

Integrated Performance Report Strategic Overview



October 2019

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for October 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, meets 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. 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 as and when appropriate. The provider oversight framework for 2019/20 has recently been published and there will be a requirement to report against a number of measures in relation to leadership and workforce based on the staff survey. It is also expected there will be further development of the oversight framework for 2020/21 onwards to include measures identified in the long term plan.

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

The Trust's four strategic objectives are:

- Improving health
- Improving care
- Improving resources
- Making SWYPFT a great place to work

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

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

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

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

KPI	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast
% service users followed up within 7 days of discharge	95%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	Due Dec 19	1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks ¹	90%	77.5%			80.0%			Due Jan 20	3
Out of area beds ²	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	207	303	195	178	146	21	4	3
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community Inpatient ⁹	Community 75%	88.0%	87.6%	87.1%	86.7%	86.8%	86.2%	88.0%	1
	Inpatient 90%	92.6%	91.5%	92.1%	93.3%	92.0%	92.5%	93.0%	1
IAPT - proportion of people completing treatment who move to recovery ⁵	50%	54.4%	55.4%	51.9%	52.2%	54.6%	54.4%	Due Dec 19	1
Number of suicides (per 100,000) population ⁶	tbc	0.67%			0.77%			Due Jan 20	N/A
Delayed Transfers of Care	3.50%	1.4%	0.4%	0.6%	1.2%	1.6%	2.7%	1.6%	4
Improve the quality and experience of care	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast
Friends and Family Test - Mental Health	85%	95%	86%	86%	91%	86%	86%	83%	85%
Friends and Family Test - Community	98%	98%	99%	97%	97%	96%	98%	99%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) ⁴	trend monitor	23	35	32	32	29	32	29	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	3	11	12	5	11	10	8	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic ⁷	trend monitor	14.5%			13.1%			Due Jan 20	N/A
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	1	5	3	1	1	0	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ³	trend monitor	32.1%	36.1%	37.5%	39.5%	37.4%	37.2%	40.1%	
Psychology waiting times ¹²	tbc	Reporting to commence in 19/20 - likely Q4							
Access within one hour of referral to liaison psychiatry services and children and young peoples' equivalent in A&E departments ¹³		Reporting to commence in 19/20 - Dec19							
Improve the use of resources	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Position
Surplus/(Deficit)	In line with Plan	(£728k)	(£457k)	(£145k)	(£149k)	£188k	£207k	£201k	(£240k)
Agency spend	In line with Plan	£613k	£641k	£691k	£722k	£629k	£628k	£674k	£7.5m
CIP delivery	£1074k	£670k	£1.4m	£2m	£2.8m	£3.5m	£4.2m	£5.2m	£10.7m
Staffing costs compared to plan ¹⁰	tbc	(£367k)	(£124k)	(£268k)	(£448k)	(£450k)	(£624k)	(£566)	tbc
Completion of milestones assumed in the optimisation of SystmOne for mental health ¹¹	on plan								
Financial risk in forecast	0	£1.5m	£1.5m	£2.8m	£3.1m	£3.3m	£1.1m	£1.2m	-
Making SWYPFT a great place to work	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Position
Sickness absence	4.5%	4.7%	4.6%	4.8%	5.0%	5.0%	5.0%	5.0%	5.0%
Staff Turnover	10%	11.9%	10.4%	12.0%	12.6%	11.1%	11.8%	11.1%	
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	N/A	N/A	75%	N/A	N/A	88%	N/A	
Staff FFT survey - % staff recommending the Trust as a place to work	65%	N/A	N/A	66%	N/A	N/A	72%	N/A	N/A
Actual level of vacancies	tbc	10.4%	10.3%	10.7%	11.9%	13.2%	12.8%	11.8%	
% leavers providing feedback	tbc	25.0%			18.4%			Due Jan 20	

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. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 5 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data. The reported figure is a Trust wide position.
- 6 - Calculation for this is the number of suicides of services users under the care of the Trust during the reporting period (as recorded on our risk management system), divided by NHS registered population as per office of national statistics data. Appropriate range to be established for Q2 20/21 Q2
- 7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
- 9 - The figure shown is the proportion of eligible clients with a cardiometabolic assessment. This may not necessarily align to the CQUIN which focuses on the quality of the assessment.
- 10 - Staffing costs compared to plan is reported per month not cumulative.
- 11 - Milestones assumed in the optimisation of SystmOne for mental health - reporting of this will commence in quarter 3 once the optimisation plan is agreed in quarter 2. Further detail related to this priority programme can be seen in the priority programmes section of the report.
- 12 - Psychology waiting times - waiting time functionality in SystmOne is being tested. Once this process has been signed off, work can commence on the set up for services. This needs to be in place before reporting can flow. It is anticipated this data may be available during quarter 4.
- 13 - The trust is involved in the urgent and emergency care pilot in conjunction with Mid Yorkshire Hospitals NHS Foundation trust. As part of this pilot, a dataset is being delivered with reporting set to commence from December 19.

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- A number of targets and metrics are currently being developed and some reported quarterly.
- Opportunities for benchmarking are being assessed and will be reported back in due course.
- More detail on areas of underperformance are included in the relevant section of the Integrated Performance Report.

Quality

- Positive progress on prone restraint continues
- Significant improvement in reducing medicine omissions
- Complaints work remains positive, closure time improvement remains a focus
- One under 18 admission to an adult ward and safeguards put in place

NHSI Indicators

- There was 1 young person admitted to an adult ward in October for a period of four days
- Not all information available at time of generating this report, but no major issues anticipated with those metrics reported largely meeting target

Locality

- High demand at Urban House for the asylum seekers' service has resulted in business case for additional resource being submitted
- Work continues on developing the new model of care for Barnsley neighbourhood teams and integrated specification
- All acute inpatient wards continue to experience high demand, compounded by levels of acuity
- Integrated placement support workers appointed to community teams in Barnsley
- Reduction noted in delayed transfers of care in Calderdale
- Calderdale local authority adult mental health social worker workforce is currently very low given high vacancy levels
- Forensic outreach services for learning disabilities services continues to grow with more roles recruited into
- Vacancy levels in learning disability services adversely impacting on the ability to complete assessments and care planning within 18 weeks of referral
- Good progress at ward 18 with actions against the improvement plan on track

Priority Programmes

- Plans under development to re-launch Future in Mind in Wakefield as a whole system with a clear transformation plan
- Mobilisation of the new stroke service in Barnsley continues
- Intensive focus being applied to mobilisation of the new neighbourhood team specification in Barnsley, with wave 1 due to go-live in April 2020
- Ongoing focus on the care closer to home programme with work in the community enabling new ways of working in intensive home based treatment teams
- Scope for SystmOne optimisation agreed by the programme board with initial priority given to the introduction of care plans

Finance

- Pre Provider Sustainability Funding (PSF) surplus in month 7 of £201k. Cumulative deficit is £0.9m which is £0.7m favourable to plan.
- Cumulative income is £0.7m lower than plan due to the recognition of a number of risks relating to CQUIN and requirements for spending on waiting list initiatives and areas of new investment
- Out of area bed costs were £48k in month and £903k year-to-date, which is 62% lower than the spend incurred over the same period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.7m in month. Cumulative agency spend is 46% above the cap and 25% higher than the same period last year.
- Net underlying savings on pay amounted to £0.6 in-month with mobilisation to mental health investment a key factor as well as ongoing vacancies
- CIP delivery of £5.2m is £0.3m lower than plan. Currently £1.3m CIPs remain unidentified for the full year. Of the amount being delivered a further £0.45m is being delivered non-recurrently compared to previous forecasts.
- Cash balance of £34.3m at the end of October
- Capital expenditure of £1.9m is £0.8m lower than plan, partly as a result of delays whilst the final capital plan was agreed
- The financial risk rating remains at 2

Workforce

- Cumulative sickness absence for October remained at 5% whilst the monthly level increased slightly to 5.1%. The monthly rate compares favourably to last year whilst the year to date rate in the previous year was 4.8%
- Staff turnover decreased to 11.1% month on month which is 1.4% lower than prior year
- Appraisal completion for band 6 and above is 91.6% compared to a target of 95% whilst the appraisal rate for other staff has increased to 86.8%
- Overall performance against mandatory training targets remains good

Summary

Quality

National Metrics

Locality

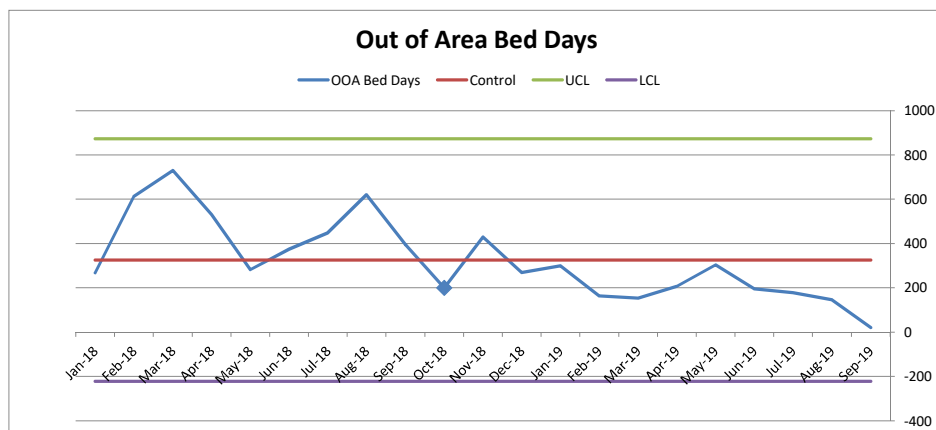
Priority Programmes

Finance/Contracts

Workforce

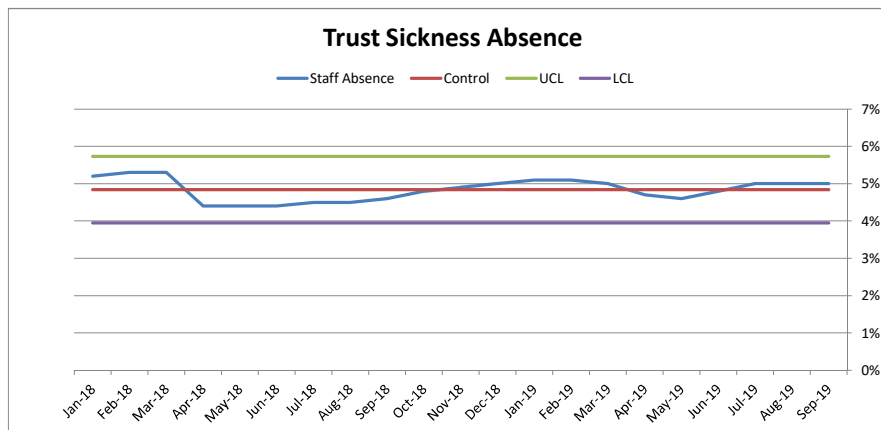
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key indicators to view using SPC.

Out of Area Bed Days



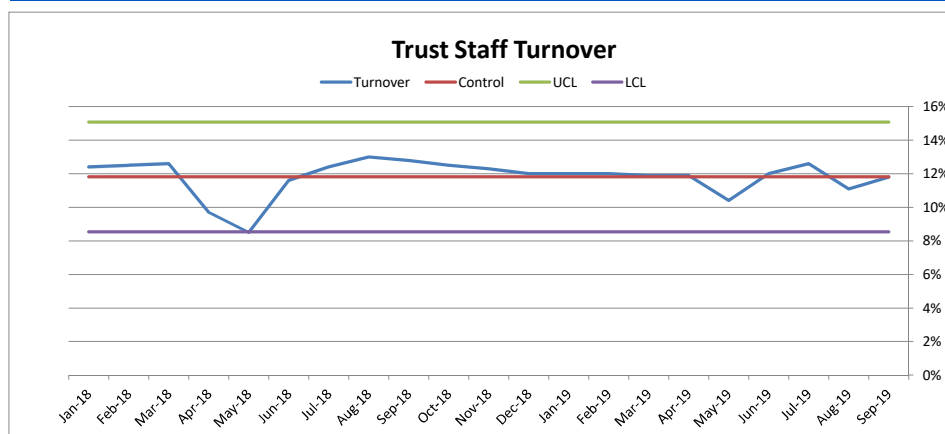
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



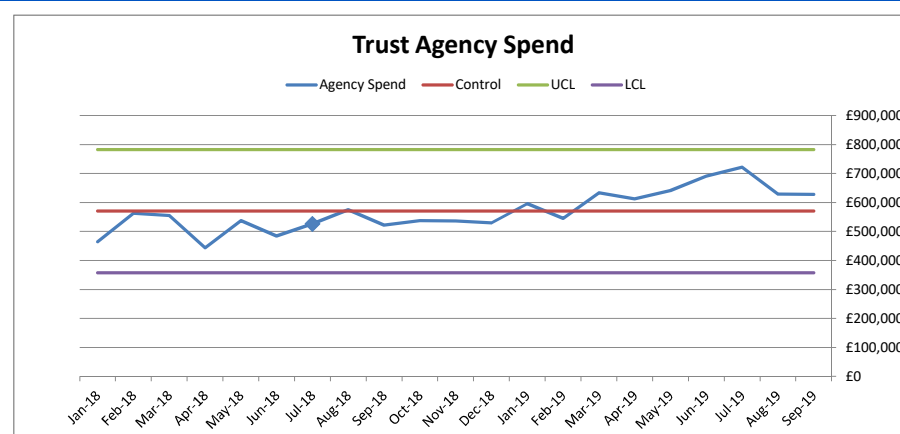
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that staff turnover levels are within the expected range.

Agency Spend



SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.

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Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	32.1%	36.1%	37.5%	39.5%	37.4%	37.2%	40.1%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	31% 4/13	44% 4/9	26% 4/15	40.0%	53.0%	45.0%	55.0%	4
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	36% 4/11	28% 5/18	17% 12/71	20% 4/20	12% 2/17	33% 3/9	10% 2/22	1
	Written complaints – rate ¹⁴				trend monitor							Due Jan 20	
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	95%	86%	86%	91%	86%	86%	83%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	99%	97%	97%	96%	98%	99%	1
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	N/A	75%	N/A	N/A	88%	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work ¹³	Improving Health	Caring	AD	65%	N/A	N/A	66%	N/A	N/A	72%	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	15	64	14	10	34	32	38	N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	21	39	30	34	32			
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	1	4	7	5	0	Due Dec 19	Due Jan 20	
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	0	0	0	0	0			1
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%								1
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=9	3	11	12	5	11	10	8	1
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	3.5%	1.4%	1.4%	0.5%	1.2%	1.6%	2.7%	1.6%	1
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	95%	86.2%	86.3%	88.5%	89.5%	89.9%	90.1%	94.4%	N/A
	Number of records with up to date risk assessment - Community ¹¹	Improving Care	Effective	CH	95%	65.6%	64.4%	67.9%	70.9%	73.9%	75.6%	67.0%	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1158	1269	1085	1191	1212	1090	1031	
	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	26	25	20	25	21	20	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ⁹	Improving Care	Safety Domain	TB	trend monitor	1	5	1	2	3	6	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) ⁹	Improving Care	Safety Domain	TB	trend monitor	3	4	6	10	1	5	8	
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	24.5%	27.0%	15.8%	17.1%	24.7%	23.4%	16.6%	2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	117%	116%	116%	116%	116%	119.0%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	96.6%	94.9%	92.1%	91.8%	91.8%	89.4%	94.3%	1
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	41	46	34	41	42	44	50	
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	80%	75.8%	87.5%	90.6%	94.4%	92.5%	85.2%	90.5%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	52	37	41	56	54	33	30	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	287	303	193	190	262	168	186	
	No of staff receiving supervision within policy guidance ⁷	Improving Care	Well Led	CH	80%	75.1%			73.1%			Due Jan 20	1
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	82.6%	86.1%	100.0%	96.6%	85.7%	88.0%	82.9%	1
	Smoking Cessation - 4 week quit rate ¹²	Improving Care	Effective	CH	tbc		65.0%				Due Jan 20	Due April 20	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1

Summary

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Quality Headlines

* See key included in glossary

Figures in italics are not finalised

** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.

- 1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
- 4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.
- 5 - CAMHs Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in the latest month and this is expected to continue.
- 7- This shows the clinical staff on bands 5 and above (excluding medics) who were employed during the reporting period and of these, how many have received supervision in the last 12 months.
- 8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
- 9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available eg when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
- 9 - Patient safety incidents resulting in death (subject to change as more information comes available).
- 10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.
11. Number of records with up to date risk assessment. Criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point whether there is a Level 1 Sainsbury's risk assessment.
12. This metric has been identified as suitable metric across all Trust smoking cessation services. The metric identifies the 4 week quit rate for all Trust smoking cessation services. The national quit rate for quarters 1-3 2018-19 was 52%. Q1 data will be available in October 19.
13. The national benchmark (65%) for this indictaor has been used to monitor Trust performance against.
- 14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.

Quality Headlines

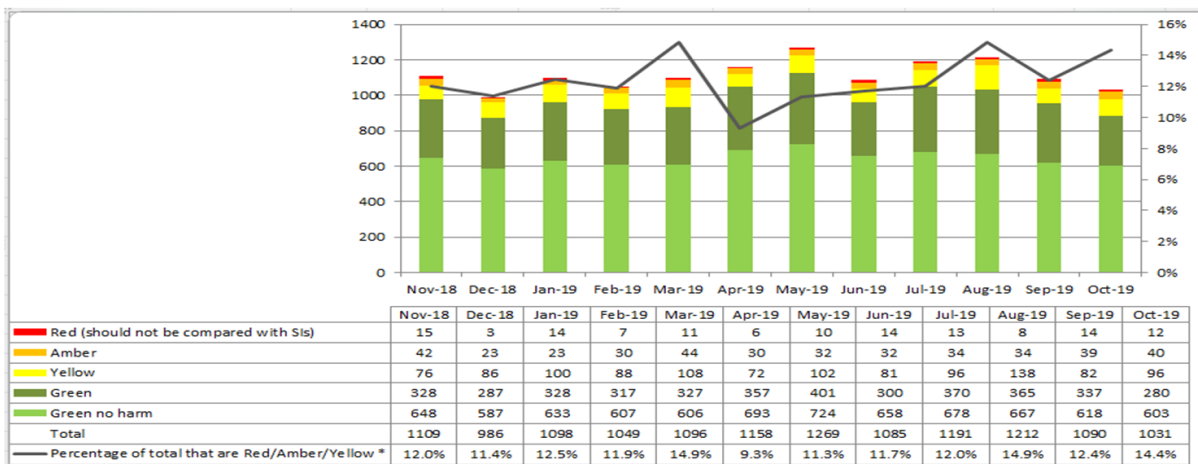
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during October has increased slightly from 168 to 186. Further detail can be seen in the managing violence and aggression section of this report.
- NHS Safety Thermometer - medicines omissions – performance has improved this month and is under threshold. Work continues across services to improve performance. The wards are self-monitoring weekly using the safety cross quality improvement tool and QIAT and pharmacy are doing some advisory visits to wards which are identified as hotspots from these. A review of omissions for the month has been undertaken and identified that a large proportion were clinically relevant or refused which then impacts on the performance. Further internal work to be undertaken over the next month so anticipate further update on the outcome of this will be included in next months report.
- Number of falls (inpatients) - October 19 has seen a slight reduction in the number of reported falls during the month compared to september. The level of incidents continues to mostly relate to Wakefield BDU and predominantly due to an increase in service users with high acuity high and as such increased levels of observations are being put into place to mitigate the risk. Staffing has been increased as a result of the acuity and falls risks which is reflective of the current service user group awaiting longer term placements.
- In recognition of the continued over achievement on fill rates an establishment review has been conducted and the implementation plan is now underway. The establishment changes will result in a change in our fill rate achievement levels and this is being assessed through the safer staffing group. Reporting arrangements against the new establishment levels are being finalised.
- Risk Assessments - Risk assessment performance, both completed assessments and quality of assessments continues to be managed through team action plans by quality governance leads/ matrons on a routine basis. A quality improvement group to review the wider issues impacting on risk assessment practice has been established, with the aim of ensuring risk assessments are completed in line with practice standards, are comprehensive, reviewed in a timely manner and risks are reflected in a risk management plan/ care plan. The goal is to achieve this target Trust wide by 31st May 2020. This project is aligned to the new risk assessment tool and developments with SystmOne. It has been identified that there may be a data quality issue where risk assessments have not been migrated successfully in the transition between electronic systems – this is being explored.
- Complaints - There is a slight increase in the complaints closed within 40 days in October compared to the previous month and the overall trend remains positive. There is work in progress to improve our complaints pathway, with the aim to improve performance against this Trust target. Initial findings from the pathway review has identified several blockages in the system that we will need to address to improve performance, for example, allocation of a complaint to an investigator and complexity of the complaints. A report on the pathway review findings and recommendations is being prepared for the Director on Nursing & Quality & Director of Operations. Work to address the concerns raised by 360 - Internal Audit is on track and due to complete by 31st October 2019. We are in the process of agreeing a date, in January 2020, for internal audit to review that the changes we have made to our system and pathways meets their recommendations.

Safety First

Summary of Incidents since November 2018

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



* A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety). The distribution of these incidents shows 86% are low or no harm incidents.

Safety First cont...

Summary of Serious Incidents (SI) by category 2018/19 and 2019/20

	Q1 2019/20	Q2 2019/20	Q3 Oct Only 2019/20	Q4 2018/19	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	1	1	0	0	0	1	0	1	2	0	0	0	0	1	5
Information disclosed in error	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Self harm (actual harm) with suicidal intent	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Suicide (incl apparent) - community team care - current episode	4	10	1	11	1	1	5	3	3	1	1	2	5	2	3	1	28
Suicide (incl apparent) - community team care - discharged	1	1	0	2	0	0	2	0	0	0	0	1	1	0	0	0	4
Suicide (incl apparent) - inpatient care - current episode	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1
Unwell/illness	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Homicide by patient	2	2	0	0	0	0	0	0	0	1	0	1	1	0	1	0	4
Physical violence (contact made) against staff by patient	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Pressure Ulcer - Category 3	1	1	0	2	0	0	0	0	2	0	1	0	0	0	1	0	4
Total	14	14	2	17	2	2	7	4	6	3	5	6	7	2	5	2	51

- 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://nwww.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.

Mortality

The Clinical Mortality Review Group was held on the 13th September 2019 and focussed on learning and actions/outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. The group reviewed a learning library template for consensus statements for information sharing. This has been added to the learning library and will be promoted across the Trust.

Regional work: The Northern Alliance meeting was held 27th September. Positive feedback on our policy. Further discussion on how we can ensure consistency of reporting and reviews across the region. The Trust has continued to report in line with the regionally agreed scope and presents data in the agreed dashboard format.

Reporting: The Trust's learning from healthcare deaths information is reported through the quarterly incident reporting process in quarterly incident reports. Once agreed by Trust board, the latest information is added to the Trust website. See <http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/>

Learning: themes from reviews of deaths (structured judgement reviews, investigations) is currently being collated and will be used in the clinical mortality review groups.

Safer Staffing

From December 2019 we will be reporting our fill rates for acute mental health wards against the new establishment staff numbers. Initially, this will reflect the additional capacity from trainee nursing associates as HCAs until they have completed their training and qualified, when they can be counted as part of the registered numbers.

Overall Fill Rates: 119%

Registered fill rate: (day + night) 94.3%

Non Registered fill rate: (day + night) 141.9%

BDU Fill rates - August 19 - October 19

Overall Fill Rate	Month-Year		
Unit	Aug-19	Sep-19	Oct-19
Specialist Services	117%	117%	118%
Barnsley	115%	111%	111%
C & K	110%	114%	117%
Forensic	108%	107%	115%
Wakefield	141%	142%	139%
Overall Shift Fill Rate	116%	116%	119%

The figures (%) for October 2019:

Registered Staff - Days 90.0% (an increase of 7.3% on the previous month); Nights - 98.6% (an increase of 2.5% on the previous month)

Registered average fill rate - Days and nights 94.3% (an increase of 4.9% on the previous month)

Non Registered Staff - Days 140.4% (an increase of 1.9% on the previous month); Nights 143.4% (an increase of 0.7% on the previous month)

Non Registered average fill rate - Days and nights 141.9% (an increase of 1.3% on the previous month)

Overall average fill rate all staff - 119.2% (an increase of 4.2% on the previous month)

One ward, an increase of one on the previous month, fell below the overall fill rates of 90% or above. This was Chippendale within the Forensic BDU which is going through a reconfiguration at the moment.

Summary

Chippendale has fallen below the 90% overall fill rate threshold which was due mainly to a 52% fill rate for registered staff. This was due primarily to a service reconfiguration where staff were utilised throughout the BDU. Of the 31 inpatient areas 26, an increase of two wards on the previous month, (83.2%) achieved greater than 100%. Indeed of those 26 areas, 12 (38.4% of 31 wards) achieved greater than 120% fill rate.

Registered On Days (Trust Total 90.0%) - The number of wards that have failed to achieve 80% decreased by five to eight (25.6%) on the previous month. Five wards were within the Forensic BDU with another two in C&K as well as one in Barnsley. There were various factors cited including vacancies, sickness and supporting acuity across the BDU. 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 98.6%) - Three wards (9.6%), an increase of one, has fallen below the 80% threshold. These were all 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 increased by four ward to 20 (64.0%) this month. One ward utilised in excess of 120%.

Specialist Services increased by 1% to 118% with Barnsley remaining on 111%. Calderdale and Kirklees BDU increased by 3% to 117%. Forensic BDU were 115% an increase of 8%. Wakefield BDU decreased by 3% to 139%. Overall fill rate for the trust increased by 3% to 119%.

Significant pressures remain on inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness. There is a significant improvement overall whilst still acknowledging the above. We are also looking at uplifting the available numbers of healthcare assistants in line with the establishment/skill mix review including the reintroduction of an increase in peripartetic staff.

Information Governance

During October 19, there has been a slight decrease increase in the number of confidentiality information governance breaches reported compared to the number reported in September. 5 counts of information disclosed in error, 2 uploaded to website in error and 1 patient healthcare record issue.

No incidents were reported to the information commissioners office.

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

Summary

Quality

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Commissioning for Quality and Innovation (CQUIN)

The Trust continues to work on the 19/20 CQUIN requirements, some of which come into effect mid year. The Q2 submissions have been undertaken and results are awaited from commissioners - the forecast for all applicable Q2 indicators is full achievement. Overall value of the scheme has reduced to 1.25% of contract value. The indicators for 19/20 and financial breakdown can be seen in the table below.

Work is underway to monitor action plans to ensure maximum achievement for the year. Forecast for year end at end of September is currently 86% achievement with the following indicators being identified as areas of potential risk:

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

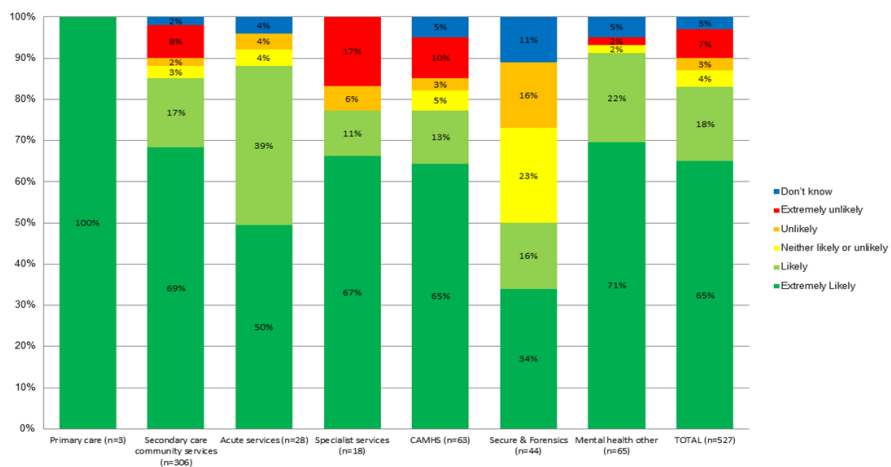
Title	Descriptor	Area applicable	Available funding	Year end forecast loss (at month 7)
Staff Flu Vaccinations (National)	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	All	£361,586	-£180,793
Alcohol and Tobacco part a (National)	Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.	BCKW (MH)	£133,319	£0
Alcohol and Tobacco part b (National)	Achieving 90% of identified smokers given brief advice.	BCKW (MH)	£133,319	£0
Alcohol and Tobacco part c - (National)	Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	BCKW (MH)	£133,319	£0
72hr follow up post discharge (National)	Achieving 80% of adult mental health inpatients receiving a follow up within 72hrs of discharge from a CCG commissioned service.	BCKW (MH)	£361,586	£0
Mental Health Data Quality part a (National)	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQM).	BCKW (MH)	£180,793	£0
Mental Health Data Quality part b (National)	Achieving 70% of referrals where the second attended contact takes place between Q3 and 4 with at least one intervention (SNOMED CT procedure code) recorded between the referral start date and the end of the reporting period.	BCKW (MH)	£180,793	-£85,743
IAPT - Use of Anxiety Disorder Specific measures (National)	Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	Barnsley	£76,740	-£32,889
Three high impact actions to prevent Hospital Falls (National)	Number of patients from the denominator where all three specified falls prevention actions are met and recorded: 1. Lying and standing blood pressure recorded 2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented 3. Mobility assessment documented within 24 hours of admission OR walking aid provided within 24 hours of admission to inpatient unit.	Barnsley MH and General Ops	£181,006	£0
Improving Physical Health for people with severe mental illness (Local)	Work with primary care to build on the joint primary / secondary care cardiometabolic assessment and intervention tool to ensure it covers the 12 identified domains	CKW (MH)	£257,320	£0
Forensic - Healthy Weight in Adult Medium and Low Secure Mental Health Services (National)	• To deliver a healthy service environment in adult secure services regardless of security level • To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services • To ensure continuity in approach and promotion of good practice across high, medium and low secure services	Forensic	£295,790	£0
Vacc and Imm - Improving awareness and uptake of screening and immunisation services in targeted groups (Local)	Improving awareness and uptake of screening and immunisation services in targeted groups	Child Health (Barnsley)	£5,656	£0
Liaison & Diversion - Personalised Care; Support Planning & Motivational Interviewing within Liaison & Diversion Services (Local)	Establishing provider systems, identifying relevant patient populations, Ensuring that all relevant provider staff are sufficiently competent, Conducting follow up and ongoing support within the parameters of the contract (as an average) of service users knowledge, skills and confidence to access community services and reduce vulnerability.	Liaison and Diversion	£21,554	£0
Wakefield TB - Quality improvement plan (Local)	Develop and submit a Quality Improvement Plan in Q1 and report on progress and achievement in Q4 via an annual quality report	Wakefield TB	£2,878	£0
			£2,325,658	-£279,424

Patient Experience

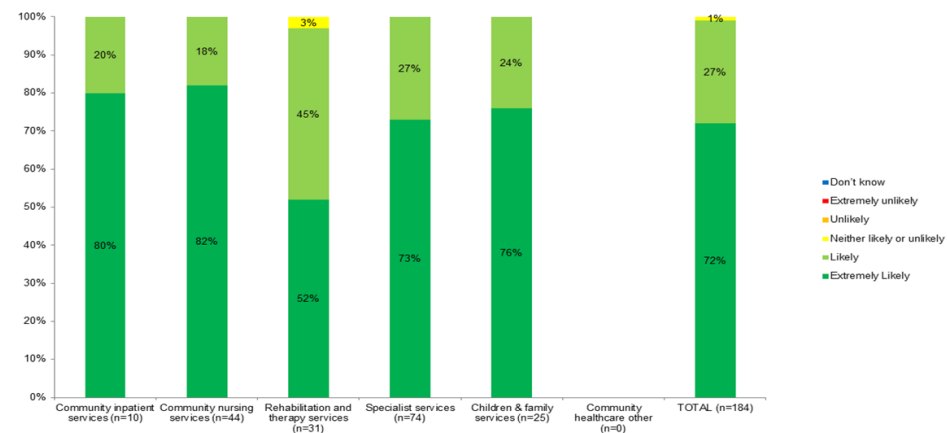
Friends and family test shows

- 87% of respondents would recommend Trust services.
- 99% of respondents would recommend community services.
- 83% of respondents would recommend mental health services.
- o No themes identified in free text comments from respondents unlikely / extremely unlikely to recommend
- The number of responses declined by 9% (717) from the previous month (September 792)
- Text messages provided 41% of responses in October.

Mental Health Services



Community Services



Summary

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Care Quality Commission (CQC)

CQC improvement plan

Our CQC improvement plan has now been signed off by the Clinical Governance and Clinical Safety Committee. This will be shared with the leads who are responsible for actions and with the Clinical Governance Group members when they meet again on 14th November. Monthly progress updates will be submitted to QIAT. Any identified concerns and risks will be incorporated into the clinical risk report for escalation to the Operational Management Group and the Clinical Governance and Clinical Safety Committee.

CQC Relationship Owner

Hamza Aslam is officially taking over from Catherine Beynon-Pindar and our new relationship owner from 22nd November.

Safeguarding

Safeguarding Adults

- The safeguarding children's team have participated in a number of partnership audits and used the learning from the audits to update internal training and produced situation background assessment recommendation (SBAR's).
- The team have produced independent management reports and chronologies for a number of external safeguarding reviews, including two cross border investigations and two local area investigations.
- The named nurse has contributed and attended a multi-agency child exploitation meeting (MACE) and the team are currently producing updated guidance to support staff in identifying and preventing victims and potential victims of exploitation.
- The named nurse attended a training session provided by Wakefield safeguarding children partnership, Stockport visit with new ways of working joint delivery operational group event and provided updates to services within the Wakefield business development unit.
- Safeguarding children's advisor has reviewed and updated the "parental mental health" training package that is delivered as a multi-agency offer.
- Safeguarding children's advisors have attended cybercrime and hate crime seminars and updated the internal training to reflect the training.

Safeguarding Children

- Following the learning from a domestic homicide review, domestic abuse training has been delivered to community mental health teams.
- Due to a number of complex clinical cases the safeguarding adults advisor has provided drop-in supervision within the low secure service.
- Safeguarding adults advisor completed the draft of the updated Trust modern day slavery and human trafficking guidance.
- Safeguarding adults advisor has been supporting a service level investigation within medium secure services.
- The team have produced independent management reports and chronologies for a number of external safeguarding reviews.
- Specialist safeguarding adults advisor attended a 'person in position of trust' (PiPOT) conference in Sheffield and the learning has been used to update the internal training.
- Safeguarding adults advisor attended a white ribbon ambassadors networking event in Halifax and has worked with comms to raise the awareness across the organisation, including a campaign at extended executive management team.

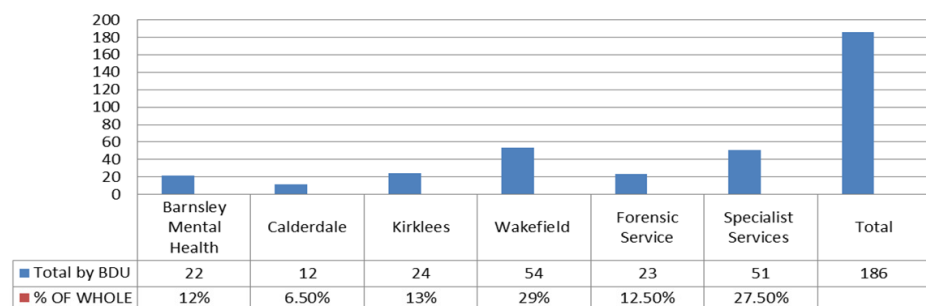
Infection Prevention Control (IPC)

- Annual infection prevention control plan 2019-20 (including quality improvement progress) is progressing well. No area at risk of non-completion. Quarter 3 is progressing well.
- Surveillance: there has been no cases of MRSA Bacteraemia, MSSA bacteraemia, or Clostridium difficile. There has been 1 ecoli bacteraemia case (SRU- date of case September 2019) upto date for 2019-20 data set which has been presented at PIR panel (no set trajectory for these cases).
- There has been an outbreak of D&V (no causative organism) on Crofton ward in November 2019- The ward was closed for 6 days, affecting 5 patient and 5 staff.
- Mandatory training figures are healthy - Hand Hygiene-Trust wide Total – 95%; Infection Prevention and Control- Trust wide Total – 91%
- Policies and procedures are up to date.

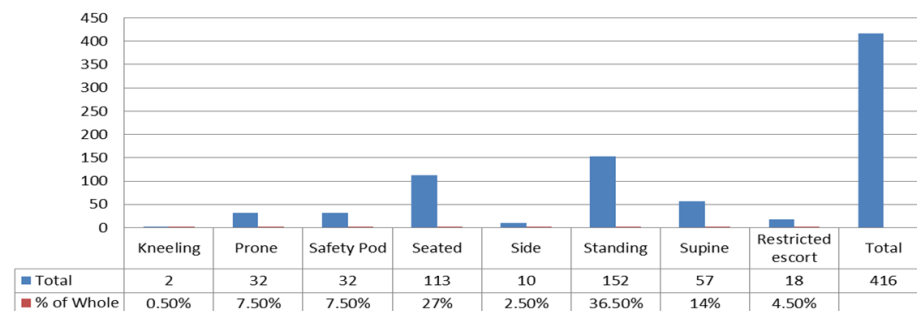
Reducing Restrictive Physical Intervention

There were 186 reported incidents of Restrictive Physical Interventions use in October this being a 10.5% increase on the September figures that stood at 168. Out of 564 restraint positions used in the 186 incidents the highest proportion of all restraint positions used was again in the standing position 200 which equates to 35.5% of all positions used (564) an increase from September that stood at 123. Seated restraints stood at 135 that equates to 24% of all positions used. In relation to incidents of that would be deemed prone restraint 32 this is an 18.5% increase in the use of prone restraint from September (27). Wakefield BDU had the highest number of Prone Restraints with 14, but this is a continued reduction in its use from the previous month September (18) a reduction of 22%. Calderdale once again had no incidents that utilised the prone position.

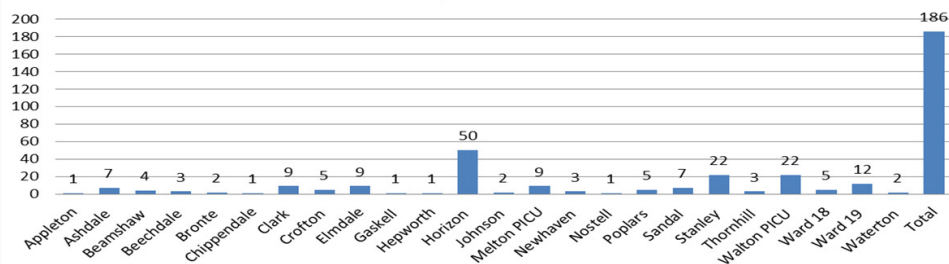
All Incidents Requiring Restrictive Physical Interventions by BDU. October 2019



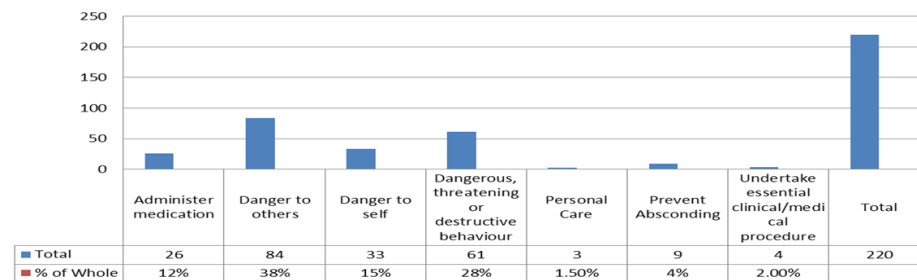
All Restrictive Physical Intervention Positions used in 186 Incidents and Percentage of Whole. October 2019



All Incidents Requiring Restrictive Physical Interventions by Team. October 2019



All Incidents of Restrictive Physical Intervention Use by Reason Given and Percentage of Whole. October 2019



Summary	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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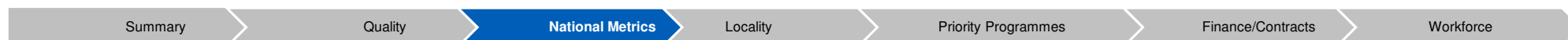
This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. This table has been revised to reflect the changes to the framework introduced during 2017/18.
- Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast	Data quality rating ^a	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.7%	98.8%	99.2%	98.7%	98.7%	98.9%	98.7%	98.8%	97.2%	1		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	98.7%	100.0%	100.0%	96.3%	95.4%	100.0%	100.0%	1		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	99.2%	100.0%	100.0%	99.2%	100%	100%	Due Dec 19	1		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	97.4%	97.2%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	Due Dec 19	1		
Data Quality Maturity Index ⁴	Improving Health	Responsive	CH	95%	Due Nov 19	Due Nov 19	96.8%	96.9%	100.0%	96.1%	97.0%	98.1%	98.3%	1		
Out of area bed days ⁵	Improving Care	Responsive	CH	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	703	318	207	303	193	151	146	21	4	3		
IAPT - proportion of people completing treatment who move to recovery ¹	Improving Health	Responsive	CH	50%	Due Nov 19	Due Nov 19	54.4%	55.4%	51.9%	52.2%	54.6%	54.4%	Due Dec 19	2		
IAPT - Treatment within 6 Weeks of referral ¹	Improving Health	Responsive	CH	75%	Due Nov 19	Due Nov 19	83.1%	86.3%	81.4%	78.2%	76.1%	77.7%	Due Dec 19	1		
IAPT - Treatment within 18 weeks of referral ¹	Improving Health	Responsive	CH	95%	Due Nov 19	Due Nov 19	98.6%	99.1%	98.4%	98.3%	98.6%	97.9%	Due Dec 19	1		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	92.0%	72.7%	88.0%	92.0%	85.7%	76.5%	75.9%	1		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.8%	89.4%	87.3%	88.0%	88.3%	88.8%	89.4%	90.0%	90.2%	1		
% clients in employment ⁶	Improving Health	Responsive	CH	10%	11.4%	11.6%	11.3%	11.4%	11.5%	11.7%	11.6%	11.6%	11.7%	1		
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	CH		Due June 20									2		
Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast	Data quality rating ^a	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	90	28	5	29	56	7	21	0	4	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	9	2	1	5	3	1	1	0	1	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	214	183	214			183			Due Jan 20	N/A		
Proportion of people detained under the MHA who are BAME ²	Improving Care	Safe	CH	Trend Monitor	14.5%	13.1%	14.5%			13.1%			20	N/A		
NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast	Data quality rating ^a	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance ¹	Improving Health	Responsive	CH	90%	99.1%	99.2%	98.7%	99.4%	99.0%	98.8%	99.7%	100.0%	Due Dec 19	1		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.8%	99.9%	99.7%	99.8%	99.8%	99.8%	99.9%	99.9%	100.0%	1		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.2%	98.6%	84.1%	90.7%	89.5%	98.5%	98.6%	98.7%	98.7%	1		



* See key included in glossary.

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

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

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

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

5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.

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

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

Areas of concern/to note:

- A couple of metrics have not been finalised at the time of the report. Work continues with operational services on additional data quality checking which has been required as a result of transfer to a new clinical information system, this however, continues to be an improving position. No major issues are anticipated with the outstanding metrics.
- The Trust continues to perform well against the majority of NHS Improvement metrics
- Inappropriate out of area bed placements amounted to 4 days in October which is a further decrease compared to 21 days reported in September
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.
- The scope of the data quality maturity index has changed in July 2019 as part of a national CQUIN, though the target has remained the same. The August and September figures are provisional, with August being published in November and September being published in December.

Data quality:

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

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

- The reporting for employment and accommodation for October shows 23% of records have an unknown employment or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

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Barnsley BDU

General community services

Key Issues

- Paediatrician provision for weekly audiology clinic ending at the end of November due to Barnsley hospitals NHS foundation trust staffing shortages. Risk noted at business delivery unit level.
- Audiology service level agreement with acute trust not yet agreed. Discussions ongoing regarding staffing skill mix – both parties meeting again. This is an ongoing piece of work with service and admin team management
- Yorkshire smoke free Barnsley new contract service model being mobilised contract starts in November.
- Yorkshire smoke free Sheffield – commissioner would like to extend contract for a further 2 years and has reinvested this year's underspend into service to support referral from the QUIT programme.
- Health integration team in Urban House - increased number of clients and turnover with complex needs – business case for additional resource submitted to commissioner.
- Vaccination and Immunisation team - very busy with flu vaccination. Availability / supply of vaccines for schools is resulting in rescheduling sessions which is impacting on the teams capacity.

Strengths

- Tissue viability team putting in for an award regarding the new leg ulcer pathway
- Secretary of state for Scotland to visit Barnsley integrated community equipment services, aim is to look at replicating the re-cycling model across Scotland
- Breaches for audiology significantly reduced
- Children's therapy services – additional resource mobilisation plan in progress

Challenges

- Neighbourhood teams and integrated specification - mobilisation of new model involves over 500 staff, changes involving integrated leadership and management, agile bases, formation of new teams and new ways of working. Task and finish groups established and issues being progressed.
- Long term conditions workforce issues – level of increased demand alongside reduced capacity continues to cause pressures within the system due to maternity leave, vacancy and pace of recruitment.
- Continence service – high level of sickness impacting on ability of the service to deliver. A recovery plan is being developed.
- Management of staffing vacancies/maternity leave in children's speech and language therapy.

Areas of Focus

- Stroke integrated pathway – following the external peer review of the early supported discharge proposal, we are now in formal consultation and mobilisation and are recruiting to new roles.
- Management of key issues with audiology
- Partnership work with acute trust to resolve issues identified for the children's epilepsy service

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Barnsley BDU:

Barnsley mental health

Key Issues

- Acute inpatient wards continue to experience high demand, with acuity contributing to on-going agency and bank expenditure. Bed occupancy levels remain high. Resources are being utilised across the wards and effective skill-mixing deployed to support the service
- Average length of stay remains in excess of target and is rising and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services, in particular the work around criteria lead discharge.
- Action plans and data improvement plans are in place to address areas identified for performance improvement including CPA reviews which are demonstrating positive outcomes
- The psychology waiting list reduction plan in core, funded by the clinical commissioning group (CCG), continues on track
- Progress has been made with recruitment in community services, although some demand and capacity challenges remain
- We are working with the CCG and primary care partners to scope and plan integrated services at neighbourhood and primary care network level

Strengths

- The mobilisation plans for recruitment into all age liaison psychiatry posts, and the newly funded posts in intensive home based treatment team and core 24 mental health liaison, are proceeding.
- As a result of the successful bid in partnership with South Yorkshire Housing for wave 2 funding for individual placement and support (IPS) provision across South Yorkshire & Barnsley integrated care system, new IPS workers are ready to commence in post in community teams in December
- Continued success in recruitment to medical posts has meant currently no agency medical staff in the business delivery unit (BDU).
- Willow ward achieved a gold rating in their recent internal quality monitoring visit. Service users told the visit team 'that they feel involved in their care and were aware of their care plan. They also said the benefits and risks of their treatment had been explained to them.'
- Ongoing management of patient flow is proceeding as well as possible despite growing pressures

Challenges

- Demand and capacity in acute and community services continues to be a challenge
- The action plan and training around care programme approach (CPA) reviews, data quality and activity and improvement in how we use SystmOne is leading to positive impact, and is being closely monitored and supported at trio level.

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
- Support for staff wellbeing across the BDU and in particular the wellbeing of staff in the acute service line

Calderdale & Kirklees BDU:

Key Issues

- Older adult wards remain under pressure with high acuity and need levels.
- The number of delayed transfers of care have reduced. Some alternative community provision gaps remain in complex older adult continuing care provision in Calderdale.
- Increase in pressures on adult acute beds use and recently some short term use of out of area capacity. Acute medical and accident and emergency systems are under intense pressures with silver system calls up to 3 times a week.
- Positive ongoing discussions and agreement with commissioners to develop older adult crisis team in Calderdale from beginning of 2020. Kirklees improving access to psychological therapies (IAPT) increased investment agreed ahead of plan in early 2020.
- Calderdale local authority adult mental health social worker workforce is very low, currently 1.8 WTE out of 8 WTE established workforce. Urgent discussions underway with local authority senior leaders.

Strengths

- High performance on mandatory training continues.
- Discussions have commenced with the three CCGs about next year's investment and business plans. Kirklees have identified additional plans over and above five year forward view to develop enhanced single point of access capacity and an emotionally unstable personality disorder trauma informed managed clinical network.

Challenges

- Calderdale psychological therapies remain under pressure with support from the CCG to commission some additional wider community capacity in third sector and also moving forward to recruit additional therapists. Commissioner provided with business plan but yet to confirm support and investment.

Areas of focus

- See above

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Forensic BDU:

Key Issues

- 8 learning disability (LD) beds de-commissioned by NHSE. Appleton is now full with 8 LD service users with a further 2 service users with a learning disability on another ward. The plans to transfer service users from Stockton Hall where appropriate continue.
- Occupancy for medium secure in month 98%, Bretton Centre 98% and Newhaven 75%.
- Work with the West Yorkshire Provider Collaborative continues. West Yorkshire and Harrogate integrated care system has released funding to support this work.
- Bid for a forensic community service was re-submitted to NHSE. Approval now granted to develop the service. Mobilisation has commenced.
- Forensic Outreach Learning Disability service (FOLS) is offering a consultancy and advisory service across the core week. Recruitment continues and we have successfully appointed to several key posts.
- Secure estate has now been transferred from forensic BDU and will form part of the generic CAMH services provided by the Trust.
- Programme of organisational development in place across the BDU looking at culture, well-being, reducing sickness, improving engagement and communication. This work is extensive and on-going.
- Improving our volunteer opportunities to be a focus.

Strengths

- Strong performance on mandatory training.
- Appraisal band 6 and above 87%, band 5 and below 82%. BDU helping to pilot new e-appraisal system.
- Supervision figures as reported to commissioners for Q2 90.2%.
- Good track record delivering CQUIN targets.
- Progress being made on CQC action plans. Only action waiting to be addressed is the call system which forms part of the wider Trust response.
- Review of psychology service has led to improved performance.
- Excellent service user engagement at service and regional level.

Challenges

- Recruitment of registered staff in all disciplines. Significant resource is being utilised to optimise recruitment activity. Exploration of alternative roles being undertaken.
- High turnover – this is being looked at in some detail and supported by HR.
- Reducing sickness

Areas of Focus

- The BDU are undertaking a large piece of work supported by HR and will focus on the following areas:
 - *Leadership
 - *Sickness/absence
 - *Turnover
 - *Well-being
 - *Bullying and harassment
- Ensuring the culture remains positive and reflects the values of the organisation.
- Recruitment to all clinical posts across the BDU

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Specialist BDU:

Challenges

- Vacancy levels in community learning disability services continue to be challenging with specific vacancies in senior nursing roles, psychology, speech and language therapy (SALT) adversely impacting on the ability to complete assessments/care planning within 18 weeks of referral. Data quality is being assured through routine performance clinics and each case breaching 18 weeks is tracked to ensure the reason for breaching is understood/recorded.
- A combination of high sickness levels and vacancies in Horizon inpatients has created a pressure on staff bank (and other wards/community services) to provide cover.
- Barnsley clinical commissioning group procurement of child and adolescent mental health service closed 14 November.

Areas for focus

- Business cases submitted to clinical commissioning groups in relation to 24/7 access to a learning disability specialist and maintaining the dynamic risk registers across children and adult learning disability and / or autism cohorts.
- The management of forensic child and adolescent mental health service (CAMHs) (Wetherby young offenders institute and Adel Beck) has transferred to specialist services business delivery unit as part of the CAMHS service line. Significant progress made in clarifying leadership and clinical model in accordance with improvement notice requirements
- Waiting times from referral to treatment in Wakefield and Barnsley CAMHs are reducing with robust action plans being developed to accelerate progress. In both areas waiting list initiative finance has been secured.
- Proactively addressing vacancy levels in CAMHs (Wakefield) and learning disability services.

Wakefield and Acute Inpatients Trust wide

Key issues

- The acute service line continues to experience high demand and staffing pressures leading to ongoing bank expenditure, with acuity on the wards particularly in psychiatric intensive care unit (PICU). Support for staff wellbeing is a priority.
- Good progress continues to be made on Ward 18 which had been experiencing particular challenges with staffing levels and retention. Action and improvement plans are on track with safer staffing and professions support. New leadership arrangements are being consolidated.
- Out of area beds for Wakefield service users has been maintained as nil acute 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.

- Management of patient flow and for Wakefield nil out of area acute bed usage
- The electro convulsive therapy service has been reviewed and has been re-awarded its electroconvulsive therapy accreditation service accreditation
- Staff from Nostell ward have presented at the Royal College of Psychiatrists' quality improvement network on their success in reducing restrictive practices. Furthermore in October, the success continued: with no usage of restrictive practices – seclusion, restraint or rapid tranquilisation – at all in the ward
- Colleagues from the memory service, Richard Clibbens and Angela Depledge, have had an article published in The British Journal of Nursing 'Developing the advanced nurse practitioner role in a memory service'.

Challenges

- Adult acute occupancy and acuity levels remain high.
- E-discharge performance is inconsistent and an improvement action plan in place led 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 remains a challenge.
- Care programme approach reviews performance which has been subject to action planning lead by the quality and governance lead has made significant progress and is nearly on target.

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.

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Communications, Engagement and Involvement

Marketing and communications

- Unity centre opened on 10 October and was promoted through all our channels.
- Promotion of the i-hub challenge on reducing waste
- Support to EyUp! Christmas campaign. Website updated to support external awareness raising. Support for EyUp! charity eco cups – comms launch plan executed
- Creative Minds comms principles and toolkit shared through the charitable funds committee and with the creative minds team
- Support to Barnsley BDU regarding integrated care proposals. Comms strategy developed.
- Central intranet resource developed to support the information resource project group, to make information more accessible. The resource is now live.
- Support for smokefree service for Stoptober – promoting success of service and support available to internal and external audiences.
- Pharmacy waste communications plan, focused on cost effective prescribing and co-producing of materials with pharmacy team / prescribers
- SystmOne for mental health – comms strategy commenced for phase 2 – optimisation
- Further development of a partnership communication campaign with Barnsley Hospital, the CCG and GP Federation to promote alliance working and partnership working successes. Meetings have taken place for Barnsley 2030 project.
- Further development work on a Wakefield-district wide communications and engagement group, with action plan, for children and young people's mental health and wellbeing.
- Facilitating a workshop on comms and engagement at the West Yorkshire and Harrogate Health and Care Partnership for non-executive directors and governors.
- Developing comms and engagement approach for integrated care in Kirklees. Partnership forum established. Communications strategy presented to the Kirklees Integrated Partnership Board and approved. Work now progressing on the action plan.
- #Allofusimprove – promoting i-hub challenges and continued support promoting the IHI training across the Trust. #Allofusimprove case studies continue to be developed and rolled out.
- Supported flu campaign, including developing materials and delivering on the communication plan.
- Wellbeing marketing campaign plan has been developed, focused on gathering insight of staff wellbeing. The plan is for an insight report to be created which will be shared with relevant leads and used to scope campaign which will begin in 2020
- Internal bullying and harassment campaign in development
- Freedom to speak up guardian campaign in development
- Further meetings with regional communications colleagues to plan for Brexit
- Excellence awards 2019 to be held on 19 November. Films have been produced for all 15 team categories. Guest speaker at the event will be Kim Leadbeater – Ambassador for the Jo Cox Foundation and sister of Jo.
- Ongoing support to recruitment and retention. Transfer Talk campaign developed and will be launched in the New Year.
- Support for all staff networks, including the BAME and LGBT+ network
- Promotion for the NHS staff survey, including myth busting.
- Co-ordinating engagement briefings for EMT colleagues in advance of Overview and Scrutiny and Health and Wellbeing Board meetings.
- Production of in-house film for Nostell ward on reduction in restrictive practice – also production and support of presentation for national conference
- Infection and prevention control week – co-developed and delivered comms strategy with infection prevention and control team

Engagement and involvement

- Developing an engagement and involvement approach to support the strategy.
- HR support to build a culture of involving service users in the delivery of recruitment and selection. Three workshops will take place in Calderdale, Kirklees, Wakefield and Barnsley to identify service users, carers and families who have an interest in supporting the recruitment and selection process.
- Support to Barnsley BDU on engagement for integrated care proposals. Development of an engagement and equality plan which will identify the areas for engagement going forward. The areas already identified include:
 - o Single point of access
 - o Digital technology
 - o Third sector support
 - o Single assessment and care plans
 - o Supported self-care


Current work includes mapping the existing intelligence and equality impact assessment documents to identify any gaps in intelligence.

- Older People Services (OPS) will require a formal consultation to take place if scenarios form future proposals. Work will take place to create a high level timeline to demonstrate the process required to support this work.
- Single Point of Access (SPA) have delivered one engagement event in Calderdale and plan to deliver a second in Kirklees to further understand the development of the model.
- Work with CAMHS to identify an approach which will ensure the involvement of young people in the design of an enhanced service model will take place.
- Stakeholder engagement analysis will be used to develop an approach to involving key stakeholders in the work of the Trust. The analysis will act as baseline intelligence to ensure the relevant stakeholders are considered in any future plans or proposals.
- Working with West Yorkshire and Harrogate Health Care Partnership. We will continue to be actively involved in engagement activity relating to learning disability and mental health services. The work on ATU has already had input from the team.
- The renewal of volunteering accreditation and assessment is underway and meetings will take place throughout November with key staff members.
- Working with partners in Kirklees to enhance the offer of volunteering opportunities across Kirklees in our services.
- Volunteer annual survey completed outcomes to be reviewed for better working practices.

- Wakefield Projects
- Barnsley Projects
- South Yorkshire Projects
- West Yorkshire Projects
- SystmOne Optimisation
- Embed #alltogether to improve to enhance quality
- Provide all care as close to home as possible (Out of Area)
- Improve our mental health offer for older people

Priority	Scope	SRO	Change Manager	Governance Route	Improvement Aim(s)	Reporting Frequency	Narrative Update	Progress RAG rating	
IMPROVE HEALTH									
Work with our partners to join up care in Wakefield	1. To develop and deliver partnership structures and relationships that underpins integrated working 2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas determined as priorities by the Wakefield integrated care provider. These include (but not limited to): • Elderly and frailty • Mental health (via the MH alliance) • Dementia (via the MH alliance) 5. SWYPFT to take a lead partnership role in the development and delivery of a MH alliance for Wakefield that oversees • the delivery of priority work streams: - Crisis pathway - Personality disorder - Suicide prevention • the delivery of the 8 projects that make up the dementia programme • the delivery of legacy commitments for the following: - Peri-natal mental health investment - Psychiatric liaison core 24 - Children and young people eating disorders - Improving access to psychological therapies (IAPT)-long term conditions (in partnership with Turning Point). • the development and delivery of the Wakefield response to the NHS long term plan for mental health. 6. Working with partners, develop and implement the operational requirements of the districts response to the agreed strategy for the children and young peoples plan priority of emotional wellbeing and mental health.	Sean Rayner	Sharon Carter	Transformation Board	By 31/03/20+ All primary care home neighbourhoods will have: - an established integrated leadership team - co-produced priority areas of focus - population health data pack available to underpin decisions - produced stories that demonstrate impact for the people in their area. • Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Monthly on IPR	Plans are on-going to re-launch Future in Mind as a whole system with a clear transformation plan in Wakefield. Work is taking place with the Wakefield primary care homes leads to identify areas where they would like to put the resource to use. Additional funding to support this is being sought via a West Yorkshire integrated care system bid, scheduled for submission in mid-November. Work continues on the mobilisation of MH alliance priority workstreams. Next meeting of the W MH alliance will focus on 2020/21 priorities.	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. Programme manager commences post in December, and recruitment for band 6 project manager will commence in November. Both posts will be hosted at SWYPFT.	Management of Risk	
							By 31/03/20 Each scheme in the plan will have delivered to the outcomes framework developed. It is envisaged that the schemes will commence reporting against the outcomes measures from January 2020 onwards.		
Work with our partners to join up care in Barnsley	1. To develop and deliver partnership structures and relationships that underpin integrated working 2. To deliver integrated care networks in the six neighbourhoods of Barnsley which meet the requirements for primary care networks whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas as identified by the partnership groups. These include: a. Frailty b. CVD c. Stroke 5. To develop and deliver a communication and engagement plan that promotes integrated working, inspires staff to work in different ways and helps create an empowered public that takes more responsibility for their health and wellbeing. To underpin this work with a clear plan for SWYPFT in via the Barnsley and SY internal integration group.	Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 All six neighbourhoods will have • an established integrated leadership team • co-produced priority areas of focus • population health data pack available to underpin decisions • produced stories that demonstrate impact for the people in their area • The integrated care outcomes framework will be used by partners to begin to demonstrate impact of the different pieces of work • Each programme area will have delivered on key improvement aims as set out at the beginning of the year	Monthly on IPR	Stroke: the clinics are currently working well and there are no immediate issues across the system from the implementation of the hyper acute stroke unit at the beginning of October. After agreement on the model for early supported discharge the management of change is being undertaken to ensure staff are working in the new approach. It is anticipated that it will be February before this is fully in place due to recruitment. The team have been asked to do a presentation to SY&B ICS on their work which has received national endorsement. Neighbourhood team specification: significant work is being undertaken to mobilise the new specification with partnership workstreams in place for Single Point of Access, Population Health management, contracting & KPIs , workforce and communications/engagement as well as internal workstreams for estates, HR, IM&T and finance. Integrated neighbourhood working and the Primary Care Networks continue to develop alongside each other with good progress being made across all areas.	Progress Against Plan	
							Risk has reduced for stroke services with the agreement of the early supported sdscharge model although there are still concerns about our ability to recruit fully to the new team The main risk identified in the mobilisation of the neighbourhood team specification relates to capacity to deliver within the short timescale in particular in relation to information systems. The detail of this work is currently being scoped. The risk is compounded by the lack of information on the Key Performance Indicators for the new model. Other risks so far include: Inadequate resources: to deliver core hours beyond current service offers and resource envelope Mobilisation of a 24/7 SPA admin and clinical triage , not currently resourced Out of Hours 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. 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 31/03/20 New integrated community teams to be mobilised		

Summary	Quality	NHS Improvement		Locality	Priority Programmes	Finance/Contracts	Workforce		
Working with our partners to join up care in West Yorkshire	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HCP) Integrated Care System (ICS), including active membership of the West Yorkshire Mental Health, Learning Disabilities & Autism Service Collaborative, to deliver shared objectives with our partners in the areas of: • Forensic services including adult, children and LD project. SWYPFT is the Lead Provider for the WY&H Adult Secure Provider Collaborative. • Adult Mental Health Services • LD transforming care partnerships • Children and Adolescent Mental Health services (CAMHS) whole system pathway development • Suicide Prevention • Autism and ADHD We aim to underpin this work with a clear plan for SWYPFT via the WY internal integration group.	Sean Rayner	Sharon Carter & Sarah Foreman	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year, and/or reshaped (rescoped) as determined by the ICS Programme Board in Autumn 2019.	Monthly on IPR	•A high level analysis by CCG on the mental health investment standard for 2020/21, and over the five year planning period was presented at WY&H mental health, learning disability & autism programme Board on 18th October. WY & H ICS consolidated five year financial plans demonstrate a clear commitment to achieve the mental health investment standard as all CCGs are more or less projecting spend that is equal to or greater than the required mental health spend (excluding learning disability & dementia). Programme highlight reports were presented at the at WY&H MH, LD & Autism Programme Board on 18th October, these included: • Tier 4 CAMH unit, Leeds: Reported that first phase planning approval had been secured. Completion scheduled for September 2021. •Personality disorder pathway strategy for the Yorkshire & Humber region has been published and will be considered in the context of our Forensic Provider Collaborative clinical service model. •Suicide prevention initial campaign proposal was supported. The WY&H Mental Health, Learning Disability and Autism strategy was discussed at SWYPFT Board in October and comments feedback. Final version comes to the WY&H MH, LD & Autism programme board in November.	Progress Against Plan	
							Risks are managed by each programme of work. Areas of risk to report include: Failure to deliver timely response to bids and proposals due to lack of resource, other work priorities and skills. There is a risk that the timescales are too ambitious and do not allow for sufficient time to engage with all partners. Stakeholder engagement remains a challenge to progression for the majority of the programmes. West Yorkshire Forensic Lead Provider Business Case: whether a NMOC for forensics is deliverable in the context of the financial & contracting due diligence that will need to be undertaken over the following months.	Management of Risk	
							By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.		
Improve our mental health offer for older people	To deliver the agreed community model within each BDU. In November 2019, EMT agreed to a change in scope of this priority programme to include developing an updated inpatient Business Case.	Subha Thiyaagesh	work managed within BDU s	OMG	To implement the community model in each BDU as far as the existing resources allow. For this to be evidenced by self-assessment. In November 2019, EMT agreed to a change in scope of this priority programme to include developing an updated inpatient Business Case	at key milestones	There has been recent activity to review and refresh findings from the original inpatient business case, which considered the case for establishing specialist needs based units across the Trust. EMT have agreed to a change in scope of this priority programme to include developing an updated inpatient Business Case. Further planning work is being taken forward through November to establish the resources to support this work.		
							Further risk analysis will be undertaken as part of any inpatient business case refresh		
							timescales for BDUs to update on their progress to implementing new models to be agreed new milestones for producing business case for implementation of new inpatient model to be agreed.		

Summary	Quality	NHS Improvement		Locality		Priority Programmes	Finance/Contracts	Workforce
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	<p>Highlights include:</p> <ul style="list-style-type: none">• Appropriate inpatient stays: Work to refresh criteria led discharge has now commenced. High level process map, new protocol and roles and responsibilities (RACI) model have been produced. The pilot has commenced in late October in Ward 18 and will start in early November at the Dales. The project team has visited the wards in advance to prepare for the refresh.• Patient flow - New sitrep report is now in place and meetings are being held with intensive home based treatment (IHBT) managers to confirm how joint working with the patient flow team will happen. Still awaiting confirmation of new office space for team. Feedback from patient flow service is that there are still high pressures in the system.• There is evidence of the community strand continuing to have an impact, with continued reductions in numbers of people waiting to be stepped down from IHBT to community teams across Calderdale and Kirklees and some reductions in weekend handovers from enhanced to IHBT. A new framework for core is in draft and a meeting to focus medics caseloads has been held in October. This has resulted in a plan to pilot changes in North Kirklees. Priority work remains to get the community caseloads to more manageable levels to enable recovery focussed work.• The work in community should help enable new ways of working in IHBT, in particular establishing more joint out of hours mental health act assessments with AMHPs, but resourcing issues in the IHBT continue to limit opportunities to develop this, though plans are in place to resolve recruitment issues. Barnsley IHBT have visited the Kirklees IHBT team in October and learning from this will help inform a workshop to be planned with the team.• Triage tool testing and SBAR use has taken place in SPA in October – feedback is very positive from the team and work is now taking place to establish resource implications of implementing the tool. Joint work with Calderdale GP lead continues, with plans to test e-referral on a small scale by Christmas. 111 meeting to finalise changes required is being organised. Service user engagement events are planned for November.• The Trauma Informed Personality Disorder (TIPD) pathway activity continues to make good progress. Teams are now establishing collaborative care plans and aiming to implement new ways of working. The new pathways have been drafted and PD champions are being identified. A training programme is being established and rolled out in late 2019.• Work continues to ensure that the right level of information is available across all levels of management and governance in the organisation. <p>The overall numbers of out of area bed days are now much lower than out long term averages and a step change in the numbers of out of area placements in 2019 can now be demonstrated.</p>	Progress Against Plan
							<p>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:</p> <p>1) Failure to deliver timely improvement due to lack of resource, other work priorities and skills - this has been flagged to steering group given some slippage - although plans are being rebased and progress is being made across all strands. Activity across the programme is likely to run well into 2020. CLD refresh to run until approximately March 2020. SPA set to refresh in early 2020.</p> <p>2) Lack of relevant information and poor data quality could lead to poor decision making and / or poor assessment of changes, leading to:</p> <ul style="list-style-type: none">- being unable to quantify impact of some changes- changes having a negative impact- changes leading to other unintended consequences <p>Dashboards now developed but not fully in use. Trajectories need to be agreed based on the dashboards and then tracked via new performance management processes. Further development of dashboards into Power BI was put forward as critical to success by SSG in recent challenge review.</p> <p>3) Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures.</p> <p>Proposed to refresh sustainability model via self-assessment.</p> <p>4) Differing cultures across the trust and varying levels of engagement could lead to failure to deliver the proposed changes. The programme continues to work with key stakeholders including staff to develop and implement the required changes.</p> <p>Regular communication is to include thanks and appreciation.</p> <p>To bring even more people into the engagement, including staff, service users/carers.</p>	Management of Risk
								
Embed #allofusimprove to enhance quality		Tim Breedon & Salma Yasmeen	Vicki Whyte	EMT	Capability across the Trust will be increased A network of #allofusimprove Champions and Facilitators will be in place across the Trust to support continuous improvement. The #allofusimprove toolkit and helpdesk will be refreshed to support people to 'do and share' their improvements ideas. I Hub will be re-launched and used to strengthen the sharing, development and embedding of improvement and innovation across the Trust	at key milestones	<p>Trust priority conversation 'Spending wisely and reducing waste' launched in October and has generated 22 ideas to date.</p> <p>226 staff across the Trust currently completing the IHI Certificate of Quality & Safety with an extended deadline of 31.01.19</p> <p>107 staff completed IHI Certificate and are now Trust Improvement Facilitators</p> <p>4 members of staff have completed QSIR practitioner training with ACT Academy and are developing a programme of silver training, coaching and mentoring.</p> <p>The next Trust Board session is due to take place on 17th December on Leading for Improvement.</p> <p>The #allofusimprove toolkit has been refreshed and is now live on the intranet.</p> <p>SPC measurement for improvement tools used in Care Closer to Home programme.</p> <p>Case studies published on intranet demonstrating impact.</p> <p>Learning Library established to share learning from experience.</p> <p>Knowledge Café on Change and Innovation took place on 30th October.</p>	Progress Against Plan
							<p>no key risks identified</p> <p>By 1/05/19 I Hub Relunched.</p> <p>By 31/08/19 #allofusimprove toolkit updated and in place.</p> <p>By 31/03/20:</p> <p>250 people to complete quality improvement training</p> <p>24 improvement case studies developed and shared</p> <p>4 x Qi Silver Training sessions held</p> <p>20 x Improvement Coaching & Mentoring sessions held.</p>	Management of Risk

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
IMPROVE RESOURCES						
Make the most of our clinical information	Delivering SystmOne optimisation plan - Following review at programme steering group in October 2019, and agreed at EMT in November, scope for SystmOne Optimisation has now reduced to 6 main projects – care plans, risk assessment, tasks, sharing out, and e-referrals, together with an overarching priority around reducing variation/improving data quality.	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	Monthly on IPR
						Following review at programme steering group in October 2019, scope for SystmOne Optimisation has now reduced to 6 main projects – care plans, risk assessment, tasks, sharing out, and e-referrals, together with an overarching priority around reducing variation/improving data quality. Programme of work has been extended to September 2020. Progress in October is as follows: Care Plans: The new mental health care plans successfully went live in Forensics Services on 14th October. Trustwide engagement and support commenced with All SystmOne Improvement groups involved in the co design and co-creation of the MH care plans, and from these groups we have improvement champions demonstrating the care plans to their teams across the Trust. Feedback received is universally positive, and a 'toolkit' has been produced to help staff prepare for the launch of the new mental health care plans on 25 November. Clinical Safety and Design Group have been tasked to develop a Standard Operating Procedure regarding standards for completing care plans and linking risks to care plans as highlighted during CQC visits. Risk Assessments: A working group led by Deputy Director of Nursing has held 2 workshops, training clinicians on the principles of Formulation-Informed Risk Management, including use of the new SystmOne Risk Assessment. Further testing of the risk assessments in the demo environment is taking place with all clinicians attending the FIRM training being given access to the demo system. Further testing and demonstrations of the new Risk Assessments and User Guides will take place at SystmOne Improvement Groups from November 2019. An Action Plan for rollout was agreed at Programme Steering Group (23.10.19) with E-Referral, Tasks and Sharing. Co-creation of the e-referral form is taking place with an e-RS Project Group including representation from Primary care. A meeting to look at technical issues related to e-referral, tasks and sharing is taking place with representation from Primary Care on 6th November and an Action Plan will be developed after that meeting. Reducing Variation/Data Quality: Following co-creation and co-design with SPA and IHBT services, event templates to support improvement in activity recording and data quality went live in SystmOne on 21st October 2019. A task and finish group from MH community services is being set up via SystmOne Improvement groups members and other interested parties to co-create Event Detail Templates for Community Services. Matching the current 120+ Activity Codes on SystmOne to SNOMED codes is complete in preparation for rationalising the list.
						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, to be able to train and support clinicians, and to lead/manage the project as required. Although these risks have been reduced owing to reduction in scope for the programme, the risks still remain. 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.
						The High Level Optimisation plan signed off by EMT in July 2019 suggested preliminary milestones for the project. Owing to extending the period of stabilisation, sign off of the plan being delayed until July, CQC inspection and project management not commencing until August, the initial phase of engagement and prioritising has been rescheduled. A robust plan for ongoing engagement and involvement throughout further stages of the project is in development, and delivery of the project remains on target as 31st May 2020. Owing to the above, Optimisation programme plan rescheduled and to be in place by end of October 2019 (following sign off by PSG) As agreed by EMT in July, Post implementation Review rescheduled to be completed by October 2020. Secondary changes made by the supplier to the new Care Plan design based on initial feedback delayed roll out of the care plans for testing. Roll out (subject to sign-off by CSDG) has been rescheduled to commence in October.
MAKE THIS A GREAT PLACE TO WORK						These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR

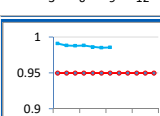
Progress against plan rating	Risk Rating	Likelihood	1 Rare	2 Unlikely	3 Possible	5 Almost certain
On target to deliver within agreed timescales / project tolerances	Consequence					
Ability/confidence to deliver actions within agreed timescales / project tolerances	5 Catastrophic		5	10	15	25
Actions will not be delivered within agreed timescales / project tolerances	4 Major		4	8	12	20
Action complete	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 / SUIT risk

Glossary:	
C&YP Children and Young People	ATU Assessment and Treatment Unit
ICS Integrated Care System	HASU Hyper acute stroke unit
WY West Yorkshire	SPA single point of access
SYB South Yorkshire and Bassetlaw	NHSE/ National Health Service England/ NHS Improvement
NHS National Health Service	IPS individual placement support
PCN Primary Care Hub (also referred to as Primary Care Network)	NMOC new model of care
PCN Primary Care Network (also referred to as Primary Care Hub)	OMG organisational management group
IHBT – Intensive Home Based Treatment	OPS older peoples services
MH mental health	SRU stroke rehabilitation unit
VCS voluntary and community sector	FIRM Formulation informed risk assessment
DBT Dialectic Behavioural Therapy	CSDG clinical safety design group
MOU memorandum of understanding	QI quality improvement
IAPT Improving Access to Psychological Therapies	SPC statistical process control
LTC long term conditions	IHI Institute for Health Improvement
CCG Clinical Commissioning Group	GSIR Quality, Service Improvement and Redesign)
IM&T Information management and technology	SSG an external consultancy company
P&I performance and information	EMT executive management team
ESD Early Supported Discharge	GP General practitioner
WY&H West Yorkshire and Harrogate	TIPT Trauma Informed Personality Disorder
HCP Health Care partnership	SBAR Situation - Background - Assessment – Recommendation – quality
LD Learning Disabilities	improvement tool
UEC Urgent and Emergency Care	AMHP Approved mental health professional
BDCFT Bradford District Care Trust	RACI roles and responsibilities indicator
SWYPFT South West Yorkshire Partnership Foundation Trust	LTP long term plan
	ICT Integrated change team

Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in October. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£0.9m)	(£0.2m)	October financial performance is a surplus of £201k excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.9m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.9m	£7.5m	Agency expenditure is higher than plan with £0.7m spent in October, £0.2m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements.	
4	Cash	£34.3m	£32.4m	Cash in the bank continues to be above planned levels; partly due to opening balances being higher than plan but also due to continued actions in year.	
5	Capital	£1.9m	£6m	Capital spend is below plan at the end of October. Forecast remains at £6m to reflect the current most likely position.	
6	Delivery of CIP	£5.2m	£10.6m	Year to date £5.2m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.3m 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

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Contracting - Trust Board

Contracting Issues - General

Kirklees CCGs are providing additional investment for 2019/20 related to key mental health investment standard priority areas including, expansion of children's and young people's crisis services/all age liaison and further expansion of perinatal and IAPT services. Kirklees CCGs have also confirmed additional investment for attention deficit hyperactivity disorder (ADHD) services. Contract negotiations for 2020/21 are underway with key commissioners. Calderdale CCG has approved investment for the development of mental health crisis services for older people.

CQUIN

Results awaited for Q2 CQUIN submissions.

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. A review of neighbourhood nursing has been completed and workforce implications will feed into the wider work related to the Barnsley integrated care system specification. Implementation of work related to children's therapies expansion and waiting list reduction is ongoing. The new Barnsley smoke free service model commenced on 1 November 2019.

Contracting Issues - Calderdale

Calderdale CCG has confirmed additional investment to develop mental health crisis intervention services for older people. 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. Work is ongoing to implement individual placement support and to implement additional crisis investment gained through bids to NHSE. Contract negotiations for 2020/21 are underway.

Contracting Issues - Kirklees

Kirklees CCGs are providing additional investment for 2019/20 related to key mental health investment standard priority areas including, expansion of children's and young people's crisis services/all age liaison and further expansion of perinatal and IAPT services. Kirklees CCGs have also confirmed additional investment for adult ADHD services. Contract negotiations for 2020/21 are underway. 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

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. Work has commenced in relation to contract negotiations for 2020/21 contracts.

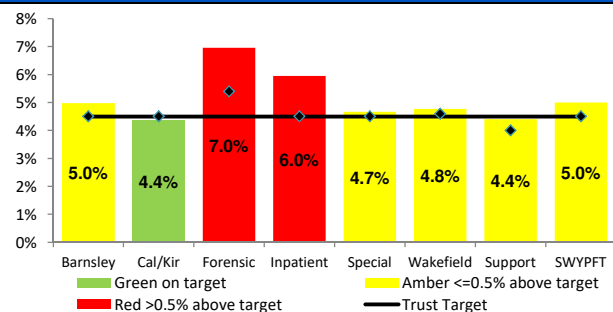
Contracting Issues - Forensics

The key priority work stream for 2019/20 remains the review and reconfiguration of the medium and low secure service beds as part of the work with NHS England in addressing future bed requirements as part of the wider regional and West Yorkshire integrated care system work. SWYPFT successful in a bid to become the lead provider for the West Yorkshire Collaborative for adult secure services on the further development track workstream to commence from April 2022.

Workforce

Human Resources Performance Dashboard - October 2019

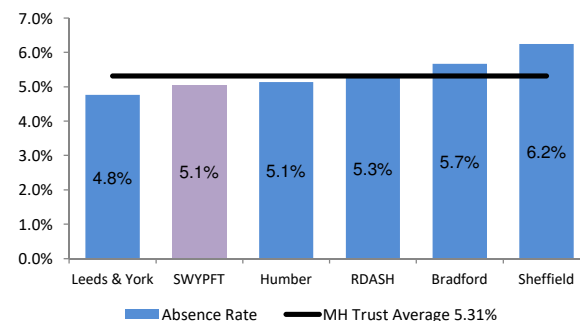
Sickness Absence



Current Absence Position and Change from Previous Month - Oct 2019

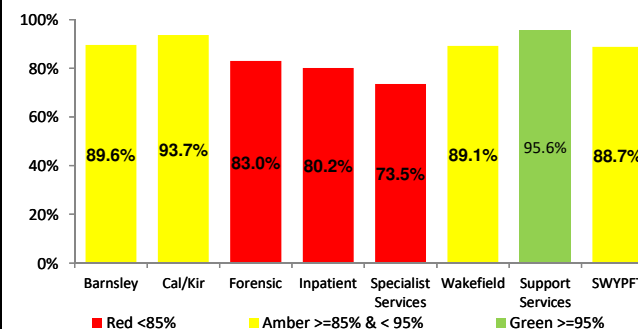
	Barn	Cal/Kir	Fore	Inpat	Spec	Wake	Supp	SWYPFT
Rate	4.8%	5.0%	6.3%	6.0%	4.5%	5.8%	4.3%	5.1%
Change	↑	↑	↓	↓	↑	↑	↓	↑

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



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

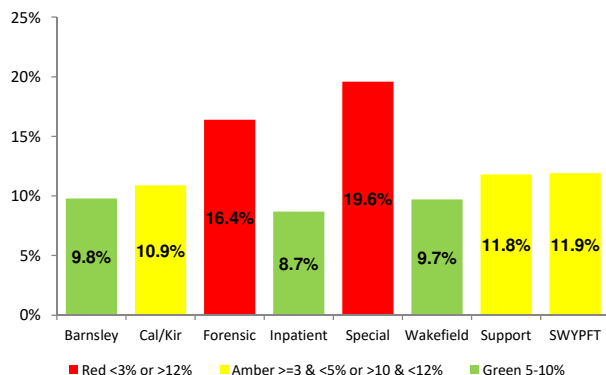
Appraisals - All Staff



The above chart shows the appraisal rates for the Trust to the end of October 2019.

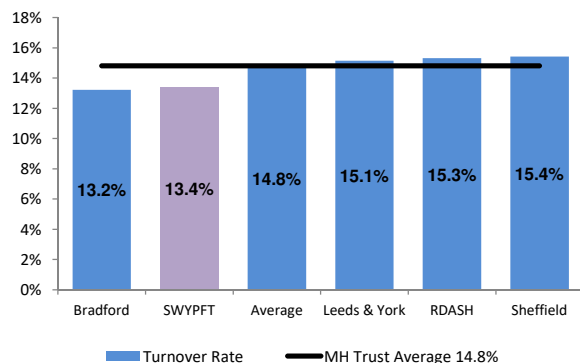
Until August, the figures only included staff on Band 6 and above. From September's report onwards, they include all staff. The Trust target for all staff is to reach 95% by the end of September.

Turnover and Stability Rate Benchmark



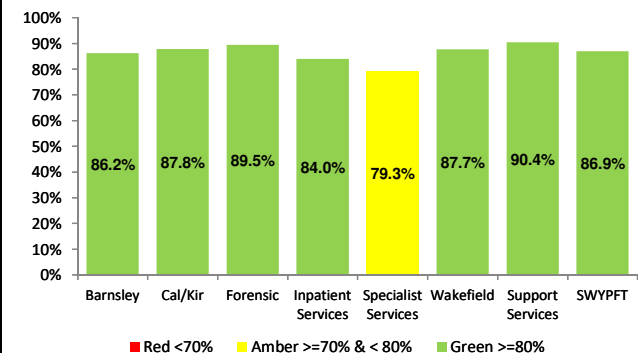
This chart shows the YTD turnover levels up to the end of October 2019.

The turnover data excludes decommissioned services



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

Fire Training Attendance



The chart shows the 12 month rolling year figure for fire lectures to the end of October 2019. Specialist Services are still slightly below the target but all other areas and the Trust continue to achieve the 80% target.

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Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.1%	5.7%	5.8%	5.7%	5.8%	5.1%	4.6%	4.7%	4.7%	5.2%	5.3%	5.0%	5.0%	5.1%
Appraisals (Band 6 and above) ¹	Improving Resources	Well Led	AD	>=95%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%	99.1%	6.3%	19.8%	66.2%	76.2%	80.3%	83.8%	91.6%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%	97.5%	0.2%	1.5%	7.8%	26.4%	39.1%	69.7%	86.8%
Aggression Management	Improving Care	Well Led	AD	>=80%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%	82.8%	82.8%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%	83.0%	86.8%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%	88.7%	88.6%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%	91.5%	92.0%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%	86.6%	86.8%
Food Safety	Improving Care	Well Led	AD	>=80%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%	82.0%	81.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7%	91.7%	92.2%	92.0%
Information Governance	Improving Care	Well Led	AD	>=95%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%	94.2%	94.0%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%	91.7%	92.1%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%	93.2%	93.9%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%	88.8%	90.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	83.8%	82.6%			86.8%			75.1%			73.1%			Due Jan 20
Prevent	Improving Care	Well Led	AD	>=80%											80.8%	81.5%	83.5%	86.0%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%	94.2%	94.4%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%	91.5%	91.8%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%	96.0%	96.3%
Bank Cost	Improving Resources	Well Led	AD	-	£845k	£615k	£674k	£678k	£752k	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k
Agency Cost	Improving Resources	Effective	AD	-	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£613k	£641k	£619k	£772k	£629k	£628k	£674k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£507k	£586k	£571k	£572k	£602k	£476k	£482k	£479k	£494k	£521k	£541k	£507k	£497k	£534k
Business Miles	Improving Resources	Effective	AD	-	279k	267k	299k	279k	286k	270k	289k	274k	240k	293k	281k	245k	284k	264k
Health & Safety																		
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commenced 19/20							7			4			Due Jan 20

¹ - this does not include data for medical staffing.

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 91.6% however performance to the end of October is below expected levels and is below the level achieved for the same time last year. There is typically a time lag in terms of recording appraisals so an increase is expected by the end of November.

Sickness Absence

• Year to date sickness at the end of October is 5.0% which compares with 4.8% last year. The monthly rate of 5.1% is 0.6% lower than October last year.

Turnover

• Turnover continues to be an area of focus and the recruitment and retention task group have developed an action plan which is monitored through the workforce and remuneration committee.
• Staff turnover decreased to 11.9% month on month which is 1.49% lower than prior year. Particular hotspots are in forensic and specialist services.

• The year to date turnover rate for registered nursing staff is 11.1%

Publication Summary

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

NHS Improvement provider bulletin: 30 October 2019:

- Take part in NHSI website discovery project
- New criteria-led discharge support resource for managers
- Listen to the second NHS Assembly podcast
- NHS cadets introductory webinar
- Updates from NHSI partners

NHS Improvement provider bulletin: 7 November 2019:

- Tariff engagement document published
- Peer leadership academy open for applications from people with experiences of personalised care
- Monitoring of the early intervention in psychosis (EIP) waiting time standard
- Getting It Right First Time (GIRFT): Ear, nose and throat (ENT) national report
- Forthcoming Electronic Staff Record (ESR) update can help manage conflict of interest declarations
- 100,000 more people set to benefit from personal health budgets
- Transforming imaging services in England — a national strategy for imaging networks
- Pathology networks
- Webinar: Advice and guidance mobilisation
- Updates from NHSI partners

NHS Improvement provider bulletin: 13 November 2019:

- National Patient Safety Alert: Depleted batteries in intraosseous injectors
- The Whistleblowers' Support Scheme opens for applications
- National strategy to transform imaging services
- Electronic staff record (ESR) data collection guidance
- Lessons from the Healthy New Towns programme webinar
- Updates from NHSI partners

NHS workforce statistics: July 2019

Mental Health Act statistics: annual figures, 2018-19

Diagnostic imaging dataset: June 2019

Physical health checks for people with severe mental illness: Q2 2019/20

Children and young people eating disorder collection: Q2 2019/20

Diagnostics waiting times and activity: September 2019

Mixed-sex accommodation breaches: September 2019

Mental health community teams activity: Q2 2019/20



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 7
(2019 / 20)**
Appendix 1



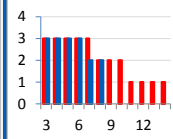
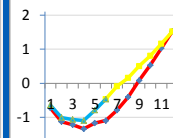
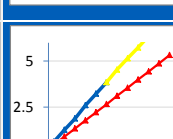
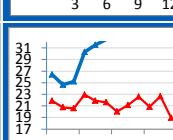
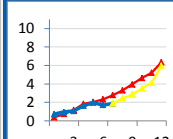
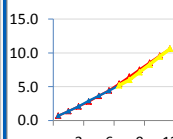
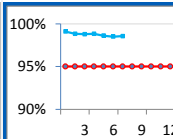
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


With **all of us** in mind.

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1.0		Executive Summary / Key Performance Indicators			
Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in October. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£0.9m)	(£0.2m)	October financial performance is a surplus of £201k excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.9m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.9m	£7.5m	Agency expenditure is higher than plan with £0.7m spent in October, £0.2m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements.	
4	Cash	£34.3m	£32.4m	Cash in the bank continues to be above planned levels; partly due to opening balances being higher than plan but also due to continued actions in year.	
5	Capital	£1.9m	£6m	Capital spend is below plan at the end of October. Forecast remains at £6m to reflect the current most likely position.	
6	Delivery of CIP	£5.2m	£10.6m	Year to date £5.2m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.3m is rated as red with a high risk on delivery.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

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

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

Area	Weight	Metric	Actual Performance		Plan - Month 7	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.0	1	2.4	2
	20%	Liquidity (Days)	26.6	1	16.8	1
Financial Efficiency	20%	I & E Margin	-0.1%	3	-0.6%	3
Financial Controls	20%	Distance from Financial Plan	0.5%	1	0.0%	1
	20%	Agency Spend	46%	3	15%	2
Weighted Average - Financial Sustainability Risk Rating				2	2	

Impact

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

The agency rating is the only metric which is lower than planned. If this increases to 50% then this would reduce to 4 and mean that a maximum 3 rating could be achieved.

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.

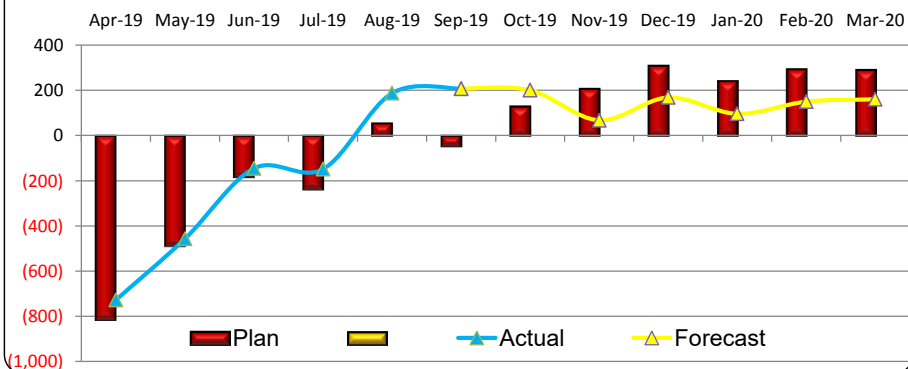
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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.

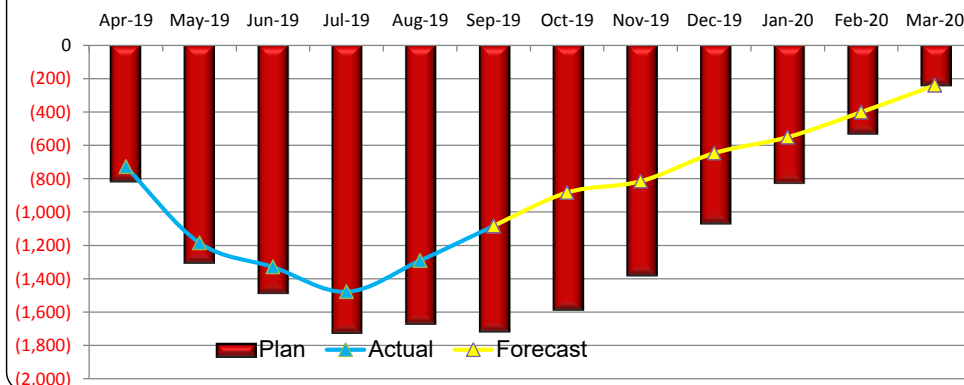
Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,105	17,906	(199)	Clinical Revenue	124,239	123,329	(910)	213,681	212,647	(1,034)
				18,105	17,906	(199)	Total Clinical Revenue	124,239	123,329	(910)	213,681	212,647	(1,034)
				1,233	1,288	55	Other Operating Revenue	8,357	8,522	165	14,085	14,787	701
				19,338	19,194	(144)	Total Revenue	132,596	131,851	(745)	227,766	227,433	(333)
4,282	4,119	(163)	3.8%	(15,097)	(14,531)	566	Pay Costs	(104,858)	(101,501)	3,357	(179,957)	(176,072)	3,886
				(3,800)	(3,547)	253	Non Pay Costs	(25,037)	(23,797)	1,240	(42,940)	(43,384)	(443)
				349	(225)	(574)	Provisions	340	(2,702)	(3,042)	2,820	10	(2,809)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,282	4,119	(163)	3.8%	(18,549)	(18,304)	245	Total Operating Expenses	(129,555)	(128,000)	1,555	(220,078)	(219,445)	633
4,282	4,119	(163)	3.8%	790	890	100	EBITDA	3,041	3,850	810	7,688	7,988	300
				(442)	(482)	(40)	Depreciation	(3,093)	(3,271)	(178)	(5,302)	(5,680)	(378)
				(227)	(227)	0	PDC Paid	(1,590)	(1,590)	0	(2,726)	(2,726)	0
				8	20	12	Interest Received	58	128	69	100	178	78
4,282	4,119	(163)	3.8%	129	201	72	Normalised Surplus / (Deficit) Excl PSF	(1,584)	(883)	701	(240)	(240)	0
				177	177	0	PSF (Provider Sustainability Fund)	795	795	0	1,765	1,765	0
4,282	4,119	(163)	3.8%	306	378	72	Normalised Surplus / (Deficit) Incl PSF	(789)	(88)	701	1,525	1,525	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,282	4,119	(163)	3.8%	306	378	72	Surplus / (Deficit)	(789)	(88)	701	1,525	1,525	0

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



Produced by Performance & Information

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



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

Month 7

The October position is a pre PSF surplus of £201k and a post PSF surplus of £378k, this is £72k ahead of plan. The key headlines are below. This represents the third consecutive month 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 with 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. Additional income has been recognised in month for NHS England funded crisis liaison services across all localities. This is c. £0.8m in 2019/20.

Pay Expenditure

Pay budgets have continued to underspend; £566k in October. Trust working groups on recruitment and retention continue to progress action plans and as such additional recruitment is planned meaning increased expenditure in future months. 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 October agency costs are £674k compared to cap of £443k.

Non Pay Expenditure

Non pay is underspent by £253k in October and cumulatively is £1.1m less than the same period last year. The report highlights expenditure on out of area placements which, whilst still a major area of focus, is £1.5m lower than last year. More details are included within the out of area focus page.

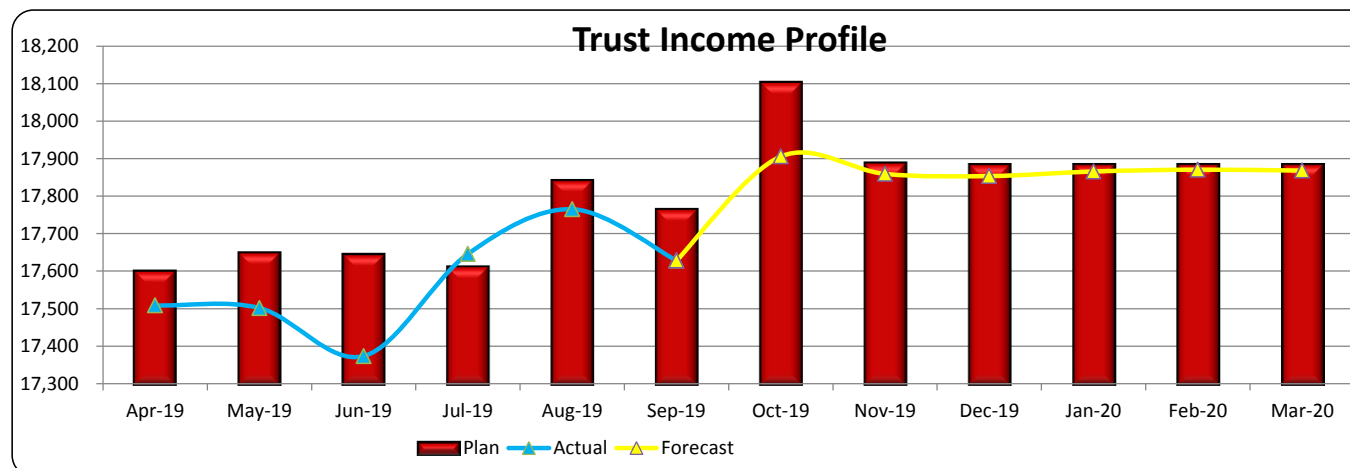
Forecast

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	9,999	9,999	9,868	10,028	9,973	10,032	10,211	10,089	10,089	10,089	10,089	10,087	120,551	146,036
Specialist Commissioner	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	24,297	23,356
Alliance	1,295	1,295	1,295	1,295	1,295	1,334	1,332	1,342	1,338	1,338	1,343	1,340	15,843	14,596
Local Authority	0	0	0	0	0	0	0	0	0	0	0	0	0	5,074
Partnerships	614	614	670	631	633	494	744	656	656	656	656	656	7,677	7,172
Other	3,576	3,570	3,516	3,668	3,839	3,743	3,594	3,749	3,746	3,758	3,758	3,761	44,278	6,708
Total	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,859	17,854	17,866	17,871	17,868	212,647	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	



Income has increased although it remains lower than plan overall. The increase in month is due to:

* Finalised recharges for activity based income including Barnsley neuro rehab beds.

* Inclusion of income for NHS E funded crisis liaison across all localities. This is c. £0.8m additional income in 2019/20 and mobilisation continues (costs are within the BDU financial positions).

Year to date a CQUIN delivery risk of £163k has been recognised across all commissioners. This is an increase from last month recognising the risk relating to flu vaccinations.

Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 80% of total Trust expenditure.

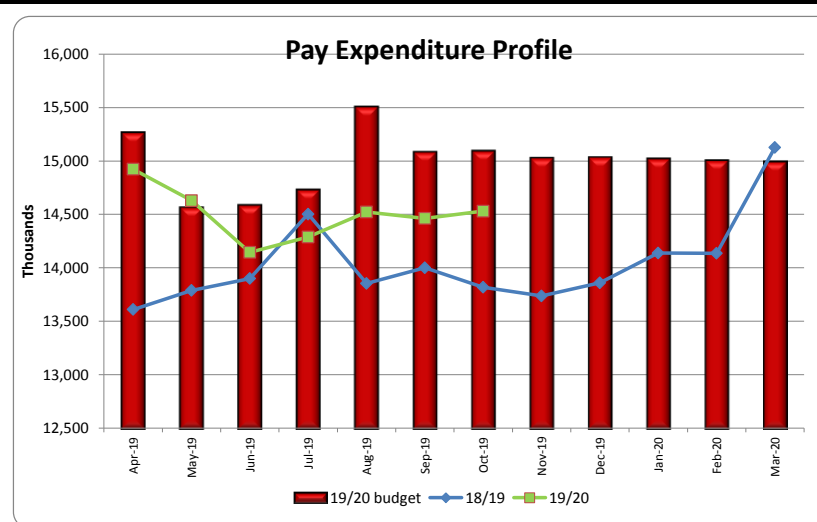
The Trust workforce strategy was approved by Trust board during 2017 / 18 and annual plans are agreed by the Workforce and Remuneration Committee. The Trust's strategic workforce plan was approved in March 2018 and is updated annually.

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs. Additional analysis has been included to highlight the varying levels of overspend by service and is the focus of the key messages below.

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
Substantive	13,647	13,082	12,768	12,819	12,959	13,014	13,063						91,353
Bank & Locum	663	906	752	747	934	821	794						5,618
Agency	613	641	624	722	628	628	674						4,531
Total	14,923	14,629	14,145	14,288	14,522	14,463	14,531	0	0	0	0	0	101,501
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%	5.7%	5.5%						5.5%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%	4.6%						4.5%

Year to Date Budget v Actuals - by staff group						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	13,750	10,789	372	2,322	13,483	267
Nursing Registered	37,821	30,822	1,910	294	33,026	4,796
Nursing Unregistered	11,394	10,294	2,682	1,078	14,054	(2,660)
Other	25,563	24,651	257	810	25,719	(156)
BDU Admin	7,552	6,484	285	10	6,779	773
Corporate Admin	8,778	8,312	112	16	8,441	337
Total	104,858	91,353	5,618	4,531	101,501	3,357

Year to date Budget v Actuals - by service						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	45,572	38,771	1,035	2,809	42,615	2,956
Inpatient	26,859	21,749	3,981	1,501	27,231	(372)
BDU Support	4,214	4,099	119	10	4,228	(14)
Community	12,602	12,019	212	147	12,377	224
Corporate	15,612	14,715	271	64	15,049	562
Total	104,858	91,353	5,618	4,531	101,501	3,357



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 October pay underspent by £566k. Year to date the underspend is £3.4m. Temporary staffing provided by both agency and bank staff totals £10.1m to date (10% of total pay expenditure) and this level of expenditure is being offset by vacancies. However additional staffing requirements and vacancies are often within different services or BDUs within the Trust. The service, quality and financial impact of this is considered as part of the monthly internal review.

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

The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £1.4m 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.

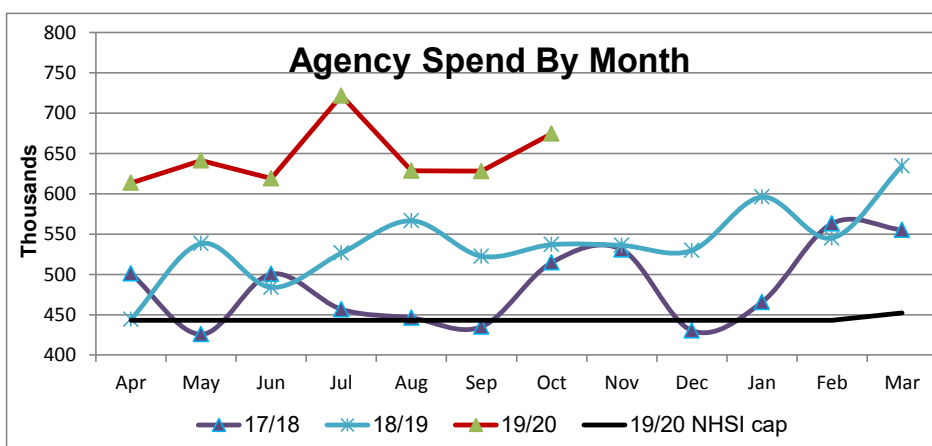
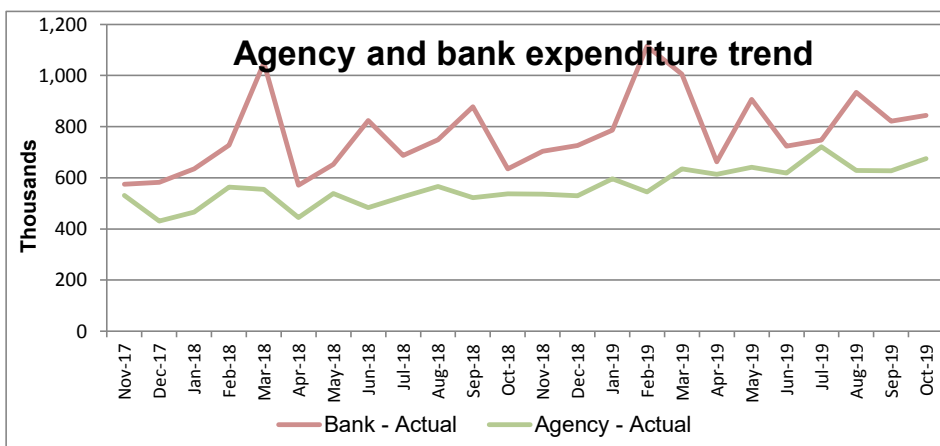
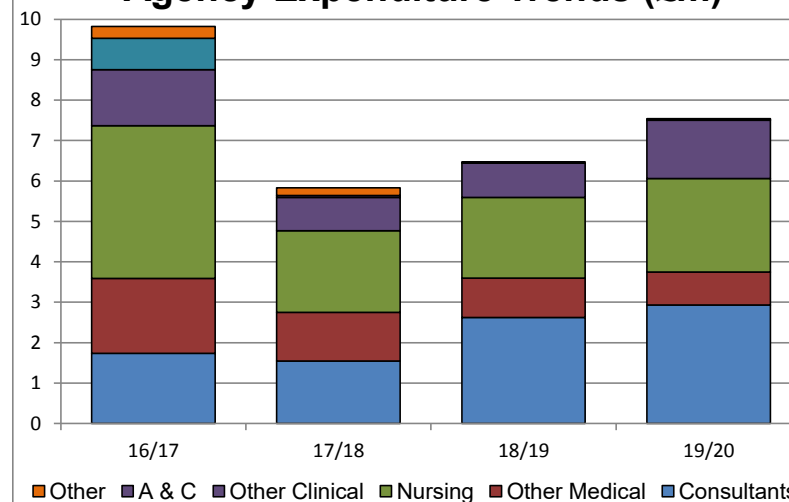
Actual agency usage continues to be reported to NHS Improvement on a weekly basis.

October agency spend is £674k, 52% above cap. This is an increase from the previous two months. Cumulatively agency spend is £4.5m which is 46% above cap and 25% higher than the same period last year. Actions within the Trust agency action group continue to progress reducing agency spend overall.

The current forecast, based upon these plans, is £7.5m. This is a £0.1m increase from last month. This has been a similar value for a number of months; reductions in forecast medical spend have been offset by increases in nursing and other clinical staff to support commissioner investment. For 2019/20 this is estimated to be c. £0.4m (5% of the total). The remainder relates to coverage of recurrent issues.

Bank and locum expenditure in October 2019 is £0.7m which is lower than previous months.

Agency Expenditure Trends (£m)

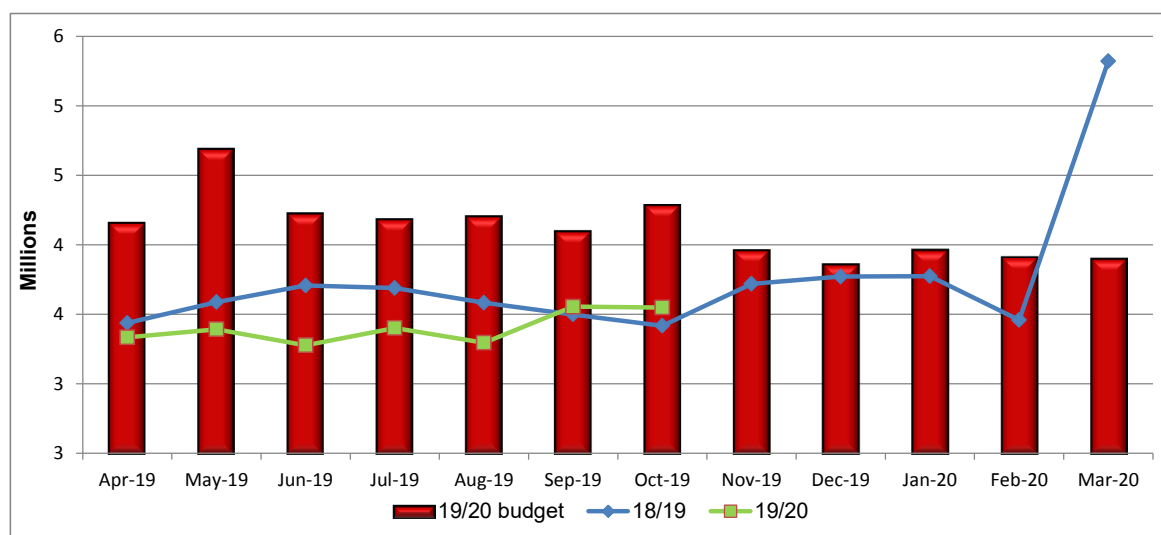


2.1 Non Pay Expenditure

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

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547						23,797
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

	Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Clinical Supplies	1,556	1,591	(35)
Drugs	2,128	2,019	110
Healthcare subcontracting	3,073	2,652	421
Hotel Services	1,068	952	116
Office Supplies	2,939	2,796	143
Other Costs	2,863	2,513	350
Property Costs	4,109	4,285	(176)
Service Level Agreements	3,618	3,578	40
Training & Education	249	272	(23)
Travel & Subsistence	2,041	1,713	328
Utilities	623	715	(92)
Vehicle Costs	770	710	59
Total	25,037	23,797	1,240
Total Excl OOA and Drugs	19,835	19,126	709



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).

As illustrated by the graph, year to date non pay expenditure is £1.1m lower than in the previous year, although both September and October are slightly higher than their comparators. Savings have been made primarily in the out of area bed placements.

The largest single underspend is within healthcare subcontracting (£421k), this includes out of area bed costs. The second largest is other costs (£350k) This encompasses a range of varied spend areas not covered by the other headings. 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	76	17	48						903

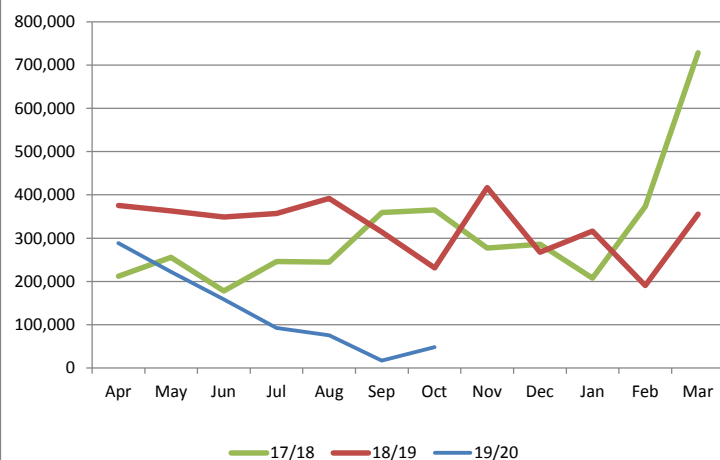
Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
17/18	282	367	253	351	373	427	479	434	414	276	626	762	5,044
18/19	607	374	412	501	680	473	245	508	329	358	197	220	4,904
19/20	282	354	238	206	156	28	53						1,317

Bed Day Information 2019 / 2020 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	32	26	30	26	0	0	15						129
Acute	160	277	178	150	142	24	7						938
Appropriate	90	51	30	30	14	4	31						250
Total	282	354	238	206	156	28	53	0	0	0	0	0	1,317

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.

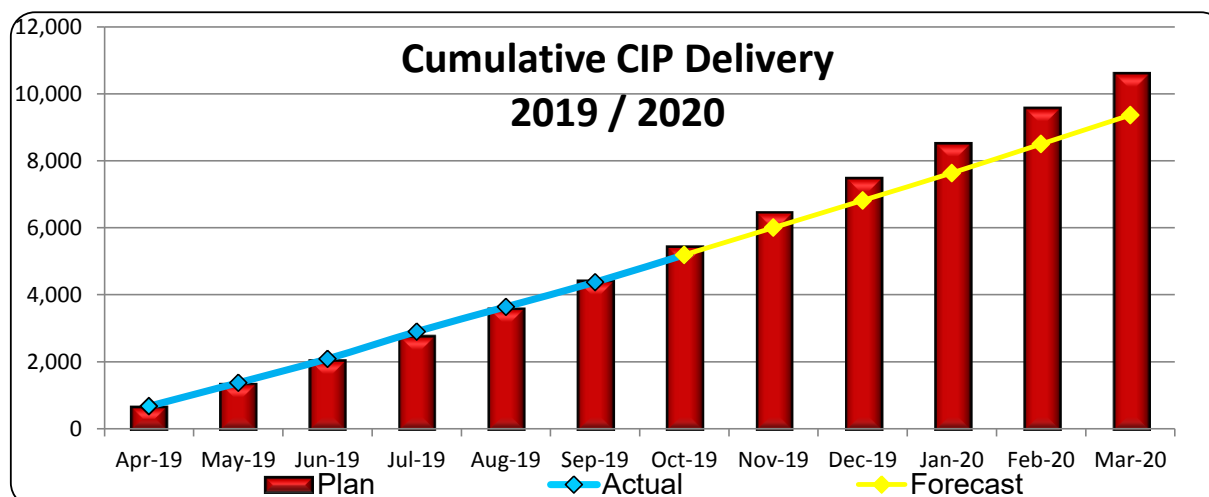
Usage of out of area placements remains low in October. There has been occasional spikes in activity; two individuals in acute placements, although actions have meant that these days have been minimised with both placements ceased by 31st October 2019.

Overall the number of the bed days has reduced from 3,292 to 1,317 for the April to October period. This represents a £1,479k reduction in costs.

This is positive from an operational and financial perspective and the October activity and outcomes highlights two points. Firstly that activity remains variable and being able to guarantee zero out of area placements is not possible. Secondly that the team take appropriate timely actions to minimise the impact.

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
TOTAL - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	688	1,376	2,066	2,790	3,615	4,439	5,455	6,481	7,507	8,542	9,596	10,624	5,455
Achieved - plan	669	1,353	2,018	2,788	3,489	4,195	4,906	5,616	6,326	7,045	7,807	8,571	4,906
Achieved - mitigation	4	19	69	113	151	181	287	389	491	593	695	798	287
Mitigations - Upside schemes									314	628	942	1,256	0
Shortfall / Unidentified	15	4	(21)	(111)	(25)	63	262	476	375	276	152	0	262



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

Year to date performance is £262k behind plan. This is a stepped increase in October due to the phasing of the unidentified savings target.

The current level of mitigation required is £1.3m to offset the delay in a consolidated temporary staffing solution, pharmacy, procurement schemes and identification of any new schemes.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
RECURRENT - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	418	838	1,258	1,720	2,282	2,844	3,598	4,352	5,106	5,870	6,632	7,368	3,598
Achieved - plan	378	772	1,186	1,693	2,129	2,565	3,007	3,449	3,891	4,348	4,826	5,307	3,007
Achieved - mitigation	3	17	66	86	109	130	152	174	195	217	239	260	152
Shortfall / Unidentified	38	50	7	(59)	45	149	439	729	1,019	1,306	1,567	1,801	439

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
NON RECURRENT - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	269	538	808	1,070	1,332	1,595	1,857	2,129	2,400	2,672	2,964	3,256	1,857
Achieved - plan	291	582	832	1,095	1,360	1,631	1,899	2,167	2,435	2,698	2,981	3,263	1,899
Achieved - mitigation	1	2	3	27	42	51	135	215	296	376	457	537	135
Shortfall / Unidentified	(23)	(46)	(28)	(52)	(70)	(86)	(177)	(254)	(330)	(402)	(473)	(544)	(177)

	2018 / 2019 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	100,005	100,620	98,617	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	3,299	1,862	2
Non NHS Trade Receivables (Debtors)	1,007	1,470	1,140	3
Prepayments, Bad Debt, VAT	1,559	2,581	2,393	
Accrued Income	5,138	3,388	3,032	4
Cash and Cash Equivalents	27,823	20,024	34,273	5
Total Current Assets	38,806	30,994	42,959	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(2,734)	(3,522)	6
Capital Payables (Creditors)	(1,070)	(248)	(435)	
Tax, NI, Pension Payables, PDC	(6,002)	(6,228)	(5,906)	
Accruals	(8,020)	(7,863)	(12,204)	7
Deferred Income	(276)	(561)	(1,064)	
Total Current Liabilities	(20,031)	(17,634)	(23,132)	
Net Current Assets/Liabilities	18,775	13,360	19,827	
Total Assets less Current Liabilities	118,780	113,980	118,444	
Provisions for Liabilities	(7,221)	(5,743)	(6,928)	
Total Net Assets/(Liabilities)	111,560	108,237	111,516	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,265	
Revaluation Reserve	9,453	9,845	9,636	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	48,951	52,395	8
Total Taxpayers' Equity	111,560	108,237	111,516	

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.

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

3. Non NHS debtors are lower than plan and reduced from previous month, all debts over 30 days are actively chased to identify issues early.

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

5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 16.

6. Payments to creditors continue to be paid in line with the Better Payment Practice Code (page 17).

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.

3.1 Capital Programme 2019 / 2020

	REVISED						
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,715	583	280	(303)	2,614	(101)	
Equipment Replacement	93	20	30	10	90	(3)	
IM&T	2,195	1,003	938	(65)	2,480	285	
Major Capital Schemes							
Fieldhead Non Secure	936	936	458	(478)	458	(478)	
Nurse Call system	200	48	64	15	200	0	
Clinical Record System	211	196	186	(9)	207	(3)	
VAT Refunds	0	0	(75)	(75)	(75)	(75)	1
TOTALS	6,350	2,786	1,882	(904)	5,975	(375)	

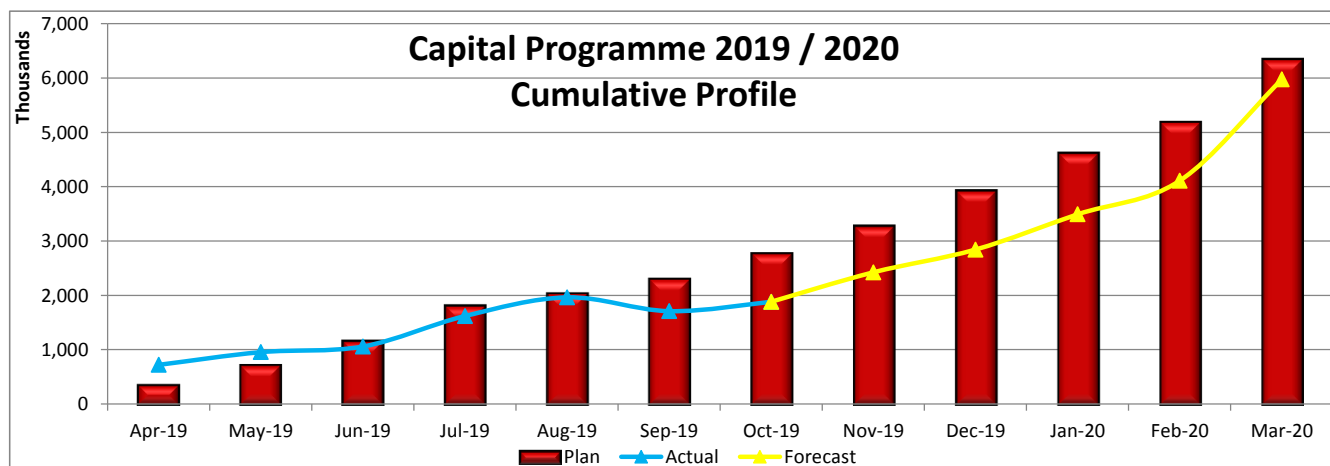
The capital programme has undertaken a number of revisions in year. The current plan is £6.35m.

Capital Expenditure 2019 / 2020

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

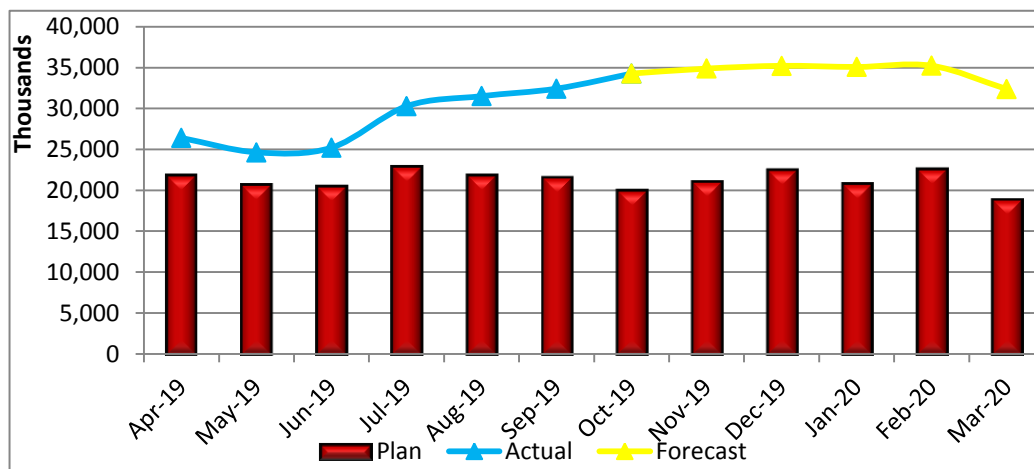
The current forecast, taking into account national guidance, is £6.0m

All schemes continue to be progressed.

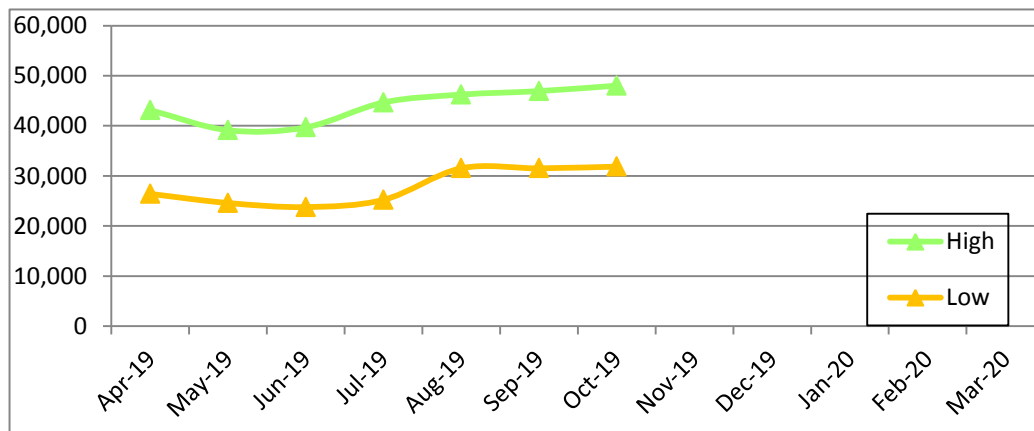


3.2

Cash Flow & Cash Flow Forecast 2019 / 2020



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	20,024	34,273	14,249



The Trust cash position remains positive and higher than plan.

The Trust cash position remains on a upward trend. Capital is currently behind plan and the monthly surpluses are helping this trend.

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

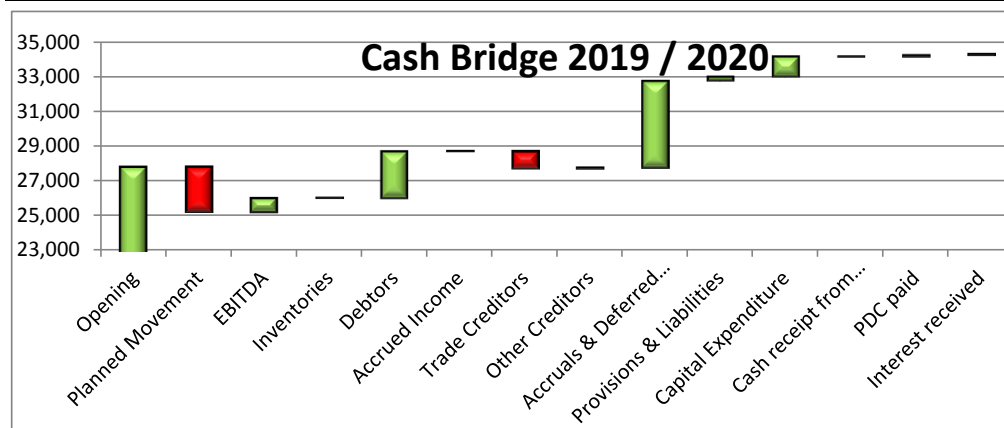
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £48m
The lowest balance is: £31.8m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	22,617	27,823	5,206	1
Surplus / Deficit (Exc. non-cash items & revaluation)	3,831	4,645	814	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(364)	2,297	2,661	3
Trade Payables (Creditors)	(547)	(1,527)	(980)	5
Other Payables (Creditors)	0	44	44	
Accruals & Deferred income	2	4,972	4,970	4
Provisions & Liabilities	(532)	(292)	240	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(3,677)	(2,517)	1,161	
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	(1,362)	(1,300)	62	
PDC Dividends received			0	
Interest (paid)/ received	56	128	72	
Closing Balances	20,024	34,273	14,250	



The plan value reflects the April 2019 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. The opening cash balance was higher than included in the annual plan submission.
2. The in year I & E position is better than plan.
3. Debtors, including accrued income, continue to be better than plan. Day to day management continues although a number of historical issues remain which are being pursued with other organisations for resolution.
4. Accruals are higher than plan whilst we await invoices. This improves cash as we have not yet paid for goods and services received.

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.

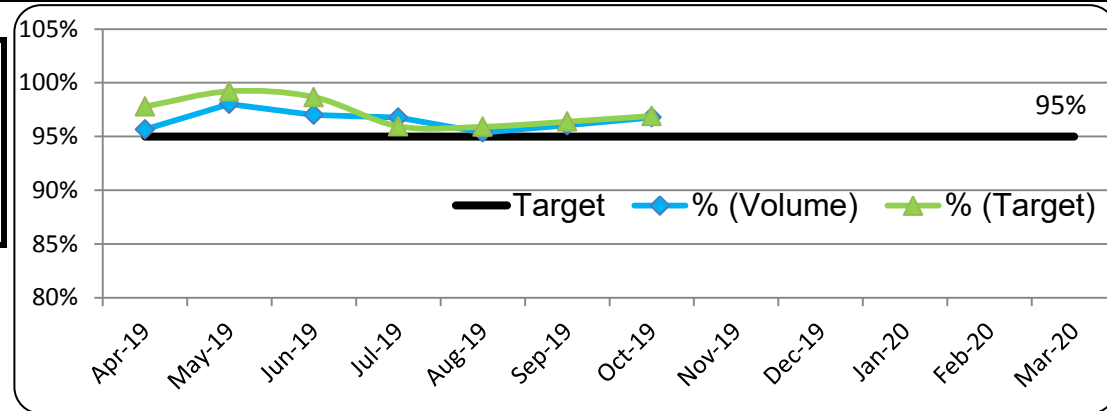
4.0

Better Payment Practice Code

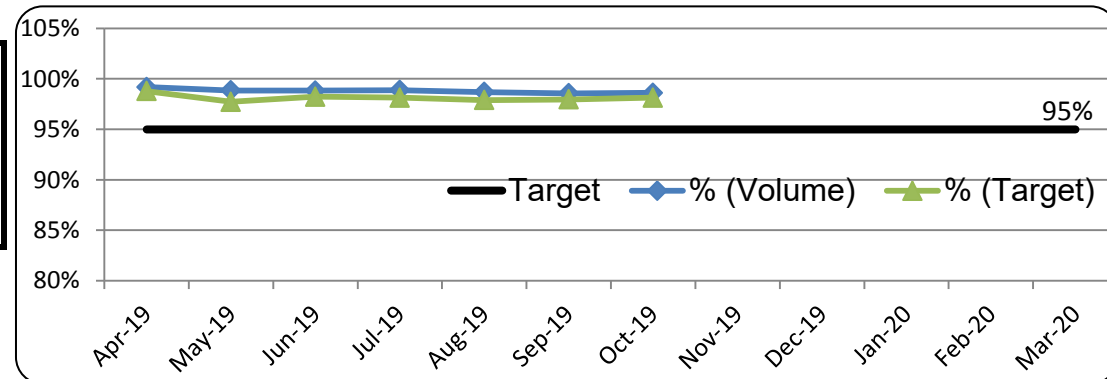
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 September 2019	96%	96%
Year to October 2019	97%	97%



Non NHS		
	Number	Value
	%	%
Year to September 2019	99%	98%
Year to October 2019	99%	98%



4.1 Transparency Disclosure

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

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

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
21-Oct-19	Property rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3121195	226,501
30-Aug-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3116314	162,856
04-Oct-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3119909	138,119
08-Oct-19	IT services	Trustwide	Daisy Corporate Services Trading Ltd	3120126	93,125
04-Oct-19	Staff recharge	Wakefield	Wakefield MDC	3119810	64,216
14-Oct-19	CNST contributions	Trustwide	NHS Litigation Authority	3120593	64,044
02-Oct-19	Photocopying Rental & Charges	Trustwide	Xerox (UK) Ltd	3119488	54,460
26-Sep-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3118926	42,263
14-Oct-19	Fixtures & fittings	Forensics	Kingsway Group	3120717	42,048
07-Oct-19	Staff recharge	Trustwide	Leeds and York Partnership NHS FT	3119922	40,542
04-Oct-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3119821	38,540
23-Sep-19	Purchase of Healthcare	Forensics	Sheffield Children's NHS Foundation Trust	3118533	37,087
03-Oct-19	Property rental	Barnsley	Community Health Partnerships	3119675	31,925
07-Oct-19	Computer Software / License Fees	Trustwide	SilverCloud Health Limited	3119968	31,807
08-Oct-19	Purchase of Healthcare	Out of Area	Cygnat Health Care Ltd	3120159	30,898
04-Oct-19	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	3119867	27,015
08-Oct-19	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	3120120	27,015
07-Oct-19	Property rental	Barnsley	SJM Developments Limited	3119994	27,000
17-Oct-19	Communications	Trustwide	Vodafone Corporate Ltd	3120994	26,255
03-Oct-19	Property rental	Barnsley	Community Health Partnerships	3119675	25,624
08-Oct-19	Electricity	Trustwide	EDF Energy	3120041	25,543
24-Oct-19	Communications	Trustwide	Virgin Media Payments Ltd	3121562	25,533

- * 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	QCQ 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%	95.0%	8.1%	22.1%	68.2%	73.1%	78.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.0%	0.4%	2.7%	13.7%	30.9%	44.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	95.0%	77.8%	77.9%	95.0%	95.0%	95.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.0%	78.0%	95.0%	95.0%	95.0%	79.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	79.3%	79.4%	77.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Information Governance	Resources	Well Led	AD	>=95%	95.0%	95.0%	92.6%	92.9%	93.5%	92.9%
Moving and Handling	Resources	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	78.8%	75.6%	78.6%	95.0%	95.0%	95.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
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	QCQ Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.0%	9.7%	25.1%	66.9%	77.3%	81.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.0%	0.2%	1.7%	5.3%	18.0%	29.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
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%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	78.9%	79.5%	78.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Information Governance	Resources	Well Led	AD	>=95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Moving and Handling	Resources	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
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

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

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%	99.2%	0.7%	0.7%	3.6%	35.2%	53.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Information Governance	Resources	Well Led	AD	>=95%	99.2%	99.2%	99.2%	99.2%	93.9%	94.9%
Moving and Handling	Resources	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
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%	4.9%	4.8%	4.9%	5.2%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.9%	4.9%	5.1%	4.9%	6.0%	5.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.2%	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%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.7%	78.6%	79.0%	78.1%	99.2%	99.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	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%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Information Governance	Resources	Well Led	AD	>=95%	99.2%	99.2%	99.2%	99.2%	94.3%	94.3%
Moving and Handling	Resources	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
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

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

Support Services										
Month	Objective	QCQ 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%	4.30%	4.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.00%	3.30%	12.90%	66.70%	77.00%	82.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.00%	0.00%	0.20%	2.50%	19.80%	29.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	68.00%	72.10%	80.00%	79.30%	79.70%	80.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.00%	76.90%	80.00%	80.00%	80.00%	80.00%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Information Governance	Resources	Well Led	AD	>=95%	95.00%	95.00%	94.20%	94.30%	95.00%	92.80%
Moving and Handling	Resources	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
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	QCQ 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%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.7%	5.6%	4.7%	5.0%	4.9%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.00%	4.3%	23.8%	80.7%	95.00%	95.00%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.00%	0.0%	0.8%	13.9%	27.0%	42.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.00%	79.0%	79.6%	80.00%	80.00%	80.00%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	79.5%	78.9%	80.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	74.0%	72.7%	79.3%	80.00%	80.00%	80.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Information Governance	Resources	Well Led	AD	>=95%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Moving and Handling	Resources	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Agency Cost	Resources	Effective	AD		£107k	£92k	£84k	£24k	£34k	£31k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£2k	£1k	£2k	
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£5k	£3k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£58k	£58k	£48k	£40k	£48k	£36k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		39.69	39.49	37.44	31.39	32.68	38.98
Business Miles	Resources	Effective	AD		37k	38k	34k	39k	34k	32k

Glossary

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

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

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

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