDA**	**1,637**	**2,080**	**443**	**7,688**	**7,929**	**241**
				(442)	(467)	(25)	Depreciation	(2,209)	(2,322)	(113)	(5,302)	(5,586)	(284)
				(227)	(227)	0	PDC Paid	(1,136)	(1,136)	0	(2,726)	(2,726)	0
				8	21	12	Interest Received	42	87	45	100	143	43
4,221	**4,057**	**(164)**	**3.9%**	**55**	**188**	**133**	**Normalised Surplus / (Deficit) Excl PSF**	**(1,666)**	**(1,291)**	**375**	**(240)**	**(240)**	**0**
				118	118	0	PSF (Provider Sustainability Fund)	501	501	0	1,765	1,765	0
4,221	**4,057**	**(164)**	**3.9%**	**173**	**306**	**133**	**Normalised Surplus / (Deficit) Incl PSF**	**(1,165)**	**(790)**	**375**	**1,525**	**1,525**	**0**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,221	**4,057**	**(164)**	**3.9%**	**173**	**306**	**133**	**Surplus / (Deficit)**	**(1,165)**	**(790)**	**375**	**1,525**	**1,525**	**0**

Trust Monthly I & E Profile (Excluding revaluation and PSF)
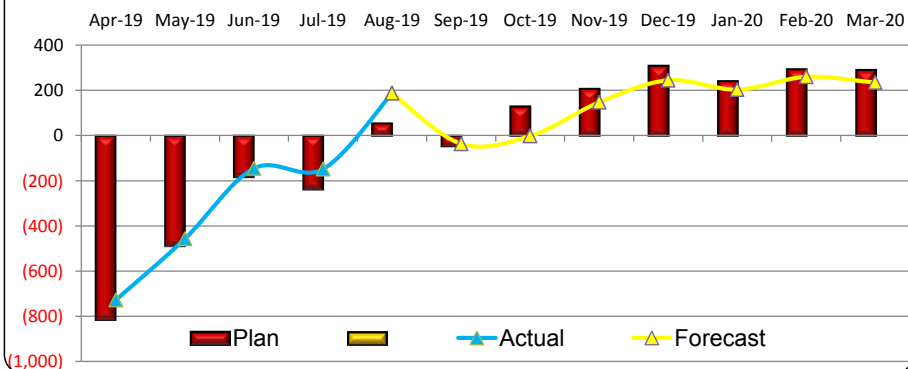
Trust Cumulative I & E Profile (Excluding revaluation and PSF)
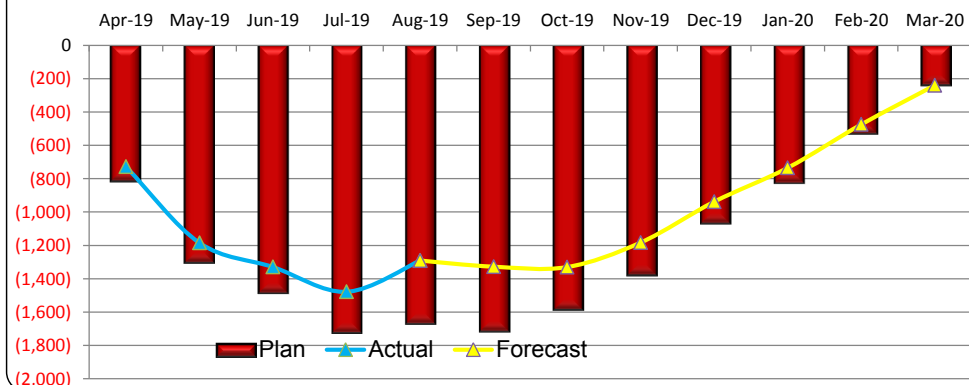
Income & Expenditure Position 2019 / 20

Reduced out of area placement costs and continued expenditure control have facilitated a surplus run rate in August 2019. Actions continue to maintain this.

Month 5

The August position is a pre PSF surplus of £188k and a post PSF surplus of £306k, this is £133k ahead of plan. The key headlines are below. This is the first month in 2019/20 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 shows an underspend of £986k. The scale of variance is very much impacted by an increased in budget to recognise changes in inpatient safer staffing. The underlying variance is actually a £450k underspend. The Trust continues to run with a number of vacancies and utilises temporary staff (both internal bank and external agency) to meet clinical and service requirement. Recruitment is actively being undertaken and the Trust continues to work on its recruitment and retention action plan. Additional analysis is included within the pay information report to highlight the different expenditure levels across the services.

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 August agency costs are £629k. This is £186k (46%) higher than cap.

Non Pay Expenditure

Non pay is underspent by £277k in August 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 £1m 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	12,532	12,532	12,532	12,532	12,532	12,532	12,532	**149,557**	**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	1,295	1,295	1,295	1,295	1,295	1,295	1,295	**15,540**	**14,596**
Local Authority	441	441	460	446	446	446	446	442	442	442	442	442	**5,334**	**5,074**
Partnerships	614	614	670	631	633	656	656	656	656	656	656	656	**7,751**	**7,172**
Other	737	730	681	821	1,001	848	848	848	848	848	848	849	**9,905**	**6,708**
Total	**17,509**	**17,502**	**17,373**	**17,646**	**17,765**	**17,801**	**17,801**	**17,797**	**17,797**	**17,797**	**17,797**	**17,798**	**212,384**	**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
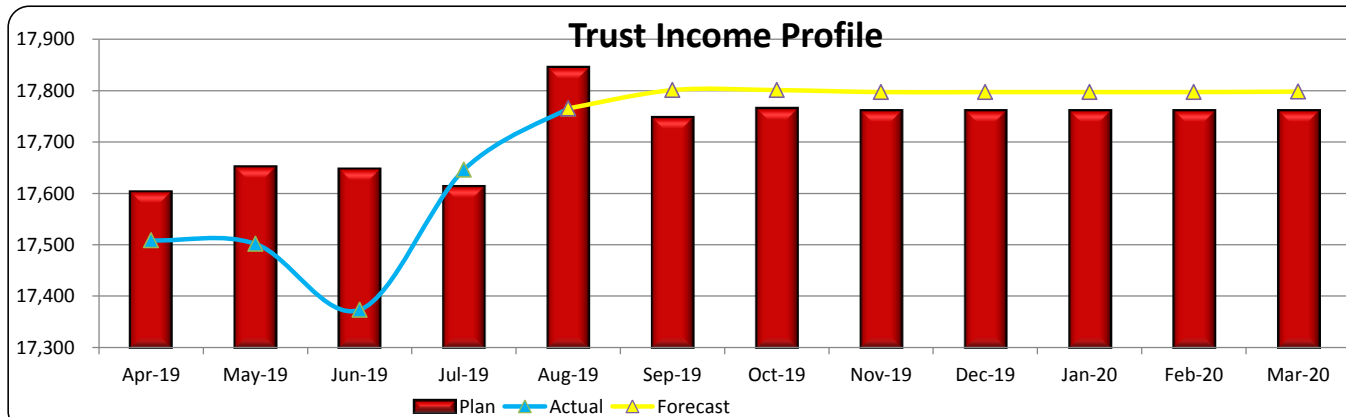
Income plan, and actual, have increased in August due to :
* Additional activity and recharges for use of Trust beds by non local commissioners. This includes additional bed utilisation for the Barnsley neuro rehab beds.

* Additional income planned relating to mental health investment within Barnsley.

Year to date a CQUIN delivery risk of £125k 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.

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								65,276
Bank & Locum	663	906	752	747	934								4,003
Agency	613	641	624	722	628								3,228
Total	14,923	14,629	14,145	14,288	14,522	0	0	0	0	0	0	0	72,507
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
Bank as %	4.4%	6.2%	5.3%	5.2%	6.4%								5.5%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%								4.5%

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	9,814	7,642	228	1,729	9,599	216
Nursing Registered	27,157	22,223	1,402	229	23,854	3,303
Nursing Unregistered	7,992	7,201	1,902	731	9,834	(1,842)
Other	18,187	17,653	183	519	18,355	(168)
Corporate Admin	4,945	4,651	85	8	4,744	201
BDU Admin	6,579	5,905	203	13	6,121	458
Total	74,674	65,276	4,003	3,228	72,507	2,167

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	32,402	27,589	726	2,054	30,369	2,033
Inpatient	19,151	15,564	2,857	1,049	19,471	(320)
BDU Support	3,059	2,950	88	10	3,048	11
Community	8,968	8,605	136	66	8,807	160
Corporate	11,095	10,567	195	50	10,812	283
Total	74,674	65,276	4,003	3,228	72,507	2,167

Pay Expenditure Profile
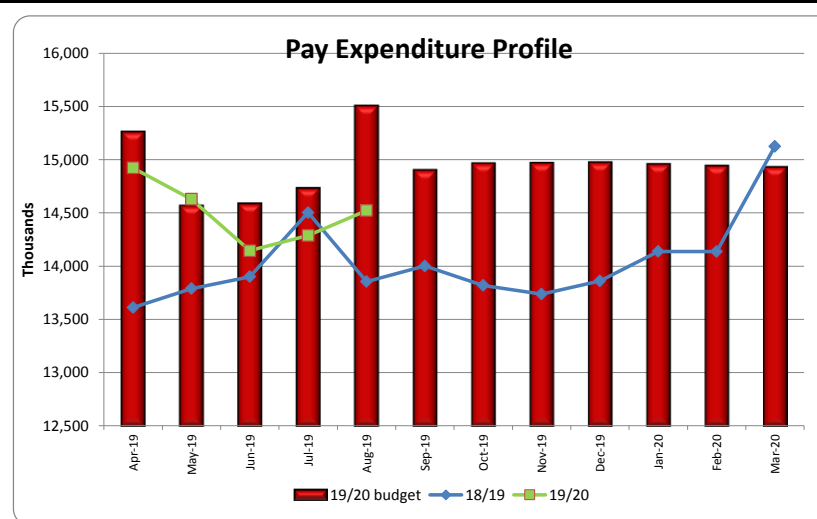
Key Messages

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 August pay underspent by £986k however this is impacted by the increased budget allocated against adult acute inpatient safer staffing. This was backdated to April 2019. Without this the underlying positon would have been c. £450k underspent. Year to date the underspend is £2.2m. Temporary staffing provided by both agency and bank staff totals £7.2m 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. Recurrent workforce strategy for inpatient, particularly adult acute, has been agreed by EMT which enables substantive recruitment to be undertaken. This plan replaces existing temporary staff with permanent employees and resets the rota's being utilised.

The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £1.0m 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.

Month 5 agency spend is £629k, 42% above cap. This continues to be a higher rate than incurred in 2018/19. The Trust agency action group continues to progress actions to reduce this level of spend. Cumulatively agency spend is £3.2m which is 46% above cap and 26% higher than the same period last year.

The current forecast, based upon plans in place, is £7.3m. The impact of the Trust direct engagement process is yet to be finalised and factored into this position. Due to the timing in year savings are likely to be less than £100k.

Bank expenditure has continued to increase in cost, despite the removal of enhancement payments for unregistered staff from April 2019, with spend of £889k in month.

Agency Expenditure Trends (£m)

Agency and bank expenditure trend

Agency Spend By Month
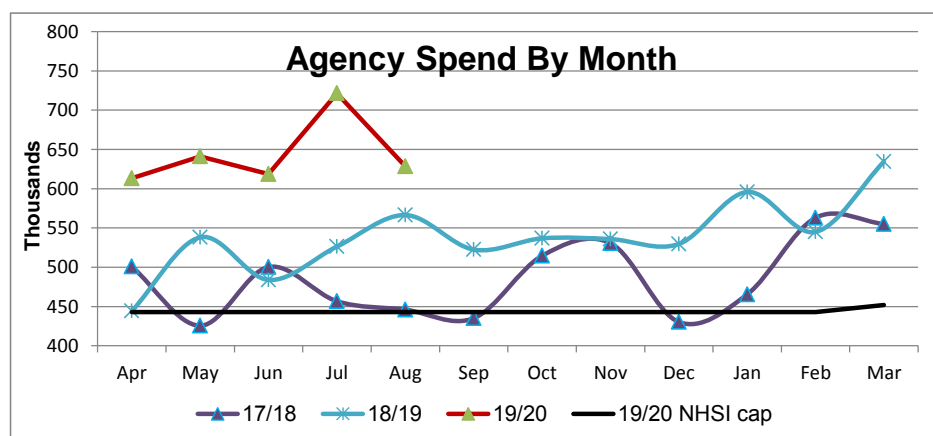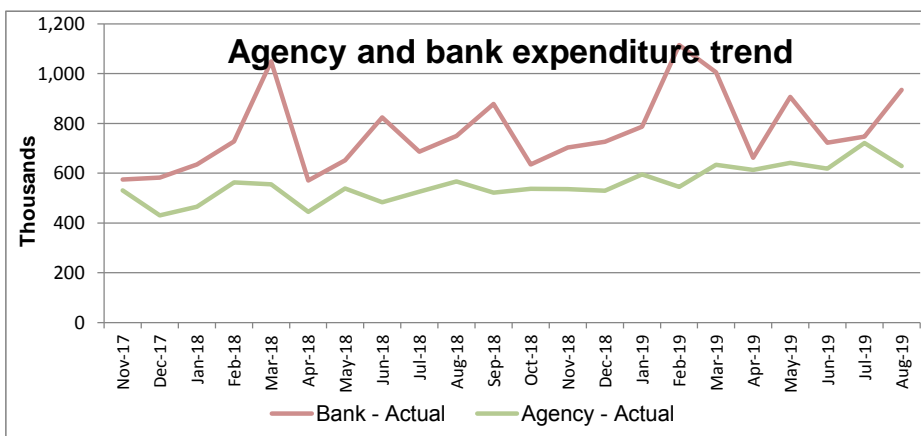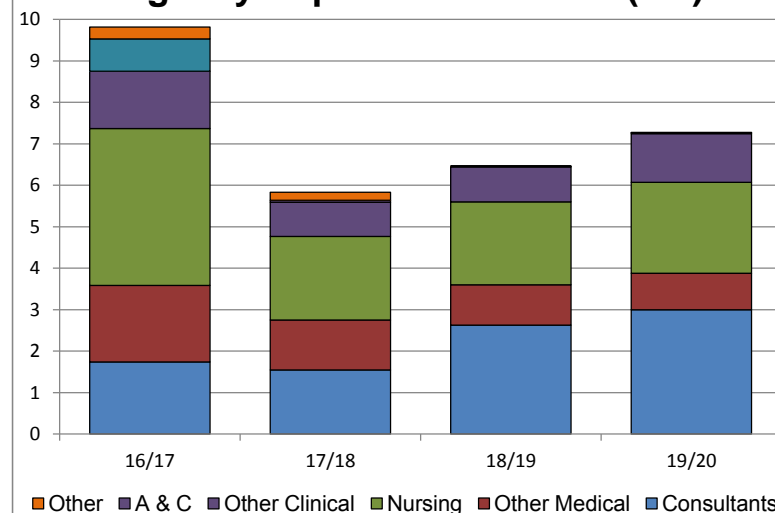
Whilst pay expenditure represents over 80% of all Trust expenditure, non pay expenditure presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

	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								**16,695**
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	1,145	1,146	(1)
Drugs	1,512	1,423	88
Healthcare subcontracting	2,200	2,011	189
Hotel Services	765	652	113
Office Supplies	1,916	1,871	45
Other Costs	2,096	1,789	306
Property Costs	2,720	2,849	(129)
Service Level Agreements	2,584	2,553	32
Training & Education	162	191	(30)
Travel & Subsistence	1,456	1,176	280
Utilities	441	517	(77)
Vehicle Costs	553	516	36
Total	**17,548**	**16,695**	**853**
Total Excl OOA and Drugs	**13,837**	**13,261**	**576**
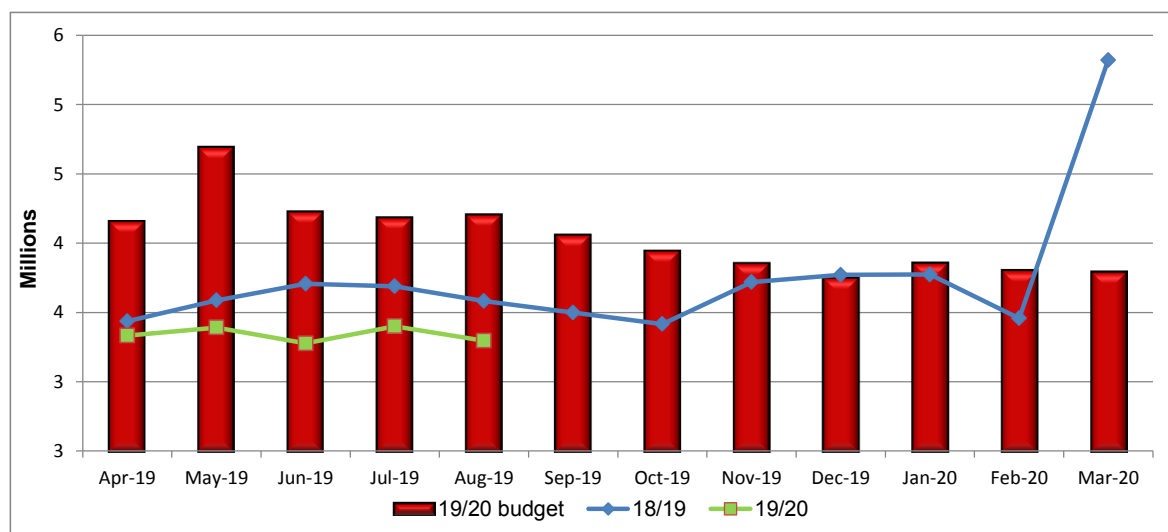
Key Messages

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. Of this £1.0m is due to lower out of area placement costs.

The largest single underspend is within other costs (£306k). 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 £280k 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 inefficiency 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	75								837

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								1,236

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								114
Acute	160	277	178	150	141								906
Appropriate	90	51	30	30	15								216
Total	282	354	238	206	156	0	0	0	0	0	0	0	1,236

Out of Area Expenditure - monthly
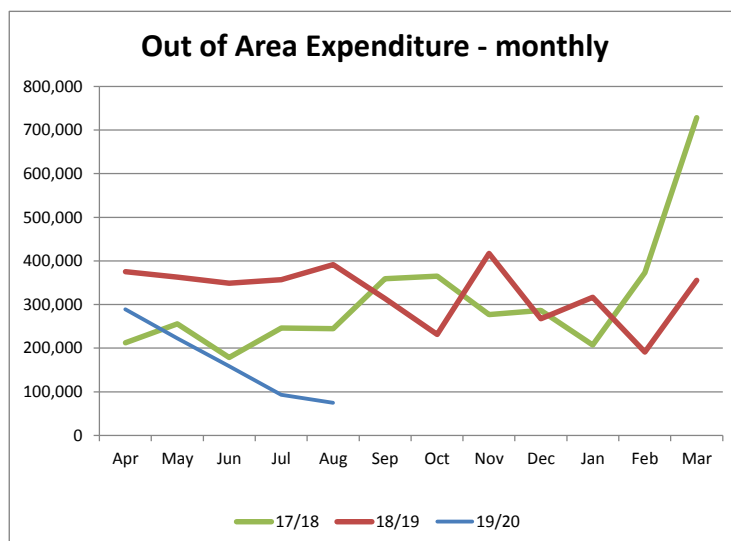
In 2019/20 the PICU out of area budget has been set to fund 2 appropriate out of area placements at any time. The acute out of area budget is phased to fund 9 out of area placements in April 2019 reducing to 5 placements by March 2020.

Demand for placements has reduced again in August 2019 with PICU placements at zero in month. Overall the number of placements required has reduced compared to the same period last year, a year to date reduction of 1,338 days (52%).

Expenditure has reduced from £1,836k to £837k for the April to August period. This is a combination of reduced usage and reduced costs for specialist nursing and transport.

These are early indications that the planned changes to reduce the number of hospital admissions and provide care as close to home as possible are having a positive impact. Work streams continue to ensure that this level of activity is maintained, or reduced further, and to assess the impact each work stream is having.

There continues to be huge focus on this issue acdross 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	3,615
Achieved - plan	669	1,353	2,018	2,788	3,487	4,186	4,912	5,655	6,399	7,142	7,928	8,716	3,487
Achieved - mitigation	4	19	69	113	151	181	283	381	480	578	676	774	151
Mitigations - Upside schemes									283	566	849	1,134	0
Shortfall / Unidentified	15	4	(21)	(111)	(23)	72	260	444	345	257	143	0	(23)

Cumulative CIP Delivery 2019 / 2020

Legend: Plan, Actual, Forecast
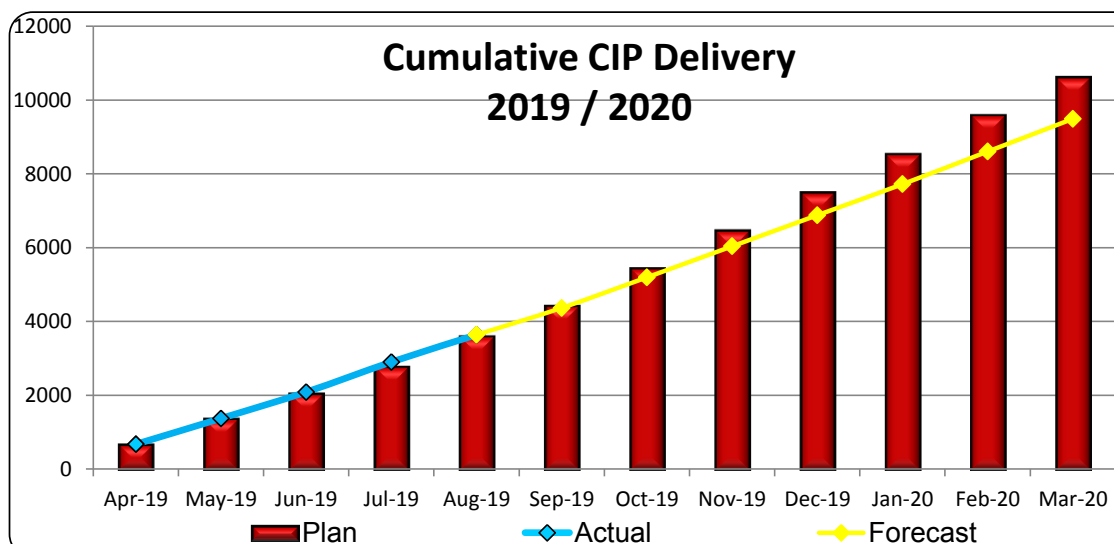
The Trust has set a challenging CIP target for 2019/20 of £10.6m which included £1.4m of unidentified savings at the beginning of the year. We are £23k ahead of the planned profile at month 5; with non recurrent mitigations offsetting shortfalls in recurrent schemes. The majority (97%) has been delivered as planned. These mitigations have reduced the unidentified value to £1.1m (£1.6m last month).

Actions plans, linked to the Trust financial sustainability agenda, continue to be developed with savings planned from drugs cost reductions, non pay savings and the implementation of a consolidated temporary staffing solution.

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	2,282
Achieved - plan	378	772	1,186	1,693	2,127	2,561	3,024	3,494	3,965	4,441	4,939	5,440	2,127
Achieved - mitigation	3	17	66	86	109	130	152	174	195	217	239	260	109
Shortfall / Unidentified	38	50	7	(59)	47	153	423	684	946	1,212	1,454	1,668	47

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	1,332
Achieved - plan	291	582	832	1,095	1,360	1,625	1,888	2,161	2,434	2,701	2,989	3,276	1,360
Achieved - mitigation	1	2	3	27	42	51	131	208	284	361	437	514	42
Shortfall / Unidentified	(23)	(46)	(28)	(52)	(70)	(81)	(162)	(240)	(317)	(390)	(462)	(534)	(70)

3.0   Balance Sheet 2019 / 2020

	2018 / 2019 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	100,005	100,236	99,647	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	4,294	2,258	2
Non NHS Trade Receivables (Debtors)	1,007	493	934	3
Prepayments, Bad Debt, VAT	1,559	2,864	2,492	
Accrued Income	5,138	3,106	2,744	4
Cash and Cash Equivalents	27,823	21,884	31,514	5
Total Current Assets	**38,806**	**32,873**	**40,200**	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(3,153)	(3,313)	6
Capital Payables (Creditors)	(1,070)	(459)	(417)	
Tax, NI, Pension Payables, PDC	(6,002)	(7,136)	(6,516)	
Accruals	(8,020)	(7,896)	(11,132)	7
Deferred Income	(276)	(372)	(630)	
Total Current Liabilities	**(20,031)**	**(19,016)**	**(22,007)**	
Net Current Assets/Liabilities	**18,775**	**13,857**	**18,192**	
Total Assets less Current Liabilities	**118,780**	**114,093**	**117,839**	
Provisions for Liabilities	(7,221)	(6,232)	(7,069)	
Total Net Assets/(Liabilities)	**111,560**	**107,861**	**110,770**	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,221	
Revaluation Reserve	9,453	9,845	9,453	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	48,575	51,876	8
Total Taxpayers' Equity	**111,560**	**107,861**	**110,770**	

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 original agreed plan for 2019/20 is £7.0m. This has been revised to £6.35m in line with national requests.

2. NHS trade debtors have reduced in month and are now lower than plan. The age profile of debts continue to be monitored and any issues are appropriately escalated.

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. Creditors are slightly higher than plan although we continue to ensure invoices are paid in line with the Better Payment Practice Code (page 17).

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.

	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	2,074	281	174	(107)	2,484	410	
Equipment Replacement	93	20	27	7	90	(3)	
IM&T	2,158	756	652	(104)	2,429	271	
Major Capital Schemes							
Fieldhead Non Secure	805	805	936	131	936	131	2
Nurse Call system	600	300	0	(300)	200	(400)	3
Clinical Record System	220	220	175	(45)	211	(9)	
VAT Refunds	0	0	0	0	0	0	4
TOTALS	**5,950**	**2,382**	**1,964**	**(418)**	**6,350**	**400**	

The Trust capital programme has been reduced from £7m to £6m.

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. The revised plan here will be updated to reflect this in due course.

This will continue to be closely monitored through Estates TAG.

2. The final costs for the Fieldhead Non Secure are currently being agreed.

3. The nurse call system is forecast to be complete by December 2019. The value will be less than originally forecast.

4. HMRC have confirmed a number of VAT refunds from previous schemes. The adjustment will be calculated and included in future forecasts.

Capital Programme 2019 / 2020 Cumulative Profile
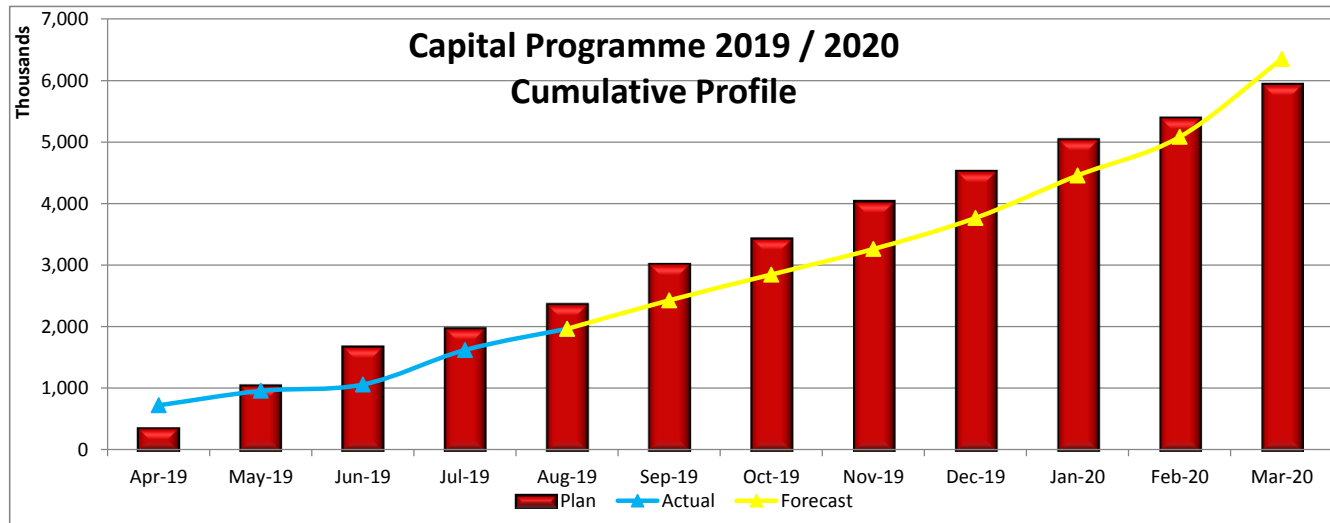
Plan — Actual — Forecast
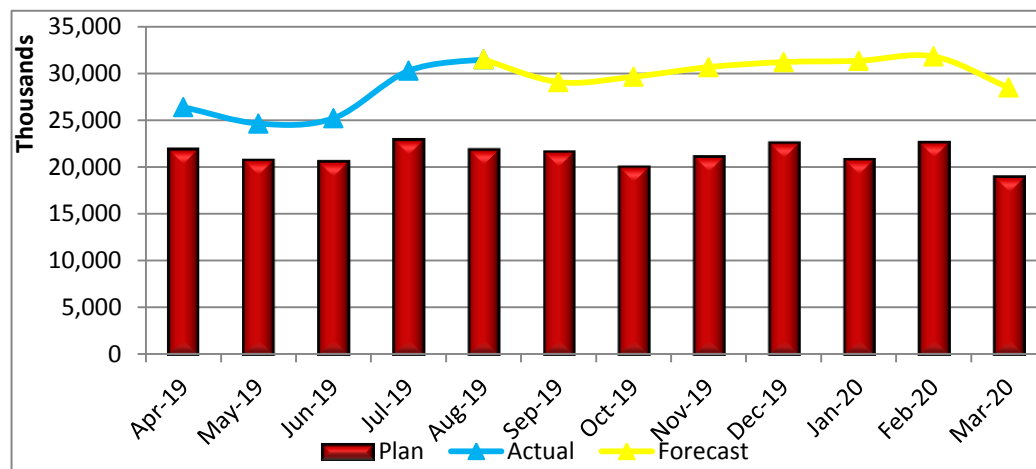
	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	21,884	31,514	9,630
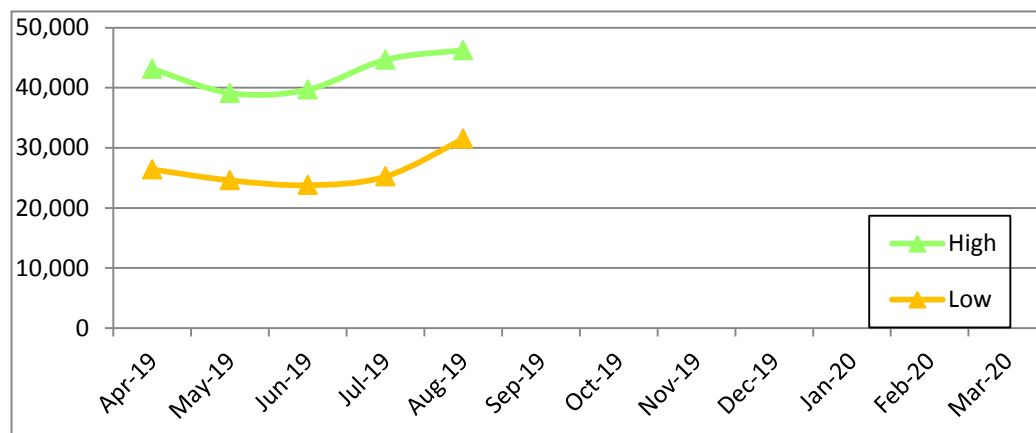
The Trust cash position remains healthy, it is expected to reduce in September following payment of PDC.

Cash continues to be a priority focus area mainly through the timely recovery of income.

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: £46.2m
The lowest balance is: £31.5m

This reflects cash balances built up from historical surpluses.

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)	2,135	2,581	446	2
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(383)	2,296	2,679	3
Trade Payables (Creditors)	116	(1,972)	(2,088)	5
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	(187)	3,466	3,653	4
Provisions & Liabilities	(43)	(151)	(108)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(2,411)	(2,617)	(205)	
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	40	87	47	
Closing Balances	**21,884**	**31,514**	**9,630**	

Cash Bridge 2019 / 2020

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.

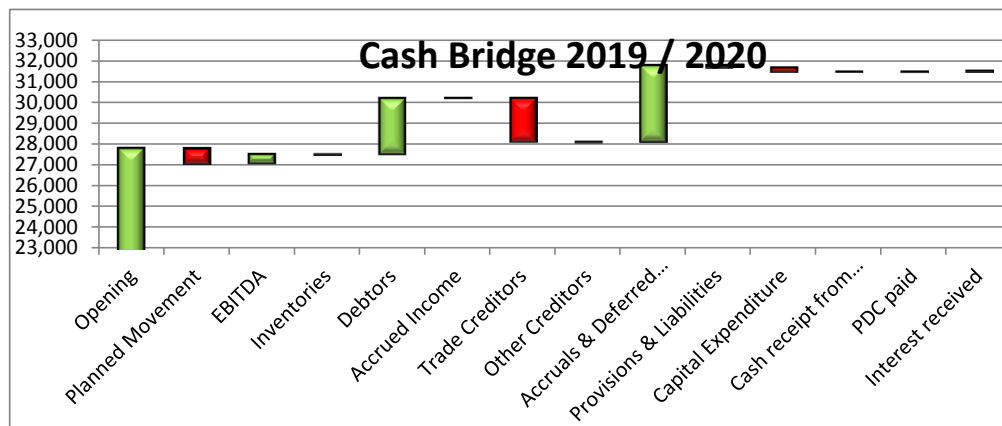3. Debtors, including accrued income,continue to be better than plan, active management of these is ongoing with an emphasis on clearing the oldest debt.

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.

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 July 2019	97%	96%
Year to August 2019	95%	96%
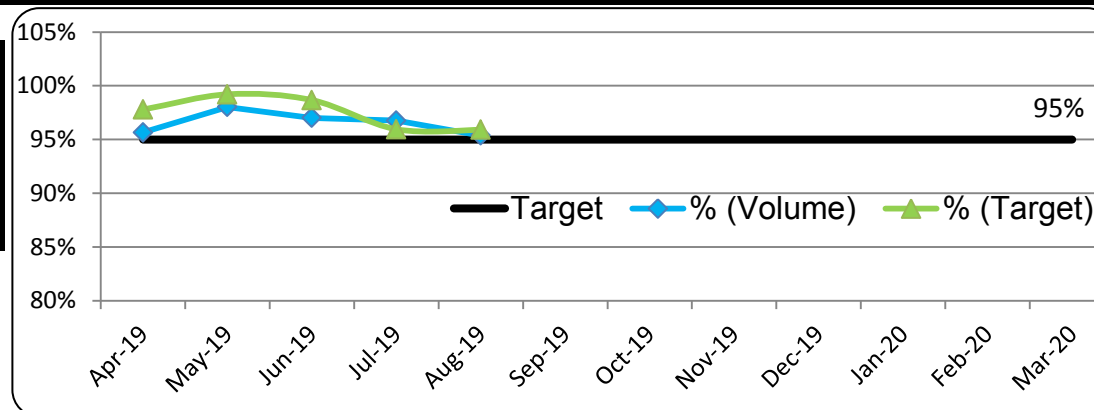
Non NHS	Number %	Value %
Year to July 2019	99%	98%
Year to August 2019	99%	98%
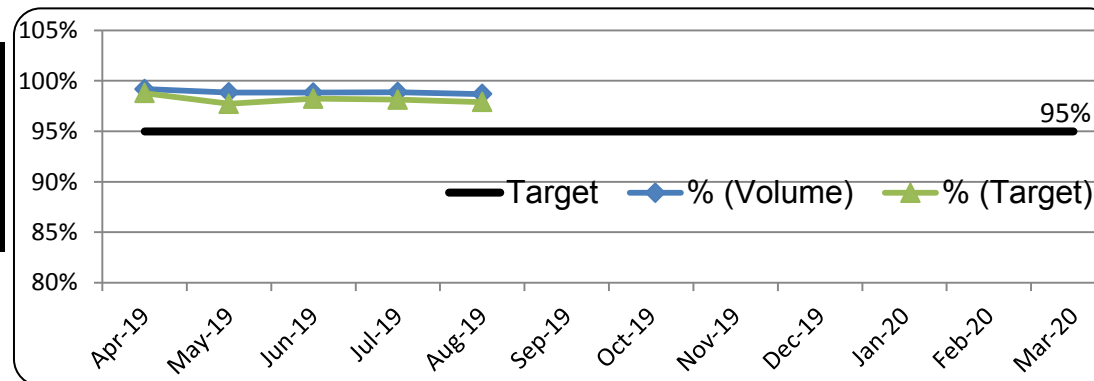
As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

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 (£)
20-Aug-19	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3115368	226,501
31-Jul-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3113411	127,030
07-Aug-19	IT Services	Trustwide	Daisy Corporate Services Trading Ltd	3114422	93,125
19-Aug-19	CNST contributions	Trustwide	NHS Litigation Authority	3115359	64,044
04-Jul-19	Staff Recharge	Wakefield	Wakefield MDC	3111027	60,870
28-Aug-19	Property Rental	Barnsley	Apollo Court	3116095	48,578
12-Aug-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3114715	45,654
25-Jul-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3113041	42,963
11-Jul-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3111819	42,177
28-Jun-19	IT Services	Trustwide	Servelec Healthcare Limited	3110506	42,134
28-Aug-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3115982	38,495
14-Aug-19	Purchase of Healthcare	Forensics	Sheffield Children´s NHS Foundation Trust	3114908	37,087
08-Aug-19	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	3114493	33,881
14-Aug-19	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	3114898	33,633
06-Aug-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3114065	33,545
30-Aug-19	Property Rental	Barnsley	Community Health Partnerships	3116273	31,925
07-Aug-19	Property Rental	Barnsley	Community Health Partnerships	3114409	31,925
12-Aug-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3114715	27,127
23-Jul-19	Property Rental	Barnsley	SJM Developments Limited	3113580	27,000
18-Jul-19	Staff Recharge	Forensics	Leeds Community Healthcare NHS Trust	3112463	26,892
16-Aug-19	Communications	Trustwide	Vodafone Corporate Ltd	3115177	26,108
11-Jul-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3111819	25,721
07-Aug-19	Property Rental	Barnsley	Community Health Partnerships	3114409	25,624
30-Aug-19	Property Rental	Barnsley	Community Health Partnerships	3116273	25,624
06-Aug-19	Electricity	Trustwide	EDF Energy	3114046	25,575
09-Aug-19	Electricity	Trustwide	EDF Energy	3114636	25,113

* 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%	89.9%	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

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

KEY for dashboard Year End Forecast Position / RAG Ratings

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

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

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