

Integrated Performance Report Strategic Overview



December 2019

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for December 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. It is expected there will be further development of the oversight framework for 2020/21 onwards to include measures identified in the long term plan.

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

The Trust's four strategic objectives are:

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

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

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

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

Summary Quality National Metrics Locality Priority Programmes Finance/Contracts Workforce

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

KPI	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	3	2
CQC Quality Regulations (compliance breach)	Green	Green	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	Nov-19	Dec-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%	99.1%	95.7%	97.9%	1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	90%	89.0%			88.0%			93.0%			1
Out of area beds 2	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	207	303	195	178	146	21	4	55	49	2
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community 75% Inpatient 90%	88.0%	87.6%	87.1%	86.7%	86.8%	86.2%	88.0%	88.4%			1
	92.6%	91.5%	92.1%	93.3%	92.0%	92.5%	93.0%	97.8%			1
IAPT - proportion of people completing treatment who move to recovery 5	50%	54.4%	55.5%	51.9%	52.2%	54.6%	54.6%	52.4%	53.4%	55.9%	1
Number of suicides (per 100,000) population 6	tbc		0.67			0.93			0.77		N/A
Delayed Transfers of Care	3.50%	1.4%	0.4%	0.6%	1.2%	1.6%	2.7%	1.6%	1.0%	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	Nov-19	Dec-19	Year End Forecast
Friends and Family Test - Mental Health	85%	95%	86%	86%	91%	86%	86%	83%	88%	88%	85%
Friends and Family Test - Community	98%	98%	99%	97%	97%	96%	98%	99%	93%	98%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 4	trend monitor	22	35	31	31	27	30	25	24	23	
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	3	11	12	5	11	10	8	6	16	
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	1	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor	27.9%	30.0%	31.0%	32.9%	35.8%	36.9%	38.7%	36.5%	37.3%	
Psychology waiting times 12	tbc	Reporting to commence in 19/20 - likely Q4									
Access within one hour of referral to liaison psychiatry services and children and young peoples' equivalent in A&E departments 13		Reporting to commence in 19/20 - Jan 20									
Improve the use of resources	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Position
Surplus/(Deficit)	In line with Plan	(£728k)	(£457k)	(£145k)	(£149k)	£188k	£207k	£201k	£260k	£384k	(£240k)
Agency spend	In line with Plan	£613k	£641k	£691k	£722k	£629k	£628k	£674k	£572k	£594k	£7.6m
CIP delivery	£1074k	£670k	£1.4m	£2m	£2.8m	£3.5m	£4.2m	£5.2m	£6m	£6.8m	£10.6m
Staffing costs compared to plan 10	tbc	(£367k)	(£124k)	(£268k)	(£448k)	(£450k)	(£624k)	(£566)	(£518k)	(£992k)	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	£0.8m	-	-
Making SWYPFT a great place to work	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Position
Sickness absence	4.5%	4.7%	4.6%	4.8%	5.0%	5.0%	5.0%	5.0%	4.8%	5.0%	5.0%
Staff Turnover	10%	11.9%	10.4%	12.0%	12.6%	11.1%	11.8%	11.1%	11.8%	12.3%	11.4%
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	N/A	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	N/A	
Actual level of vacancies	tbc	10.4%	10.3%	10.7%	11.9%	13.2%	12.8%	11.8%	11.5%	11.5%	
% leavers providing feedback	tbc		25.0%			18.4%			20.0%		

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

Notes:
1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This KPI counts first contact with service post referral. Under performance is generally due to waiting list issues. Q1 data has been impacted by some data quality issues as a result of transition to SystmOne and continuing challenges in recruiting specialist practitioners timely due shortage of LD specialists/applicants, this is a national issue - currently impacting on psychologists in Wakefield & Barnsley and LD nurses / speech & language therapists across all localities.
2 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: 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/restraint continues.
- Medicine omissions fluctuations under review
- Complaints closure time improvement is positive
- One under 18 admission to an adult ward and safeguards put in place
- Supervision recording a focus for operational management
- Safer staffing figures calculated using revised establishment

NHSI Indicators

- There was 1 young person admitted to an adult ward in December for a period of twenty one days
- All nationally reported targets are currently being achieved
- Upon final confirmation of figures all IAPT targets are currently being achieved. There are varying levels of performance by locality

Locality

- Partnership mobilisation and task & finish groups in place for Barnsley neighbourhood integration. It has been agreed to consolidate single points of access at the Kendray site from April 2020
- Psychology waiting list reduction in Barnsley continues to make progress
- Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life
- A new procurement process is taking place in relation to CAMHS provision in Barnsley
- Out of area bed usage for Wakefield service users has been maintained at nil
- Wakefield electroconvulsive therapy is an area of current concern given high demand and staff sickness
- Wakefield community teams are developing staff wellbeing plans
- Extensive organisational development work underway in forensics.

Priority Programmes

- In Wakefield the children and young people's plan for 2019-22 has been approved at the children and young people's partnership board
- Work continues on integrated neighbourhood team integration in Barnsley. Priority areas of focus have been identified in three areas of the primary care network
- The Trust was successful with a number of bids for winter pressure monies
- Further work required on the care closer to home programme in order to embed changes to date and increase the pace on a number of other activities
- An action plan has been agreed for the new FIRM risk assessments on SystemOne with a target go-live during Q1 20/21.

Finance

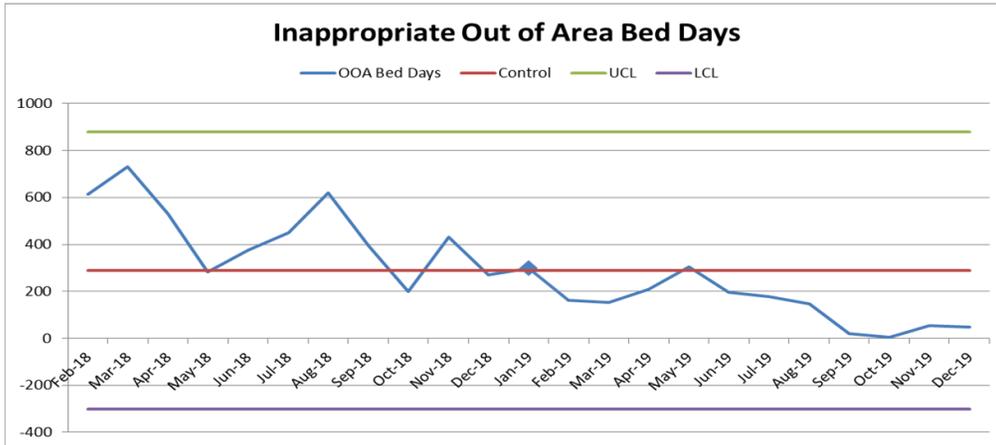
- Pre Provider Sustainability Funding (PSF) surplus in month 9 of £384k. Cumulative deficit is £0.2m which is £0.8m favourable to plan.
- Cumulative income is £1.4m lower than plan due to the agreement to return £0.5m funding for forensic outreach liaison services to commissioners and the recognition of a number of risks relating to CQUIN coupled with requirements for spending on waiting list initiatives and areas of new investment
- Out of area bed costs were £158k in month, which whilst lower than historical averages represents the highest monthly costs since May 2019. Cumulatively these costs now total £1,144k which is 63% lower than the spend incurred over the same period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend of £5.7m is already above the full year cap of £5.3m, 42% above the year-to-date cap and 21% higher than the same period last year. Approximately £0.5m of the costs incurred relate to waiting list and other non-recurrent initiatives
- Net underlying savings on pay amounted to £1m in-month and £4.9m year-to-date. More detailed analysis is currently being generated to fully explain the breakdown of this variance with mobilisation to mental health investment a key factor as well as ongoing vacancies
- CIP delivery of £6.8m is £0.7m lower than plan. Currently £1.2m of CIPs remain unidentified for the full year. Total non-recurrent CIP for the year is projected to be £3.8m (36%).
- Cash balance of £35.5m at the end of December
- Capital expenditure of £2.3m is £1.7m lower than plan, partly as a result of delays whilst the final capital plan was agreed. It is still envisaged the full year planned spend can be achieved, but a comprehensive review is currently taking place and if necessary any changes to forecast will be highlighted at the Trust Board meeting.
- The financial risk rating remains at 2

Workforce

- Information Governance training is currently below the 95% target at 94.1%, but expected to be in line with target by the year-end
- The Trust is meeting all its other mandatory training targets
- Staff turnover increased to 12.3% month on month which is similar to the 12.0% recorded at the same stage last year
- Year to date sickness absence remains at 5.0% which is the same as last year. The monthly rate of 5.3% is lower than the 5.7% recorded in December last year
- Appraisal completion for band 6 and above is 93.2% compared to a target of 95% whilst the appraisal rate for other staff has increased to 91.7%

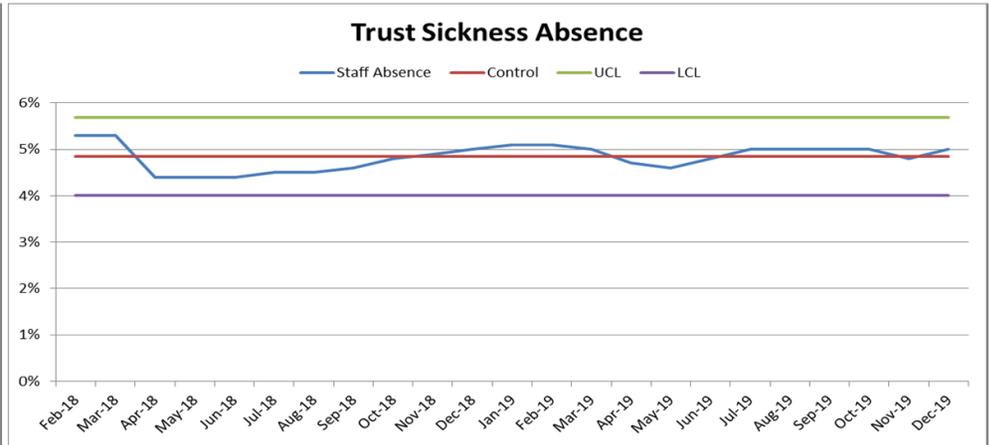
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



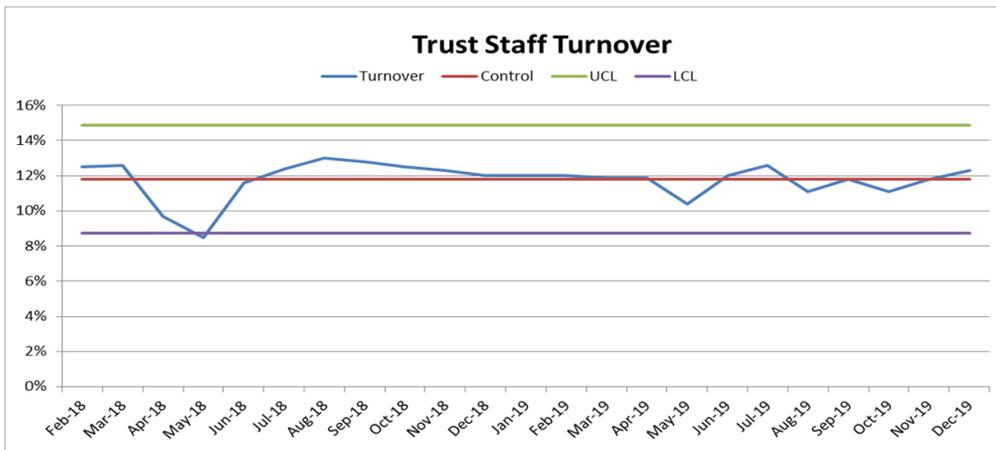
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



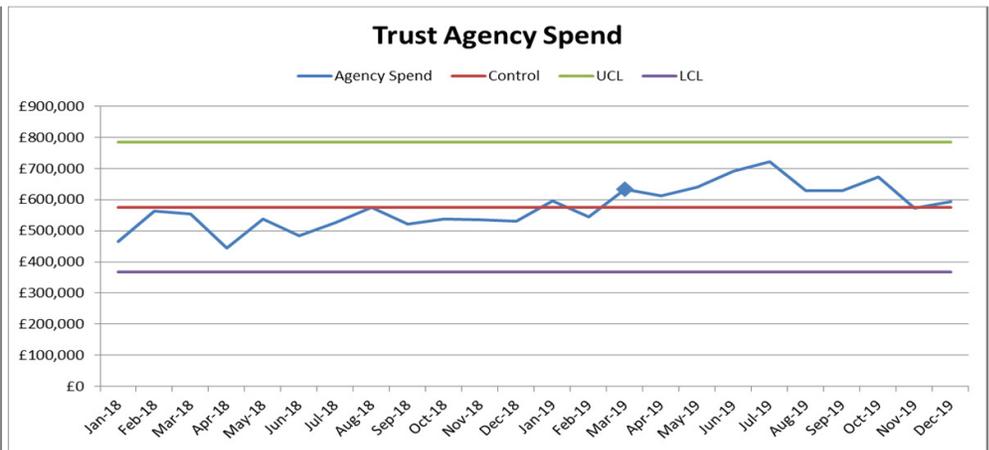
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

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.

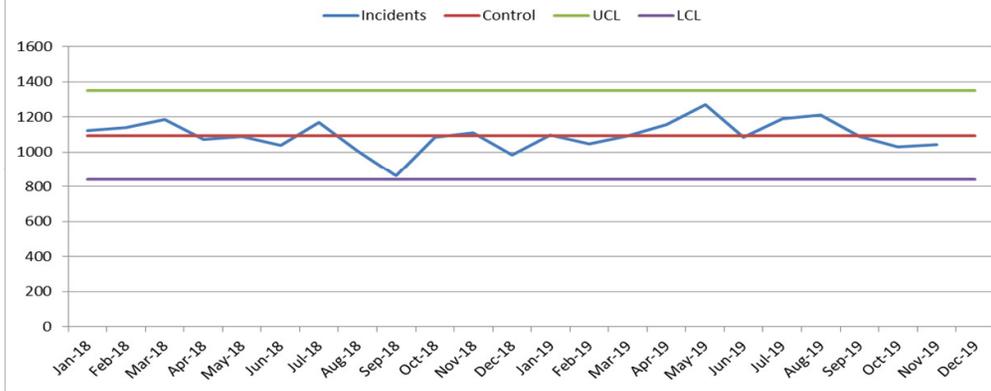
Agency Spend



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.

Incidents

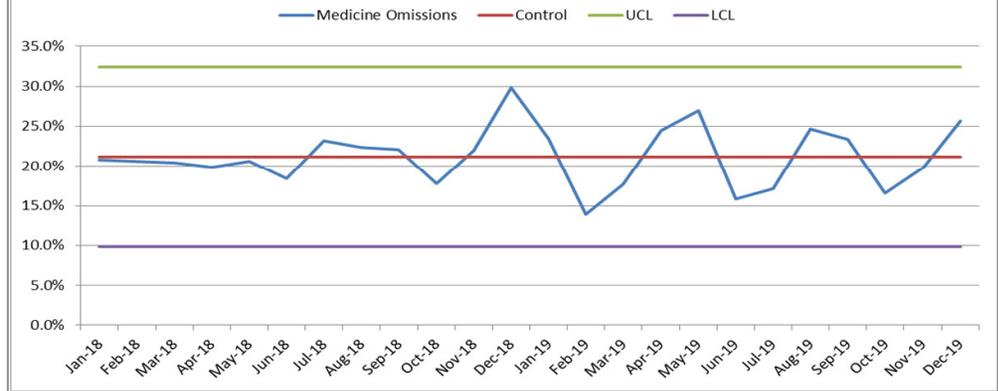
Total Number of Reported Incidents



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

Medicine Omissions

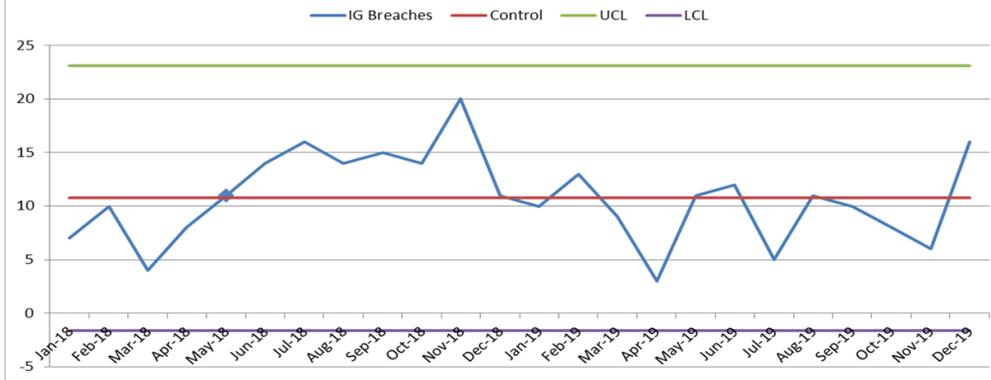
Total Number of Medicine Omissions



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

IG Breaches

Total Number of IG Breaches



All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction of GDPR.

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	27.9%	30.0%	31.0%	32.9%	35.8%	36.9%	38.7%	36.5%	37.3%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	31% 4/13	44% 4/9	26% 4/15	40.0%	53.0%	45.0%	55.0%	54.0%	80.0%	3
	% 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	0%	11% 2/11	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%	88%	88%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	99%	97%	97%	96%	98%	99%	93%	98%	1
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	N/A	75%	N/A	N/A	88%	N/A	N/A	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	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	15	64	14	10	34	32	38	24		N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	21	39	30	34	32	26	21	19		
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	17							Due Feb 19	N/A	
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	0	0	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	6	16	2
	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%	1.0%	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%	93.3%	88.5%	Due Feb 20	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%	70.5%	60.7%	Due Feb 20	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1158	1270	1087	1190	1215	1092	1041	1049	924	
	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	23	20	18	19	13	
	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	5	0	0	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	2	4	5	9	1	5	7	5	9	
	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%	19.8%	25.7%	2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	117%	116%	116%	116%	116%	119.0%	119.0%	111.2%	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%	95.9%	91.8%	1
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	41	46	34	41	42	44	50	42	46	
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	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	0	0	1
	% of prone restraint with duration of 3 minutes or less ³	Improving Care	Safety Domain	CH	80%	75.8%	87.5%	90.6%	94.4%	92.5%	85.2%	90.5%	97.5%	97.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	52	37	41	56	54	33	30	38	47	
Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	287	303	193	190	262	168	186	227	174		
No of staff receiving supervision within policy guidance ⁷	Improving Care	Well Led	CH	80%	75.5%			74.2%			72.5%			2	
% 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%	84.4%	87.5%	90.6%	1	
Smoking Cessation - 4 week quit rate ¹²	Improving Care	Effective	CH	tbc	65.0%			63%			Due April 20			N/A	
Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0	1	0	1
C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	1

* 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.

Quality Headlines

- 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%.
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

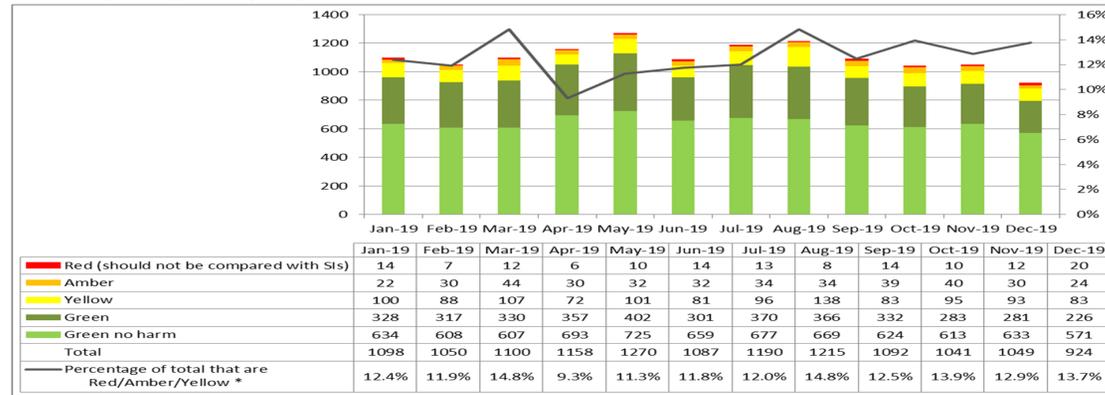
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during December has decreased slightly from 227 to 174. Further detail can be seen in the managing violence and aggression section of this report.
 - NHS Safety Thermometer - medicines omissions – performance has further deteriorated this month compared to last month. On review of the data for December, there were 177 records and 46 charts where an omission was recorded in the previous 24 hours. Over half the omissions were medicines refused. Improvement work is on-going as previously described. There was an increase in omissions due to "patient absent from the ward" accounting for nearly a quarter of the omissions. We had a similar increase last December due to number of patients on leave over the data collection period (Christmas week). Leaves should not be included in figures as patients are not missing medicines as we give them a supply to take home. A sense check of data before entry is to be requested. Four wards had zero omissions. Two wards had figure of 45 and 50% respectively which increased the overall percentage. This will be feedback to the relevant quality and governance leads.
 - Number of falls (inpatients) - December 19 has seen a further increase in the number of reported falls during the month compared to the last 3 months. The level of incidents continues to mostly relate to Kirklees and Wakefield BDU and predominantly due to an increase in service users with high acuity high and challenging behaviours 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. Even though there has been an in month increase in the number of reported fall incidents, the total number of reported falls for the quarter (115) compared to the last 2 quarters has reduced (Q1 was 130, Q2 was 143).
 - 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 have been finalised and this data is now flowing.
 - Risk Assessments - The slight decline in risk assessments 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.
- % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks - performance for quarter 3 has improved and is now above threshold at 90.5%. The improvement is attributed to work been undertaken to review individual breaches from 1st April 2019 which has helped the service gain an understanding of the data quality/recording issues that have been contributing to previous reported performance. As a result of this, work has taken place to revise the reporting parameters to use the 'care spell' rather than each individual referral (which included a number of data quality issues). The care spell process has ensured that we are extracting data on individual cases rather than multiple referrals which more accurately reflects waiting times performance.

Safety First

Summary of Incidents since January 2019

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 19/20	Q2 19/20	Q3 19/20	Q4 18/19	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	1	1	0	1	0	1	2	0	0	0	0	1	0	0	5
Death - confirmed from physical/natural causes	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Self harm (actual harm) with suicidal intent	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
Suicide (incl apparent) - community team care - current episode	4	10	4	11	5	3	3	1	1	2	5	2	3	1	2	1	29
Suicide (incl apparent) - community team care - discharged	1	1	1	2	2	0	0	0	0	1	1	0	0	0	0	1	5
Suicide (incl apparent) - inpatient care - current episode	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Homicide by patient	2	2	0	0	0	0	0	1	0	1	1	0	1	0	0	0	4
Physical violence (contact made) against staff by patient	1	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	2
Pressure Ulcer - Category 3	1	1	1	2	0	0	2	0	1	0	0	0	1	0	0	1	5
Total	14	14	9	17	7	4	6	3	5	6	7	2	5	2	3	4	54

- 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://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is currently being reviewed.
- No never events reported in Dec 2019
- Patient safety alerts not completed by deadline of Dec 2019 - None

Mortality

Learning: The Clinical Mortality review group was held on 18/11/19 which focussed on learning and action from outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. Work continues to develop thematic learning summaries for sharing across the Trust.

Regional work: The last Northern Alliance meeting was cancelled. The Yorkshire and Humber meeting is being held 9/1/2020. Further updates in the new year.

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/>

Process: A review of the supporting processes has recently taken place. An action plan is in place to address changes.

Policy: the Learning from Healthcare Deaths policy has been revised to reflect reporting deaths on Datix where we have had contact from the coroner/legal process. This will go to the Clinical Policies group on 15/1/2020.

Support for bereaved families - a task and finish group is in place to develop our plans for implementing the National Quality Board guidance on 'Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers' <https://www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers/>

The Patient Safety Strategy action plans are being developed to support our work locally including harm reduction plan. This is closely linked with existing workstreams.

Internal Audit: 360 Assurance will be conducting an audit of Incident reporting and associated processes in January 2020. This will include (but not limited to) reporting of incidents and relevant timeframes (including investigations), accuracy of reporting (categorisation/severity etc), action plans (evidence of completion/ monitoring processes), sharing learning. The audit will include discussions and evidence from BDUs. Data has been provided by Patient Safety Support Team.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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: 111.2%

Registered fill rate: (day + night) 91.8%

Non Registered fill rate: (day + night) 127.6%

The figures (%) for December 2019:

The figures from this month have been altered to reflect the new staffing establishment templates within Working Aged Adult wards although the vacancies are not all filled at the moment. This will explain some of the fluctuation that is greater than it has been.

The figures (%) for December 2019:

Registered Staff: Days 85.7% (a decrease of 4.0% on the previous month); Nights 97.8% (a decrease of 4.3% on the previous month)

Registered average fill rate:

Days and nights 91.8% (a decrease of 4.1% on the previous month);

Non Registered Staff: Days 127.3% (a decrease of 9.2% on the previous month); Nights 127.8% (a decrease of 17.6% on the previous month)

Non Registered average fill rate:

Days and nights 127.6% (a decrease of 13.3% on the previous month) ; Overall average fill rate all staff: 111.2% (a decrease of 7.9% on the previous month)

No ward, consistent with the previous month, fell below the overall fill rates of 90% or above.

Information Governance

During December 19, there has been an increase in the number of confidentiality information governance breaches reported and this is the highest number of incidents reported for an individual month for the year to date. 10 incidents relate to information disclosed in error, 5 incidents related to patient healthcare record issues and 1 incident where information was uploaded to website in error. These occurred across the Trust and further investigations are taking place. General managers are written to in order to ask them to highlight the actions being taken as a result of the incidents. Work continues within the Trust to raise awareness of information governance and confidentiality issues.

No incidents were deemed appropriate for reporting to the information commissioners office.

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 Q3 submissions are currently being compiled. 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. This risk has reduced in the month.

- Staff flu vaccines - risk previously identified against this indicator has been removed. The flu vaccination programme is nearing its final month having already hit its target of 80% uptake amongst frontline staff members. Currently the uptake rate sits at 81.1% (2215 staff members), with plans to continue to deliver the programme on an ad-hoc basis within all BDU's as required. Data cleansing continues to ensure that staff returning from long term sick leave are offered their vaccine, along with ensuring a response from every staff member is noted in the Flu Recording system to inform whether the vaccine is required/declined or whether staff are excluded from receiving the vaccine 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. July to October data has been submitted and equates to an average of 97.4% which if continues will achieve full funding for part a of the indicator. Risk remains related to part b - recording of interventions with reporting commencing from Q3. October data has been submitted and the NHS Digital published position for SWYPFT is at 60.7%, this differs to the position we forecast (68.6%) and we have raised some queries with NHS digital to try and understand the difference, some risk has therefore been identified in achievement of this element of the indicator and the current published data shows us to be partially achieving.
- 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.

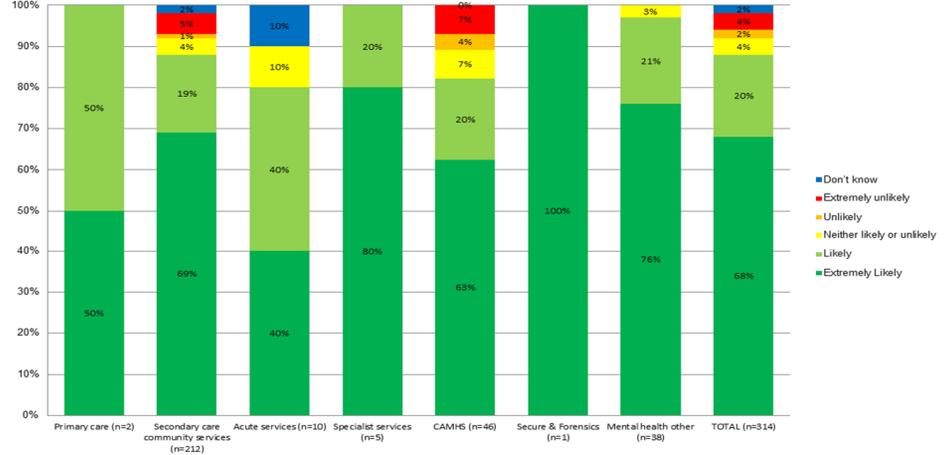
Title	Descriptor	Area applicable	Available funding	Year end forecast loss (at month 7)
Staff Flu Vaccinations (National)	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	All	£361,586	-£180,793
Alcohol and Tobacco part a (National)	Achieving 80% of inpatients admitted to an inpatient 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 (DQMI).	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	-£65,743
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	-£21,926
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	-£268,462

Patient Experience

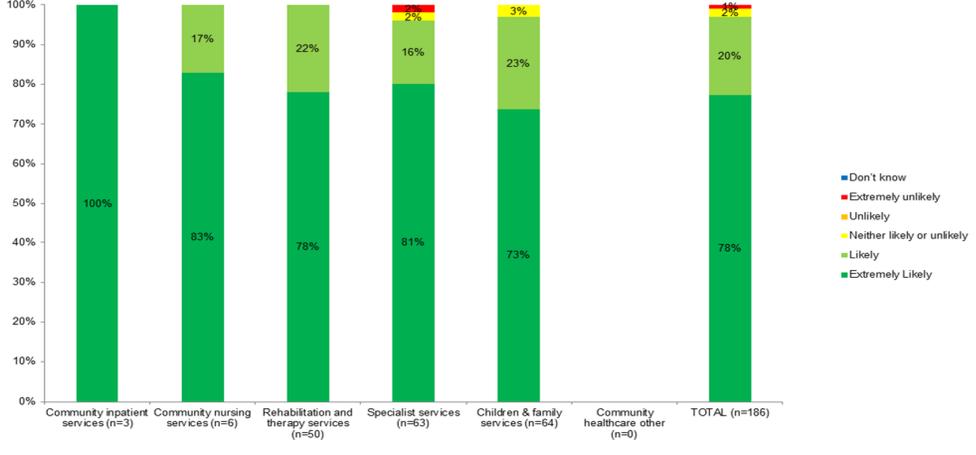
Friends and family test shows

- 92% of respondents would recommend Trust services.
- 98% of respondents would recommend community services.
- 89% of respondents would recommend mental health services.
- The number of responses declined by 33% (506) from the previous month (September 675). Not all text messages for December were uploaded due to the timeframe required for the uploading to be completed prior to reporting being completed. The outstanding text messages will be included in Januarys uploads.
- Text messages provided 37% of the responses in November.
- Devices are being tested within inpatient units across the Trust and Barnsley community services over the next 6 weeks, the outcome of which will determine our position with the providers of our patient experience system in April. We continue to look at alternative options for the collection of patient experience data.
- Preparation continues and is on track for the new Friends and Family Test launch in April 2020. Updates will be provided through comms and business delivery units governance meetings.

Mental Health Services



Community Services



Care Quality Commission (CQC)

CQC improvement plan

A number of quality improvement initiatives have been developed to address some of the wider 'must' and 'should' do actions that were linked to a number of core services e.g. improving on risk assessments, care plans, medicines management and record keeping. Quality improvement and assurance team are also receiving monthly updates from business delivery units and individuals in relation to actions within our CQC improvement plan. 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.

Closed cultures

CQC have issued some supporting information guidance for their staff on identifying and responding to closed cultures. This is following the BBC Panorama documentary in May 2019 which exposed a culture of abuse and human rights breaches of people with a learning disability at Whorlton Hall, a privately run NHS funded unit. Following the programme CQC commissioned two independent reviews into their regulation of Whorlton Hall. The guidance has been issued in advance of the investigation findings to help CQC inspectors have a consistent and shared understanding of abusive cultures and to be able to act on this to take appropriate actions where necessary. The guidance focuses on:

- Risk factors that are more likely to lead to a closed culture
- Warning signs of a closed culture
- CQC actions where they identify the above

The quality improvement and assurance team developed a power point presentation providing an overview of the guidance. This has been shared with our learning disability services.

Safeguarding

Safeguarding Adults

- Safeguarding adults activity – December 2019
- Completed and submitted a chronology for a Wakefield domestic homicide review (DHR).
- Provided Trust feedback as requested for an ongoing Barnsley safeguarding adult review (SAR).
- Safeguarding adults advisor attended safeguarding concerns workshop in Leeds hosted by ADASS and subsequently updated the mandatory training material.
- Specialist safeguarding adults advisor and the named nurse for safeguarding children attended NHS England learning event for designated & named safeguarding professionals and subsequently updated the mandatory training material.
- Delivered West Yorkshire duality mark domestic abuse training to Trust staff.
- Produced a safeguarding adults toolkit.
- Provided ongoing support & advice for a safeguarding concern involving a forensic service user and a service user who is also a volunteer/person in position of trust.

Safeguarding Children

- Safeguarding team attended Wakefield safeguarding children partnership conference and subsequently updated the mandatory training material.
- Initial learning from domestic homicide provided to clinical team.
- Involvement in national child safeguarding practice review for sudden unexpected deaths in infants (SUDI)
- Seen and heard training delivered
- Safeguarding team involvement in harmful sexual behaviour strategy

Infection Prevention Control (IPC)

- Surveillance: there has been no cases of MRSA Bacteraemia, MSSA bacteraemia during the month of December 19.
- There has been one case of Clostridium difficile toxin positive in November (SRU) and there has been 1 ecoli bacteraemia case (SRU- date of case May 2019) upto date for 2019-2020. Both cases have been presented at post incident review panel and are deemed as unavoidable.
- Mandatory training figures are healthy - hand hygiene-trust wide total – 95%; infection prevention and control - trust wide total – 90%
- Policies and procedures are up to date.

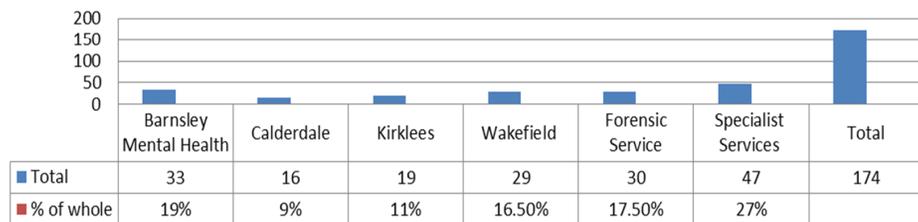
Complaints

Complaints information not available at time of writing this report.

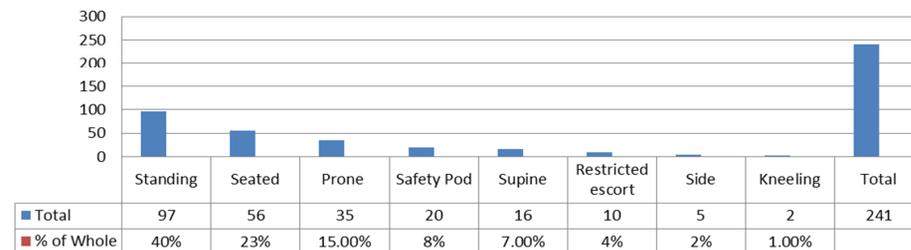
Reducing Restrictive Physical Intervention

There were 174 reported incidents of restrictive physical interventions use in December this being a 24% reduction on the November figure that stood at 227. Out of 241 restraint positions used in the 174 incidents the highest proportion of all restraint positions used was again in the standing position 97 which equates to 40% of all positions used (617) a percentage increase from November that stood at 34.4%. Seated restraints stood at 56 that equates to 23% of all positions used. In relation to incidents of that would be deemed prone restraint 35, this is a 9% reduction in the use of prone restraint from November (38). Forensic services business delivery unit (BDU) had the highest number of prone restraints with 11. Wakefield BDU had eight, Kirklees BDU had six incidents. Calderdale, and Barnsley had five incidents in each BDU.

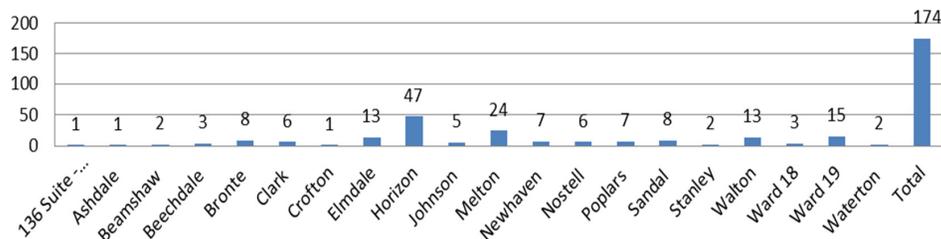
All Incidents Requiring Restrictive Physical Interventions December 2019 by BDU and Percentage of the Whole



All Incidents Requiring Restrictive Physical Interventions December 2019 by Restraint Position and Percentage of Whole



All Incidents Requiring Restrictive Physical Interventions December 2019 by Team



All Incidents Requiring Restrictive Physical Interventions Month on Month 01/12/2018 - 31/12/2019



Mental Health Act

From September 2019, we are able to include some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these have been taking place over the last few months. Monthly reporting of performance against Section 17 leave is now available. Future developments will include reporting relating to Section 132 patients rights. Progress to date on this is as follows:

- The Trust section 132 policy and additional document amendments have been completed and agreed with the practice governance coach and the matrons.
- The Mental Health Act administrators have started attending the wards and meeting with registered staff to show them the new process, where to record on SystmOne and where to access The SystmOne white board (dashboard) so that the registered staff can at a glance and in real-time see what the activity is and what needs addressing / where the hotspots are.
- The MHA administrators will be developing a process to keep this under review and send reminders where needed to registered staff alerting that a patients' rights are due. Further update regarding this can be seen below.

Section 17 leave

The Care Quality Commission have regularly raised an issue with the non completion of page 2 of the Section 17 leave form. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the mental health act (MHA) code of practice. Previous initiatives have not proven successful, therefore each form that is completed and submitted to the local MHA office is reviewed to ensure that it has been fully completed. If the form is not completed, it is sent back to the matrons/practice governance coach for action. The new process has been in place since September 2019 and has proven effective in most areas. There is a noted decline in the returns from Forensic and specialist services over the 3 month period. Work has been undertaken during November by the associate practice governance coach which we will monitor throughout December to see if this improves compliance.

The revised leave form was implemented on the 9th December 2019, feedback from the associate practice governance coach and MHA manager in Forensics has indicated that further work needs to be undertaken on the guidance note. This work is currently underway.

The numbers above are separated into :numbers of forms received in total, of those forms the number of forms that need to be returned for completion . The target for completion is 100% following action by MHA administration staff process of reviewing and returning where not completed. The 100% compliance target is what is expected by the MHA code of practice.

	Sep-19			Oct-19			Nov-19			Dec-19		
	Section 17 form			Section 17 form			Section 17 form			Section 17 form		
Service	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete
Older people services Trustwide	67	62	92.5%	89	76	85.4%	67	61	91.0%	91	85	93.4%
Working age adult - Trustwide	275	245	89.1%	217	177	81.6%	235	202	86.0%	257	230	89.5%
Specialist Forensic services	219	160	73.1%	58	39	67.2%	74	30	40.5%	47	5	10.6%
Rehabilitation services - trustwide	21	21	100.0%	11	10	90.9%	16	15	93.8%	33	27	81.8%

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

Patients rights

Work is progressing on reporting for the adherence to reading of patients' rights. This data is now being recorded on SystmOne. We are now in the process of writing a report to flow this data. It is likely that this will be available to flow into the report from the May20 IPR (April 20 data).

There is currently a manual process in place monitoring the reading of patients' rights which is being undertaken by the mental health act administrators in conjunction with the wards.

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.
- 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 - Oversight Framework Metrics - Operational Performance																			
KPI	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast	Data quality rating ⁸	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.7%	98.8%	98.2%	99.2%	98.7%	98.7%	98.9%	98.7%	98.8%	97.2%	98.9%	98.2%	1		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	96.3%	95.4%	100.0%	100.0%	100.0%	100.0%	1		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	99.7%	99.2%	100.0%	100.0%	99.2%	100%	100%	100%	99%	100%	1		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	97.4%	97.2%	97.6%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	99.1%	95.7%	97.9%	1		
Data Quality Maturity Index ⁴	Improving Health	Responsive	CH	95%	97.9%	97.1%	98.3%	96.8%	96.9%	100.0%	96.1%	97.1%	98.1%	98.2%	98.3%	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	108	207	303	193	151	146	21	4	55	49	2		
IAPT - proportion of people completing treatment who move to recovery ¹	Improving Health	Responsive	CH	50%	53.9%	53.4%	53.6%	54.4%	55.5%	51.9%	52.2%	54.6%	54.6%	52.4%	53.4%	55.9%	2		
IAPT - Treatment within 6 Weeks of referral ¹	Improving Health	Responsive	CH	75%	83.8%	77.5%	79.1%	83.2%	86.3%	81.4%	78.0%	76.1%	78.0%	78.1%	82.7%	76.6%	1		
IAPT - Treatment within 18 weeks of referral ¹	Improving Health	Responsive	CH	95%	97.4%	98.3%	97.6%	98.6%	99.1%	98.4%	98.3%	98.6%	97.9%	97.5%	97.6%	97.7%	1		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	82.6%	92.0%	72.7%	88.0%	92.0%	85.7%	76.5%	75.9%	85.4%	77.3%	1		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.8%	89.4%	90.5%	87.3%	88.0%	88.3%	88.8%	89.4%	90.0%	90.2%	90.5%	90.8%	1		
% clients in employment ⁶	Improving Health	Responsive	CH	10%	11.4%	11.6%	11.8%	11.3%	11.4%	11.5%	11.7%	11.6%	11.6%	11.7%	11.8%	11.9%	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														
Mental Health Five Year Forward View																			
Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast	Data quality rating ⁸	Trend	
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	90	28	27	5	29	56	7	21	0	4	2	21	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	9	2	3	1	5	3	1	1	0	1	1	1	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	214	183	206		214			183			206		N/A		
Proportion of people detained under the MHA who are BAME ²	Improving Care	Safe	CH	Trend Monitor	14.5%	13.1%	11.2%		14.5%			13.1%			11.2%		N/A		
NHS Standard Contract																			
Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast	Data quality rating ⁸	Trend	
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance ¹	Improving Health	Responsive	CH	90%	99.1%	99.2%	98.8%	98.7%	99.4%	99.0%	98.8%	99.7%	100.0%	99.0%	98.3%	99.0%	1		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.8%	99.9%	99.9%	99.7%	99.8%	99.8%	99.9%	99.9%	98.7%	99.9%	99.9%	1			
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.2%	98.6%	98.7%	84.1%	90.7%	89.5%	98.5%	98.6%	98.7%	99.9%	98.8%	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:

- The Trust continues to perform well against the majority of NHS Improvement metrics
- Inappropriate out of area bed placements amounted to 49 days in December which is a slight decrease compared to the 55 days reported days in November. It should be noted though that total out of area bed days increased from 129 to 166 in the month.
- During December 2019, the number of service users aged under 18 years placed in an adult inpatient ward was one for a period of 21 days. The admissions continue to relate to factors outside control of the Trust. When this does occur the Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- % 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 changed in July 2019 as part of a national CQUIN, though the target has remained the same. The Trust has been achieving this target since July.
- IAPT treatment within 6 weeks of referral has achieved the 75% target although there are continuing challenges in meeting this particularly in regard to staffing numbers.

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 December the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for December shows 21% of records have an unknown or missing employment and/or accommodation status, this is a slight improvement on last month which was reported at 22%. 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.

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

Barnsley BDU

General community services

Key Issues

- Integrated neighbourhood team – major transformation work continues to progress. Partnership mobilisation meeting and task and finish groups in place. Starting to mobilise core teams. Available finances and financial mechanisms to be confirmed.
- Yorkshire smoke free (YSF) managers continue to work with partners on proposed QUIT programme across South Yorkshire; currently consuming a significant amount of operational resource and time.
- YSF Calderdale commissioner would like to extend contract for a further year from April but this is with a reduced budget. We are currently working with contracts and finance team on remodelling.
- First contact physiotherapy (FCP) posts through primary care network (PCN) – decision awaited from PCN (Barnsley Healthcare Federation may choose to employ their own FCPs).

Strengths

- 85.7% of patients died in their preferred place of care
- Mandatory training for cardio-pulmonary rehabilitation, equality and diversity, infection prevention and control, mental capacity act and safeguarding adults are all over 90%
- Constantly positive friends and family feedback for all services.
- New consultant for neuro rehabilitation unit is due to commence beginning of February 2020 to work alongside Dr Ruth Kent

Challenges

- Management of staffing vacancies/maternity leave in children's speech and language therapy remains challenging. In process of developing quality impact assessment.
- National lack of speech and language therapy, occupational therapy and physiotherapy staff for recruitment remains challenging.
- Ability to provide sufficient student places for allied health professionals due to reduced staffing levels has been noted.

Areas of Focus

- Working with the clinical commissioning group on wound care formulary compliance to maximise cost effectiveness
- Location of single point of access now confirmed as The Lodge, Kendray – mobilisation plan to be developed
- De-commissioning move more Doncaster and consultation with staff member at risk
- Integrated community stroke rehabilitation team - consultation with staff on the proposed service model and early supported discharge (ESD) now closed. Recruitment underway and fortnightly mobilisation meetings have commenced. Work is ongoing to achieve a start date of 1/4/2020.

Barnsley BDU:

Barnsley community mental health

Key Issues

- Action plans and data improvement plans are in place to address reported care programme approach review performance.
- The psychology waiting list reduction plan in core – as agreed with commissioners - continues to make good progress against trajectory.
- Recruitment challenges remain with regard to consultant psychiatry in the enhanced pathway. It is also proving difficult to obtain suitable locum cover.
- We are working with the clinical commissioning group and primary care partners to scope and plan integrated services at neighbourhood and primary care network level
- Improving access to psychological therapies access targets (most notably regarding long term conditions) remain challenging. A review of marketing strategy is being progressed.

Areas for focus

- The mobilisation plans for recruitment into all age liaison psychiatry posts, and the newly funded posts in intensive home based treatment (IHBT) and core 24 mental health liaison, are proceeding on track. The all-age liaison service is scheduled for implementation in March.
- Ongoing management of patient flow is proceeding as well as possible despite growing pressures, and gatekeeping in IHBT and psychiatric liaison team remains effective.

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

Calderdale & Kirklees BDU:

Key Issues

- Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life.
- Acute medical and accident and emergency systems remain under intense admission and delayed transfers of care pressures leading to associated pressures in our pathways and services.
- The psychology waiting list in Calderdale core has been reviewed and evaluated. Discussions are taking place with commissioners regarding new investment to meet a plan to address the back-waiters, in addition to consideration of a business case for new investment.
- Good progress has been made with recruitment in community services, although recruitment remains a steep challenge generally and some demand and capacity difficulties remain in particular with consultant psychiatry in enhanced pathways and intensive home based treatment.
- Mental health liaison team is beginning development towards provision of an all-age liaison service in conjunction with child and adolescent mental health services.

Strengths

- Action plans and data improvement plans are in place to address areas identified for performance improvement including care programme approach reviews which still need improvement.
- In older people's services the number of delayed transfers of care has decreased due to a number of care providers becoming available to support moves into 24hr care.
- Mandatory training concordance remains high. Good progress made with supervision and information governance (IG) training with bespoke training sessions taking place in the business delivery unit for IG.
- Significant health investment is planned into Kirklees in 2020.
- The development of a personality disorder pathway has been enhanced by provision of winter pressure monies and further clinical commissioning group investment. Full training framework currently being rolled out.

Challenges

- Challenges exist in single point of access in terms of coping with a high rate of referrals. The team has been working with primary care to understand the increase and review pathways. Has also secured additional investment for new roles, and continues to be part of the care closer to home trust-wide improvement plan around single point of access.
- Calderdale psychological therapies remain under pressure with support from the clinical commissioning group to commission additional therapists. The commissioner has been provided with a business plan for investment 2020/21 but is yet to confirm support and investment through contracting process.
- The Calderdale local authority adult mental health social worker workforce is very low, currently 1.4 WTE out of 8 WTE established workforce. Urgent discussions underway with local authority senior leaders. This is leaving core and enhanced teams with significant workforce gaps and pressure.
- Care programme approach reviews performance has been subject to action planning lead by the general managers and quality and governance leads - this has made significant progress but there are still areas for improvement.
- Demand and capacity continues to challenge in community services.
- Work continues on reviewing caseloads including medical caseloads in core in line with care closer to home programme.

Areas of focus

- Recruitment and retention.
- Continue to improve performance and concordance in service area hotspots lead by general managers and quality and governance leads.
- Support for staff wellbeing across the business delivery unit
- Develop and strengthen the creative community offer lead by recovery colleges and our wider partners.
- Continue development and partnership with integrated care system and clinical commissioning groups around rehabilitation and recovery modelling.
- Continue focus on improvement in single point of access and intensive home based treatment models
- Continue our contribution to the primary care networks in local areas and the partnership working in developing the provider alliances.

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

Forensics and Learning Disabilities BDU:

Key Issues

- Recruitment of staff particularly in medical and nursing.
- Development of plans for a West Yorkshire ATU continue, working across West Yorkshire with our partners.
- Embedding new management arrangements across learning disability services.
- Serious incident on Hepworth involving an agency member of staff being hospitalised. Investigation underway and security measures reviewed.
- Extensive programme of organisational development in place across the BDU looking at culture, well-being, reducing sickness, improving engagement and communication.
- Occupancy levels have been higher than recent years and constant review to ensure staffing numbers are appropriate.
- Work with the West Yorkshire Provider Collaborative continues. Women's service pathway being reviewed.
- Mobilisation for community forensics pilot has commenced with the current focus centring on recruitment. Interest in posts out to advert looks promising.
- Forensic outreach service for learning disabilities is now offering a full clinical service from Monday to Friday 9/5. Recruitment continues and we have successfully appointed to several key posts.
- Improving our volunteer opportunities to be a focus

Strengths

- Strong performance on mandatory training.
- Good track record delivering CQUINs.
- Exploring innovative ways to attract staff i.e. rotational posts
- Progress being made on CQC and serious incident action plans
- Improved engagement with staff.
- Excellent service user engagement at service and regional level

Challenges

- Some pockets of high levels of sickness.
- Recruitment of registered staff in all disciplines. A significant resource is being utilised to optimise recruitment activity. Exploration of alternative roles being undertaken.
- Service has had a number of serious incidents recently which are under review.
- High turnover – this is being looked at in some detail and supported by HR
- Reducing sickness.

Areas of Focus

- The BDU is undertaking a significant 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

Specialist BDU:

CAMHS

Key issues

- Barnsley CCG is undertaking a new procurement exercise for CAMHS.
- The management of Forensic CAMHS (Wetherby young offenders institute and Adel Beck) has transferred to specialist services BDU as part of the CAMHS service line. Significant progress made in clarifying leadership and clinical model in accordance with improvement notice requirements.

Areas for focus

- Risks remain in relation to recruitment/retention in Wetherby/Adel Beck and Wakefield CAMHS.
- Waiting times from referral to treatment in Wakefield and Barnsley CAMHS are reducing with robust improvement plans developed to accelerate progress.

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

Wakefield and Acute Inpatients 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.
- 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 led discharge
- The action plan and training around care programme reviews (CPA) reviews, data quality and activity and improvement in how we use SystemOne is leading to some positive impact but requires more work, and is being closely monitored and supported at trio level.

Strengths.

- Management of patient flow and for Wakefield nil out of area acute bed usage
- Nostell ward received gold in their recent quality monitoring visit. This means 100% of Wakefield wards inspected have received gold.
- Unity centre wards have begun the first 8 week of interventions as part of the next phase of the editions national study around reducing restrictive practice.
- Wakefield single point of access are working closely with information management and technology to improve recording and data quality on SystemOne.
- Successful recruitment to the clinical psychologist posts in older people services and the service will be back to full strength when new starters start work.
- Community teams are co-producing team wellbeing plans to continue prioritising staff wellbeing- wellbeing champions are leading this work.
- Performance remains good for 72 hour follow up CQUIN.
- Fire training stats have shown improvement for inpatients with specific action plans in place for those wards still under achievement, supervised and tracked by the matrons.

Challenges

- Adult acute occupancy and acuity levels remain high.
- Increase in demand being seen for gender specific beds.
- Staffing challenges in medical posts in older people service wards.
- Compliance with mandatory training including IG remains generally good although there are issues with cardiopulmonary resuscitation and local induction which are both amber.
- Wakefield electroconvulsive therapy (ECT) continues to be an area of significant concern, with increasing demand and staffing pressures affected by sickness. • Recruitment has been successful, and additional resource has been secured through integrated care systems winter pressures to stabilise the team in the short term and the BDU are initiating an integrated care systems wide piece of work to address issues across all three West Yorkshire ECT suites.
- Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community remains a challenge.
- Care programme approach reviews and single point of access activity performance has been subject to action planning lead by the general manager and quality and governance lead - this has made significant progress but there are still areas for improvement.
- Access to gardens on Walton remain supervised due to risk of absconding leading to limitations on patient usage. Currently exploring alternative options for solutions and no suitable anti-climb product has been able to be sourced that could be retro-fitted to the external walls.

Areas of Focus

- Staffing challenges in ECT and older people service medical teams.
- 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 inpatient wards.
- Continue to improve performance in service area hotspots through focussed action planning tracked team by team by general managers.
- Recruitment and retention and successful mobilisation of new investment.

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

Communications, Engagement and Involvement

Marketing and communications

- EyUp! merchandising has been produced, including Christmas cards, a card replacement campaign and the eco-friendly mugs. EyUp! website updated to support external awareness raising. Branded thank you cards being produced for NHS Digital.
- Supporting the West Yorkshire and Harrogate Health and Care Partnership's "Looking out for our neighbours" winter campaign – including scoping "happy to chat" area to be piloted in Stanley Ward at Unity Centre
- Working with South Yorkshire and Bassetlaw integrated care system on QUIT programme.
- Mental health museum exhibition launch at Wakefield One – production of exhibition design materials and public relations for launch including news article and social media
- Support provided to child and adolescent mental health service (CAMHS) crisis team – including co-production of communications plan for enhancement of the crisis service (which begins in January 2020). Support has also included hosting insight sessions with children and young people to collect messages of hope to be used in CAMHS crisis materials and to collect ideas for renaming of the service. Promotional materials to be produced once new name is chosen and a public relation to be developed for this
- Initial scoping and production of a "choose well for mental health and wellbeing" infographic based on the national NHS England choose well guide – this has been scoped with some clinical colleagues and once developed will be shared through wider channels for feedback and approval.
- Pharmacy waste communications plan drafted with Chief Pharmacist – this is focusing on cost effective prescribing graphics have been co-produced with prescribers and the "treat well for less" campaign will launch early 2020 and will feature reminder cards in prescription pads
- SystemOne for mental health – comms support for phase 2 – optimisation.
- Excellence 2019 delivered. Support provided to staff achievements day (learners and long service) both on the day and post event publicity.
- Support for nursing associate recruitment campaign. Also supporting a West Yorkshire wide campaign through the Centre of Excellence to recruit nurses and psychiatrists to the region from the London area.
- Supported flu 'have a jab, give a jab' campaign, including developing materials and communication plan.
- Internal bullying and harassment campaign in development.

Engagement

- Work is taking place to involve people in the development of the Trust strategy which will pull together marketing, communications, engagement, equality, membership and inclusion. We are using a peer to peer approach and a range of tools such as focus groups, online survey, artwork and conversations to reach a wide audience. The views will inform strategy development.
- Dates are in the diary for February and March in to run 3 EDS2 workshops in Calderdale, Kirklees and Barnsley. The focus of this work will be patient experience and complaints.
- Continue to support to Barnsley BDU on engagement for integrated care proposals. An engagement and equality plan has been developed which will support the work going forward. Current work includes mapping the existing intelligence and EQIA documents to identify any gaps in intelligence
- Support to Older People Services (OPS) and advice and guidance to support an approach for formal consultation
- Single Point of Access (SPA) report now complete, this will be published on the website post April when the get involved section will be refreshed.
- Working with Health Care Partnership to support consultation activity relating to learning disability ATU and mental health services. Supporting work on carers passport.
- Involvement in the RACE Forward Network looking at all 'Datix' related to hate incidents and offering support to colleagues who may have been affected.
- Ongoing support to the staff BAME network and Trust Bereavement and Liaison project on the involvement of service users and carers.
- Advice and guidance to services to support greater involvement of people with ADHD or Autism. Support in the development of the NHSE suicide prevention action plan for faith and non-faith based approaches. Work in complaints on service users and carer involvement to ensure delivery of the CQC action plan
- Supporting people who have experience of services to share stories at Trust Board.
- Supporting a partnership approach to delivering the Equality Delivery System (EDS) for 2020 and interviewing BAME candidates for the Trust 'moving forward programme'.
- Continued support and advice to all business delivery units on the completion of Equality Impact Assessments (EIA) and supporting the development of a streamlined approach to EIAs in relation to policies and strategies. Support to the patient experience team to ensure all protected groups have a voice to improve services.
- Continued work with 'Creative Minds' in the development of creative interventions, Hyrstlands Park Asset transfer with local stakeholders and the good mood football league.
- Promotion of mental health services for Muslim ladies in partnership with the local mosque.
- Continued review of 'Peer Support Worker' role, including interviews with peer support staff which has resulted in a report and key recommendations for the Trust.
- Delivering a knowledge café for lived experience in Wakefield and Kirklees.
- Support and promotion of the Sahaara group.
- Advice and support given to FCAMHS on the delivery of a partnership event and future involvement of people who use services.
- The renewal of volunteering accreditation is complete and an assessment is due early February.
- Supporting a national programme looking at volunteers in mental health through the interview of Trust Staff and volunteers
- HR support to build a culture of involving service users in the delivery of Recruitment and Selection. Workshops coming up for Wakefield and Barnsley to identify service users, carers and families who have an interest in supporting the recruitment and selection process.

This is the January 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for December 2019. The priority programme areas of work providing an update in this report are:

- Wakefield Projects
- Barnsley Projects
- Camhs Improvement Projects
- West Yorkshire Projects
- South Yorkshire Projects
- SystemOne Optimisation
- Make better use of digital technology
- Provide all care as close to home as possible (Out of Area)

The framework for this update is based on the Trust priorities for 2019/20 (as agreed in April 2019), and provides details of the scope, improvement aims, delivery and governance arrangements, and progress to date including risk management. Some areas of focus are for the Trust where the position is strategic and emergent; others are priority change programmes which will be delivered over 2019/20. The reporting arrangements for each programme of work are identified; some are hidden as they either report elsewhere on the IPR, do not report on the IPR, or do not report this month on the IPR. The proposed delivery is in line with the agreed Integrated Change Framework.

Priority	Scope	SRO	Change Manager	Governance Route	Improvement Aim(s)	Reporting Frequency	Narrative Update	Progress RAG rating	
IMPROVE HEALTH									
Work with our partners to join up care in Wakefield	<p>1. To develop and deliver partnership structures and relationships that underpins integrated working</p> <p>2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities</p> <p>3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us</p> <p>4. To deliver improvement programmes in key areas determined as priorities by the Wakefield ICP. These include (but not limited to):</p> <ul style="list-style-type: none"> • Elderly and Frailty • Mental Health (via the MH Alliance) • Dementia (via the MH Alliance) <p>5. SWYPFT to take a lead partnership role in the development and delivery of a MH Alliance for Wakefield that oversees:</p> <ul style="list-style-type: none"> • the delivery of priority work streams: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Peri-natal mental health investment - Psychiatric Liaison Core 24 - CYP Eating Disorders - IAPT-LTC (in partnership with Turning Point). • the development and delivery of the Wakefield response to the NHS Long Term Plan for Mental Health. <p>6. Working with partners, develop and implement the operational requirements of the District's response to the agreed strategy for the Children and Young Peoples' Plan priority of emotional wellbeing and mental health.</p>	Sean Rayner	Sharon Carter	Change and Partnership Group	<p>By 31/03/20- All primary care home neighbourhoods will have:</p> <ul style="list-style-type: none"> - 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	<p>In Wakefield we continue to work with partners and lead the Mental Health Provider Alliance working on the mobilisation of investment priorities in 2019/20. All priorities are on track with recruitment activities and mobilisation.</p> <p>The transformation lead commenced in post on 9th December providing the much needed capacity to lead the development and delivery of change programmes in support of the delivery of Alliance priorities. Recruitment for a fixed term supporting project manager has commenced. Both posts will be hosted at SWYPFT.</p> <p>Children and Young People's (C&YP) plan for 2019-22 was signed off in November at the Children & Young Peoples' Partnership Board meeting, and emotional health and wellbeing is one of the four key priorities in the C&YP Plan. Future in Mind and the local transformation plan – This was completed in November 2019 and is posted on the CCG's website as required by NHSE/I.</p> <p>A process has been discussed and agreed in the Alliance for preparing a 2020/21 plan, with associated investment priorities. This will culminate with a governance 'sign off' by the CCG Governing Body in March 2020. The January Alliance meeting concentrated on the review and clarification of the first iteration of proposals for investment against the CCG available investment in 2020/21 of £1.3 million.</p>	Progress Against Plan	Green
							<p>Risks are managed by each programme of work, led by transformation lead, reporting to MH Alliance Development Group 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.</p>	Management of Risk	
							<p>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.</p>		
Work with our partners to join up care in Barnsley	<p>1. To develop and deliver partnership structures and relationships that underpin integrated working</p> <p>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</p> <p>3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us</p> <p>4. To deliver improvement programmes in key areas as identified by the partnership groups. These include:</p> <ol style="list-style-type: none"> Frailty CVD Stroke <p>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.</p> <p>To underpin this work with a clear plan for SWYPFT in via the Barnsley and SY internal integration group.</p>	Salma Yasmeeen	Sue Barton	Change and Partnership Group	<p>By 31/03/20 All six neighbourhoods will have</p> <ul style="list-style-type: none"> • 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	<p>In Barnsley, partnership structures in place. Recent review of achievements of the Integrated Care Delivery Group (ICDG) identified significant progress. One primary care network established underpinned by six neighbourhood networks. Integrated wellbeing teams in place in all six areas and population health data packs have been shared. 3 of the areas have identified their priority areas of focus and progress is being tracked across all of them. The integrated care specification is on track for mobilisation of phase one by April 2020. Final model details still being worked through with the CCG, and the shared leadership model is in progress.</p>	Progress Against Plan	Green
							<p>Risks are capacity to deliver change. In particular, inadequate resources to deliver core hours beyond current service offers and resource envelope. Work has been done on this as part of the integrated community teams modelling.</p>	Management of Risk	
							<p>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</p>		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce			
Work with our partners to join up care in South Yorkshire	Work with our South Yorkshire(SY) partners to deliver shared objectives as described through the integrated care systems plans. As the programmes of work develop, we aim to underpin this work with a clear plan for SWYPFT via the Barnsley and SY internal integration group.	Alan Davis & Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Bi-monthly on IPR	<p>The SYB ICS 5 year response to the NHS Long Term Plan was submitted to NHSE/I in November in line with the national timeframe. The plan focuses on the needs of the SYB population to improve population health, reduce health inequalities and improve outcomes, quality and experience for people through more integrated care approaches and transforming care. An update on current programmes of work that SWYPFT are involved in has recently been provided to the SY&B ICS MH/LD Steering Board. There is positive system wide/ neighbourhood working. A summary of which follows:</p> <p>Individual Placement Support(IPS). SWYPFT will provide two IPS posts in Barnsley as part of working with South Yorkshire Housing Association and recruitment is underway. 24/7 all-age liaison Implementation scheduled for March 2020, combined with 7 day working in CAMHS crisis team. Detailed operational guidance being agreed at CAMHS/liaison team interface and this is backed by 24/7 on-call CAMHS psychiatrist and manager. A training programme is being developed. A Crisis Assessment Unit and a Safe Space/Crisis Café are in development. EIP is surpassing national standards and is working towards achieving Level 3 status; utilising 'Open Dialogue' model. JAFT Following the NHSE IST Review, a new service specification developed and improved outcomes are being delivered. LTC pathways LTC pathways are being developed in Diabetes / Cancer which has seen services provided in Barnsley College and Barnsley Hospital ICU. Psychological therapies The pathway has been redesigned and the service is now achieving 18 week RTT (previous waits of 2 years experienced) Perinatal Mental Health Specialist Perinatal Mental Health team has been established (Hub and spoke model) - 98% of women seen in their own home. There is also a Specialist Mental Health midwife in post providing outreaches into community. Children and Young People CAMHS - NHSE IST Review undertaken and a new service specification co-produced with Barnsley's partners, particularly Barnsley's young commissioners, OASIS (Opening awareness of services and influencing services). The service specification moves away from traditional medical 3-tiered model towards a whole system, social, thrive model - waiting list initiatives funded with partners SWYPFT / MiniSpace and Chippy - trajectory is for no more than 40 young people waiting to access CAMHS by June 2020 (there were 309 young people waiting as at 31 August 2019). Eating Disorder service is collaboratively commissioned with Calderdale, Kirklees, Wakefield and Barnsley.</p>	Progress Against Plan	
							<p>Risks include 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.</p>	Management of Risk	
Working with our partners to join up care in West Yorkshire	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) Integrated Care System (ICS), including active membership of the West Yorkshire Mental Health, Learning Disabilities & Autism Service Collaborative, to deliver shared objectives with our partners in the areas of: • Forensic services including adult, children and LD project. SWYPFT is the Lead Provider for the WY&H Adult Secure Provider Collaborative. • Adult Mental Health Services • LD transforming care partnerships • Children and Adolescent Mental Health services whole system pathway development • Suicide Prevention • Autism and ADHD We aim to underpin this work with a clear plan for SWYPFT via the WY internal integration group.	Sean Rayner	Sharon Carter	Change and Partnership Group	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	<p>West Yorkshire and Harrogate Health and Care Partnership published its Mental Health, Learning Disabilities & Autism strategy in December. We have been a part of the development of the strategy and will be integral in its delivery. Work progressed on the various workstreams: • Staff have been briefed on recommendations being made • Recruited regional care navigator role - will commence Feb/Mar 2020 • Draft framework for regional DTOC and inappropriate admissions has been developed • Draft further engagement plan has been developed • Over the next few months it is intended to start mobilising move to "one ATU system" across existing sites, to drive standardisation of practice and improve resilience.</p> <p>The business case for the Leeds CAMHS Tier 4 In-Patient Unit was submitted in December 2019.</p> <p>The business case for the adult eating disorder Lead Provider Collaborative (for 'go live' in April 2020) was submitted by LYFPT on 29 November 2019, to which the Trust is a partner signatory. This was approved by NHSE to be progressed in accordance with the 'fast track' timetable.</p> <p>A bid was submitted via the ICS for winter monies as well as other initiatives such as CYP crisis/IHBT/all age liaison extension, operating hours out of hours and weekends 7 days a week; Extension of current patient flow work to cover out of hours and weekends; discharge coordinators; ECT skills mix; and Personality Disorder Pathway - Structured Management Training and DBT; were submitted by the Trust. Confirmation was received on 12 December 2019 that all our bid proposals had been supported and confirmed to proceed.</p>	Progress Against Plan	
							<p>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 will need to be undertaken over the following months.</p>	Management of Risk	

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	SSG Feedback: o Some elements of the programme are potential exemplars, such as change to the referral process that could reduce pressures into the services o Good evidence that teams are learning from each other across the Trust o COA reduction through 2019 described as fantastic but that the bed base is still too hot and that there is still much to do o Pace on some activity remains a concern, plans are not all on track, and a substantial challenge was put forward around performance visibility & governance at team level to be in place to assure delivery of a care closer to home zero OOA operating model. Work-strand activity: • PICU – a meeting was held to focus on the recent increase in gender specific PICU placements. Feedback from group that all of the Gender Specific placements were appropriate but that some might have been avoidable if there were internal short term options available such as extra care areas. A follow up around February time to align with any emerging findings from ICS work unless PICU / gender specific issues continue in the short term. • Appropriate Inpatient Stays: Work to refresh criteria led discharge has been ongoing. If the Criteria Led Discharge process and tool appears to have been embedded successfully, then the final check point review meetings will take place for Ward 18, Ashdale Ward and Elmdale Ward in January. Initial meetings with Barnsley wards will take place in January. An issue with the technology used was flagged in the previous highlight report and a report will be provided for the OMG in January raising the issue in relation to SharePoint becoming end of life in October 2020. • Patient flow pressures remain high. There is an aspiration is to extend the hours of the patient flow service and a bid has been put in and approved for winter pressures to enable this in the short term. • Community activity is now focussing on medics caseloads and activity is being planned pilot changes in North Kirklees. Priority work remains to get the community caseloads to more manageable levels and sustain at these levels to enable recovery focussed work. • The work in community should help enable new ways of working in intensive home based treatment (IHBT) but resourcing issues in the IHBT continue to limit opportunities to develop this, though plans are in place to resolve recruitment issues and some progress is being made. Kirklees IHBT team manager recently visited Barnsley and learning from this will help inform the improvement plan. • Single point of access (SPA) demand & capacity work has now been completed and fed back to commissioners to support the business case for staffing increase; this has now been agreed in Kirklees. Draft write up of engagement events has been done and next steps are to factor findings into the plan and feed back to attendees. Options for e-referral are being considered by Trust group – process mapping session was held early in December and it is now going to be January at the earliest before small scale testing is done. • 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. A training programme has been established and is being rolled out, with further structured clinical and Dialectical Behaviour Therapy (DBT) training being planned for early 2020. Initial EIA and CIA for Kirklees has been drafted. Next steps include more focussed case load management work within Kirklees & Calderdale community teams being carried out in order to embed new TIPD Pathway Recent increase in demand has continued to end of December, particularly for PICU gender specific beds but also a number of acute out of area placements. Feedback from services suggests it is likely that we going to continue to see some people still being placed out of area until a more sustainable system is established.	Progress Against Plan
					<p>Failure to deliver timely improvement due to lack of resource, other work priorities and skills- There has been some slippage on parts of the programme and this has been highlighted to the steering group but overall the programme has moved forward at a good pace. Plans have been released where there has been slippage. Activity across the programme likely to run well into 2020. CLD refresh to run until approx March 2020. SPA set to refresh in early 2020 – now likely to be in early 20/21 FY.</p> <p>Lack of relevant information and poor data quality could lead to poor decision making and/or poor assessment of changes - 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 and plans are being developed for longer term sustainability of performance management systems.</p> <p>Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures - The project needs to ensure that systems are in place to embed changes over time. Ongoing horizon scanning to prepare for unexpected consequences of external forces so that the Trust is able to respond quicker. Partnership plan to develop services in primary care and reduce referral rates. Refresh of sustainability model via self assessment has taken place – gap analysis of this is next step.</p> <p>Differing cultures across the trust and varying levels of engagement could lead to failure to deliver the proposed changes - The programme continues to work with key stakeholders including staff to develop and implement the required changes. Regular communication to include thanks and appreciation. To bring even more people into the engagement, including staff, service users/carers.</p>	Management of Risk	
Make care quickly and easily available in Camhs services	Greater positive impact on the lives of young people and their families (Wakefield) Deliver internal quality improvement and be able to demonstrate this to others (Both) Make CAMHS a greater place to work (Both) Work in partnership across the system (Both) Meet the requirements of external bodies (Barnsley)	Carol Harris Carmin Gibson-Holmes (Wakefield) Kate Jones (Barnsley) Supported by Nicole Ezro (Wakefield) and Maeve Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	To deliver the programme of work described in the driver diagram, improvement plans and associated action plans. The programme of work is a mixture of significant change & important improvement projects.	Monthly on IPR	<p>Wakefield CAMHS Improvement Plan and associated action plans presented to CAMHS Improvement Group on 15.01.20 and have been agreed as baseline position. Both Wakefield and Barnsley have commenced work to bring the waiting list numbers down and to understand the true 'waiting list position'. Barnsley commencing process mapping events for 4 pathways to establish 'current state' and identify what should be the 'future state'. Final version of Barnsley CAMHS Improvement Plan and associated action plans will be presented for sign-off for the next meeting in February 2020.</p> <p>Risks to be identified as part of work programme</p> <p>Implementation plan/Key milestones include: By 12/2/20 Final Improvement Plan for Barnsley agreed By 31/01/20 Wakefield Demand and Capacity Plan completed (Barnsley already completed) By 31/01/20 Wakefield Waiting List Initiative plans and trajectories completed and trajectories for Barnsley to be completed by 28/02/20. By 31/01/20 - First round of training for Barnsley All Age Liaison Team completed along with recruitment to this team.</p>	Progress Against Plan
						Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce		
IMPROVE RESOURCES	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	Sharon Carter	Change and Partnership Group	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	The new care plans went live across the Trust on 23rd November 2019, this has been well received with only normal issues reported. The weekly reporting on old care plans not closed in Inpatient Units has been available since 6th December 2019 with weekly highlights published in The Headline and emailed to Practice Governance Coaches. A report on old care plans created since 23rd November has now been created. Staff updates on optimisation, rollout of the new mental health care plans, changes to SystmOne functionality and current Data Quality issues continue to go out through The Headlines and in The Brief and via SystmOne Improvement Groups and improvement champions. The Programme Steering Group have agreed an action plan for rollout of the new FIRM risk assessments, with a business ready date end of April 2020. A process for supporting rollout and training of the new risk assessment involving FIRM Champions has been agreed with an initial engagement event held on 18th December 2019, and two subsequent events (28th January and 26th February 2020) have been scheduled. The Project lead and e-RS (electronic referral system) Project Group have been meeting with counterparts from primary care to consider future options for e-referral. Following co-design of a draft e-referral form, an e-referral letter template was created in SystmOne Demo and based on the feedback a number of changes have been made. This has now been circulated for final feedback. The e-RS Project Group met on 5th December 2019 to process map the referral process to SPA to ensure the e-RS process and letter template align. Working with SPA and IHT services, event templates have been implemented and there has been a significant improvement in quality of activity recording in these teams since implementation. Draft event template for Forensic Service are in co-design phase and MH community services are to commence co-design in January 2020. Engagement on the current 120+ Activity Codes on SystmOne to SNOMED codes and proposed rationalisation of the configured list is almost complete in preparation for changes to the Clinical System to be implemented.	Progress Against Plan
		Make the most of our clinical information	CHANGE MANAGEMENT/CLINICAL: The lack of commitment to the changes from internal and external stakeholders this will impact on the success of major optimisation activities such as tasks CHANGE MANAGEMENT: The lack of opportunities for clinical engagement in co- design and co creation activities there is a risk of not maximising optimisation opportunities. CONFIG, REPORTING, TRAINING: COMMS: Conflicting priorities in the Trust leading to insufficient workstream resources to support optimisation implementation CLINICAL RISK: 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-arounds' PROGRAMME: 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 CLINICAL RISK: The lack of knowledge clinicians/medics on engagement and being involved in the change process there is a risk of work around being created and this will result in further variations. CLINICAL RISK: Policies and procedures not being updated in the timely fashion in readiness of the system change.	Management of Risk				
IMPROVE RESOURCES	Make better use of digital technology across the Trust to improve our use of resources.	Salma Yasmeen	Vicki Whyte	Transformation Board	The use of a Digital Health App Library and associated prescribing is embedded across 5 Trust services. Digital Dictation business case developed and pilot study completed and evaluated to support a decision for adoption and implementation across the Trust. Virtual Clinic business case developed and pilot study completed and evaluated to support a decision for adoption and implementation across the Trust.	Bi-monthly on IPR	Orcha Rolled out to all CAMHS services, all stop smoking services and IAPT with 150 professionals registered to date to prescribe apps to the people in their care. Data and usage statistics being collated by Orcha and will be available from February 2020. Further roll outs planned to Health & Wellbeing Services. Business Cases Business cases for E Consultation and virtual clinics submitted to Digital Strategy Group, further work to inform pilot proposals underway. Pilots Further work and scoping underway to inform E consultation and Virtual Clinic pilot proposals and will be considered further by the Digital Strategy Group Conflicting priorities in the Trust leading to insufficient workstream resources to support the projects and development of business cases.	Progress Against Plan
		Make better use of digital technology	By 30/09/19 Implementation of Digital App prescribing in place across 5 Trust Services. By 31/10/19 Business Case for Digital Dictation and Virtual Clinics submitted to Digital Strategy Group. By 31/03/20 Pilot Studies completed, evaluated and reported to Digital Strategy Group.	Management of Risk				
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								

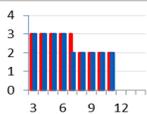
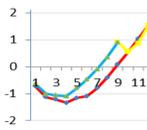
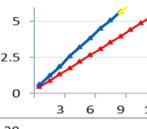
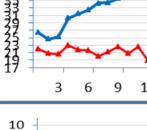
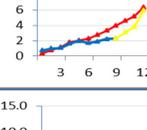
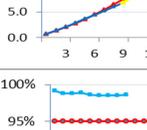
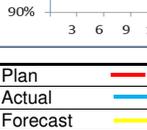
Progress against plan rating	Risk Rating	Likelihood	1 Rare	2 Unlikely	3 possible	4	5 Almost certain
On target to deliver within agreed timescales / project tolerances	Consequence						
ability/confidence to deliver actions within agreed timescales / project tolerances							
ability/capacity to deliver actions within agreed timescales / project tolerances	5 Catastrophic		5	10	15	20	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 / SUU risk

Glossary:	ATU Assessment and Treatment Unit
CCY Children and Young People	ATU single point of access
ICS Integrated Care System	ATU individual placement support
WV West Yorkshire and Barnetley	ATU new model of care
NHS National Health Service	ATU other people services
PCN Primary Care Network (also referred to as Primary Care Hub)	ATU other people services
IHTB - Intensive Home Based Treatment	ATU other people services
MH mental health	ATU other people services
VCS voluntary and community sector	ATU other people services
DBT Dialectical Behavioural Therapy	ATU other people services
ACT Improving Access to Psychological Therapies	ATU other people services
LTC long term conditions	ATU other people services
CCG Clinical Commissioning Group	ATU other people services
IM Information management and technology	ATU other people services
ESD Early Supported Discharge	ATU other people services
WV Health Care Partnership	ATU other people services
LD Learning Disabilities	ATU other people services
SEC Urgent and Emergency Care	ATU other people services
BDCT Bradford District Care Trust	ATU other people services
SWYFT South West Yorkshire Partnership Foundation Trust	ATU other people services

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 December. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£0.2m)	(£0.2m)	December financial performance is a surplus of £0.4m excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.2m. The year end deficit of £0.2m is considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£5.7m	£7.6m	Agency expenditure is higher than plan with £0.6m spent in December, £0.1m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by over £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements, and an adverse impact of the finance risk rating.	
4	Cash	£35.5m	£31.7m	Cash in the bank continues to be above planned levels; due to opening balances being higher than plan, receipt of provider sustainability funding, timing of capital expenditure and focused working capital management.	
5	Capital	£2.3m	£6m	Capital spend is below plan at the end of December. Forecast currently remains at £6m but is under detailed review.	
6	Delivery of CIP	£6.8m	£10.6m	Year to date £6.8m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.2m 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	

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Contracting - Trust Board

Contracting Issues - General

The Trust, as part of the wider South Yorkshire and West Yorkshire Integrated Care Systems, was successful in application for NHS England mental health winter support funding across a range of initiatives. These include expansion of children's crisis and all age liaison services in Calderdale and Wakefield, extension of patient flow work to cover out of hours and weekends across all localities, use of discharge co-ordinators across all localities, training to support structured management in personality disorder pathways, provision of additional support to the intensive home based treatment team in Wakefield. Contract negotiations are progressing with core commissioners in relation to 2020/21 contracts. The NHSE proposed NHS Standard Contracts for 2020/21 were published for consultation on 23rd December 2019. The consultation ends on 31st January 2020. The Trust has also reviewed the NHSE consultation on two national service specifications covering enhanced health in care homes and anticipatory care which are to be co-delivered between primary and community providers, including providers of community mental health services. It is expected that this will be a contractual requirement for community providers in 2020/21 through the NHS Standard Contract.

CQUIN

Quarter 3 submissions have been made in January across all contracts.

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. Work continues on the development of integrated neighbourhood teams. The review of neighbourhood nursing implications has been fed into this 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. Work on the additional waiting list initiate across children's and young people's mental health services is ongoing. Work continues to implement the new early supported discharge team in stroke services. Winter funded proposals include use of discharge co-ordinators and expansion of patient flow work to cover out of hours and weekends.

Contracting Issues - Calderdale

Implementation continues to develop the 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. Winter funded initiatives are being implemented including children and young peoples crisis service expansion and all age liaison, use of discharge co-ordinators and expansion of patient flow work to cover out of hours and weekends and provision of structured training to support personality disorder pathways. Contract negotiations for 2020/21 are underway.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Contracting - Trust Board

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 making additional investment to support the further development of pathways for people with personality disorder. Work is ongoing to implement additional crisis investment gained through bids to NHSE. Winter funded initiatives include discharge co-ordinators and expansion of patient flow work to cover out of hours and weekends and provision of structured training to support personality disorder pathways.

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. Additional waiting list initiatives are progressing related to children's and young people's services in Wakefield as part of the 2019/20 mental health investments. Wakefield CCG has confirmed additional investment to March 2020 to provide additional resources to support health screening and those with substantial health needs residing at the Urban House initial accommodation centre. Winter funded initiatives include children and young people's expansion to crisis services and all age liaison services, use of discharge co-ordinators, expansion of patient flow work to cover out of hours and weekends and additional support for the intensive home based treatment support line.

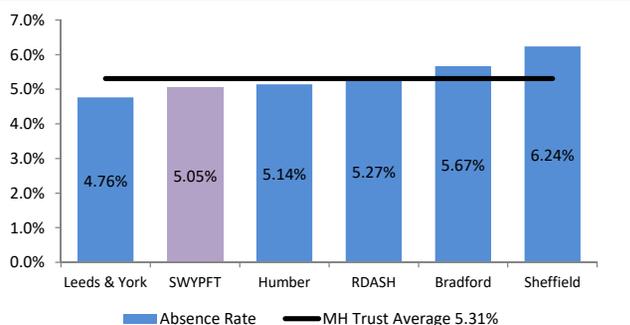
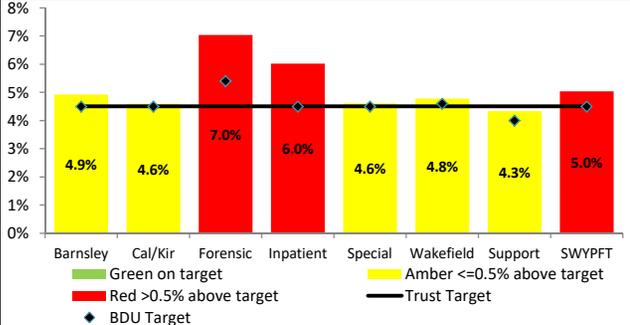
Contracting Issues - Forensics

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 were successful in a bid to become the lead provider for the West Yorkshire Collaborative for adult secure services on the further development track work stream to commence from April 2021.

Workforce

Human Resources Performance Dashboard - December 2019

Sickness Absence



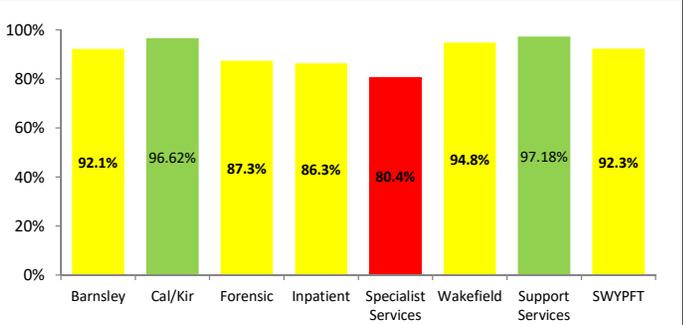
Current Absence Position and Change from Previous Month - Dec 2019

	Barn	Cal/Kir	Fore	Inpat	Spec	Wake	Supp	SWYPFT
Rate	4.8%	5.8%	7.5%	7.1%	4.3%	4.6%	3.9%	5.3%
Change	↑	↑	↑	↑	↓	↓	↓	↑

The Trust YTD absence levels in December 2019 (chart above) were above the target at 5%.
The YTD cost of sickness absence is £4.6m. If the Trust had met its target this would have been £4.1m, saving £0.5m.

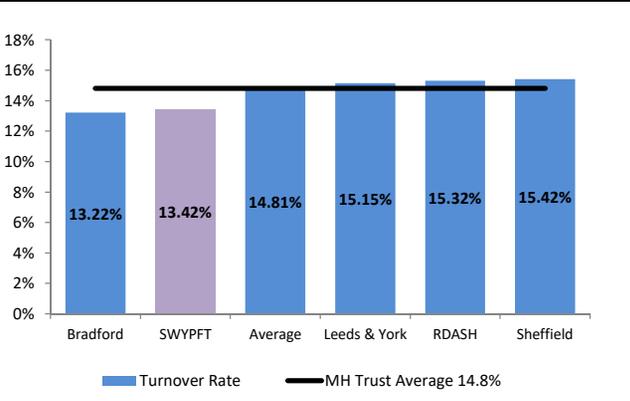
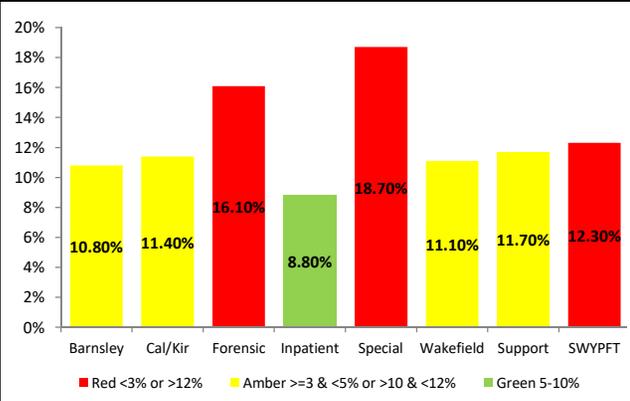
The above chart shows the YTD absence levels in MH/LD trusts in our region for 2018-19 financial year. During this time the Trust's absence rate was 5.05% which is below the regional average of 5.31%.

Appraisals - All Staff



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

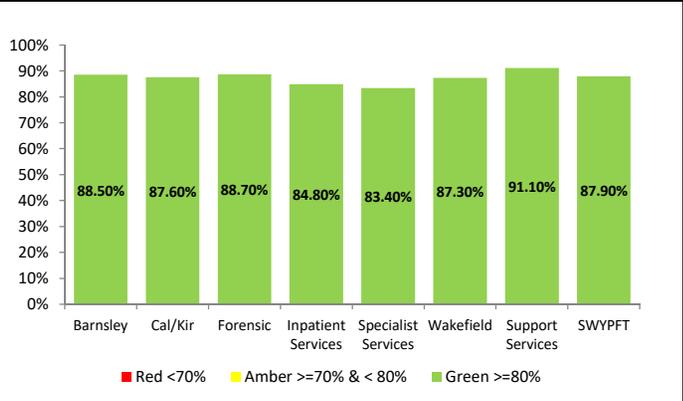
Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of December 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 training to the end of December 2019. All areas and the Trust continue to achieve the 80% target.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.1%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.8%	5.1%	4.6%	4.7%	4.7%	5.20%	5.30%	5.0%	5.0%	5.10%	5.0%	5.30%	
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	99.1%	99.1%	99.1%	6.3%	19.8%	66.20%	76.20%	80.30%	83.80%	91.6%	93.0%	93.2%	
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	96.5%	97.5%	97.5%	0.2%	1.5%	7.8%	26.40%	39.10%	69.70%	86.8%	89.7%	91.7%	
Aggression Management	Improving Care	Well Led	AD	>=80%	83.1%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%	82.8%	82.8%	81.3%	80.5%	
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	82.1%	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%	83.0%	83.6%	83.6%	81.9%	
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	87.8%	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%	88.7%	88.6%	88.5%	88.6%	
Equality and Diversity	Improving Health	Well Led	AD	>=80%	90.9%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%	91.5%	92.0%	92.3%	92.1%	
Fire Safety	Improving Care	Well Led	AD	>=80%	85.2%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%	86.6%	86.8%	87.4%	87.9%	
Food Safety	Improving Care	Well Led	AD	>=80%	82.3%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%	82.0%	81.9%	82.5%	83.0%	
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	89.5%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7%	91.7%	92.2%	92.0%	91.3%	91.0%	
Information Governance	Improving Care	Well Led	AD	>=95%	96.1%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%	94.2%	94.0%	92.8%	94.1%	
Moving and Handling	Improving Resources	Well Led	AD	>=80%	87.8%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%	91.7%	92.1%	91.9%	92.0%	
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	92.7%	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%	93.2%	93.9%	93.5%	92.5%	
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	86.7%	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%	88.8%	90.2%	90.8%	89.8%	
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%		86.8%			75.5%			74.2%			72.5%		
Prevent	Improving Care	Well Led	AD	>=80%							80.8%	81.5%	83.5%	86.0%	87.1%	88.8%	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	93.2%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%	94.2%	94.4%	94.1%	94.1%	
Safeguarding Children	Improving Care	Well Led	AD	>=80%	91.3%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%	91.5%	91.8%	89.8%	89.0%	
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.9%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%	96.0%	96.3%	96.0%	96.5%	
Bank Cost	Improving Resources	Well Led	AD	-	£752k	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k	£887k	£705k	
Agency Cost	Improving Resources	Effective	AD	-	£596k	£545k	£634k	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£602k	£476k	£482k	£479k	£494k	£513k	£543k	£501k	£501k	£545k	£507k	£556k	
Business Miles	Improving Resources	Effective	AD	-	286k	270k	289k	274k	240k	293k	281k	245k	284k	264k	317k	272k	
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 Feb 20			

1 - this does not include data for medical staffing.

Mandatory Training

- The Trust is meeting its mandatory training targets with the exception of information governance, which is slightly below 95%, but projected to be in line with the target by the end of the year.

Appraisals

- Appraisal completion rate for band 6 remains at 93% however performance to the end of November 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 December.

Sickness Absence

- Year to date sickness at the end of December remains 5.0% which compares with 4.8% last year. The monthly rate of 5.3% is lower than December last year (5.7%).

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 increased to 12.3% month on month which compares to 12.0% last year.

Guardian of Safe Working Report - Q3 (Oct - Dec 2019)

Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps but this has been much better on the S. Yorkshire and Leeds/Wakefield schemes recently with full recruitment for August 2019 and February 2020. On the Calderdale and Kirklees Core Training Scheme there are a number of vacancies, compounded by issues with trainees being on maternity leave or unable to take part in the rota for health reasons. Also, new doctors from overseas are not always ready to take part in the rota on arrival.

Exception reports (with regard to working hours)

There have only been a few ERs completed in SWYT since the introduction of the new contract and there have been 2 during this period. Both exceptions related to the burden of seclusion reviews, impacting on the 1st on-call doctor's time to deal with other acutely unwell patients and having to stay late to complete the work. After discussion with the trainee's supervisor, no further action was required for the individual doctor. Concerns regarding the increased numbers of patients in seclusion have been raised anecdotally in the Junior Doctors Forum. The Fieldhead site has a very high number of seclusion rooms compared to other sites and other local trusts. A brief survey at Fieldhead over 6 weeks in October and November revealed that an average of 7-8 reviews are required per 24 hours but perhaps more significantly, there were 11 days when 10-15 seclusion reviews were required. The Trust Seclusion Policy is being reviewed and it is hoped that the changes will address some of the concerns raised.

Fines

There have been none within this reporting period.

work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

Gaps by rota October/November/December '19

Gaps by rota October/November/December '19					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	8 (4%)	8 (100%)	0	0	0
Calderdale 1st	51 (27%)	44 (86%)	0	0	7 (14%)
Kirklees 1st	24 (26%)	24 (100%)	0	0	0
Wakefield 1st	25 (14%)	24 (96%)	0	0	1 (4%)
Total 1st	108 (17%)	100 (93%)	0	0	8 (7%)
Wakefield 2nd	8 (9%)	0	0	8 (100%)	0

The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. The Medical Bank has largely been working well but it is of concern that more shifts were unfilled in this period (all but a single 4 hour period in Wakefield, were in Calderdale). None have been filled by agency staff during this quarter.

Costs of Rota Cover October/November/December '19

Costs of Rota Cover October/November/December '19					
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	8 (88)	£3080	0	0	£3080
Calderdale	44 (403)	£14105	0	0	£14105
Kirklees	24 (332)	£11620	0	0	£11620
Wakefield	24 (203.25)	£7113.75	0	0	£7113.75
Total	100 (1026.25)	£35918.75	0	0	£35918.75

Issues and Actions

Recruitment – Vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through The Royal College (MTI - Medical Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training). We currently have MTI (2) and WAST (2) doctors in the Trust and we expect more to join us next year, especially on the WAST scheme which has been expanded. 3 vacancies were advertised for the February 2020 rotation but only 1 was filled. The Leeds-Wakefield rotation and the South Yorkshire Rotation are both fully recruited and no gaps are expected for February 2020. Local GP schemes have raised the possibility of sending more trainees for experience in psychiatry from August 2020 but this is yet to be finalised. There are fewer vacancies across West Yorkshire as a whole which bodes well for recruitment for August 2020. There are also plans to merge the 3 training schemes in West Yorkshire from August 2020 which may reduce the number of vacancies within SWYPFT in the longer term.

Junior Doctors' Forum – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education. Discussions are on-going about arrangements to allow Core Trainees to gain more emergency psychiatry experience, as well as the Seclusion issue mentioned above. The forum has also been involved in deciding how money associated with the Fatigue and Facilities Charter (£60,000) should be spent and a list has been agreed with trainees.

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

Amendments to 2016 Contract – I have continued to work with colleagues in human resources to ensure that rotas are updated to reflect the amendments to the Junior Doctor Contract. These will lead to a slight increase in costs for the Trust. Most of the required changes will be in place for February 2020.

Summary

Quality

National Metrics

Locality

Priority
Programmes

Finance/Contracts

Workforce

Medical appraisal activity - Quarter 3 2019/20

RESPONSIBLE OFFICER QUARTERLY REPORT – 2019/2020					
	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20	
MEDICAL APPRAISALS					
Number expected to be undertaken in period	28	31	45		
Number undertaken in period	27	29	43		
Number not undertaken for which the RO accepts postponement is reasonable	1	2	1		
Percentage of appraisals taken place	96%	93%	95.5%		
Percentage of appraisals signed off in period as satisfactory	100%	100%	100%		

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

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

Publication Summary

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

[Mixed sex accommodation breaches: October 2019](#)

[Monthly hospital activity data: October 2019](#)

[Delayed transfers of care: October 2019](#)

[Mental health early intervention in psychosis: October 2019](#)

[Diagnostics waiting times and activity: October 2019](#)

[Direct access audiology waiting times: October 2019](#)

[Diagnostic imaging dataset: August 2019](#)

[NHS Improvement provider bulletin: 19 December 2019:](#)

- [Help for our future nursing and midwifery workforce](#)
- [Antiviral medicines for the prevention and treatment of flu](#)
- [Patient Safety Alert: Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices](#)
- [Pensions tax impacts on the NHS – a solution for 2019/20](#)
- [Encouraging feedback on cancer care from BME patients](#)
- [GIRFT ophthalmology national report](#)
- [A second chance to attend the NHS cadets introductory webinar](#)

[Community services statistics: September 2019](#)

[Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2019 - November 2019](#)

[Mental health services monthly statistics: final October, provisional November 2019](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report



Month 9
(2019 / 20)

Appendix 1

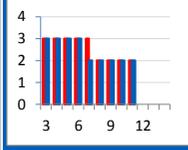
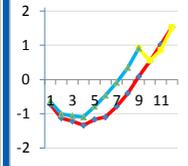
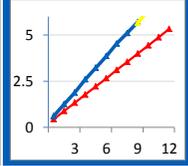
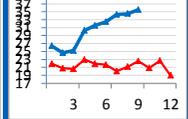
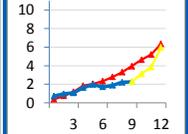
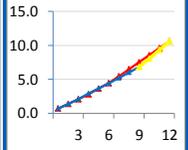
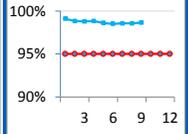


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With **all of us** in mind.

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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 December. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Surplus / (Deficit) (excl PSF)	(£0.2m)	(£0.2m)	December financial performance is a surplus of £0.4m excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.2m. The year end deficit of £0.2m is considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£5.7m	£7.6m	Agency expenditure is higher than plan with £0.6m spent in December, £0.1m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by over £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements, and an adverse impact of the finance risk rating.	
4	Cash	£35.5m	£31.7m	Cash in the bank continues to be above planned levels; due to opening balances being higher than plan, receipt of provider sustainability funding, timing of capital expenditure and focused working capital management.	
5	Capital	£2.3m	£6m	Capital spend is below plan at the end of December. Forecast currently remains at £6m but is under detailed review.	
6	Delivery of CIP	£6.8m	£10.6m	Year to date £6.8m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.2m 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 9	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.5	1	3.0	1
	20%	Liquidity (Days)	29.2	1	16.5	1
Financial Efficiency	20%	I & E Margin	0.5%	2	0.0%	3
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	42%	3	13%	2
Weighted Average - Financial Sustainability Risk Rating				2	2	

Impact

The rating remains at 2 for December. The I & E margin needs to increase to 1% for this rating to be 1.

The agency rating is the only metric which is lower than planned. If spend increases to 50% more than cap 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.

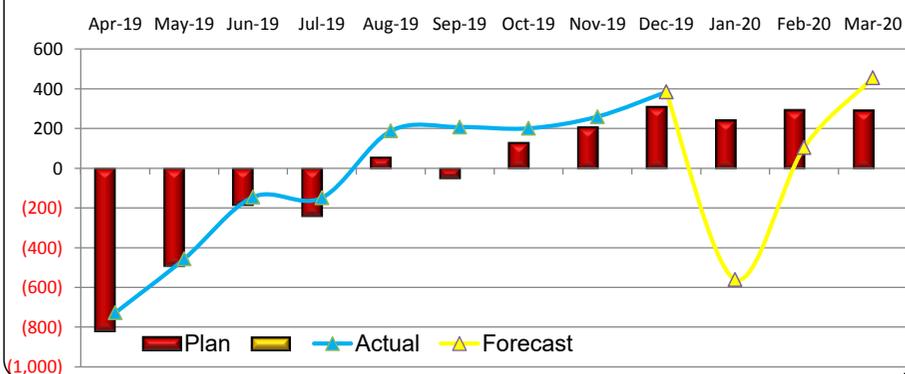
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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.

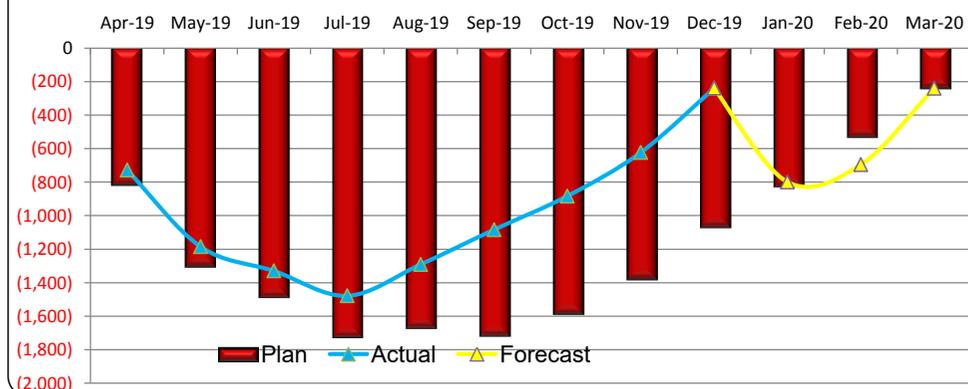
Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,064	18,061	(2)	Clinical Revenue	160,185	158,962	(1,223)	214,490	213,271	(1,219)
				18,064	18,061	(2)	Total Clinical Revenue	160,185	158,962	(1,223)	214,490	213,271	(1,219)
				1,725	1,381	(344)	Other Operating Revenue	11,373	11,203	(169)	15,032	14,968	(63)
				19,789	19,443	(346)	Total Revenue	171,558	170,165	(1,392)	229,522	228,239	(1,283)
4,314	4,138	(176)	4.1%	(15,560)	(14,568)	992	Pay Costs	(135,592)	(130,726)	4,866	(181,047)	(175,721)	5,326
				(3,729)	(3,762)	(33)	Non Pay Costs	(32,298)	(31,017)	1,281	(43,467)	(43,466)	2
				469	(40)	(509)	Provisions	1,211	(2,553)	(3,764)	2,681	(1,087)	(3,768)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,314	4,138	(176)	4.1%	(18,820)	(18,370)	449	Total Operating Expenses	(166,679)	(164,295)	2,384	(221,834)	(220,274)	1,560
4,314	4,138	(176)	4.1%	970	1,072	103	EBITDA	4,879	5,870	991	7,688	7,965	277
				(442)	(482)	(40)	Depreciation	(3,977)	(4,235)	(258)	(5,302)	(5,679)	(377)
				(227)	(227)	0	PDC Paid	(2,045)	(2,045)	0	(2,726)	(2,726)	0
				8	21	13	Interest Received	75	170	95	100	200	100
4,314	4,138	(176)	4.1%	309	384	75	Normalised Surplus / (Deficit) Excl PSF	(1,067)	(239)	828	(240)	(240)	0
				176	176	0	PSF (Provider Sustainability Fund)	1,148	1,148	0	1,765	1,765	0
4,314	4,138	(176)	4.1%	485	560	75	Normalised Surplus / (Deficit) Incl PSF	81	909	828	1,525	1,525	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,314	4,138	(176)	4.1%	485	560	75	Surplus / (Deficit)	81	909	828	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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At December 2019 the Trust remains ahead of plan.

Month 9

The December position is a pre PSF surplus of £384k and a post PSF surplus of £560k, this is £75k ahead of plan. This represents the fifth consecutive month a surplus has been reported and is largely due to continued pay underspends, agreement of income for new investments, reductions in out of area placement costs and expenditure control.

Pay expenditure has continued to be lower than plan; 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. We continue to work with commissioners to finalise potential additional investment in 2019/20 (effectively priming recurrent investment in 2020/21).

Pay Expenditure

Pay budgets have continued to underspend; £992k in December. 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 maximum agency cap set by NHSI for 2019/20 has been set at £5.3m. In December agency costs are £594k which is higher than cap.

Non Pay Expenditure

Non pay is slightly more than plan in December (£33k) but cumulatively is £1.4m 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 £1.9m lower than last year. More details are included within the out of area focus page. However expenditure control continues in the majority of categories.

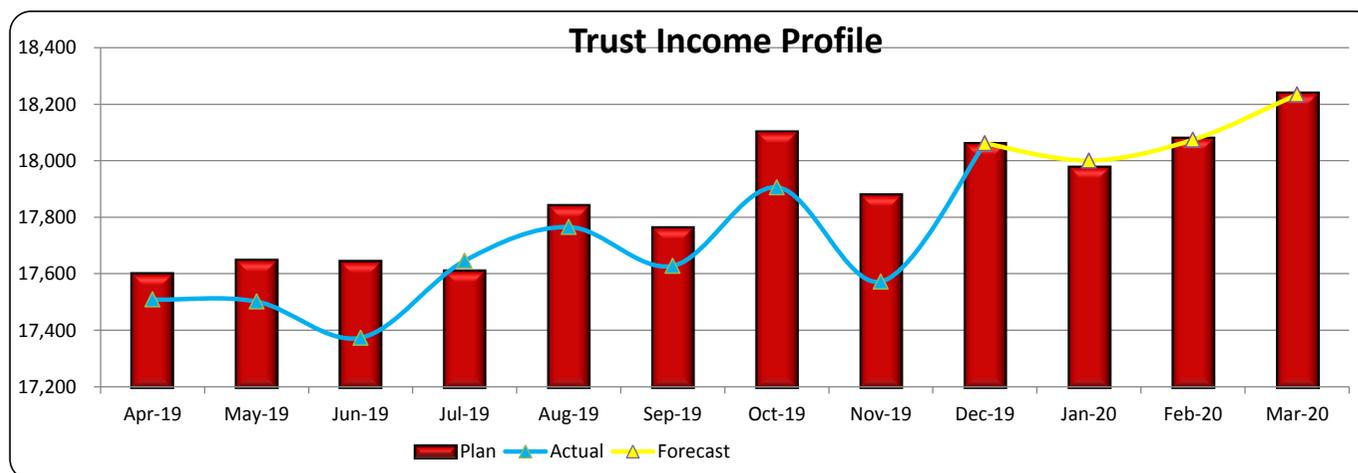
Forecast

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 but is increasingly likely to be attained.

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	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total	Total 18/19
	£k	£k												
CCG	9,999	9,999	9,868	10,028	9,973	10,032	10,211	10,053	10,177	10,160	10,166	10,166	120,831	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	1,264	1,388	1,332	1,336	1,337	15,799	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	499	751	668	661	650	7,627	7,172
Other	3,576	3,570	3,516	3,668	3,839	3,743	3,594	3,732	3,721	3,816	3,886	4,056	44,716	6,708
Total	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	18,000	18,074	18,234	213,271	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 in December 2019 due to:

* increased reimbursement from commissioners for actual costs incurred. During 2019/20 a number of services have received expansion funding and income is received as and when recruitment happens.

The forecast position continues to increase further for this same reason. All outstanding contract variations from commissioners are being chased, and through the annual agreement of balance exercise, to ensure that we have a common understanding on the level of income expected.

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 79% of our budgeted total expenditure.

The Trust's strategic workforce plan was approved in March 2018 and is updated annually. Annual plans associated with this strategy are agreed the Workforce and Remuneration Committee.

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	13,147	13,207				117,706
Bank & Locum	663	906	752	747	934	821	794	938	767				7,322
Agency	613	641	624	722	628	628	674	572	594				5,697
Total	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	0	0	0	130,726
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%	6.4%	5.3%				5.6%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%	4.6%	3.9%	4.1%				4.4%

Year to Date Budget v Actuals - by staff group						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	17,681	13,916	484	2,790	17,190	491
Nursing Registered	48,658	39,592	2,534	379	42,505	6,153
Nursing Unregistered	14,718	13,208	3,464	1,418	18,090	(3,372)
Other	33,168	31,893	332	1,063	33,288	(120)
BDU Admin	9,532	8,128	369	10	8,507	1,025
Corporate Admin	11,836	10,970	139	37	11,146	690
Total	135,592	117,706	7,322	5,697	130,726	4,866

Year to date Budget v Actuals - by service						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	58,945	50,152	1,363	3,473	54,988	3,958
Inpatient	34,601	27,963	5,163	1,916	35,042	(441)
BDU Support	5,027	4,850	146	10	5,006	21
Community	16,181	15,396	302	198	15,895	286
Corporate	20,837	19,346	348	101	19,795	1,042
Total	135,592	117,706	7,322	5,697	130,726	4,866

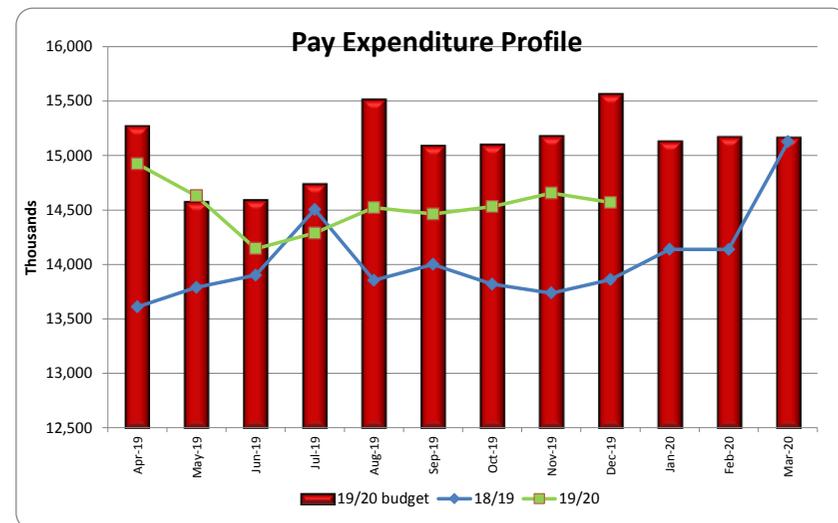
Key Messages

The Trust has received significant additional investment during 2019/20 for new services and further commissioner investment in existing services. This investment remains primarily workforce based and as such mobilisation and recruitment has been taking place. As a result absolute pay expenditure is higher than last year (including the impact of pay awards, increments etc under Agenda For Change).

In December pay underspent by £992k. Year to date underspend is £4.9m. Temporary staffing provided by both agency and bank totals £13m (10% of total pay expenditure). Often staffing requirements and vacancies are required 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.

These differences are shown in the tables above with overspends in adult acute inpatient wards. Mobilisation of a sustainable workforce strategy continues although the financial effectiveness to date has been impacted by exceptional levels of sickness and cases of acuity above those normally expected. This has included utilising additional unregistered nurses to support known recruitment and retention issues in registered nurses.

The shortfall in registered nursing compared to plan is clearly evident from the numbers above. This is being partly compensated for by additional spend on the non-registered workforce.



The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £1.7m 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.

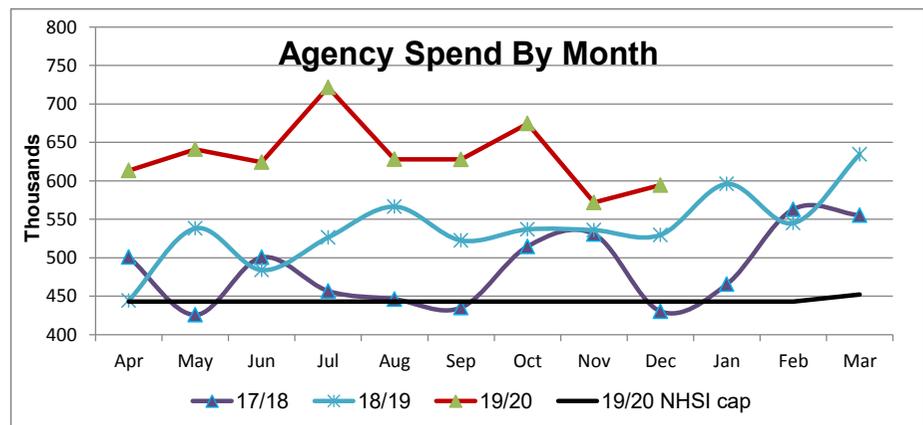
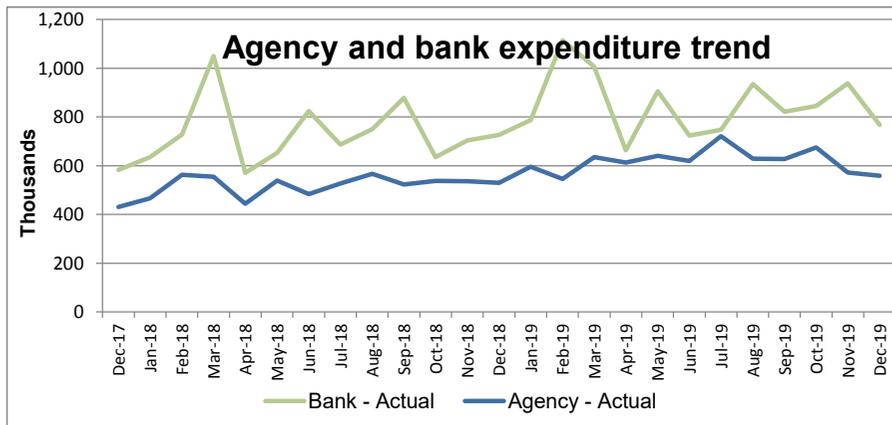
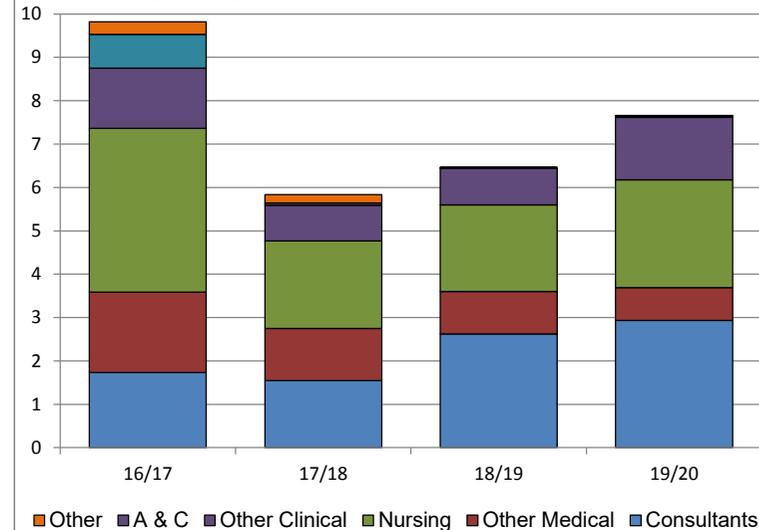
Actual agency usage continues to be reported to NHS England and Improvement on a weekly basis.

December agency spend is £594k, 26% above cap. This is slightly lower than the average monthly run rate. Cumulative spend is £5.7m which is 42% above cap and 21% higher than the same period last year.

The current forecast, based upon these plans, is £7.6m although this continues to be assessed. Currently £0.5m relates to additional staffing from commissioner investment (waiting lists etc) with the remainder covering recurrent issues such as vacancies. This could potentially increase as additional investment is identified in year. Due to the one off nature of this investment agency is often the only real option.

Bank and locum expenditure in December 2019 is £0.8m which is in line with the average for the year to date.

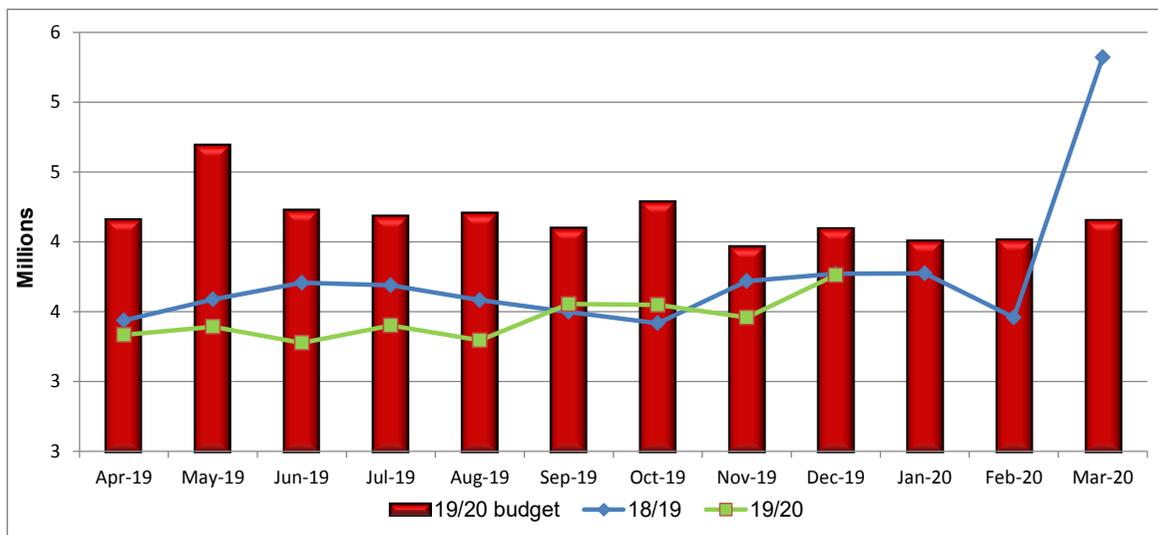
Agency Expenditure Trends (£m)



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	3,458	3,762				31,017
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 Year to date £k	Actual Year to date £k	Variance £k
Non Pay Category	£k	£k	£k
Clinical Supplies	1,986	2,064	(78)
Drugs	2,739	2,632	107
Healthcare subcontracting	3,955	3,511	444
Hotel Services	1,393	1,279	114
Office Supplies	3,895	3,749	145
Other Costs	3,617	3,147	470
Property Costs	5,195	5,443	(247)
Service Level Agreements	4,652	4,587	65
Training & Education	346	387	(41)
Travel & Subsistence	2,643	2,295	348
Utilities	879	1,012	(132)
Vehicle Costs	997	911	86
Total	32,298	31,017	1,281
Total Excl OOA and Drugs	25,604	24,873	731



Key Messages

As illustrated by the graph, year to date non pay expenditure is £1.4m lower than in the previous year and remains lower than plan. Savings have been made in a number of categories with the largest in out of area bed placements. These savings continue to be assessed against the CIP requirement to confirm if any can be classified as recurrent or non recurrent savings.

As identified on the out of area focus page, whilst spend is lower than previous and £444k lower than plan, healthcare subcontracting activity and costs remain challenging. The Care Closer to Home work stream continues to work to ensure that a long term sustainable position can be reached. This links into many other services within the Trust and also externally.

Other savings against plan are being made in most other categories and these are also being assessed for sustainability to ensure they are appropriately captured in future operational plans.

To support this 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 line with the Trust priorities.

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 reasons 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 geographical 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	82	158				1,144

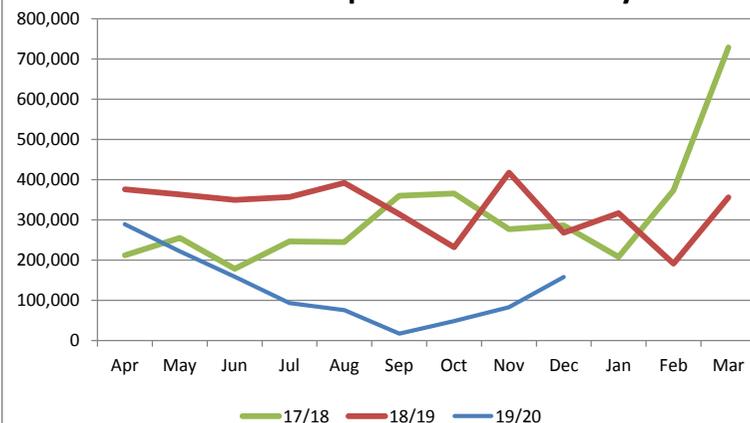
Bed Day Trend Information

	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	129	166				1,612

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	18	29				176
Acute	160	277	178	150	142	24	7	41	42				1,021
Appropriate	90	51	30	30	14	4	31	70	95				415
Total	282	354	238	206	156	28	53	129	166	0	0	0	1,612

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.

Although activity remains lower than previous levels we have seen a further increase in activity in December; a third consecutive month of higher usage.

The majority of this activity is due to the requirement for a gender specific environment which the Trust does not provide. That being said there is an increase in other PICU and acute activity. Focus remains on reducing this and trying to ensure minimal ongoing requirements.

Financially the progress made this year remains positive. £1.9m less has been spent for the same period last year; this equates to 2,517 less bed days.

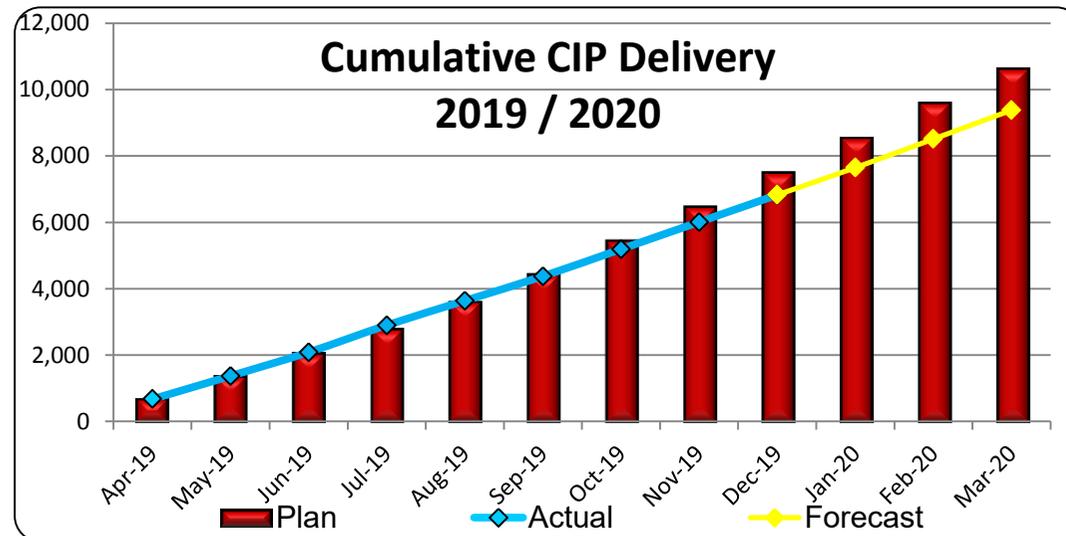
2.1 Cost Improvement Programme 2019 / 2020

The Trust priorities for 2019/20 includes Improving the Use of Resources. This is the drive to improve quality and reduce costs in order to meet our financial targets. We will do this by ensuring we spend money wisely and reduce waste.

The financial element of this priority is recorded below with schemes identified as part of the Trust Cost Improvement Programme (CIP) being monitored for actual performance against those originally planned.

There are additional efficiencies and savings made within the overall financial position; only those with identified schemes and Quality Impact assessments are captured here, although all contribute to the overall position.

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.



CIP Monitoring	Year to Date		Forecast	
	Plan £k	Actual £k	Plan £k	Actual £k
Recurrent	5,106	4,087	7,368	5,570
Non Recurrent	2,400	2,741	3,256	3,811
Total	7,507	6,828	10,624	9,381
Shortfall		679		1,243

Year to date performance is £679k behind plan. This is increasing due to the phasing of the unidentified savings target which were profiled later in the year and still require schemes to be identified. We will continue to review in year savings in January to identify any which can be classified as CIP either recurrently or non-recurrently.

The current level of mitigation required is £1.2m to offset the delay in a consolidated temporary staffing solution, drugs costs and to cover unidentified schemes.

	2018 / 2019 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	100,005	101,698	98,027	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	2,339	1,965	2
Non NHS Trade Receivables (Debtors)	1,007	1,099	927	3
Prepayments, Bad Debt, VAT	1,559	2,423	1,982	
Accrued Income	5,138	3,200	3,352	4
Cash and Cash Equivalents	27,823	22,571	35,517	5
Total Current Assets	38,806	31,864	44,001	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(2,382)	(3,204)	6
Capital Payables (Creditors)	(1,070)	(440)	(173)	
Tax, NI, Pension Payables, PDC	(6,002)	(6,682)	(6,317)	
Accruals	(8,020)	(8,246)	(11,970)	7
Deferred Income	(276)	(929)	(840)	
Total Current Liabilities	(20,031)	(18,679)	(22,504)	
Net Current Assets/Liabilities	18,775	13,185	21,497	
Total Assets less Current Liabilities	118,780	114,883	119,523	
Provisions for Liabilities	(7,221)	(5,776)	(7,011)	
Total Net Assets/(Liabilities)	111,560	109,107	112,513	
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	49,821	53,392	8
Total Taxpayers' Equity	111,560	109,107	112,513	

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. Minimisation, and timely recovery, of debt continues to be a focus to ensure that cash is maximised and we do not have any stored problems. NHS debt will be formally validated as part of the Agreement of Balances process.

3. Non NHS debtors are lower than plan, 89% of this value remains less than 30 days old.

4. Accrued income is slightly higher than plan and this is being reviewed to ensure that invoices are raised in a timely fashion. £0.5m relates to Q3 PSF.

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.

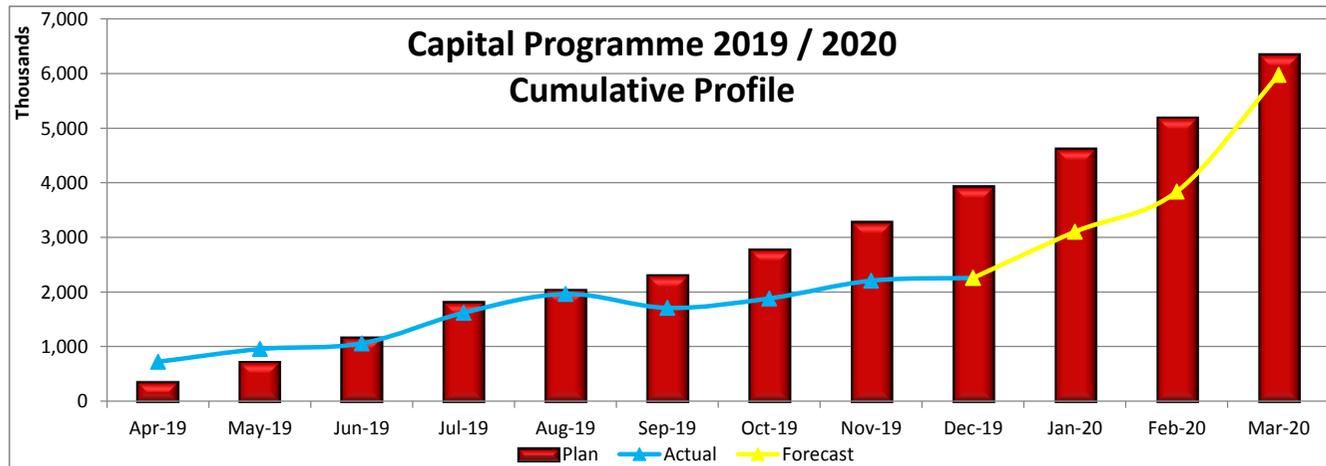
	REVISED						Note
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,715	1,329	497	(832)	2,527	(188)	
Equipment Replacement	93	40	35	(5)	90	(3)	
IM&T	2,195	1,323	1,054	(269)	2,554	359	
Major Capital Schemes							
Fieldhead Non Secure	936	936	460	(476)	460	(476)	
Nurse Call system	200	108	89	(20)	200	0	
Clinical Record System	211	202	196	(6)	218	7	
VAT Refunds	0	0	(75)	(75)	(75)	(75)	1
TOTALS	6,350	3,939	2,256	(1,683)	5,975	(375)	

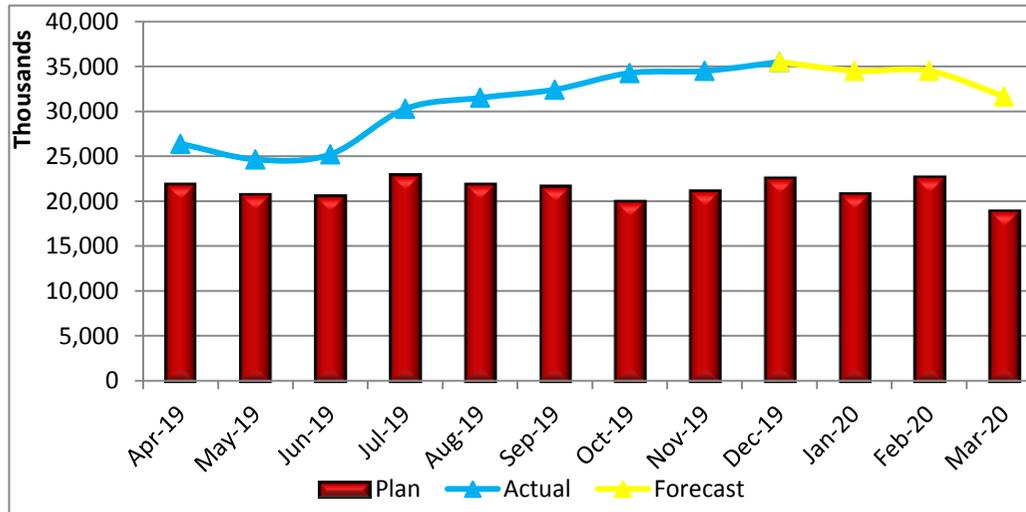
The capital programme has undertaken a number of revisions in year. The current plan is £6.35m.

Capital Expenditure 2019 / 2020

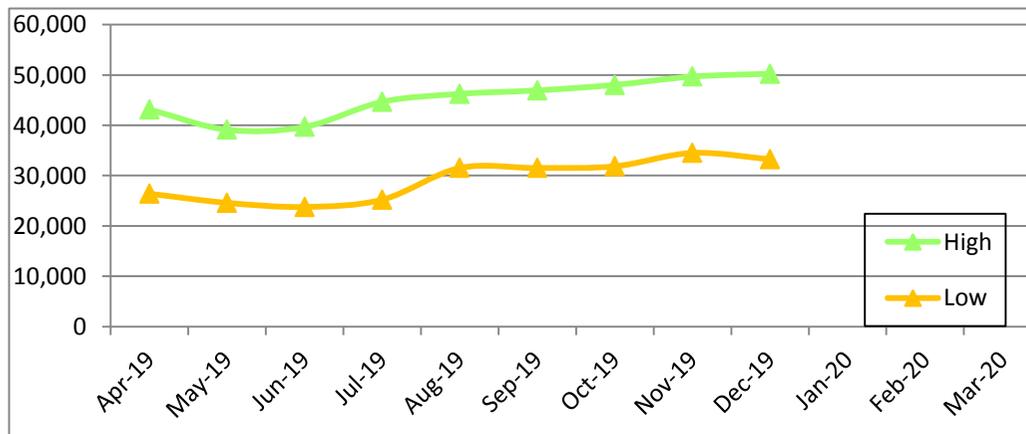
1. The originally agreed capital plan for 2019 / 20 was £7.0m and schemes are guided by the current estates and digital strategies.

Changes in national guidance have meant that some schemes have been initiated later than originally assumed. The most recent forecast is that £6m will be spent in year. A comprehensive review is taking place in January and will identify if any changes to forecast are required. If this proves to be the case the Trust Board will be informed at its January meeting.





	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	22,571	35,517	12,946



The Trust cash position remains positive and higher than plan.

The Trust cash position remains favourable to plan driven by a higher opening balance than originally assumed, timing of capital expenditure, recent monthly surpluses and focused working capital management.

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.

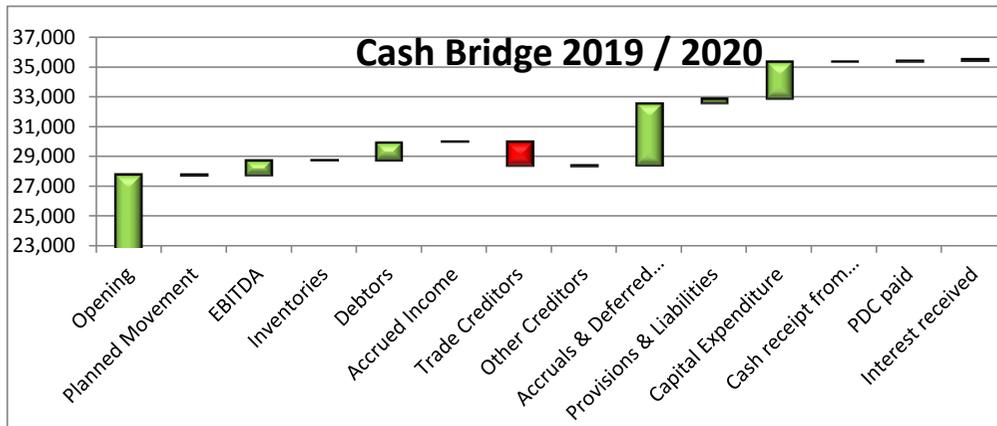
The highest balance is: £50.2m

The lowest balance is: £33.2m

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)	6,021	7,018	997	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,313	2,497	1,184	3
Trade Payables (Creditors)	(324)	(1,888)	(1,564)	6
Other Payables (Creditors)	0	44	44	
Accruals & Deferred income	370	4,514	4,144	4
Provisions & Liabilities	(499)	(210)	289	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(5,637)	(3,153)	2,485	5
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	(1,362)	(1,300)	62	
PDC Dividends received			0	
Interest (paid)/ received	72	170	98	
Closing Balances	22,571	35,517	12,946	



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 what was assumed 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. Historical debt issues have been escalated and all aim to be resolved prior to the current financial year end.
4. Accruals are higher than plan whilst we await invoices. This improves cash as we have not yet paid for goods and services received.
5. Capital programme is currently behind plan, work is ongoing to ensure orders are placed and work scheduled to deliver the outstanding schemes by the end of the year.

Factors which decrease the cash position against plan:

6. 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.

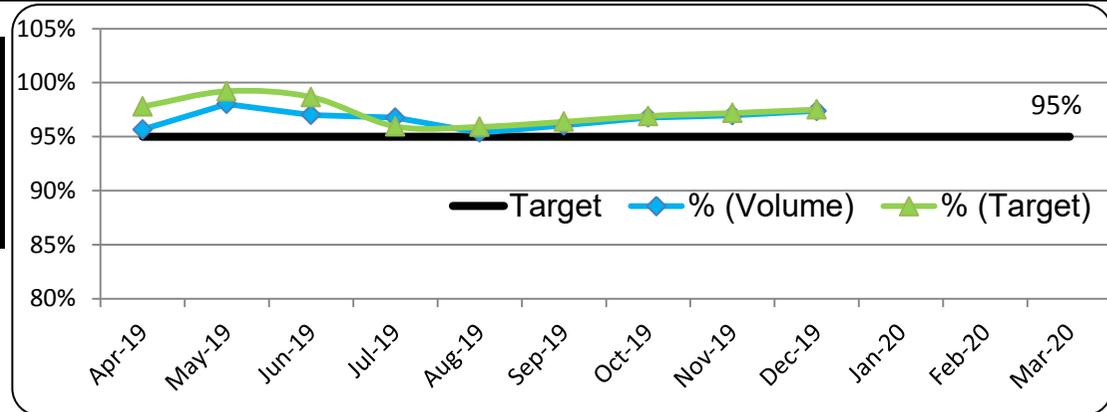
4.0

Better Payment Practice Code

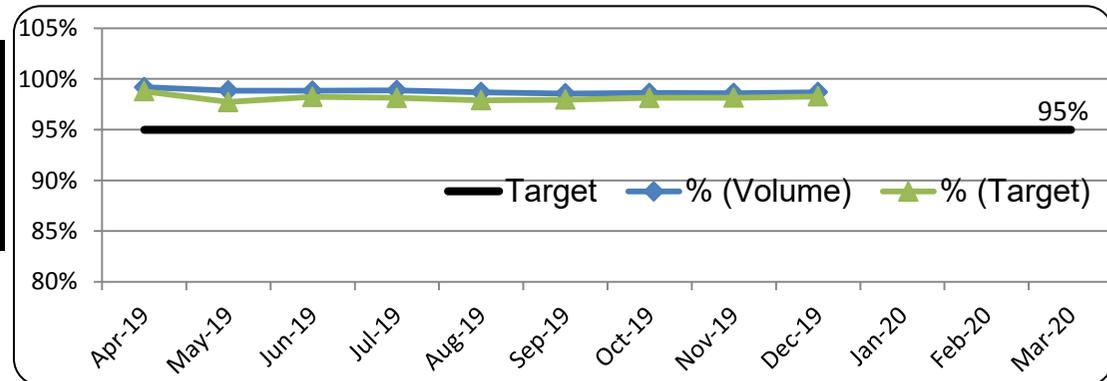
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 November 2019	97%	97%
Year to December 2019	97%	98%



Non NHS		
	Number	Value
	%	%
Year to November 2019	99%	98%
Year to December 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 (£)
03-Dec-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3124825	145,231
04-Dec-19	Property Rental	Kirklees	Bradbury Investments Ltd	3125193	118,518
17-Dec-19	CNST contributions	Trustwide	NHS Litigation Authority	3126881	64,044
17-Dec-19	Staff Recharge	Forensics	Wakefield MDC	3126331	62,643
11-Dec-19	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3125789	48,034
31-Dec-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3127203	38,743
03-Dec-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3124795	38,294
09-Dec-19	Purchase of Healthcare	Out of Area	Cygnnet Health Care Ltd	3125574	34,432
04-Dec-19	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3125247	32,358
04-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3125160	31,925
23-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3126864	31,925
16-Dec-19	Computer Software / License Fees	Trustwide	Daisy Corporate Services Trading Ltd	3126183	28,816
09-Dec-19	Electricity	Trustwide	EDF Energy	3125540	28,603
28-Nov-19	Purchase of Healthcare	Trustwide	Touchstone	3124412	28,405
28-Nov-19	Purchase of Healthcare	Trustwide	Touchstone	3124413	28,405
17-Dec-19	Mobile Phones	Trustwide	Vodafone Corporate Ltd	3126330	27,144
04-Dec-19	Property Rental	Kirklees	Bradbury Investments Ltd	3125195	27,108
17-Dec-19	Property Rental	Barnsley	SJM Developments Limited	3126488	27,000
04-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3125160	25,624
23-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3126864	25,624

- * 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	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.30%	5.10%	5.00%	5.00%	4.90%	4.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.80%	5.80%	4.80%	5.00%	5.80%	4.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	73.10%	78.80%	84.20%	91.20%	91.30%	90.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	30.90%	44.90%	70.00%	88.50%	90.00%	93.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.90%	79.90%	79.90%	78.20%	79.90%	77.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Equality and Diversity	Resources	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.40%	77.40%	78.40%	79.40%	79.40%	79.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.40%	77.40%	78.40%	79.40%	79.40%	79.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Information Governance	Resources	Well Led	AD	>=95%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Moving and Handling	Resources	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Prevent	Improving Care	Well Led	AD	>=80%	78.20%	79.70%	79.70%	79.70%	79.70%	79.70%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Agency Cost	Resources	Effective	AD		£56k	£53k	£35k	£51k	£36k	£23k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£1k	£3k	£0k	£2k
Additional Hours Costs	Resources	Effective	AD		£15k	£19k	£15k	£16k	£14k	£18k
Sickness Cost (Monthly)	Resources	Effective	AD		£161k	£114k	£128k	£142k	£125k	£141k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		89.98	101.96	100.62	115.96	102.93	100.87
Business Miles	Resources	Effective	AD		104k	94k	104k	96k	121k	91k

Calderdale and Kirklees District										
Month	Objective	QCQ Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.00%	5.00%	5.00%	5.00%	5.10%	5.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	77.30%	81.60%	83.90%	83.90%	83.90%	83.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	18.00%	29.80%	67.80%	91.50%	92.90%	92.90%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.20%	79.20%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.20%	79.20%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.20%	79.20%
Equality and Diversity	Resources	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.20%	79.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.20%	79.20%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.20%	79.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.50%	94.50%	94.50%	94.50%	94.50%	94.50%
Information Governance	Resources	Well Led	AD	>=95%	94.50%	94.50%	94.50%	94.50%	94.50%	94.50%
Moving and Handling	Resources	Well Led	AD	>=80%	94.50%	94.50%	94.50%	94.50%	94.50%	94.50%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.50%	94.50%	94.50%	94.50%	94.50%	94.50%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	94.50%	94.50%	94.50%	94.50%	94.50%	94.50%
Prevent	Improving Care	Well Led	AD	>=80%	77.50%	78.80%	78.80%	78.80%	78.80%	78.80%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Agency Cost	Resources	Effective	AD		£159k	£125k	£124k	£138k	£88k	£124k
Overtime Costs	Resources	Effective	AD		£2k	£0k	£2k	£2k	£0k	£1k
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£3k	£4k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£92k	£90k	£93k	£119k	£115k	£130k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		95.92	101.97	98.9	82.88	78.48	71.54
Business Miles	Resources	Effective	AD		67k	53k	62k	58k	63k	61k

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

Forensic Services										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.60%	6.90%	7.10%	7.00%	7.00%	7.00%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	7.40%	7.90%	8.00%	6.40%	6.90%	7.50%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	80.30%	80.30%	83.10%	87.00%	88.20%	89.30%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	35.20%	53.40%	78.90%	81.80%	86.90%	86.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%						
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%						
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%						
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%						
Food Safety	Health & Wellbeing	Well Led	AD	>=80%						
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%						
Information Governance	Resources	Well Led	AD	>=95%	93.90%	94.90%	93.90%	91.40%	93.00%	89.50%
Moving and Handling	Resources	Well Led	AD	>=80%						
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%						
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%						
Prevent	Improving Care	Well Led	AD	>=80%						
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%						
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%						
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%						
Agency Cost	Resources	Effective	AD		£65k	£75k	£70k	£69k	£62k	£71k
Overtime Costs	Resources	Effective	AD		£1k	£-1k	£2k	£9k	£2k	£4k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£2k	£2k	£0k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£73k	£79k	£80k	£65k	£68k	£78k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		86.39	90.11	78.86	80.53	75.41	81.04
Business Miles	Resources	Effective	AD		10k	5k	10k	8k	12k	8k

Specialist Services										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.00%	4.90%	4.70%	4.60%	4.70%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.50%				4.70%	
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	64.70%	69.70%	74.20%	83.80%	87.80%	89.00%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	26.10%	37.40%	49.60%	59.50%	66.70%	68.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%						
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%			79.60%	79.50%		79.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%						
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	77.80%	79.10%	79.50%	79.30%		
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.00%	72.40%	69.20%	59.30%	66.70%	56.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%						
Information Governance	Resources	Well Led	AD	>=95%	94.30%	94.30%	94.30%	93.90%	90.80%	92.90%
Moving and Handling	Resources	Well Led	AD	>=80%						
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%						
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%						
Prevent	Improving Care	Well Led	AD	>=80%	78.50%	78.40%	79.70%			
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%						
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%						78.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%						
Agency Cost	Resources	Effective	AD		£296k	£229k	£257k	£281k	£233k	£269k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£0k	£1k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£3k	£6k	£1k	£1k	£9k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£60k	£49k	£41k	£48k	£51k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		81.8	81.77	89.17	85.78	91.58	86.3
Business Miles	Resources	Effective	AD		36k	37k	36k	38k	47k	37k

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

Support Services										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.50%	4.40%	4.40%	4.40%	4.40%	4.30%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.30%	4.30%	4.40%	4.30%	4.30%	4.30%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	77.00%	82.20%	85.30%	93.60%	93.60%	93.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	19.80%	29.80%	77.20%	93.60%	93.60%	93.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.70%	82.00%	79.00%	82.00%	76.60%	82.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Information Governance	Resources	Well Led	AD	>=95%	82.00%	92.80%	92.90%	93.10%	89.30%	93.60%
Moving and Handling	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Prevent	Improving Care	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Agency Cost	Resources	Effective	AD		£5k	£5k	£4k	£10k	£12k	£-11k
Overtime Costs	Resources	Effective	AD		£15k	£2k	£0k	£1k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£10k	£11k	£12k	£10k	£10k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£62k	£66k	£70k	£68k	£67k	£63k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		41.67	36.42	39.08	41.59	38.29	47.19
Business Miles	Resources	Effective	AD		29k	22k	25k	30k	32k	35k

Wakefield District										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.80%	4.70%	4.70%	4.80%	4.80%	4.80%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.70%	4.70%	4.70%	5.80%	5.00%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	93.60%	93.60%	93.60%	93.60%	93.60%	93.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	27.00%	42.90%	66.20%	80.70%	87.20%	93.40%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	75.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	78.90%	82.00%	82.00%	82.00%	82.00%	82.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Information Governance	Resources	Well Led	AD	>=95%	82.00%	82.00%	82.00%	82.00%	93.20%	93.60%
Moving and Handling	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Prevent	Improving Care	Well Led	AD	>=80%	74.10%	74.50%	77.10%	79.50%	82.00%	82.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Agency Cost	Resources	Effective	AD		£34k	£31k	£38k	£44k	£40k	£28k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£2k	£2k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£3k	£3k	£2k	£3k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£47k	£38k	£41k	£56k	£45k	£40k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		32.68	38.98	34.46	34.58	33.89	36.02
Business Miles	Resources	Effective	AD		34k	32k	45k	33k	42k	39k

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

Inpatient Service										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.10%	5.80%	6.00%	6.00%	5.90%	6.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.20%	8.40%	6.40%	6.00%	5.20%	6.90%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%				80.00%	80.40%	81.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%				80.20%	84.30%	87.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%						
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%						
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%						
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%						
Food Safety	Health & Wellbeing	Well Led	AD	>=80%		79.80%	76.60%	74.00%	76.20%	76.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%						
Information Governance	Resources	Well Led	AD	>=95%	93.40%	93.60%				94.80%
Moving and Handling	Resources	Well Led	AD	>=80%						
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%						
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%						
Prevent					70.60%	69.40%	74.40%	80.00%	80.00%	80.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%						
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%						
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%						
Bank Cost	Resources	Well Led	AD		£200k	£255k	£213k	£191k	£237k	£182k
Agency Cost	Resources	Effective	AD		£107k	£110k	£100k	£83k	£101k	£53k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£2k	£1k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£0k	£0k	£0k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£47k	£65k	£48k	£47k	£36k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		27.72	72.93	60.37	52.41	52.78	43.18
Business Miles	Resources	Effective	AD		1k	2k	1k	2k	1k	0k

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