NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

February 2020

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 2020. 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.

Given the outbreak of Covid 19 this month's IPR includes information that is readily avalable such that staff can focus on essential service provision. A separate section of the Quality report has been added to cover Covid reporting. This is likely to become clearer and expand in the coming days and weeks. 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. It is proposed that performance reports for the next few months will focus on:

• Covid
• Other areas of performance we need to keep in focus and under control
• Locality reports will focus on business continuity
• Priority programmes report will focus on those programmes supporting the work on Covid

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.

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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	**Target**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Year End Forecast**
% service users followed up within 7 days of discharge	95%	100/102 =98.0%	114/115 =99.0%	111/116 =95.6%	94/96 =97.92	89/87 =95.4%	81/85 =95.2%	1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	90%	88.0%	*93.0%*			Due Apr 20		1
Out of area beds 2	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	21	4	55	49	139	170	3
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community	Community 75% Inpatient 90%	86.2%	88.0%	88.4%	87.7%	87.7%	87.0%	1
Inpatient 9		92.5%	93.0%	97.8%	94.8%	94.8%	92.5%	1
IAPT - proportion of people completing treatment who move to recovery 5	50%	54.6%	52.4%	53.4%	55.9%	*55.4%*	*51.1%*	1
Number of suicides (per 100,000) population 6	tbc	0.93		0.77		Due Apr 20		N/A
Delayed Transfers of Care	3.50%	2.7%	1.6%	1.0%	1.6%	0.7%	1.8%	4
Improve the quality and experience of care	**Target**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	86%	83%	88%	88%	85%	90%	85%
Friends and Family Test - Community	98%	98%	99%	93%	98%	97%	97%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 4	trend monitor	29	25	22	17	41	25	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	10	8	6	16	15	12	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic 7	trend monitor	13.1%		11.2%		Due Apr 20		N/A
Total number of Children and Younger People under 18 in adult inpatient wards	*TBC*	0	1	1	1	1	0	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor	39.1%	41.4%	38.9%	39.8%	45.6%	44.3%	
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 - March 20						
Improve the use of resources	**Target**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Year End Position**
Surplus/(Deficit)	In line with Plan	£207k	£201k	£260k	£384k	£348k	(£49k)	£60k
Agency spend	In line with Plan	£628k	£674k	£572k	£594k	£558k	£581k	£7.5m
CIP delivery	£1074k	£4.2m	£5.2m	£6m	£6.8m	£7.6m	£8.5m	£10.7m
Staffing costs compared to plan 10	tbc	(£624k)	(£566)	(£518k)	(£992k)	(£681k)	(£534k)	tbc
Completion of milestones assumed in the optimisation of SystmOne for mental health 11	on plan						** see note below.	
Financial risk in forecast	0	£1.1m	£1.2m	£0.8m	-	-	-	-
Making SWYPFT a great place to work	**Target**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Year End Position**
Sickness absence	4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Staff Turnover	10%	11.8%	11.1%	11.8%	12.3%	12.1%	11.3%	11.4%
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	88%	N/A	N/A	N/A	N/A	N/A	
Staff FFT survey - % staff recommending the Trust as a place to work	65%	72%	N/A	N/A	N/A	N/A	N/A	
Actual level of vacancies	tbc	12.8%	11.8%	11.5%	11.5%	12.6%	12.2%	12%
% leavers providing feedback	tbc	18.4%		20.0%		Due Apr 20		

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

Notes:

1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This KPI counts first contact with service post referral. Under performance is generally due to waiting list issues. Q1 data has been impacted by some data quality issues as a result of transition to SystmOne and continuing challenges in recruiting specialist practitioners timely due shortage of LD specialists/applicants, this is a national issue - currently impacting on psychologists in Wakefield & Barnsley and LD nurses / speech & language therapists across all localities.

2 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to adult acute and psychiatric intensive care unit mental health services only.

3 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data refreshed back to April 19 each month. Excludes ASD waits. Treatment waiting lists are currently impacted by data quality issues following the migration to SystmOne. Data cleansing work is ongoing within service to ensure that waiting list data is reported accurately.

4 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.

5 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data. The reported figure is a Trust wide position.

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

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

9 - The figure shown is the proportion of eligible clients with a cardiometabolic assessment. This may not necessarily align to the CQUIN which focuses on the quality of the assessment.

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

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

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.We have some provisional data that requires validing with service. This work will take place over the next month with a view to reporting in next months report.

*** - optimisation activities suspended for three months; implementation of the FIRM drisk assessment layed until mid September 2020.*

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
• No admissions of children to MH acute wards is positive
• Incident reporting within normal range – increases in moderate/severe harm to be reviewed
• Positive result for complaints reporting
• Increase in meds omissions subject to review

NHSI Indicators
• No young people were admitted to an adult ward in February. The first month this has been achieved since September 2019
• Inappropriate out of area bed usage increased to 170 days in February and the forecast for the year has moved to amber
• All other nationally reported targets are currently being achieved

Locality
• Teams are operating business continuity plans in light of the covid pandemic
• Areas for smoking within ward courtyards have been agreed as a temporary measure to support safe management of wards

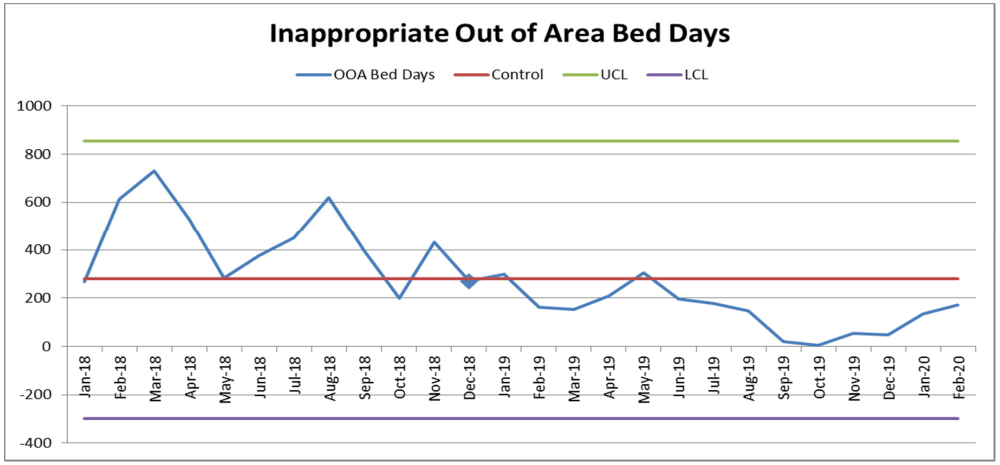
Priority Programmes
• Priorities recommended by the mental health alliance in Wakefield for 20/21 have been agreed cy the CCG
• Work continues on the development of integrated neighbourhood care in Barnsley as well as the implementation of early supported discharge within stroke services
• Current focus on extended hours patient flow to support out of area bed reduction
• All priority programmes being assessed to determine what work needs to take place on them in the coming weeks and months such that focus is placed on managing core service provision

Finance
• Pre Provider Sustainability Funding (PSF) deficit in month 11 of £49k. Cumulative position is a surplus of £0.1m which is £0.6m favourable to plan.
• Cumulative income is £0.6m 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. These have been partly offset by income from Calderdale CCG in recognition of out of area bed and safer staffing cost pressures.
• Out of area bed costs were £230k in month, which represents the highest monthly costs since April 2019 and the fifth consecutive month there has been an increase in these costs. Cumulatively these costs now total £1,565k which is 56% 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 £6.8m is already £1.5m above the full year cap of £5.3m, 40% above the year-to-date cap and 17% higher than the same period last year. Approximately £0.6m of the costs incurred relate to waiting list and other non-recurrent initiatives
• Net savings on pay amounted to £0.5m in-month and £6.0m year-to-date.
• CIP delivery of £8.5m is £1.1m lower than plan. Total non-recurrent CIP for the year is projected to be £5.1m (48%).
• Cash balance of £37.9m at the end of February
• Capital expenditure of £3.2m is £2.0m lower than plan, partly as a result of delays whilst the final capital plan was agreed. There is confidence the full year plan of £6.0m will be achieved.
• The financial risk rating remains at 2
• The full year forecast has improved from a deficit of £0.2m to a surplus of £0.1m

Workforce
• All mandatory raining targets achieved at the end of February including information governance
• Sickness absence improved to 4.6% in February, from 5.0% in January and compares to 5.2% last year
• Staff turnover reduced from 12.1% to 11.3% month on month

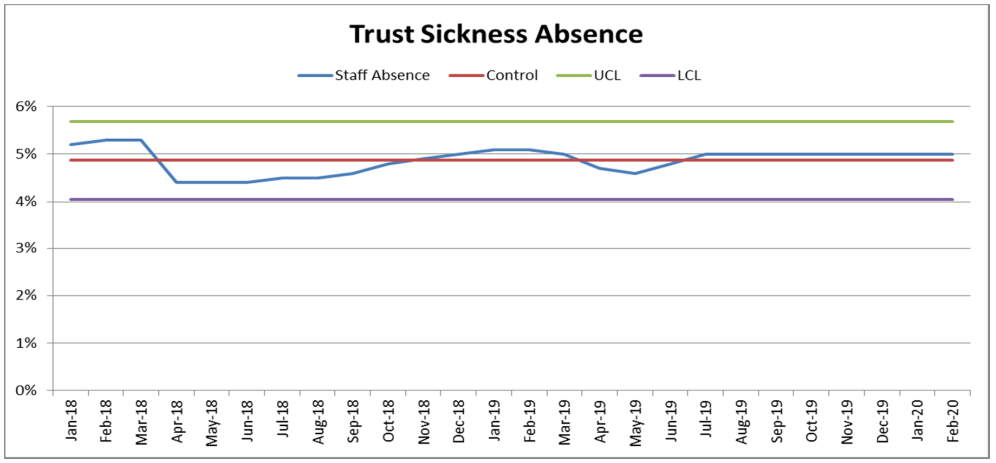
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identifed as key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

Inappropriate Out of Area Bed Days



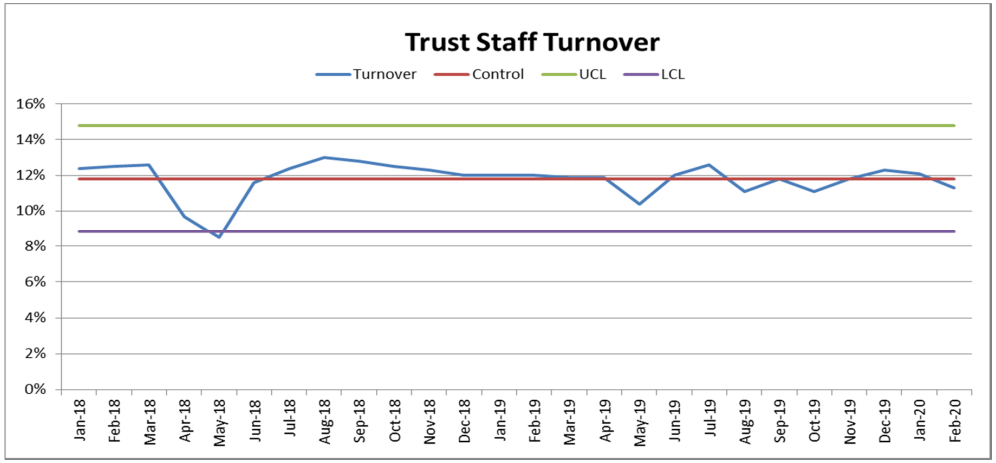
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



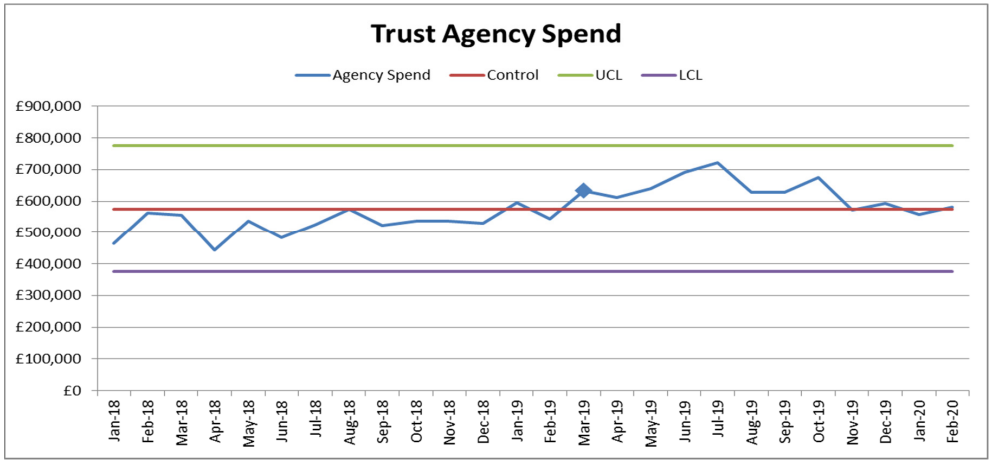
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



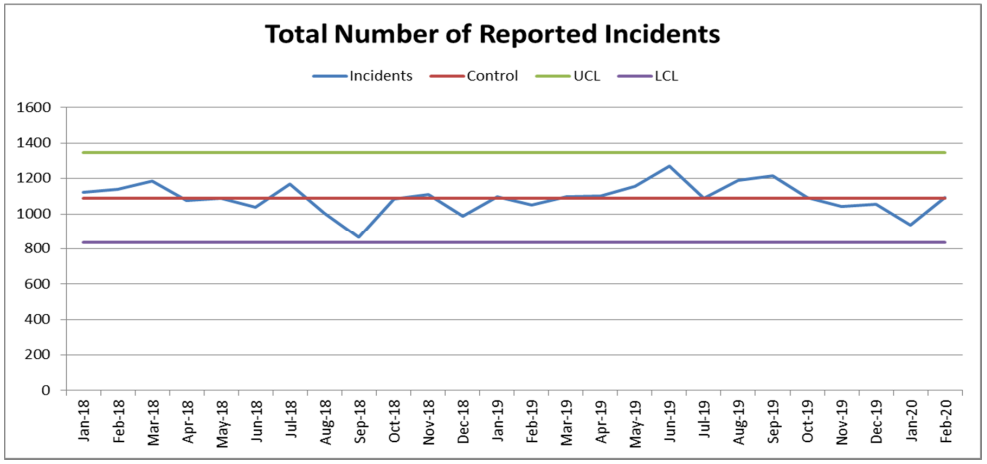
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that staff turnover levels are within the expected range.

Agency Spend



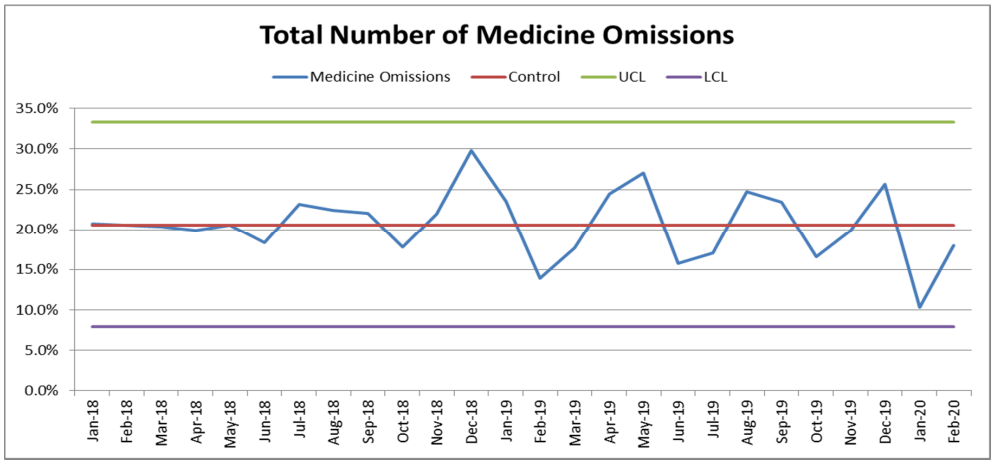
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.

Incidents



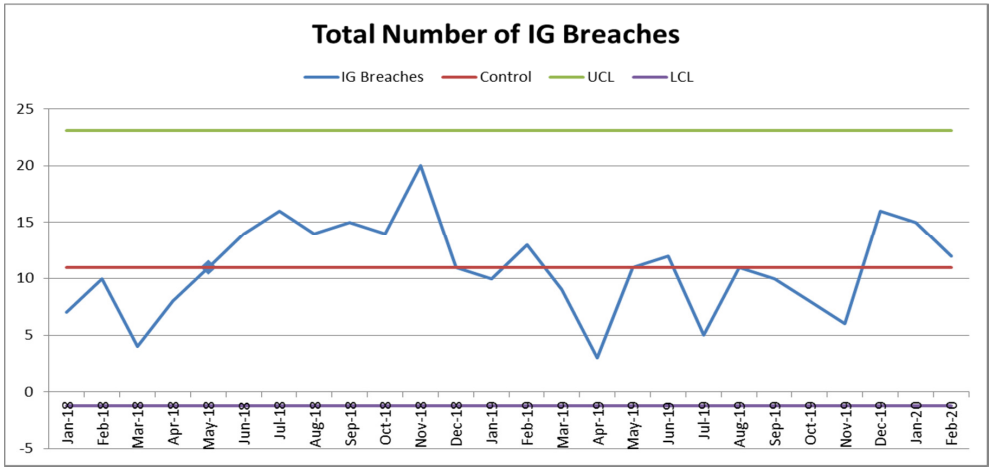
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Medicine Omissions



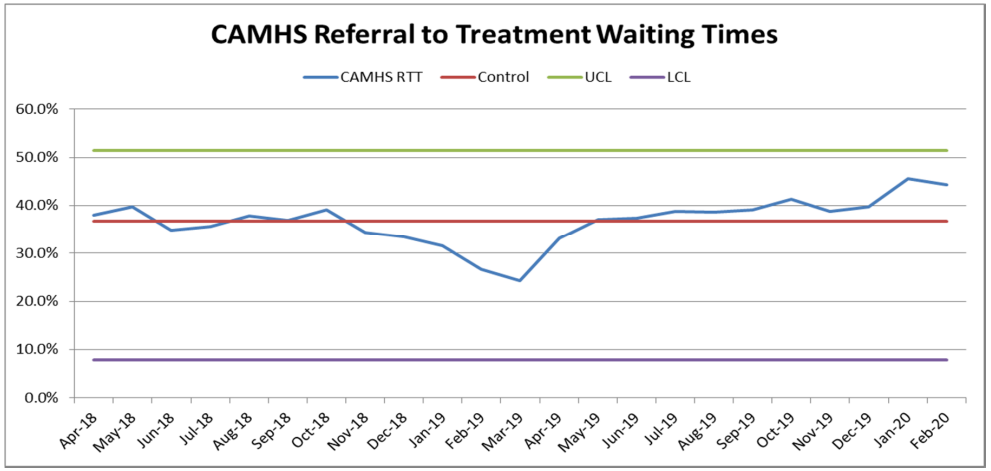
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that medicine omission levels are within the expected range.

IG Breaches



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 on GDPR.

CAMHS Referral to treatment waiting times



All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that waiting times are within the expected range. January 2020 data will be reported March 2020.

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	Jan-20	Feb-20	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	33.1%	37.1%	37.4%	38.9%	38.6%	39.1%	41.4%	38.9%	39.8%	45.6%	44.3%	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%	71.0%	80.0%	2
	% 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	6% 1/17	18% 4/22	1
	Written complaints – rate 14				trend monitor									Due Mar 20			
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	95%	86%	86%	91%	86%	86%	83%	88%	88%	85%	90%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	99%	97%	97%	96%	98%	99%	93%	98%	97%	97%	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	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	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	15	64	14	10	34	32	38	24	17	35	17	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	21	39	30	34	32	26	21	19	17	39	Due Apr 20	
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	10										Due Apr 20	N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0	0	0	0	0	0	0	Due Apr 20	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	15	12	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%	0.7%	175.0%	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%	91.4%	89.2%	Due Apr 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%	72.3%	69.0%	Due Apr 20	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1100	1158	1270	1087	1190	1217	1091	1044	1057	937	1092	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	19	19	26	25	20	23	19	18	17	14	30	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	3	1	5	1	2	3	5	0	0	1	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	7	2	4	5	9	1	5	7	5	2	10	
	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%	10.3%	18.0%	2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	117%	116%	116%	116%	116%	119.0%	119.0%	111.2%	117.8%	108.0%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	96.6%	94.9%	92.1%	91.8%	91.8%	89.4%	94.3%	95.9%	91.8%	96.6%	89.4%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	41	46	34	41	42	44	50	42	46	44	36	
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	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	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	80%	75.8%	87.5%	90.6%	94.4%	92.5%	85.2%	90.5%	97.5%	97.0%	95.5%	94.5%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	52	37	41	56	54	33	30	38	46	48	47	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	287	303	193	190	262	168	186	227	174	218	139	
	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	CH	80%	75.5%			74.2%			72.5%			Due April 20		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%	86.5%	83.9%	1
	Smoking Cessation - 4 week quit rate 12	Improving Care	Effective	CH	tbc	65.0%			63%			Due April 20					N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	1	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	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 February has decreased to 139 compared to 218 last month. Prone restraint accounts for only 9% of all restraints and over 95% of these last lower than 3 minutes. Further detail can be seen in the managing violence and aggression section of this report.

• NHS Safety Thermometer - medicines omissions – performance has deteriorated below threshold in February to 18% following a positive improvement in January 2020, which saw the lowest rate in past 12 months.

• Number of falls (inpatients) – A slight decrease in February to 47 from 48 in January. All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.

• Staffing fill rates are provided for the last 2 months where new planned staffing in acute MH wards is included and fill rates measured against these. As expected, some reductions in fill rates noted but only 2 acute wards below 100%, both at 99%.

• Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.

COVID-19

As at 8am on Wednesday 25th March, the Trust had 252 staff related absences either through sickness or self-isolation across all staff groups with the highest rate in clinical and nursing. There are a further 152 staff that are working from home due to COVID-19 isolation and risk guidance. This is obviously having a significant impact on operational services and resources are being deployed accordingly to ensure patient and staff safety during this challenging period.

• The Trust have established a Gold, Silver and Bronze command structure.

• Business continuity plans have been updated across the Trust

• Bank and agency availability is being reviewed to assist with resource availability.

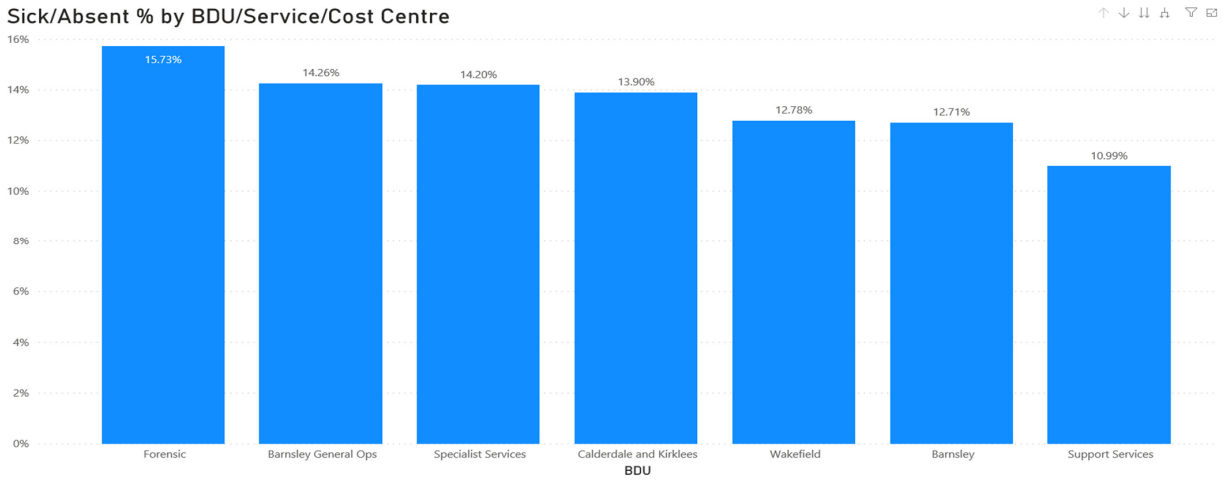
• Previous retired workers have been contacted and a number of those have agreed to come back to work to support.

• Corporate services have undertaken a piece of work to identify staff that can be released for duties that would assist with pressure on operational services – this includes working in a health care support worker role, domestic, estates and facilities and clinical admin functions.

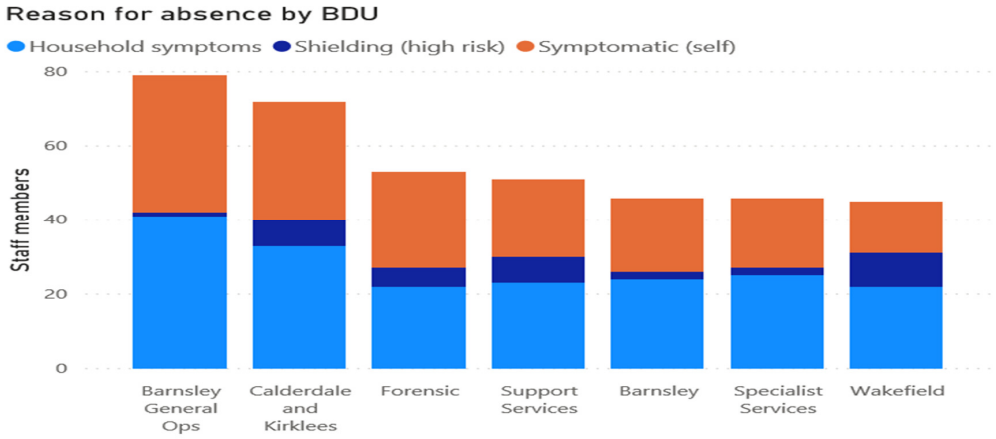
• Critical functions for corporate support services are now generally working from home to adhere to the government's social distancing guidelines.

• Communications team are ensuring guidance is distributed and working hard to keep staff up to date.

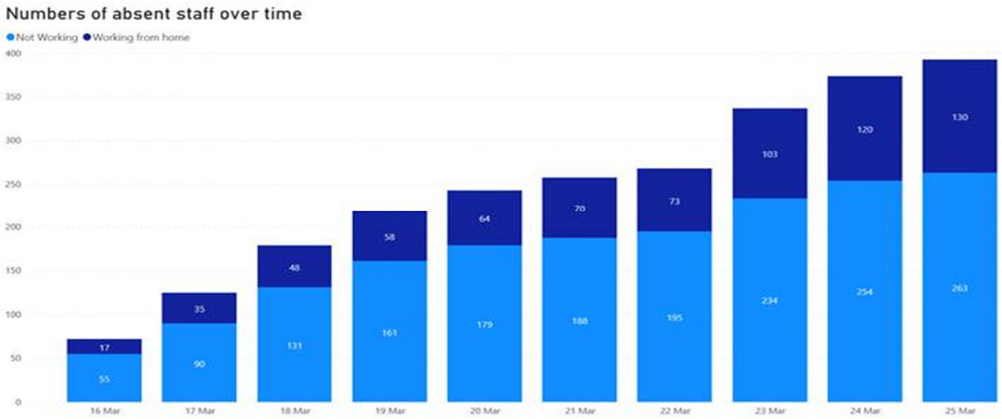
The following graph show the percentage of staff absences attributed to COVID-19 as a proportion of the BDU headcount. Forensic, Barnsley general operations and specialist services business delivery units are currently the greatest affected areas in the Trust. This equates to 13.5% of the workforce being absent (4.5% of those are able to work from home).



The following graph shows the reasons for COVID-19 absence by BDU. The largest reason for absence relates to others in the household having symptoms and staff therefore following self isolation guidelines.



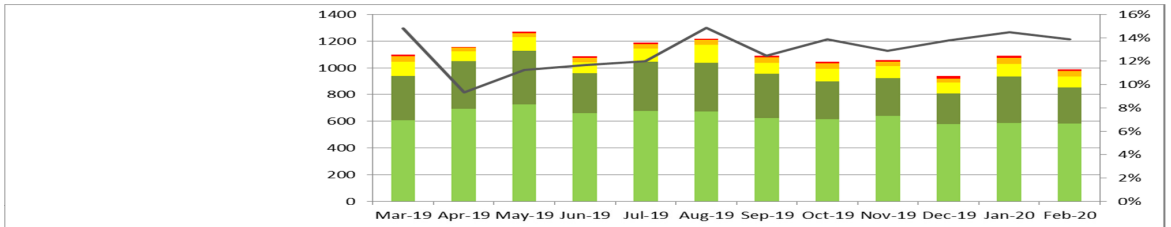
The following chart shows COVID-19 staff absences over the period16th March - 25th March:



Safety First

Summary of Incidents March 2019 - February 2020

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



	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Red (should not be compared with SIs)	12	6	10	14	13	9	14	10	13	20	18	15
Amber	44	30	32	32	34	34	39	41	31	26	46	40
Yellow	107	72	101	81	96	138	83	94	92	83	94	82
Green	330	357	402	301	370	365	331	284	283	230	348	271
Green no harm	607	693	725	659	677	671	624	615	638	578	586	581
Total	1100	1158	1270	1087	1190	1217	1091	1044	1057	937	1092	989
Percentage of total that are Red/Amber/Yellow *	14.8%	9.3%	11.3%	11.7%	12.0%	14.9%	12.5%	13.9%	12.9%	13.8%	14.5%	13.9%

Patient safety incidents involving moderate or severe harm or death fluctuated over recent months. They reduced from 22 in November to 17 in December then increased to 41 in January and have dropped to 25 in February. The number in January is due to an increase in pressure ulcer grade 3 incidents that are unavoidable; December (12) January (20) and also Slip/Trip/Fall December (1) January (5). Deaths have increased from 2 in December to 10 in January and dropped to 4 in February. Of the spike in January, 6 were reported as serious incidents. Cause of death is awaited for some of these deaths. One is awaiting cause of death to determine review process. 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.

** 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 2019/20

	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20 Jan and Feb 20 only	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Total
Suicide (incl apparent) - community team care - current episode	4	10	5	5	3	1	1	2	5	2	3	2	2	1	4	1	27
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	0	3	0	1	2	0	0	0	0	0	0	0	3	0	6
Pressure Ulcer - Category 3	1	1	1	0	2	0	1	0	0	0	1	0	0	1	0	0	5
Physical violence (contact made) against staff by patient	1	0	1	2	0	0	0	1	0	0	0	0	1	0	1	1	4
Suicide (incl apparent) - community team care - discharged	1	1	1	0	0	0	0	1	1	0	0	0	0	1	0	0	3
Suicide (incl apparent) - inpatient care - current episode	0	0	0	2	1	0	0	0	0	0	0	0	0	0	1	1	3
Self harm (actual harm) with suicidal intent	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Death - confirmed from physical/natural causes	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Illegal Acts	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1
Slip, trip or fall - patient	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Homicide by patient	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Total	13	12	9	14	6	3	5	5	6	2	4	2	3	4	10	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://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx
- Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.
- No never events reported in February 2020
- Patient safety alerts not completed by deadline of February 2020 - None

Degree of harm analysis:

The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and we can only report on what is recorded at a point in time.

Deaths: Of the 4 deaths, 2 were reported as Serious Incidents (Ward 19 and Ward 18, both service users on leave from the wards), 1 Structured Judgment Review (enhanced team North 1 Kirklees) and 1 joint team Significant Event Analysis to be held (Enhanced team West Barnsley and Adult Epilepsy Team, Barnsley)

Severe harm: Of the 4 severe harm incidents, this included 2 serious self harm incidents and two inpatient falls (Crofton ward and Neuro rehab ward). There have been an increase in patient falls resulting moderate/severe harm in recent months.

Moderate harm: Of the 17 incidents – these have been analysed and these are across a range of incidents, however pressure ulcers continue to be the highest category of moderate harm incidents with 11 incidents (all Neighbourhood Nursing, Barnsley). There is no particular patterns or trend. There are 5 self harm incidents (2 Elmdale, 1 IHBTT Wakefield, 1 IHBTT Kirklees, 1 IHBTT Calderdale). 1 inpatient fall (Ward 19). There is medication error (Neighbourhood Nursing, Barnsley). Degree of harm will be updated when more information emerges and incidents are approved, so the position may change.

Mortality:

Learning: Work continues to develop thematic learning summaries for sharing across the Trust.

Regional work: The March 2020 Northern Alliance meeting was cancelled.

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. Quarter 3 report has been added. See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/

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. Also EIA updated. The intranet is being updated with this version.

Safer Staffing

To note, the staffing fill rates for February 2020 for the adult working aged pathway have had the recommended establishment increase included. This was primarily for nursing associates who are currently being employed or are in training and are therefore counted in the healthcare assistant numbers until they qualify. These staff are also being counted at 100% despite their off the ward training commitments.
Elmdale has fallen below the 90% overall fill rate threshold. This was due to their vacancy levels and sickness. Of the 31 inpatient areas, 19 (60.8%) achieved greater than 100%. This was a reduction of 6 (19.2%) on the previous month. Indeed of those 19 areas, seven achieved greater than 120% fill rate.

	Dec-19	Jan-20	Feb-20
Ward Name	Average Fill Rate - All Staff (%)	Average Fill Rate - All Staff (%)	Average Fill Rate - All Staff (%)
Beamshaw	119.3%	112.6%	103.4%
Clark	106.7%	106.7%	91.4%
Melton Suite PICU	127.5%	132.3%	116.7%
Neuro Rehab Unit	144.6%	158.4%	161.3%
Stroke Rehab Unit	97.5%	94.3%	95.5%
Willow Ward	95.4%	110.3%	131.7%
Ashdale	97.2%	111.2%	92.2%
Beechdale	126.5%	122.7%	108.1%
Elmdale	109.8%	99.5%	89.0%
Enfield Down	91.2%	95.4%	93.1%
Lyndhurst	99.5%	100.9%	98.7%
Ward 18	106.5%	99.3%	92.1%
Ward 19 - Female	105.8%	102.3%	99.6%
Ward 19 - Male	116.0%	109.0%	108.5%
Appleton	92.0%	95.4%	97.8%
Bronte	110.1%	103.8%	104.5%
Chippendale	101.4%	96.7%	90.9%
Hepworth	100.9%	116.0%	125.7%
Johnson	153.4%	159.9%	152.3%
Newhaven	97.7%	100.8%	100.7%
Priestley	92.2%	102.0%	97.6%
Ryburn	115.5%	102.1%	105.4%
Sandal	98.6%	101.6%	106.2%
Thornhill	96.3%	101.2%	103.6%
Waterton	123.1%	130.6%	126.6%
Crofton	106.6%	133.4%	127.3%
Horizon	114.0%	115.4%	118.7%
Nostell	118.0%	112.7%	102.7%
Poplars	169.7%	149.6%	145.2%
Stanley	106.6%	112.5%	95.2%
Walton PICU	118.8%	124.2%	112.2%
All Wards	111.2%	112.9%	108.0%

Registered On Days -Trust total 83.8%. The number of wards that have failed to achieve 80% registered nurses increased on the previous month to 11 (25.2%). Six wards were within the forensic BDU, one in Wakefield, one in Barnsley and three in Calderdale and Kirklees (C&K). The forensic BDU remains under pressure from a staffing perspective. Contributory factors to that are high levels of acuity, high sickness/absence and existing vacancies. The service is implementing a recovery plan supported by corporate services. As part of that plan overtime continues to be offered to substantive staff to improve staffing numbers and consistency. Although these figures do not reflect significant improvement the service is confident the position will be improved. Forensic and C&K are the focal point for the band 5 recruitment campaigns with some success which will have an impact moving forward.
Registered On Nights- Trust total 99.6%. No ward fell below the 80% fill rate in the month of January. The number of wards which are achieving 100% and above fill rate on nights decreased to 18 (57.6%). Two wards utilised in excess of 120%.
Specialist services had an increase from 115.4% to 118.7%. Barnsley increased slightly from 116.46 to 116.7 %. Calderdale and Kirklees BDU decreased from 105% to 97.7%. Forensic BDU were 110.1%, a slight increase of 1.5%. Wakefield BDU increased from 106.1% to 116.52. The overall fill rate for the Trust was 111.9%. Significant pressures remain on our inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness. February and March are also a high leave period. We will be anticipating an impact from the Coronavirus pandemic with interventions and business continuity plans in place.
The safecare tool is to be piloted in the Unity Centre from March 2020.

Information Governance

February saw a reduction in the number of confidentiality breaches reported, closing at 12. All but one of the incidents related to patient information being disclosed in error, largely due to correspondence being sent to the wrong recipient or wrong email or postal address. IG continue to write to managers when an incident occurs to recommendation improvement action and request confirmation that appropriate action has been taken.

None of the incidents reported during January met the criteria for reporting to the Information Commissioner.

Commissioning for Quality and Innovation (CQUIN)

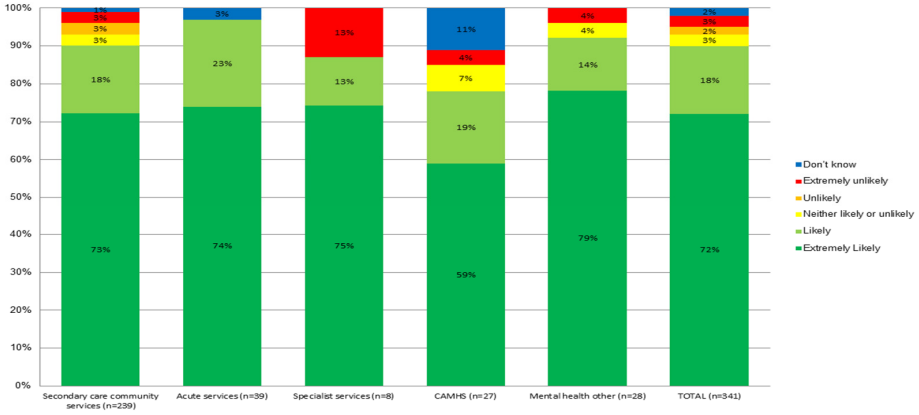
Q3 performance has been confirmed by most commissioners. Forecast for quarter 4 remains largely unchanged with risk identified against mental health services data set (MHSDS) interventions and improving access to psychological therapies indicator, however, in light of the current situation with COVID-19, there may be an impact on the reported data in a number of other indicators which is due towards the end of April. This will be flagged with the commissioner, NHS digital and NHS England.

Patient Experience

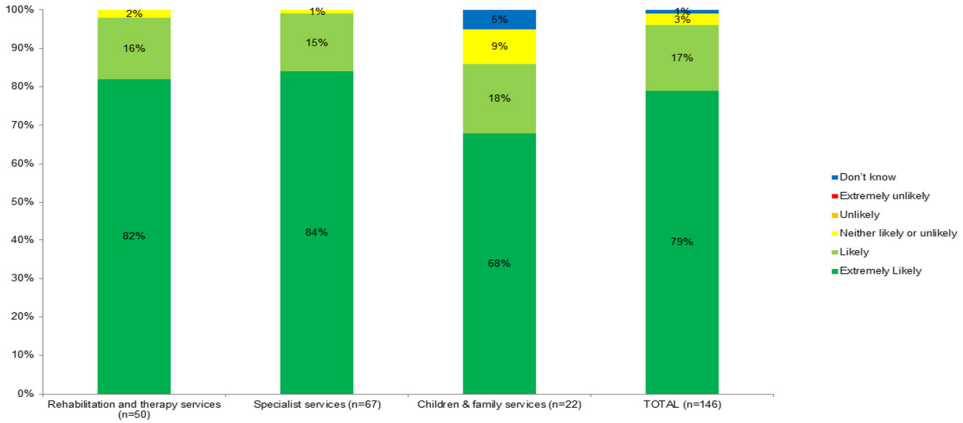
Friends and family test shows

- 92% of respondents would recommend Trust services.
- 97% of respondents would recommend community services.
  - There is a slight decline in the recommend rate for community services, although still in normal variation.
  - From 146 responses 142 would recommend services, the remaining respondents responded neither likely nor unlikely. This relates to three separate services.
  - A review of comments identified no themes and results have been shared with services.
- 90% of respondents would recommend mental health services.
- The number of responses declined by 49% (489) from the previous month (January 962).
  - There was a decline in the number of community responses received this month due to the changeover in electronic device type.
- Text messages provided 33% of the responses in January.
- Data collection devices have been tested across services and are working. However, as we have had a restricted service for a period of time some of the functions such as pushed reporting and dashboards will remain switched off. BDUs will receive monthly reporting to be shared with teams.
- Preparation continues for the new Friends and Family Test launch in April 2020. Updates will be provided through comms and BDU Governance meetings.

Mental Health Services



Community Services



Care Quality Commission (CQC)

On the 16th March it was announced there would be an immediate cessation of routine CQC inspections in light of the COVID-19.

Safeguarding

Safeguarding Children
• Named nurse attended the multi-agency safeguarding hubs (MASH) safeguarding partnership operational group meeting at Havertop police station.
• Safeguarding children nurse advisor attended a meeting with Barnsley safeguarding children partnership regarding discharging children with complex issues from the emergency department at Barnsley hospitals NHS foundation trust.
• Information has been submitted to the safeguarding childrens partnerships for potential child safeguarding practice reviews
• Information has been submitted to Wakefield safeguarding children partnership for a review of a “suicide near miss” of three teenage girls.

(Joint) Named Nurse Safeguarding Children and Specialist Advisor Safeguarding Adults
• Attended the section 11 event in Calderdale.
• Facilitated the annual safeguarding conference

Safeguarding Adults
• Attended the domestic abuse strategic partnership meeting
• Involved in the quality improvement care planning and record keeping group task and finish group
• Supported the conclusion of safeguarding concern regarding volunteer and service user
• Attended a safeguarding adults challenge event in Kirklees
• Submitted information for a potential safeguarding adults review to Barnsley

Infection Prevention Control (IPC)

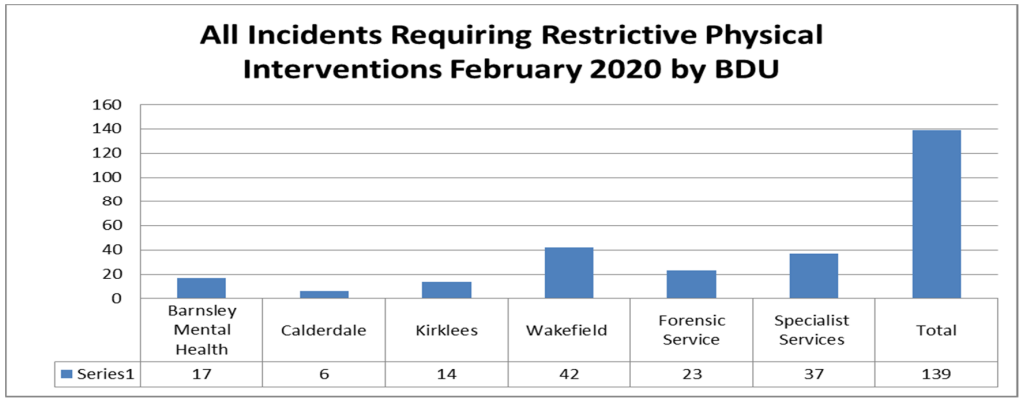
• Surveillance: there has been no cases of MRSA Bacteraemia, MSSA bacteraemia, or Clostridium difficile. There has been 0 case of ecoli bacteraemia case
• There has been an outbreak of D&V
• Mandatory training figures are healthy: Hand Hygiene-Trust wide Total – 93.6%, Infection Prevention and Control- Trust wide Total – 87.7%
• Infection prevention and control office covered from 8-6 Monday to Friday. On call cover 8-8 Saturday and Sunday
• Issues with procuring personal protective equipment (PPE). Now made available. BDUs now allocated leads who are distributing locally within their teams
• PPE and usage instructions allocated to emergency bags for use in the event of cardiac arrest
• Monitoring service users suspected as being COVID-19:
  - As of yesterday there were 2 service users isolating and awaiting swabs (inpatients)
  - 2 service users were self-isolating after being transferred from COVID-19 wards
  - Today there has been a confirmed case in Barnsley General Community (we are going in and administering insulin twice daily)
  - There has been a possible case for a service user who has died
• Allaying staff fears regarding being in contact with symptomatic service users (massive issue at present)
• Assisting with managing complaints from staff and service users families regarding infection prevention and control decisions based on the national guidance

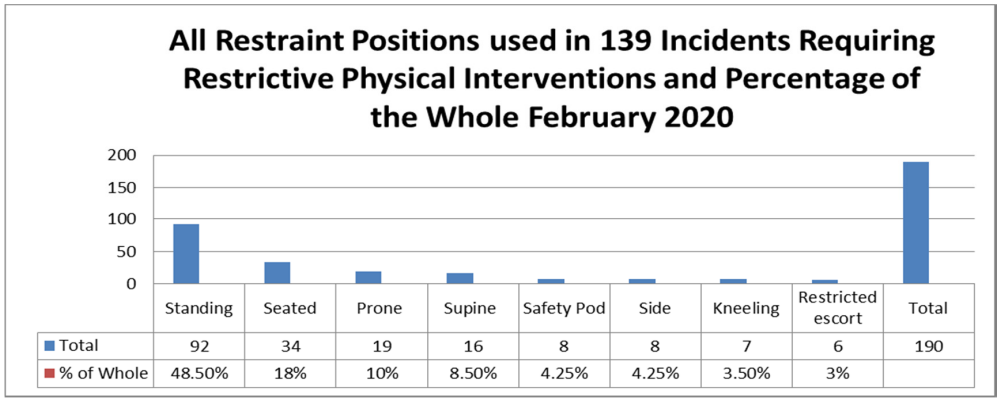
Complaints

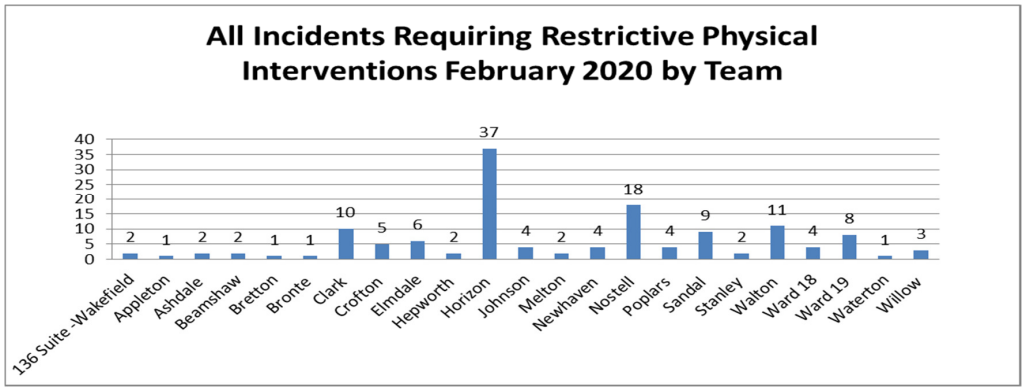
The number of complaints closed within 40 days continues to remain positive and has this month achieved 80%. The improvement is testimony to the effort the customer services team, in partnership with BDU’s, have put into making the complaints pathway efficient and effective.
Work continues to make improvements to the complaints pathway to achieve and maintain the performance threshold.

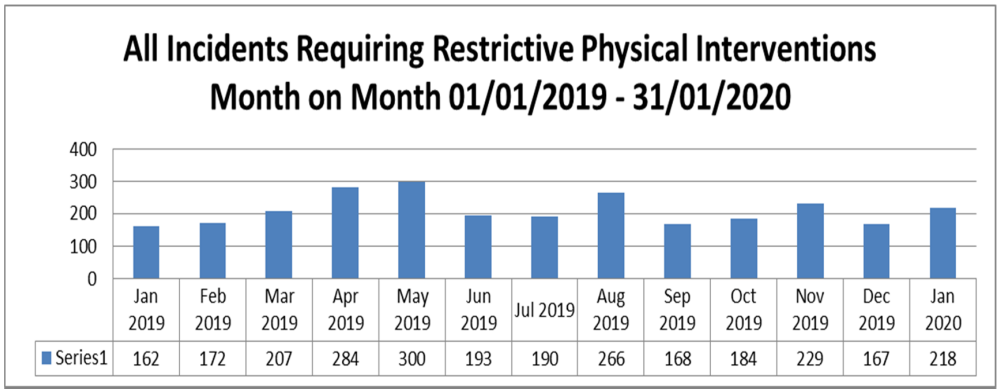
Reducing Restrictive Physical Intervention

There were 139 reported incidents of restrictive physical interventions (RPI) use in February this being a 36% reduction on the January figure that stood at 218. Out of 190 restraint positions used in the 139 incidents the highest proportion of all restraint positions used was again in the standing position (92) which equates to 48.5% of all positions used (190). Seated restraints stood at 34 that equates to 18% of all positions used. In relation to incidents of that would be deemed prone restraint 18 this is a 25% reduction in the use of prone restraint from January (24). Wakefield BDU had the highest number of prone restraints with 8. Forensics BDU had 5, Barnsley BDU had 3 and Kirklees had 2.
The reducing RPI team continues during training to place all the emphasis on non-physical interventions and when it comes to teaching and discussing prone restraint the course continues to inform staff of the risks associated with the prone position and the need to move from any prone restraint position as soon as possible. The Trust target of 90% of prone restraints lasting under 3 minutes is discussed at length, and the importance of striving to maintain this is strongly emphasised. In February 2020 only 1 incident of prone restraint lasted over 3 minutes (4 -5 minutes) due to the level of aggression displayed. 94.5% of prone restraints lasted under 3 minutes.









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 from. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the 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.
Guidance note for staff has been completed and circulated to all clinical services.
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			Jan-20			Feb-20		
	Section 17 form			Section 17 form			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	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%	149	128	85.9%	72	55	76.4%
Working age adult - Trustwide	275	245	89.1%	217	177	81.6%	235	202	86.0%	257	230	89.5%	346	261	75.4%	245	160	65.3%
Specialist Forensic services	219	160	73.1%	58	39	67.2%	74	30	40.5%	47	5	10.6%	121	85	70.2%	193	161	83.4%
Rehabilitation services - trustwide	21	21	100.0%	11	10	90.9%	16	15	93.8%	33	27	81.8%	32	26	81.3%	18	18	100.0%

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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	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%	98.8%	97.2%	98.9%	98.2%	98.3%	98.3%	1		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	100.0%	100.0%	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%	100%	100%	99.1%	100%	100%	96.0%	1		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	294/301 =97.67%	344/354 97.18%	319/327 97.55%	100/102 =98.04%	114/115 =99.04%	111/116 =95.69%	94/96 =97.92%	89/87 =95.40%	81/85 =95.29%	1		
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	97.9%	97.1%	*98.3%*	98.1%	98.2%	98.3%	*98.3%*	*98.3%*	*98.6%*	1		
Out of area bed days 5	Improving Care	Responsive	CH	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	703	318	108	21	4	55	49	133	170	3		
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	53.9%	53.4%	*53.5%*	54.6%	52.4%	53.4%	*55.8%*	*55.4%*	*51.1%*	1		
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	83.8%	77.5%	*79.3%*	78.0%	78.1%	82.7%	*77.1%*	*85.7%*	*83.7%*	1		
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	97.4%	98.3%	*97.6%*	97.9%	97.5%	97.6%	*97.7%*	*99.1%*	*98.5%*	1		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	82.6%	76.5%	75.9%	85.4%	81.8%	86.7%	84.4%	1		
% clients in settled accommodation	Improving Health	Responsive	CH	*60%*	87.8%	89.4%	*90.5%*	90.0%	90.2%	90.5%	90.8%	91.0%	*91.3%*	1	⚠	
% clients in employment 6	Improving Health	Responsive	CH	*10%*	11.4%	11.6%	*11.8%*	11.6%	11.7%	11.8%	11.9%	11.8%	*12.0%*	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	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	0	4	2	21	12	0	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	9	2	3	0	1	1	1	1	0	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	*Trend Monitor*	214	183	206	183	206			Due Apr 20		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%	13.1%	11.2%			Due Apr 20		N/A		

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	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%*	100.0%	99.0%	98.3%	99.1%	*99.4%*	*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%*	99.9%	98.7%	99.9%	99.9%	98.8%	*98.8%*	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%*	98.7%	99.9%	98.8%	98.8%	99.9%	*99.9%*	1		

** See key included in glossary.*
Figures in italics are provisional and may be subject to change.
1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.
2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).
5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.
6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'
8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle idenfiies any issues and detailed response provided below in the data quality rating section.

Areas of concern/to note:

- The Trust continues to perform well against the NHS Improvement metrics
- Inappropriate out of area bed placements amounted to 170 days in February which is the highest number of days recorded since April. Year-end forecast .
- During February 2020, no service users aged under 18 years were placed in an adult inpatient ward. This is the first time this has been achieved since September. 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 achieveing 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 quaity issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accomodation for January shows 15% of records have an unknown or missing employment and/or accommodation status, this is an improvement on last month which was reported at 17%. 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). For the month of February, the narrative in this section is reduced compared to previous months as the focus has been on continued delivery of operational services in light of the current situation with COVID-19.

Barnsley general community services

Key Issues

- Much of the integrated neighbourhood development working is currently paused
- Significant pressure on community caseloads. Staff from GP federation are being transferred into the community to support discharges from intermediate care and Barnsley hospitals NHS foundation trust
- Concerns regarding infection control, isolation facilities and social distancing in Urban House raised with MEARS, who are the management company and with Public Health

Barnsley mental health services and Child and adolescent mental health services:

Key Issues

- CAMHS has high numbers of staff who are self-isolating and non-critical services are seeking to redeploy staff into critical services
- Appointments are taking place over the telephone wherever possible
- Barnsley CAMHS procurement process has paused

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Key issues

- Wakefield has a lower number of staff self-isolating
- Inpatient plans are reviewed routinely by the matrons in relation to the cohort of patients in each area and how these can be best managed in the event of an outbreak
- Focus is on optimising patient flow which is having positive effect on out of area placements and inpatient units
- Areas for smoking within ward courtyards have been agreed as a temporary measure to support the safe management of wards

Forensic business delivery unit and Learning Disability services:

Key Issues

- High number of staff who are self-isolating
- Forensic plan to address urgent actions is still being prioritised
- People with learning disability in the community are considered to be at an increased risk and contact is prioritised

Communications, Engagement and Involvement

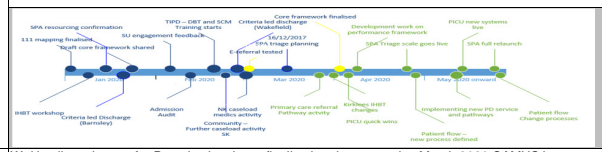
The team is currently focused on Covid communications activity.

This is the March 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for February 2020. The priority programme areas of work providing an update in this report are:
• Wakefield Projects
• Barnsley Projects
• Camhs Improvement Projects
• West Yorkshire Projects
• SystmOne Optimisation
• 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. As a result of the Covid-19 pandemic all priorities programmes will be assessed to determine what work needs to take place on them in the coming weeks and months such that focus is placed on managing core service provision and supporting the work on the Covid pandemic.

Priority	Scope	SRO	Change Manager	Governance Route	Improvement Aim(s)	Reporting Frequency	Narrative Update	Progress RAG rating	
IMPROVE HEALTH									
Work with our partners to join up care in Wakefield	1. To develop and deliver partnership structures and relationships that underpins integrated working 2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas determined as priorities by the Wakefield ICP. These include (but not limited to): • Elderly and frailty • Mental health (via the Mental health (MH) alliance) • Dementia (via the MH alliance) 5. SWYPFT to take a lead partnership role in the development and delivery of a MH alliance for Wakefield that oversees • the delivery of priority work streams: - Crisis pathway - Personality disorder - Suicide prevention • the delivery of the 8 projects that make up the dementia programme • the delivery of legacy commitments for the following: - Peri-natal mental health investment - Psychiatric liaison core 24 - Children and young people eating disorders - Improving across to psychological therapies-long term conditions (in partnership with Turning Point). • the development and delivery of the Wakefield response to the NHS long term plan for mental health. 6. Working with partners, develop and implement the operational requirements of the districts response to the agreed strategy for the children and young peoples plan priority of emotional wellbeing and mental health.	Sean Rayner	Sharon Carter	Change and Partnership Group	By 31/03/20• All primary care home neighbourhoods will have: - an established integrated leadership team - co-produced priority areas of focus - population health data pack available to underpin decisions - produced stories that demonstrate impact for the people in their area • Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Monthly on IPR	In February, the Wakefield mental health alliance collectively agreed the work programme for 2020/2021 aiming to deliver the ambitions of the NHS long term plan for mental health and addressing local priorities. This has since been presented to and was endorsed by the Wakefield clinical commissioning group governing body on 10th March 2020, and the investment approved for the following schemes: Children and young people talking therapy Children and young people community navigation Improving access to psychological therapies 25% access rate Preparation for individual placement support Child and adolescent mental health services demand and capacity Trauma aware care Child and adolescent mental health services waiting list initiative 0-18 autistic spectrum disorder pathway Peri-natal mental health Patient flow Mid Yorkshire navigator proposal Electro convulsive therapy (ECT) Lessons learned – review of the mental health alliance systems and processes. Integration of primary and community care Psychology review Wakefield mental health alliance will report progress on both of these key sets of national and local mental health metrics to Wakefield's integrated care partnership during 2020/21. Close working with the mental health stakeholder group, including capturing patient case studies alongside patient/service user feedback from a mental health ongoing engagement programme, will capture the impact that this new investment has had for our residents.	Progress Against Plan	
							Risks are managed by each programme of work, led by transformation lead, reporting to mental health 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.	Management of Risk	
							By 31/03/20 each scheme in the plan will have delivered to the outcomes framework developed. It is envisaged that the schemes will commence reporting against the outcomes measures during 2020/21.		

Work with our partners to join up care in Barnsley	1. To develop and deliver partnership structures and relationships that underpin integrated working 2. To deliver integrated care networks in the six neighbourhoods of Barnsley which meet the requirements for primary care networks whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas as identified by the partnership groups. These include: a. Frailty b. Cardio vascular disease c. Stroke 5. To develop and deliver a communication and engagement plan that promotes integrated working, inspires staff to work in different ways and helps create an empowered public that takes more responsibility for their health and wellbeing. To underpin this work with a clear plan for SWYPFT in via the Barnsley and South Yorkshire internal integration group	Salma Yasmeen	Sue Barton	Change and partnership group	By 31/03/20 All six neighbourhoods will have • an established integrated leadership team • co-produced priority areas of focus • population health data pack available to underpin decisions • produced stories that demonstrate impact for the people in their area • The integrated care outcomes framework will be used by partners to begin to demonstrate impact of the different pieces of work • Each programme area will have delivered on key improvement aims as set out at the beginning of the year	Monthly on IPR	Highlights from neighbourhood team mobilisation are as follows: significant work continues on mobilisation of the neighbourhood teams in response to the specification. The majority of this work is in line with the plan with extra focus on estates, information management and technology and performance and information. Partnership mobilisation group continues and regular updates/bulletins via SWYPFT intranet continue. The management of change continues with staff engagement sessions on schedule for completion mid April. Staffing in neighbourhood teams is now established and the physical movement of staff into the neighbourhoods completed. Work has commenced on the Lodge so it is fit for purpose for hosting the single point of access. SystmOne reconfiguration is in progress, as is work on key performance indicators and reporting arrangements. Highlights from the Barnsley integrated care delivery group are as follows: integrated care delivery group (ICDG) have undertaken work to scope out proposed priority areas of work for 2020/21 with a focus on enabling work including workforce, estates and population health management. This will be discussed with the integrated care partnership group (ICPG) in March prior to confirmation. The work on primary care network development, integrated wellbeing teams and the neighbourhood networks will be more closely aligned going forward. The job description for the new programme management role across the integrated care partnership has been submitted for agenda for change banding and the shared leadership model is under development. • Stroke service mobilisation continues with key performance indicators now developed agreed with the clinical commissioning group. • Early supported discharge (ESD) service mobilisation is underway , recruitment to the team is progressing well, and early supported discharge key performance indicators have been agreed with the CCG. The ESD team is expected to commence 16th April 2020; this will be a gradual process to allow training and induction to take place. SWYPFT and Barnsley hospitals NHS foundation trust are linking with information management and technology colleagues regarding SystmOne configuration for new service in order to be able to record and report accordingly.	Progress Against Plan	
							Risks are managed by each programme of work, reporting to the Barnsley integrated care delivery group on a monthly basis. Risks relate to inadequate resources to deliver core hours beyond current service offers and resource envelope. The financial detail is yet to be agreed. Work has been done on this as part of the integrated community teams modelling. In addition a new risk has been identified in relation to e-rostering as the team are unable to accommodate the roll out as planned due to capacity	Management of Risk	
							Implementation plan/key milestones: By 31/07/19 Programme areas have identified key improvement aims for 19/20 By 31/03/20 New integrated community teams to be mobilised		

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 learning disability project. SWYPFT is the lead provider for the WY&H adult secure provider collaborative. • Adult mental health services • Learning disability transforming care partnerships • Children and adolescent mental health services whole system pathway development • Suicide prevention • Autism and attention deficit hyperactivity disorder 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	West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) work continues on the programme workstreams, with the following key points reported in February 2020: • Adult secure provision lead provider collaborative (LPC): Following the appointment of Niche in January, the overall LPC project plan has been shared at Board, agreed with partners and programme meeting structures and governance established. Additional funding to support the specialist community forensic team (SCFT) has been secured, procurement process completed and provider confirmed. Implementation of SCFT has been begun and recruitment to the team has commenced. • Operational delivery network (ODN) for learning disability & autism Yorkshire & Humber: The ODN have been invited to support a housing event in March which is been arranged by West Yorkshire ICS. The dynamic risk register group have created 10 minimum standards for dynamic risk register. The next step for the group is to produce a standard operating procedure that services across Yorkshire and Humber would be able to use. The co-production group have conducted a survey which asked people what they think of advocacy. On the 8th January the group held a workshop, the group discussed how advocacy services can access more people in the community and the ODN can support with the changes of advocacy over the last few years. The final version of the out of area agreement has been agreed and this will be distributed to each provider for sign-up. The ODN are hoping this will be signed up to and agreed by the end March. • Suicide prevention: Suicide bereavement/postvention service continues to meet targets despite high levels of referrals. Over 90 referrals to date with average response time of 1.4 days from point of referral. Pathfinder development workers (PDWs) continue to build links throughout WY&H with projects supporting men. WY&H joint work keynote address at PHE national mental health summit. Plans for a suicide prevention campaign across WY&H continue. Final wave funding bid submitted to NHSE/I for next 3 years for WY&H. Funding from NHSE for year 2 (2020/2021) confirmed for postvention service at £173,000. • West Yorkshire transforming care partnership: Working with Inclusion North (IN) to identify opportunities to include people with lived experience in developing the 5 year strategy across West Yorkshire. Identified that forensic new care model has sufficient co production and that Inclusion North are to propose a plan of co-production to support the children & young people work programme. The model/service specification development for safe space continues. Early intervention & prevention - Bradford District Care Trust are to lead on this project and have agreed the scope in line with the initial bid submitted to NHSE. • Perinatal mental health (PMH): In WYHHCP have a partnership approach to regional PMH work and the programme is working closely with the maternity programme. The maternity programme has funded a PMH strategic transformation lead for 12 months and the two programmes have collectively set up a regional PMH steering group with representation from different functions/professions and organisations (including obstetricians, psychiatry leads, PMH provider leads, health visiting, and healthwatch as well as commissioner representation). The core focus of the work is to better understand who is and who is not accessing services and to inform the way in which engagement with and provision of services are undertaken to different communities to ensure equity of access. A regionally commissioned research piece is central to gaining this understanding. One meeting has taken place so far with another one planned in March 2020. • Children and young people attention deficit hyperactivity disorder (ADHD)/autistic spectrum condition (ASC): project agreement to fund AHSN to create case studies around teenagers/young adults with ASC/neurodiversity (capturing their experiences) is now being mobilised. Pre-diagnostic support for families/carers in Bradford (pilot with VCS) is now mobilising through recruitment of peer support workers funded through NHSE bid. • Learning disabilities admission treatment unit (ATU): Mobilisation plan agreed; Joint OSC took place on 18 February 2020 where it was agreed that further engagement, rather than formal consultation, was proportionate to the change. Engagement documentation (including easy read) is being developed. Provider collaboration model and commissioning model being developed to enable the move to mobilise regional ATU bed base to "one ATU system" across existing sites. • Adult autism project: Work continues to formalise a clear work plan including formalising priority areas. A workshop planned for March 2020 to complete this work plan and report to next programme board.	Progress Against Plan	
							Risks are managed by each programme of work, reporting to West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) on an agreed scheduled basis.	Management of Risk	
							Each programme of work has its own implementation plan, overseen and governed via a robust WY&H ICS programme management team.		

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	Operational management group (with monthly report to executive management team)	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	• Recent increase in demand has continued through early 2020 and into March. Psychiatric intensive care unit (PICU) out of area placements remain high particularly for gender specific beds. • A recent out of area stocktake has taken place. Initial findings have found: o Around half of admissions reviewed were not known or not current and we didn't have an opportunity to stop the admission. o Opportunities to do things differently to avoid some admissions in intensive home based treatment, core and enhanced services. Planning now taking place to consider how improvements can be made based on these finding and developing a follow up action plan. • Project briefs have now been established for PICU and performance management / visibility. Activity on PICU is now being taken forward. Performance management / visibility needs agreement of resources and governance route and will then be progressed. Key work strands - update: • Appropriate Inpatient Stays: The CLD refresh check point reviews are underway at the Barnsley wards and feedback so far has been positive. CLD refresh was launched at the Wakefield wards on 27th February and their first check point reviews were held on 12th March. The project is continuing to monitor and support Ashdale ward. Work continues on finding a more permanent solution via SystmOne and a meeting with TPP (S1 suppliers is taking place on 17th March). • Patient flow – The current focus is to work toward an extended hours patient flow that can coordinate activity across the bed based into the evening and at weekends. Extra funding has been agreed across West Yorkshire, though still awaiting confirmation from Barnsley. • Recruitment into the single point of access team has now commenced and a plan is being developed to implement the new triage scale when the additional resourcing is in place. Work is now being taken forward to test e-referral.	Progress Against Plan	
							1) 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. This has been highlighted to the steering group and by SSG. Plans have being rebased where there has been slippage. Activity across the programme likely to run well into 2020. CLD refresh to run until Apr 2020. Single point of access set to refresh has slipped – still aiming for early 2020/21 financial year but some elements (i.e. e-referral may take longer). 2) Lack of relevant information and poor data quality could lead to poor decision making and / or poor assessment of changes, leading to: - being unable to quantify impact of some changes - changes having a negative impact - changes leading to other unintended consequences Plans are being developed for longer term sustainability of performance management systems. When the project is given approval to go ahead the likelihood may reduce. 3) Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures. Refresh of sustainability model via self assessment has taken place. 4) Differing cultures across the trust and varying levels of engagement could lead to failure to deliver the proposed changes. Reducing due to work that has already taken place with stakeholders across the Trust. 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.		
									
Make care quickly and easily available in child and adolescent mental health 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	Carmain Gibson-Holmes (Wakefield) Kate Jones (Barnsley) Supported by Micele Ezro (Wakefield) and Maeve Boyle (Barnsley)	CAMHs improvement group with monthly report to operational management group	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	Waiting list trajectory for Barnsley has been finalised and presented at March 2020 CAMHS improvement board meeting. Waiting list trajectories for February 2020 have been met by both Barnsley and Wakefield. First meeting regarding common data definitions and performance management involving all CAMHS general/service managers, performance & information manager and improvement leads for Wakefield and Barnsley. Second round of training for all age liaison services has been completed with participants from both Barnsley and Wakefield. Referral process mapping for emergency presentations for Barnsley All Age Liaison Team has been finalised and shared with colleagues in Calderdale & Kirklees and Wakefield. Wakefield CAMHS has been successful in its bids for MH Alliance monies. Wakefield CAMHS crisis service offer in place 7 days a week 8am-9pm. Process mapping of 'current state' completed for Barnsley specialist and ADHD pathways.	Progress Against Plan	
							Barnsley CCG is undertaking another procurement exercise for the Barnsley CAMHs service. Unsettling period for staff due to uncertainty. Regular communications with CAMHs staff as well as staff side representatives.	Management of Risk	
							Implementation plan/key milestones include: By 29/02/20 Wakefield demand and capacity plan refinements to be completed in conjunction with business development team and finance dept. By 29/02/20 - Second round of training for Barnsley all age liaison team with offer of any spare places to Wakefield service. By 02/03/20 - Barnsley and Wakefield all age liaison services are expected to be operational including finalisation of the referral pathway for emergency presentations (for Barnsley). By 28/02/20 - First meeting regarding common data definitions and performance management to be held involving all CAMHs general/service managers, P&I manager and improvement leads for Wakefield and Barnsley.		

IMPROVE RESOURCES									
Make the most of our clinical information	Delivering SystmOne optimisation plan - Following review at programme steering group in October 2019, and agreed at EMT in November, scope for SystmOne optimisation has now reduced to 6 main projects – care plans, risk assessment, tasks, sharing out, and e-referrals, together with an overarching priority around reducing variation/improving data quality. Schedule of programme of work extended to September 2020.	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 mental health 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	**Formulation Information Risk Management (FIRM)** Work continues to ensure the programme steering group (PSG) and Clinical Safety Design Group (CSDG) are assured of readiness to sign off the co-delivery phase and for roll out of FIRM tool to commence on 20th April 2020. A final series of consolidation events have taken place focussing on the functionality of the tool on SystmOne. These included attendance at SystmOne Improvement Groups (SIGs), demonstration sessions in all localities and attendance at the February Academic Meetings. The feedback from these sessions and further user testing on SystmOne Demo has informed the final amendments to the FIRM framework on SystmOne. Final configuration was signed off on 28th February 2020. As part of the optimisation work plan, an action plan and staff support and guidance plan has been put in place to manage the delivery and go live of the FIRM functionality on SystmOne ahead of implementation. **Sharing** A high level action plan for turning on Record Sharing has been developed giving consideration to Standard Operating Procedure, patient consent and management of risks. The programme team have undertaken an initial scoping exercise/document for consultation with SIGs ahead of submission to the next PSG on 3rd March 2020. **E-Referral** An e-RS Project Group has been established. A high-level scoping document for e-Referral has been developed. Standardisation work for an e-Referral document is complete and has been tested on the local system. It has now been exported to Primary Care SystmOne to set up on the GP practice system for a pilot to commence. Timeline for the pilot to be determined and the outcomes used to inform wider internal discussions for Trust standardisation/adoption, and in evaluation of e-RS options available and their applicability to MH services.	Progress Against Plan	
							Tasks A high level action plan for tasks has been developed giving consideration to Standard Operating Procedure, patient consent and management of risks. The option for using tasks within SystmOne forms part of the wider optimisation programme and closely aligns with the sharing-out of the Trust SystmOne record. Sharing out and task management are system-wide settings so cannot be enabled for a particular GP practice or area. The programme team have undertaken an initial scoping exercise/document for consultation with SIGs ahead of submission to the next PSG on 3rd March 2020. **Reducing Variation/Data Quality** 1. The IHBT and SPA team Event Details Templates have been available in the live environment for these services since 21st October 2019 and reports show a significant improvement in quality of activity recording in these teams since that date. Final sign-off of the Event Templates in Forensic, Mental Health Community and Learning Disability Services are planned at the March SIGs. User Guides and further communications will be provided. 2. Work to review configured lists on SystmOne is complete. The new activity codes have gone live in the LD and ADHD units. Systems team are currently rolling out the changes in other units. This work will assist the organisation in achieving CQUIN CCG5b.		
							CHANGE MANAGEMENT/CLINICAL: The lack of engagement and support to the changes from internal and external stakeholders this will impact on the success of major optimisation activities such as tasks IM&T WORKSTREAM: conflicting priorities for the systems, training, and P&I workstreams (Barnsley reconfiguration) may result in insufficient resources for optimisation activities. CLINICAL RISK: Inadequate number of staff attending the (non-system clinical practice) training and not demonstrating competency through practice will result in the organisation not getting the best use out of the clinical records system and no improvements identified. CLINICAL RISK: missed opportunities to reduce practice/system variation during optimisation may result in inconsistencies in system/operational requirements/applications CLINICAL RISK: The organisation and local policies/procedures do not keep pace with system change which could lead to gaps in practice that will have an impact on patient safety.	Management of Risk	
							Implementation of new MH Care Plans Sept 19 - Dec 19 Risk assessment Sept 19 - Apr 20 Share out Feb 20 - Sept 20 Tasks Feb 20 - Sept 20 E-referral Sept 19 - Sept 20 Reducing variation and improving data quality Sept 19 – Sept 20		
MAKE THIS A GREAT PLACE TO WORK							These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR		

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

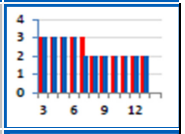
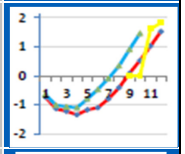
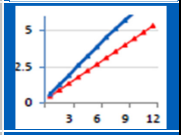
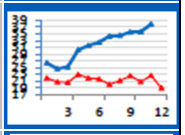
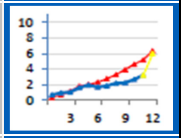
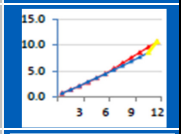
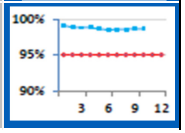
Risk Rating	Likelihood			
Consequence	1 Rare	2 Unlikely	3 Possible	5 Almost certain
5 Catastrophic	5	10	15	25
4 Major	4	8	12	20
3 Moderate	3	6	9	15
2 Minor	2	4	6	10
1 Negligible	1	2	3	5

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

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

Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in February.	
2	Normalised Deficit (excl PSF)	£0.1m	£0.1m	February financial performance is a small deficit of £0.05m excluding Provider Sustainability Fund (PSF). The year to date position is now a £0.06m surplus. Following a review of the risks and opportunities associated with the full year forecast a £300k improvement has been reported in month 11.	
3	Agency Cap	£6.8m	£7.5m	Agency expenditure is higher than plan with £0.6m spent in February, £0.1m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by over £2m. Action, lead by the Trust recruitment and retention group, remains focussed on ensuring that any agency expenditure is minimised and as cost effective as possible.	
4	Cash	£37.9m	£34.7m	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	£3.2m	£6m	Capital spend is below plan at the end of February. Forecast remains at £6m and is being closely managed to ensure delivery.	
6	Delivery of CIP	£8.5m	£10.7m	Year to date £8.5m cost reductions have been secured against the original plan with £1.2m of this original plan rated as red with a high risk on delivery. A non-recurrent income benefit of £1.3m will be realised in year enabling achievement of the full year target.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

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

Contracting - Trust Board

Contracting Issues - General

In light of the COVID-19 position the 2020/21 operational planning round including contract negotiations has been suspended. For the period 1 April - 31 July commissioners will put in place block account contracts with providers based on nationally determined values. Details of this are likely to be made available by the end of March/early April.

CQUIN

Quarter 3 CQUINs confirmed as achieved across Barnsley and West contracts. Awaiting formal confirmation from NHSE related to medium and low secure services.

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 have 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. An initial contract offer was received and under review for 2020/21 - now suspended in light of the national COVID-19 position.

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. 2020-21 contract offer was under negotiation - now suspended in light of the national COVID-19 position.

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. 2020-21 contract offer was under negotiation - now suspended in light of the national COVID-19 position.

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. A contract offer was received and under review for 2020/21- now suspended in light of the national COVID-19 position.

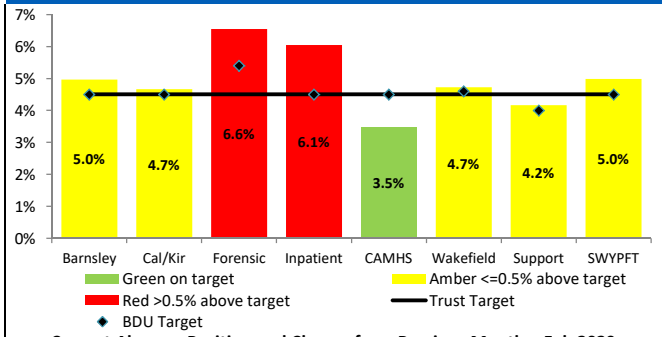
Contracting Issues - Forensics

The key priority work stream for 2019/20 remains the review and reconfiguration of the medium and low secure service beds as part of the work with NHS England in addressing future bed requirements as part of the wider regional and West Yorkshire integrated care system work. SWYPFT successful in a bid to become the lead provider for the West Yorkshire collaborative for adult secure services on the further development track work stream to commence from April 2021. 2020-21 contract offer was awaited - now suspended in light of the national COVID-19 position.

Workforce

Human Resources Performance Dashboard - February 2020

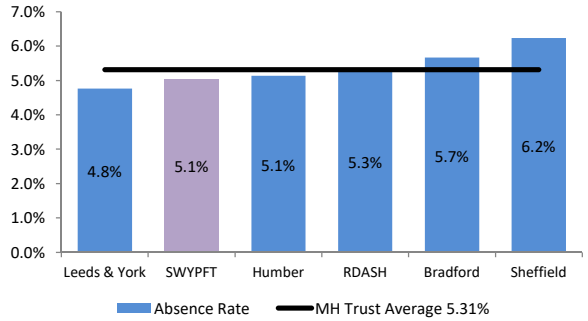
Sickness Absence



Current Absence Position and Change from Previous Month - Feb 2020

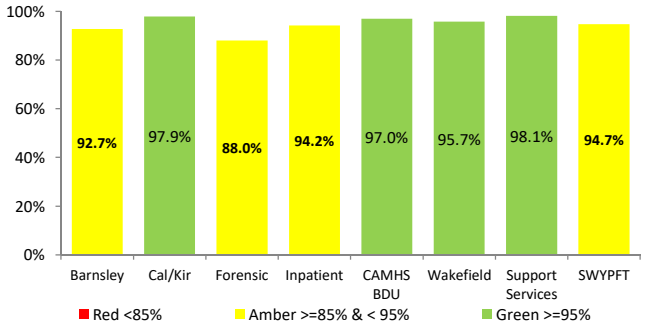
	Barn	Cal/Kir	Fore	Inpat	CAMHS	Wake	Supp	SWYPFT
Rate	5.1%	4.5%	6.1%	5.6%	2.4%	3.9%	3.6%	4.6%
Change	↑	↓	↑	↓	↓	↓	↑	↓

The Trust YTD absence levels in January 2020 (chart above) were above the target at 5%.
The YTD cost of sickness absence is £5.6m. If the Trust had met its target this would have been £5.0m, saving £0.5m.



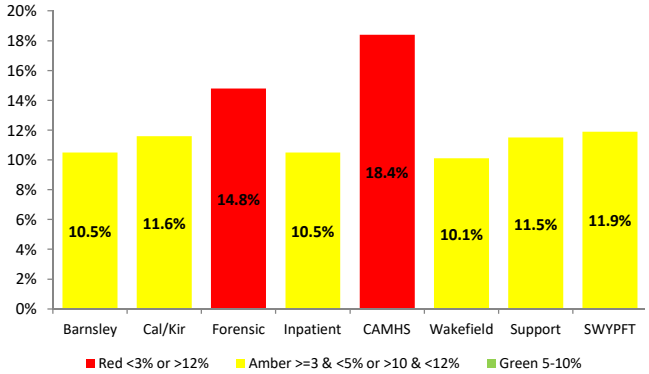
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 2018-19 financial year.
During this time the Trust's absence rate was 5% which is below the regional average of 5.3%.

Appraisals - All Staff

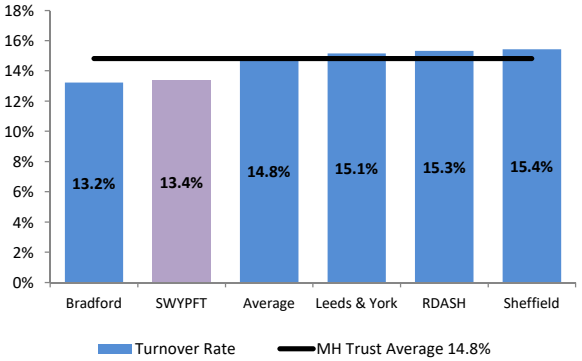


The above chart shows the appraisal rates for the Trust to the end of January 2020.
Until August, the figures only included staff on Band 6 and above. From September's report onwards, they include all staff.
The Trust target for all staff is to reach 95% by the end of September.

Turnover and Stability Rate Benchmark

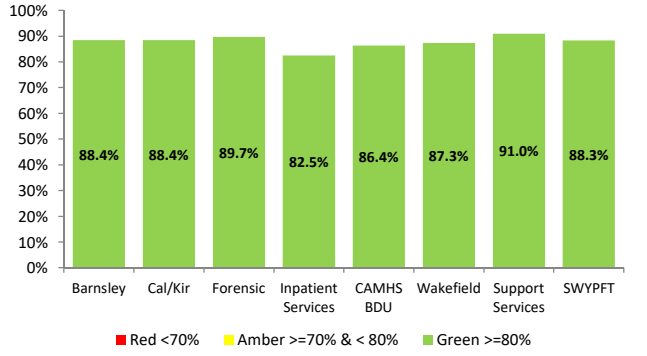


This chart shows the YTD turnover levels up to the end of February 2020.
The Recruitment, Retention, and Agency steering group is reviewing areas of high turnover.
The turnover data excludes decommissioned services.



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 Lecture Attendance



The chart shows the 12 month rolling year figure for fire lectures to the end of February 2020.
All areas and the Trust continue to achieve the 80% target.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.1%	4.6%	4.7%	4.7%	5.20%	5.30%	5.10%	5.10%	5.10%	5.0%	5.30%	5.0%	4.6%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	99.1%	99.1%	6.3%	19.8%	66.20%	76.20%	80.30%	83.80%	91.6%	93.0%	93.2%	94.1%	95.3%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	97.5%	97.5%	0.2%	1.5%	7.8%	26.40%	39.10%	69.70%	86.8%	89.7%	91.7%	93.2%	94.2%
Aggression Management	Improving Care	Well Led	AD	>=80%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%	82.8%	82.8%	81.3%	80.5%	80.9%	81.6%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%	83.0%	83.6%	83.6%	81.9%	81.2%	80.9%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%	88.7%	88.6%	88.5%	88.6%	89.2%	89.0%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%	91.5%	92.0%	92.3%	92.1%	92.6%	92.4%
Fire Safety	Improving Care	Well Led	AD	>=80%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%	86.6%	86.8%	87.4%	87.9%	88.3%	88.3%
Food Safety	Improving Care	Well Led	AD	>=80%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%	82.0%	81.9%	82.5%	83.0%	82.3%	81.6%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7%	91.7%	92.2%	92.0%	91.3%	91.0%	90.4%	89.1%
Information Governance	Improving Care	Well Led	AD	>=95%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%	94.2%	94.0%	92.8%	94.1%	90.4%	98.0%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%	91.7%	92.1%	91.9%	92.0%	92.1%	92.2%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%	93.2%	93.9%	93.5%	92.5%	92.3%	90.5%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%	88.8%	90.2%	90.8%	89.8%	90.1%	87.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	86.8%		75.5%			74.2%			72.5%			Due April 20	
Prevent	Improving Care	Well Led	AD	>=80%						80.8%	81.5%	83.5%	86.0%	87.1%	88.8%	90.8%	91.1%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%	94.2%	94.4%	94.1%	94.1%	94.0%	94.3%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%	91.5%	91.8%	89.8%	89.0%	89.8%	90.7%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%	96.0%	96.3%	96.0%	96.5%	97.3%	97.1%
Bank Cost	Improving Resources	Well Led	AD	-	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k	£887k	£705k	£769k	£685k
Agency Cost	Improving Resources	Effective	AD	-	£545k	£634k	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	£537k	£581k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£476k	£482k	£479k	£494k	£513k	£543k	£501k	£501k	£545k	£509k	£548k	£518k	£440k
Business Miles	Improving Resources	Effective	AD	-	270k	289k	274k	240k	293k	281k	245k	284k	264k	317k	272k	273k	302k
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			Due April 20	

1 - this does not include data for medical staffing.

Mandatory Training
• The Trust is meeting its mandatory training targets including information governance which achieved 98% at the end of February. A review of mandatory training requirements is taking place in light of the impact of the Covid pandemic

Appraisals
• Appraisal completion rate for band 6 and above improved to 95.3% and is therefore above target

Sickness Absence
• Year to date sickness at the end of February remains at 5.0%. Sickness reduced from 5.0% to 4.6% month on month and compares to 5.2% in February 2019. Clearly we should expect an adverse impact from Covid on sickness rates in the coming months.

Turnover
• Turnover reduced from 12.1% in January to 11.3% February. The comparative for last year is 12.0%.

Publication Summary

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

Direct access audiology waiting times: November 2019

NHS workforce statistics: October 2019

NHS sickness absence rates: July 2019 to September 2019, provisional statistics

Diagnostic imaging dataset: September 2019

Seasonal flu vaccine uptake in children of primary school age: monthly data, 2019 to 2020

Seasonal flu vaccine uptake in health care workers: monthly data, 2019 to 2020

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

Mental health services monthly statistics: final November, provisional December 2019

Out of area placements in mental health services: November 2019

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

Community services statistics: October 2019

Mental health community teams activity: Q3 2019/20

Diagnostic imaging dataset: October 2019

Quarterly hospital activity data: Q3 2019/20

NHS vacancy statistics: England, February 2015 - December 2019, experimental statistics

NHS sickness absence rates: October 2019, provisional statistics
NHS workforce statistics: November 2019

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 11
(2019 / 20)

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With **all of us** in mind.

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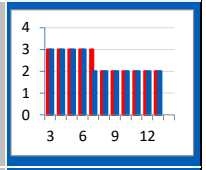
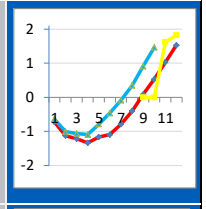
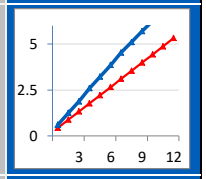
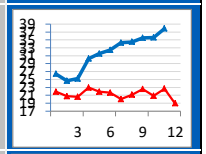
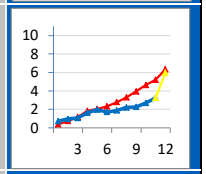
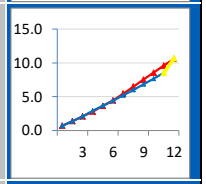
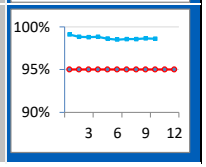
1.0	Executive Summary / Key Performance Indicators				
Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in February.	
2	Normalised Surplus / (Deficit) (excl PSF)	£0.1m	£0.1m	February financial performance is a small deficit of £0.05m excluding Provider Sustainability Fund (PSF). The year to date position is now a £0.06m surplus. Following a review of the risks and opportunities associated with the full year forecast a £300k improvement has been reported in month 11.	
3	Agency Cap	£6.8m	£7.5m	Agency expenditure is higher than plan with £0.6m spent in February, £0.1m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by over £2m. Action, lead by the Trust recruitment and retention group, remains focussed on ensuring that any agency expenditure is minimised and as cost effective as possible.	
4	Cash	£37.9m	£34.7m	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	£3.2m	£6m	Capital spend is below plan at the end of February. Forecast remains at £6m and is being closely managed to ensure delivery.	
6	Delivery of CIP	£8.5m	£10.7m	Year to date £8.5m cost reductions have been secured against the original plan with £1.2m of this original plan rated as red with a high risk on delivery. A non-recurrent income benefit of £1.3m will be realised in year enabling achievement of the full year target.	
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

1.1 NHS Improvement Finance Rating

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.

			Actual Performance		Plan - Month 11	
Area	Weight	Metric	Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.8	1	3.4	1
	20%	Liquidity (Days)	31.6	1	17.8	1
Financial Efficiency	20%	I & E Margin	0.8%	2	0.5%	2
Financial Controls	20%	Distance from Financial Plan	0.5%	1	0.0%	1
	20%	Agency Spend	39%	3	11%	2
Weighted Average - Financial Sustainability Risk Rating				2		1

Impact

The rating remains at 2 for February. 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.

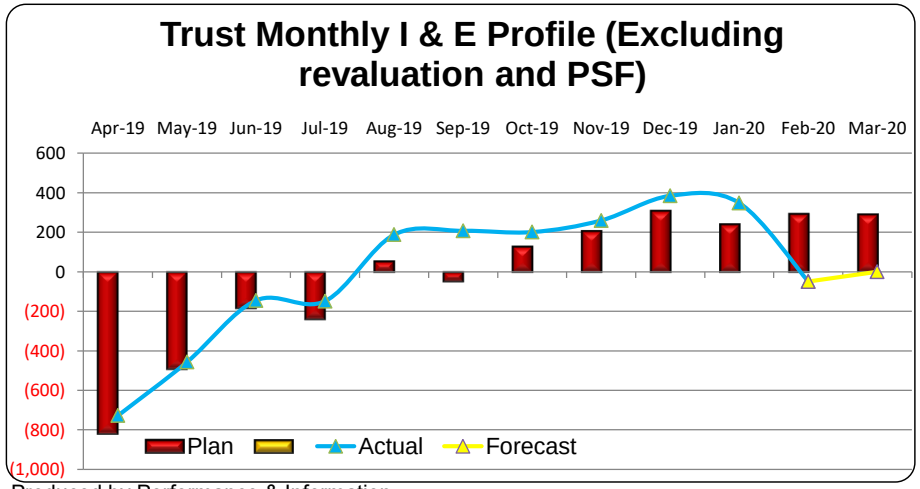
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

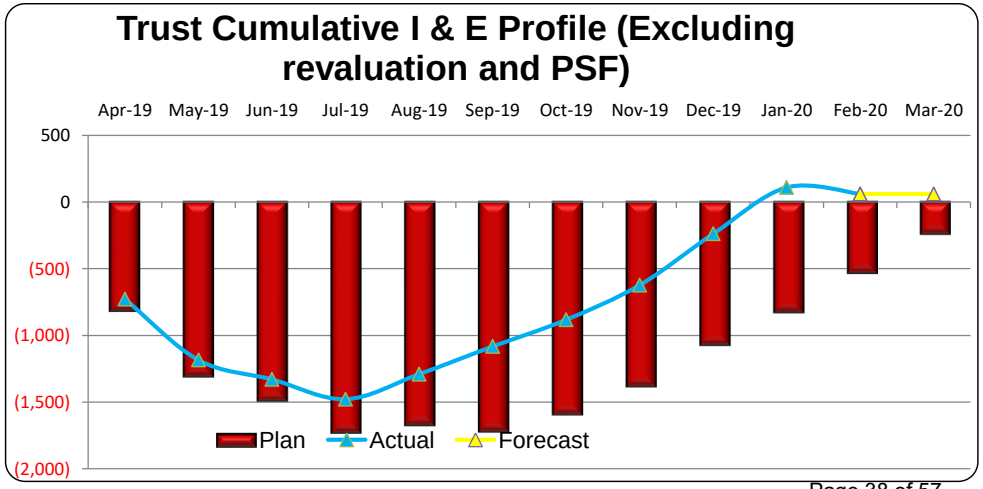
Distance from plan - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

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

2.0 Income & Expenditure Position 2019 / 2020

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
				18,438	18,334	(104)	Clinical Revenue	197,025	196,327	(698)	215,687	215,055	(632)
				18,438	**18,334**	**(104)**	**Total Clinical Revenue**	**197,025**	**196,327**	**(698)**	**215,687**	**215,055**	**(632)**
				1,316	1,403	87	Other Operating Revenue	13,870	13,984	114	15,091	15,491	400
				19,754	**19,737**	**(17)**	**Total Revenue**	**210,895**	**210,311**	**(584)**	**230,778**	**230,546**	**(232)**
4,389	4,160	(229)	5.2%	(15,430)	(14,896)	534	Pay Costs	(166,518)	(160,436)	6,081	(181,993)	(175,686)	6,306
				(3,740)	(4,954)	(1,214)	Non Pay Costs	(39,655)	(40,044)	(389)	(43,541)	(45,482)	(1,941)
				370	948	578	Provisions	2,014	(2,024)	(4,037)	2,444	(849)	(3,293)
				0	(175)	(175)	Gain / (loss) on disposal	0	(220)	(220)	0	(220)	(220)
4,389	**4,160**	**(229)**	**5.2%**	**(18,799)**	**(19,077)**	**(278)**	**Total Operating Expenses**	**(204,159)**	**(202,723)**	**1,435**	**(223,090)**	**(222,237)**	**853**
4,389	**4,160**	**(229)**	**5.2%**	**955**	**660**	**(295)**	**EBITDA**	**6,736**	**7,587**	**851**	**7,688**	**8,308**	**620**
				(442)	(504)	(62)	Depreciation	(4,860)	(5,242)	(382)	(5,302)	(5,746)	(444)
				(227)	(227)	0	PDC Paid	(2,499)	(2,499)	0	(2,726)	(2,726)	0
				8	22	13	Interest Received	92	214	122	100	224	124
4,389	**4,160**	**(229)**	**5.2%**	**294**	**(49)**	**(343)**	**Normalised Surplus / (Deficit) Excl PSF**	**(531)**	**60**	**591**	**(240)**	**60**	**300**
				206	206	0	PSF (Provider Sustainability Fund)	1,560	1,560	0	1,765	1,765	0
4,389	**4,160**	**(229)**	**5.2%**	**500**	**157**	**(343)**	**Normalised Surplus / (Deficit) Incl PSF**	**1,029**	**1,620**	**591**	**1,525**	**1,825**	**300**
				0	0	0	Revaluation of Assets	0	5,719	5,719	0	5,719	5,719
4,389	**4,160**	**(229)**	**5.2%**	**500**	**157**	**(343)**	**Surplus / (Deficit)**	**1,029**	**7,339**	**6,310**	**1,525**	**7,544**	**6,019**





Income & Expenditure Position 2019 / 20

February 2020 position is a small deficit due to the timing of expenditure agreed in year.

Month 11

The February position is a pre PSF deficit of £49k and a post PSF surplus of £157k, this is £343k behind plan. This is the first month in the last seven months where the Trust has been in deficit. This is due to the timing of some expenditure ahead of the financial year-end, particularly IT and furniture and fittings identified through the Trust PLACE audits.
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; £534k in February. 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 February agency costs are £581k which is higher than cap.

Non Pay Expenditure

Non pay is more than plan in February (£456k) and is cumulatively is £0.4m more than the same period last year. This is the first month where 2019/20 spend surpasses 2018/19. The report highlights expenditure on out of area placements which, whilst still a major area of focus, is £2m lower than last year. More details are included within the out of area focus page. However expenditure control continues in the majority of categories.

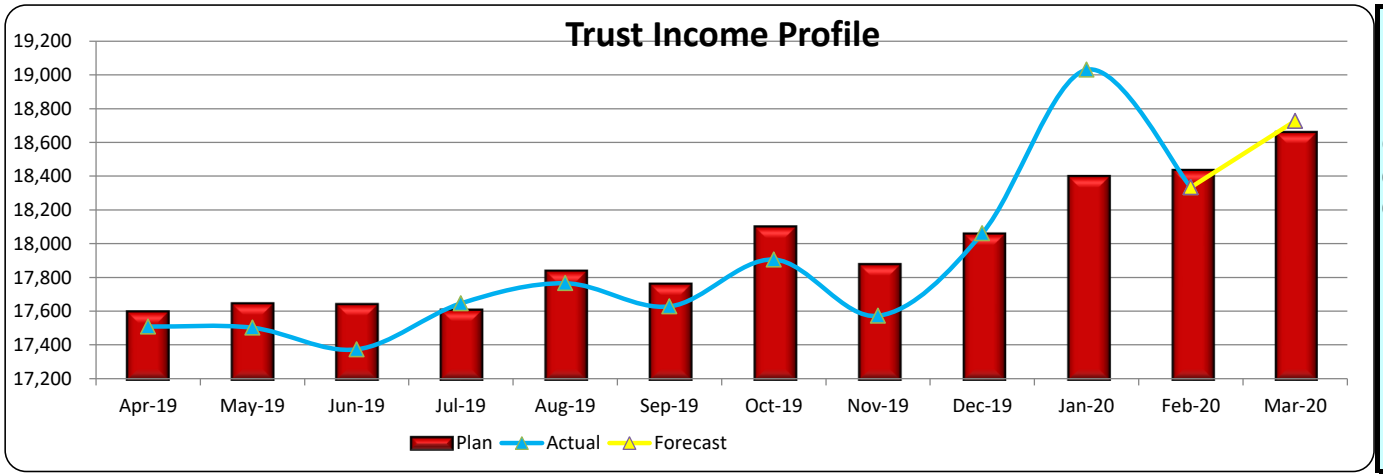
Forecast

Following a review of financial risks and opportunities the Trust has revised the forecast to a surplus, pre PSF, of £0.1m. This is an improvement of £0.3m from the overall total. This is based on individual Trust risks but in doing so will help the Integrated Care System (ICS) delivery its control total and in turn secure the collective PSF funding.

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 England and Improvement.

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k	Total 18/19 £k
CCG	9,999	9,999	9,868	10,028	9,973	10,032	10,211	10,053	10,177	11,132	10,380	10,353	**122,203**	**146,036**
Specialist Commissioner	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,075	2,025	2,025	**24,347**	**23,356**
Alliance	1,295	1,295	1,295	1,295	1,295	1,334	1,332	1,264	1,388	1,453	1,408	1,337	**15,991**	**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	583	623	641	**7,495**	**7,172**
Other	3,576	3,570	3,516	3,668	3,839	3,743	3,594	3,732	3,721	3,789	3,898	4,372	**45,018**	**6,708**
Total	**17,509**	**17,502**	**17,373**	**17,646**	**17,765**	**17,628**	**17,906**	**17,572**	**18,061**	**19,031**	**18,334**	**18,727**	**215,055**	**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 is broadly in line with plan in February 2020.

Good progress has already been made in contract discussions for 2020/21 with further investment being discussed in line with national planning guidance and the Mental Health Investment Standard.

2.1 Pay Information

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.

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.

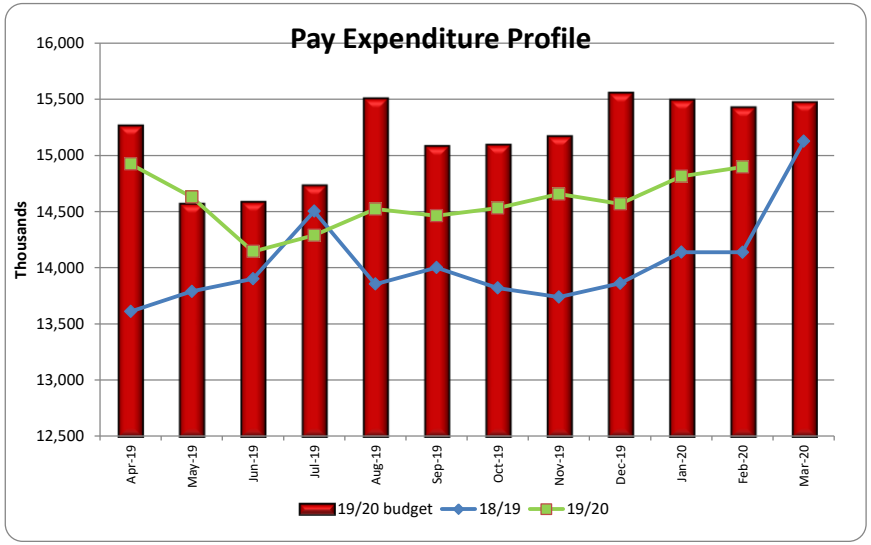
	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
Substantive	13,647	13,082	12,768	12,819	12,959	13,014	13,063	13,147	13,207	13,404	13,568		**144,679**
Bank & Locum	663	906	752	747	934	821	794	938	767	853	746		**8,922**
Agency	613	641	624	722	628	628	674	572	594	558	581		**6,836**
Total	**14,923**	**14,629**	**14,145**	**14,288**	**14,522**	**14,463**	**14,531**	**14,656**	**14,568**	**14,815**	**14,896**	**0**	**160,436**
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%	5.8%	5.0%		5.6%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%	4.6%	3.9%	4.1%	3.8%	3.9%		4.3%

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	21,646	17,236	624	3,334	21,193	453
Nursing Registered	59,738	48,551	3,093	473	52,117	7,621
Nursing Unregistered	18,137	16,291	4,192	1,690	22,173	(4,037)
Other	40,872	39,192	395	1,290	40,877	(5)
BDU Admin	11,725	9,981	443	10	10,434	1,291
Corporate Admin	14,418	13,428	175	39	13,642	776
Total	**166,536**	**144,679**	**8,922**	**6,836**	**160,436**	**6,099**

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	72,765	61,778	1,726	4,164	67,669	5,097
Inpatient	42,434	34,462	6,235	2,255	42,952	(518)
BDU Support	6,149	5,909	170	10	6,089	60
Community	19,716	18,798	353	247	19,398	318
Corporate	25,473	23,732	438	160	24,329	1,143
Total	**166,536**	**144,679**	**8,922**	**6,836**	**160,436**	**6,100**



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 January pay underspent by £534k. Year to date underspend is £6.1m. Temporary staffing provided by both agency and bank totals £15.8m (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.

2.1 Agency Expenditure Focus

The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £2m more than cap.

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

The financial implications, alongside clinical and other considerations, continues to be a high priority area. 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.

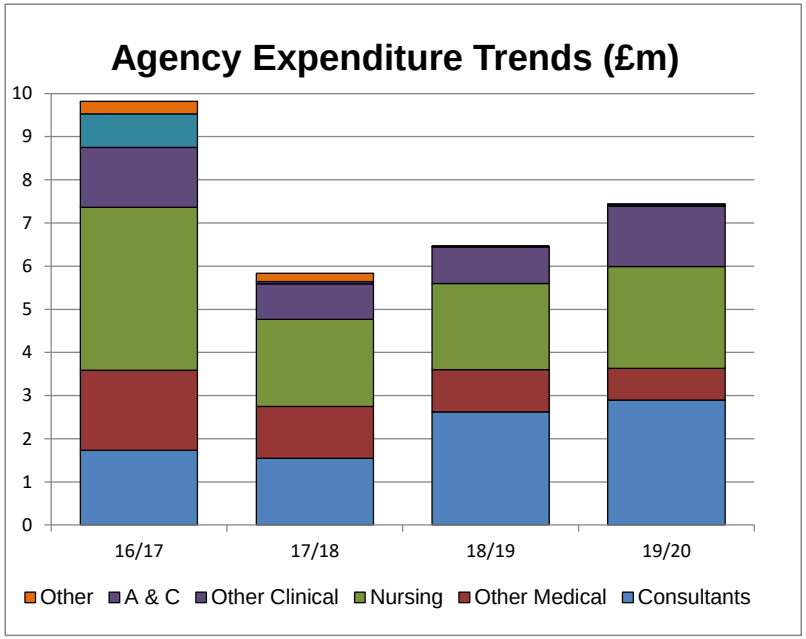
The maximum agency cap established by NHSI for 2019/20 is £5.3m which is £0.1m higher than the 2018/19 cap. In 2018/19 spend was £6.5m which breached the cap by £1.3m (24%). The NHSI agency cap has been profiled equally across the year with a maximum spend of £443k a month. The Trust plan assumed spend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

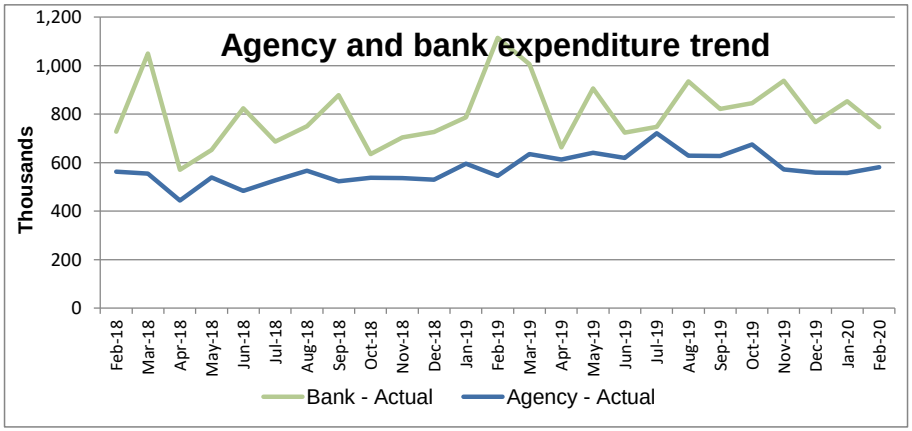
Actual agency usage continues to be reported to NHS England and Improvement on a weekly basis.

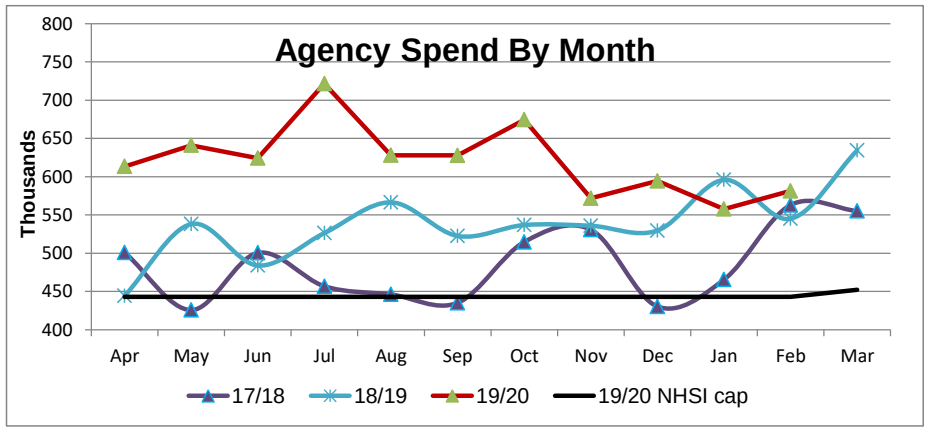
February spend is £581k, 26% above cap. This is slightly lower than the average monthly run rate. Cumulative spend is £6.8m which is 40% above cap and 17% higher than the same period last year.

The current forecast, based upon these plans, is £7.5m 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 February 2020 is £0.7m which is a marginal reduction from the last couple of months.





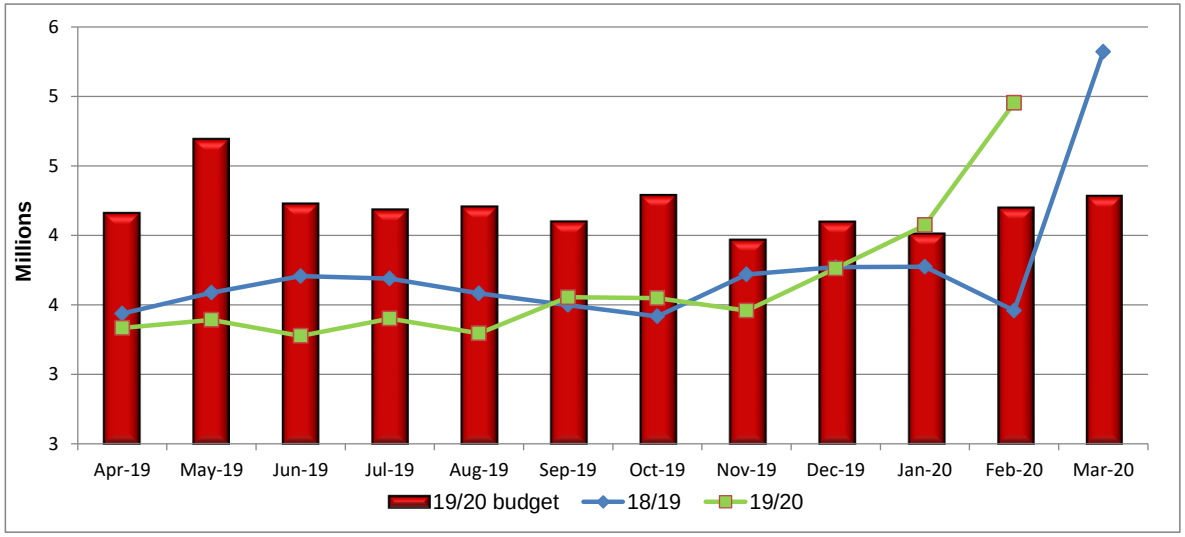


2.1 Non Pay Expenditure

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

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954		**40,044**
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	Actual Year to date	Variance
Non Pay Category	**£k**	**£k**	**£k**
Clinical Supplies	2,412	2,618	(206)
Drugs	3,350	3,256	94
Healthcare subcontracting	4,702	4,515	188
Hotel Services	1,703	1,607	96
Office Supplies	4,823	5,399	(577)
Other Costs	4,448	4,571	(123)
Property Costs	6,327	6,662	(335)
Service Level Agreements	5,685	5,638	47
Training & Education	546	459	87
Travel & Subsistence	3,254	2,866	388
Utilities	1,172	1,315	(144)
Vehicle Costs	1,232	1,137	95
Total	**39,655**	**40,044**	**(389)**
Total Excl OOA and Drugs	**31,602**	**32,273**	**(671)**



Key Messages

As noted in the overall financial position there has been increased spend in February 2020. The majority of this has been non pay related with a sharp rise in the graph above, c. £1.4m higher than average.

A contributing factor has been the increased level of spend in the out of area placement category. Full details of spend is provided on the out of area focus page with February 2020 being the highest indiviudal month since April 2019. Other areas of spend include investment in IT equipment such as laptops (office supplies) to support the Windows 10 implementation. .

We continue to see savings in travel and subsistence costs and, to a lesser extent, in training.

To support this the non pay review group continues to focus on areas of waste and inefficiency to ensure that all non pay expenditure offers value for money in line with the Trust priorities.

2.1 Out of Area Beds Expenditure Focus

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 (£)

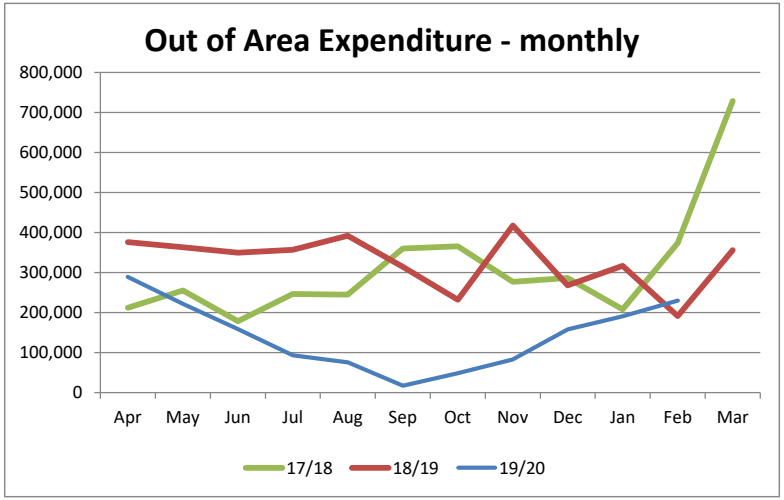
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	**3,733**
18/19	376	363	349	357	392	314	232	417	268	317	191	355	**3,929**
19/20	289	222	158	93	76	17	48	82	158	191	230		**1,565**

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	218	302		**2,132**

Bed Day Information 2019 / 2020 (by category)

PICU	32	26	30	26	0	0	15	18	29	26	32		**234**
Acute	160	277	178	150	142	24	7	41	42	124	143		**1,288**
Appropriate	90	51	30	30	14	4	31	70	95	68	127		**610**
Total	282	354	238	206	156	28	53	129	166	218	302	0	**2,132**



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.

Reductions have been achieved in the first half of the year which have helped in reducing spend by £2m compared to the same 11 month period the previous year. This equates to 2,552 less bed days.
Monthly increases since October 2019 have demonstrated the issues with maintaining low levels sustainably going forwards. Focus remains on reducing this and ensuring minimised future requirements. Costs incurred in February were the highest since April 2019, which is a concerning trend as we move into 2020/21.

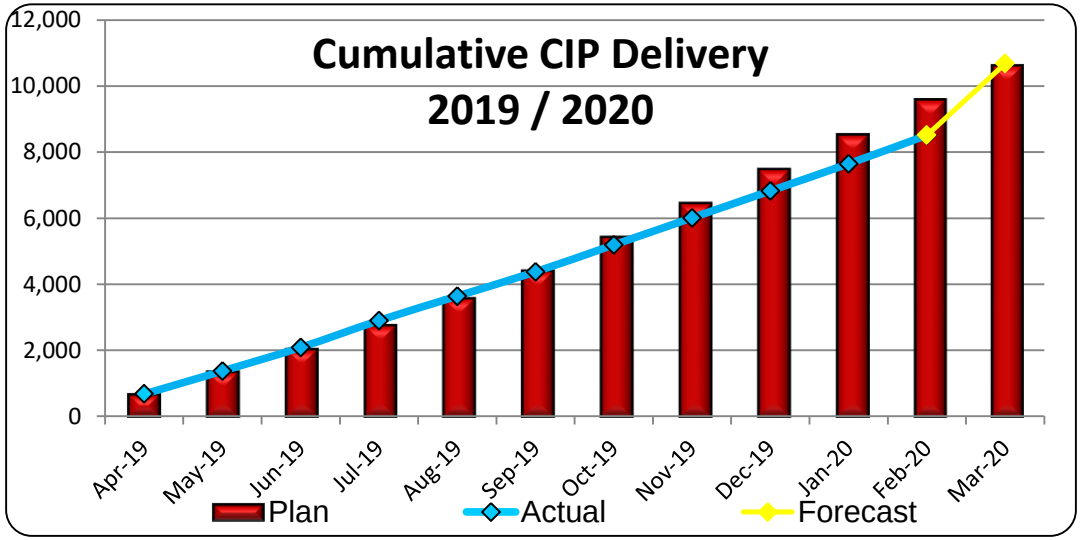
2.1 Cost Improvement Programme 2019 / 2020

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 Plan £k	Year to Date Actual £k	Forecast Plan £k	Forecast Actual £k
Recurrent	6,632	5,065	7,368	5,570
Non Recurrent	2,964	3,447	3,256	5,111
Total	**9,596**	**8,512**	**10,624**	**10,681**
Shortfall		1,083		(57)

Year to date performance is £1.1m 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. Confirmed additional non-recurrent income of £1.3m will enable the full year target to be achieved although it must be noted that 48% of the total will be non-recurrent.

3.0 Balance Sheet 2019 / 2020

	2018 / 2019 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	100,005	101,892	105,961	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	2,996	2,497	2
Non NHS Trade Receivables (Debtors)	1,007	1,626	1,025	3
Prepayments, Bad Debt, VAT	1,559	1,675	1,167	
Accrued Income	5,138	4,855	4,578	4
Cash and Cash Equivalents	27,823	22,663	37,873	5
Total Current Assets	**38,806**	**34,047**	**47,399**	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(1,888)	(3,522)	6
Capital Payables (Creditors)	(1,070)	(552)	(433)	
Tax, NI, Pension Payables, PDC	(6,002)	(7,136)	(7,010)	
Accruals	(8,020)	(9,469)	(11,796)	7
Deferred Income	(276)	(1,064)	(1,318)	
Total Current Liabilities	**(20,031)**	**(20,109)**	**(24,080)**	
Net Current Assets/Liabilities	**18,775**	**13,938**	**23,318**	
Total Assets less Current Liabilities	**118,780**	**115,830**	**129,279**	
Provisions for Liabilities	(7,221)	(5,775)	(6,974)	
Total Net Assets/(Liabilities)	**111,560**	**110,055**	**122,306**	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,265	
Revaluation Reserve	9,453	9,845	12,818	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	50,769	60,002	8
Total Taxpayers' Equity	**111,560**	**110,055**	**122,306**	

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

1. Capital expenditure is detailed on page 14.The revaluation of estate was actioned in Month 10.

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.

3. Non NHS debtors are lower than plan, all debt over 30 days is actively chased every week.

4. Accrued income is lower than plan, all invoices that need to be raised prior to the year end will be raised in March. £0.9m relates to 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).

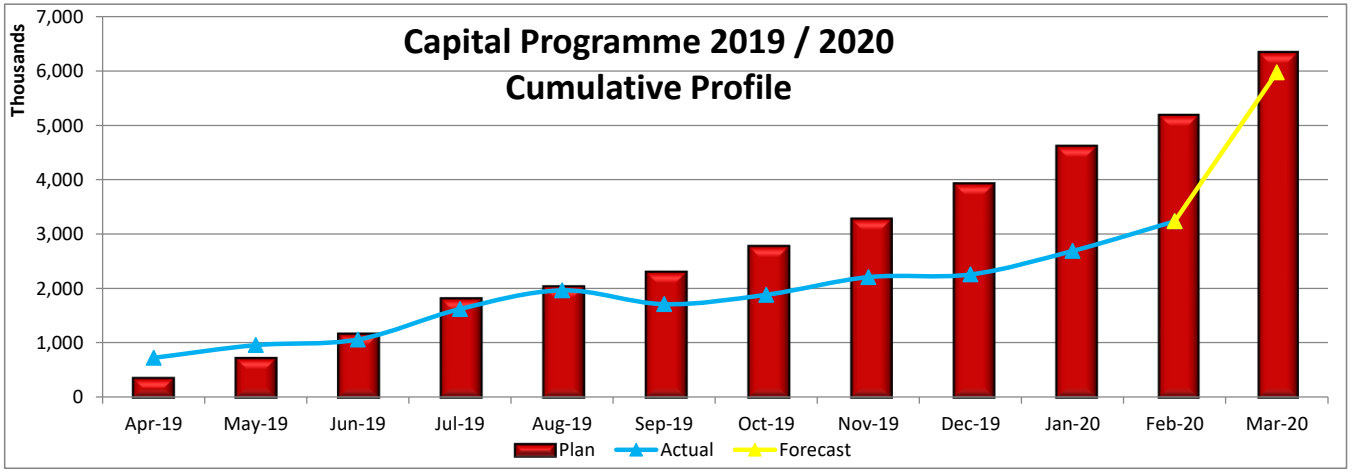
7. Accruals are higher than plan as the Trust awaits invoices for goods and services received.

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

3.1 Capital Programme 2019 / 2020

	REVISED Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,715	2,215	1,077	(1,138)	2,675	(41)	
Equipment Replacement	93	40	71	31	118	25	
IM&T	2,195	1,631	1,267	(364)	2,337	142	
Major Capital Schemes							
Fieldhead Non Secure	936	936	463	(473)	463	(473)	
Nurse Call system	200	168	179	11	200	0	
Clinical Record System	211	208	210	1	214	4	
VAT Refunds	0	0	(32)	(32)	(32)	(32)	1
TOTALS	**6,350**	**5,199**	**3,235**	**(1,964)**	**5,975**	**(375)**	

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



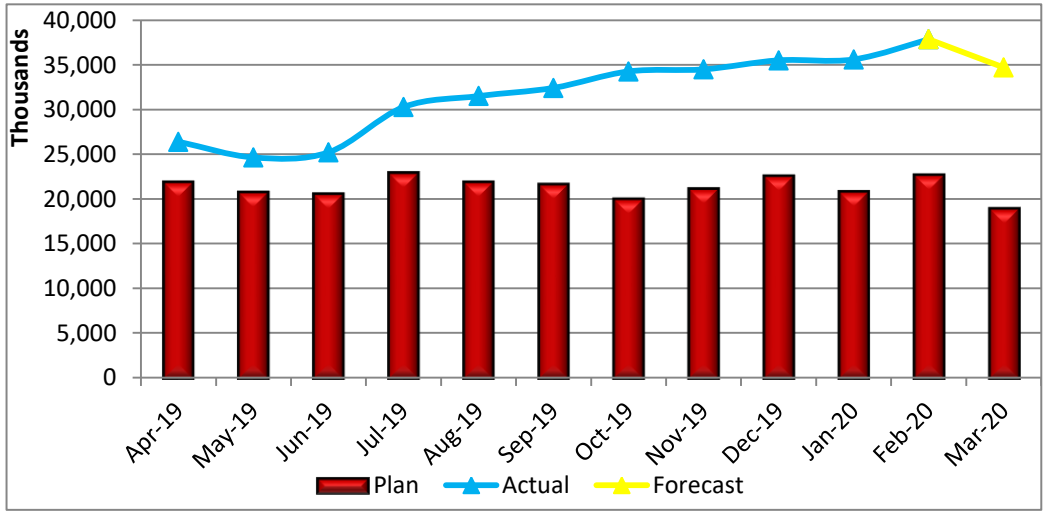
Capital Expenditure 2019 / 2020

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

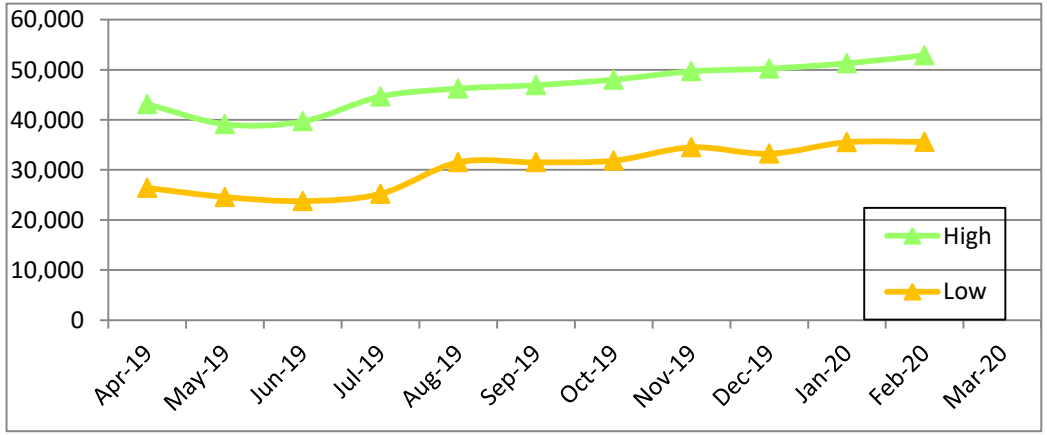
All schemes continue to be reviewed to ensure that they will be delivered in 2019/20. This includes a review of orders placed and ensuring that all work will be complete by 31st March 2020.

Based on this the forecast remains at £6m which means a significant level of spend in March 2020.

3.2 Cash Flow & Cash Flow Forecast 2019 / 2020



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	22,663	37,873	15,210



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.

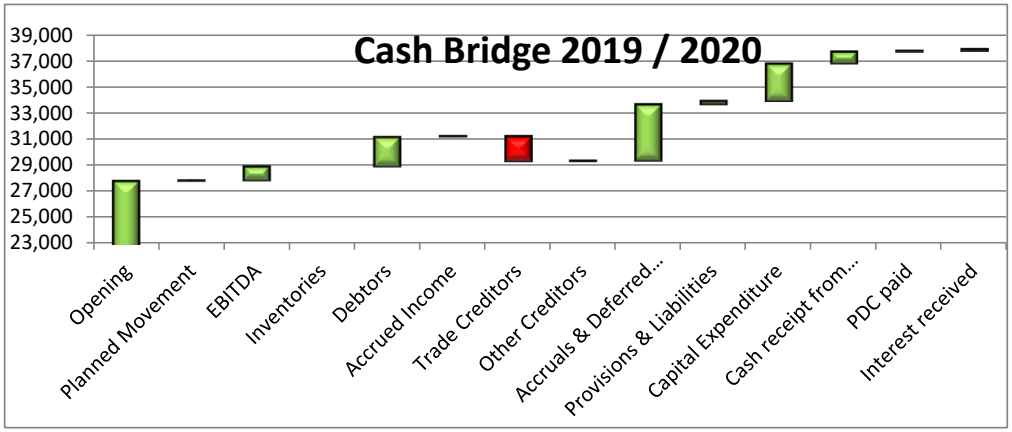
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £52.9m
The lowest balance is: £35.6m

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)	8,289	9,367	1,078	2
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(778)	1,457	2,235	3
Trade Payables (Creditors)	517	(1,331)	(1,848)	6
Other Payables (Creditors)	0	44	44	
Accruals & Deferred income	505	4,818	4,313	4
Provisions & Liabilities	(500)	(247)	253	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(6,713)	(3,871)	2,842	5
Cash receipts from asset sales	0	899	899	
PDC Dividends paid	(1,362)	(1,300)	62	
PDC Dividends received			0	
Interest (paid)/ received	88	214	126	
Closing Balances	**22,663**	**37,873**	**15,210**	



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

Factors which increase the cash positon against plan:

1. The opening cash balance was higher than 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.

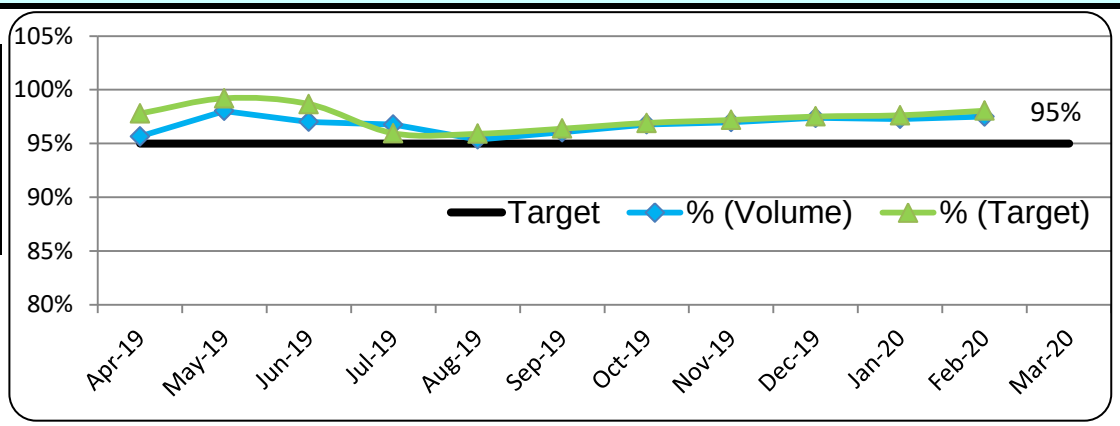
The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

4.0 Better Payment Practice Code

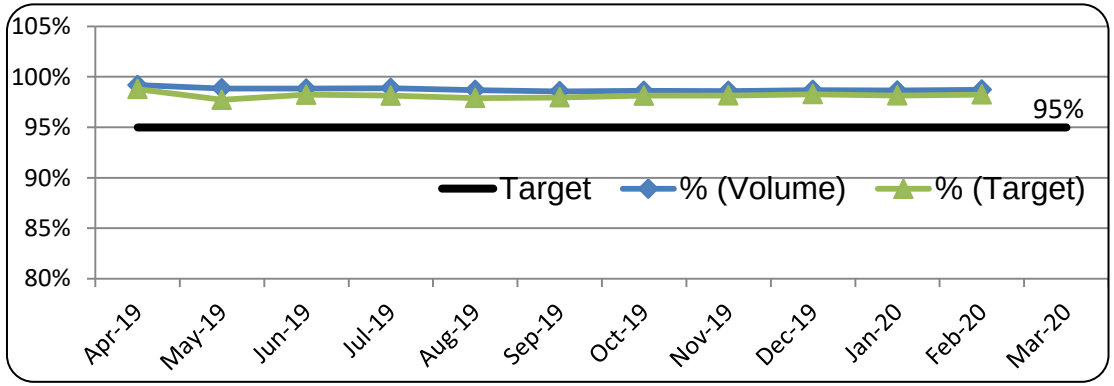
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 January 2020	97%	98%
Year to February 2020	98%	98%



Non NHS	Number %	Value %
Year to January 2020	99%	98%
Year to February 2020	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 (£)
08-Jan-20	Estate Management	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3127965	300,000
07-Feb-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3131070	232,879
03-Feb-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3130630	232,879
04-Feb-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3130584	149,873
18-Feb-20	Property Rental	Wakefield	Assura HC Ltd	3132318	90,000
31-Jan-20	Furniture	Trustwide	Pineapple Contracts	3130451	61,951
28-Jan-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3130084	46,140
29-Jan-20	Computer Hardware Purchases	Trustwide	Dell Corporation Ltd	3130242	46,140
27-Jan-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3130011	44,363
11-Feb-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3131355	42,146
15-Jan-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3128699	41,343
31-Jan-20	Staff Charges	Trustwide	Leeds and York Partnership NHS FT	3130373	38,631
27-Feb-20	Property Rental	Kirklees	Mid Yorkshire Hospitals NHS Trust	3132888	37,977
06-Feb-20	Property Rental	Kirklees	Mid Yorkshire Hospitals NHS Trust	3130994	37,977
24-Feb-20	Property Rental	Barnsley	Dr M Guntamukkala	3132599	35,593
07-Feb-20	Purchase of Healthcare	Out of Area	Cygnet Health Care Ltd	3131110	35,121
13-Feb-20	Computer Software / License Fees	Trustwide	MRI Software EMEA Limited	3131589	32,118
15-Jan-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3128699	28,790
08-Jan-20	Utilities	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3128053	27,552
17-Feb-20	Mobile Phones	Trustwide	Vodafone Corporate Ltd	3131885	27,262
12-Feb-20	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	3131499	27,015
11-Feb-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3131355	26,243
24-Feb-20	Telephone Rental and call charges	Trustwide	Virgin Media Payments Ltd	3132550	25,386

4.2 Glossary

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

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

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

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

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

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

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

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

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

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

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

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

Appendix 2 - Workforce - Performance Wall

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.00%	5.00%	4.90%	4.90%	5.00%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.80%	5.00%	4.50%	5.00%	5.10%	5.20%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	84.20%	91.20%	91.30%	90.90%	91.10%	91.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	70.00%	88.50%	90.00%	93.00%	93.70%	93.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.90%	78.20%	80.40%	77.40%	77.40%	75.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.20%	86.00%	86.20%	84.70%	84.00%	82.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	83.40%	84.10%	85.70%	86.20%	87.60%	87.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.70%	93.10%	93.60%	94.10%	94.30%	95.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.90%	86.20%	88.00%	88.50%	90.00%	88.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.40%	82.90%	81.40%	82.40%	84.10%	79.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.00%	94.50%	93.30%	93.50%	91.90%	89.60%
Information Governance	Resources	Well Led	AD	>=95%	93.70%	93.90%	94.00%	93.70%	88.60%	92.10%
Moving and Handling	Resources	Well Led	AD	>=80%	89.20%	88.60%	88.20%	88.50%	88.50%	89.40%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.40%	92.90%	92.70%	91.70%	91.40%	90.80%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.10%	88.30%	89.40%	89.10%	90.70%	88.50%
Prevent	Improving Care	Well Led	AD	>=80%	82.80%	86.00%	85.90%	88.00%	90.70%	91.60%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.10%	93.70%	93.60%	93.40%	93.70%	94.20%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.90%	90.90%	90.00%	90.10%	90.90%	91.80%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.20%	97.30%	97.40%	97.90%	98.30%	98.30%
Agency Cost	Resources	Effective	AD		£35k	£51k	£36k	£23k	£34k	£39k
Overtime Costs	Resources	Effective	AD		£1k	£3k	£0k	£2k	£3k	£2k
Additional Hours Costs	Resources	Effective	AD		£15k	£16k	£14k	£18k	£14k	£16k
Sickness Cost (Monthly)	Resources	Effective	AD		£130k	£142k	£128k	£144k	£139k	£126k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		100.62	115.96	102.93	100.87	95.61	85.82
Business Miles	Resources	Effective	AD		104k	96k	121k	91k	115k	111k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.20%	4.30%	4.40%	4.60%	4.70%	4.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.40%	5.00%	5.10%	5.80%	5.30%	4.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	83.90%	95.90%	97.90%	98.20%	98.20%	98.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	67.80%	91.50%	92.90%	95.00%	97.00%	97.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.20%	84.30%	81.40%	80.00%	82.70%	84.10%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	81.10%	79.80%	80.40%	80.10%	76.20%	77.40%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.90%	87.50%	88.10%	88.60%	88.60%	89.40%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.90%	91.90%	92.30%	92.10%	92.90%	93.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.20%	87.80%	88.30%	87.60%	87.80%	88.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.10%	76.80%	76.70%	81.50%	82.60%	81.80%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	89.90%	90.40%	90.80%	90.90%	89.30%	88.50%
Information Governance	Resources	Well Led	AD	>=95%	94.50%	94.20%	93.50%	95.40%	94.20%	89.90%
Moving and Handling	Resources	Well Led	AD	>=80%	90.70%	92.30%	92.60%	92.40%	91.10%	90.90%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.20%	94.30%	94.60%	93.60%	93.10%	91.50%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.90%	92.10%	92.90%	92.10%	91.90%	89.10%
Prevent	Improving Care	Well Led	AD	>=80%	80.40%	84.00%	86.30%	88.60%	91.10%	91.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.00%	93.70%	94.00%	94.40%	93.80%	93.90%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	91.00%	91.60%	90.50%	89.30%	90.90%	92.20%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	97.00%	97.20%	96.50%	96.90%	9.50%	97.10%
Agency Cost	Resources	Effective	AD		£124k	£138k	£88k	£124k	£125k	£135k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£0k	£1k		£0k
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£2k	£2k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£94k	£119k	£117k	£134k	£129k	£101k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		98.9	82.88	78.48	71.54	81.1	94.32
Business Miles	Resources	Effective	AD		62k	58k	63k	61k	63k	63k

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

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	7.10%	6.80%	6.70%	6.70%	6.60%	6.50%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	7.00%	5.80%	6.40%	6.40%	5.80%	6.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	83.10%	87.00%	88.20%	89.30%	94.50%	94.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	78.90%	81.80%	86.90%	86.80%	83.30%	84.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.30%	85.10%	84.00%	82.20%	82.40%	84.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.50%	87.40%	85.00%	83.10%	87.50%	87.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.70%	91.00%	91.50%	87.10%	91.30%	93.50%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.90%	92.80%	92.40%	90.40%	91.20%	90.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.00%	89.50%	88.60%	88.70%	88.40%	89.70%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	81.80%	82.60%	83.80%	82.70%	78.70%	78.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.90%	92.40%	92.40%	90.40%	89.30%	88.80%
Information Governance	Resources	Well Led	AD	>=95%	93.90%	91.40%	93.00%	89.50%	88.60%	97.40%
Moving and Handling	Resources	Well Led	AD	>=80%	93.30%	93.10%	92.40%	91.60%	94.40%	94.10%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.80%	91.40%	88.90%	87.80%	90.00%	85.70%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.70%	90.20%	89.10%	86.50%	88.80%	83.70%
Prevent	Improving Care	Well Led	AD	>=80%	82.90%	83.70%	84.40%	86.10%	86.50%	88.20%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.70%	95.10%	95.10%	93.30%	93.40%	94.30%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.40%	88.90%	88.20%	85.60%	85.10%	86.20%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	90.00%	96.80%	96.60%	84.80%	97.00%	96.30%
Agency Cost	Resources	Effective	AD		£70k	£69k	£62k	£71k	£139k	£132k
Overtime Costs	Resources	Effective	AD		£2k	£9k	£2k	£4k	£9k	£64k
Additional Hours Costs	Resources	Effective	AD		£2k	£2k	£0k	£3k	£1k	£6k
Sickness Cost (Monthly)	Resources	Effective	AD		£98k	£81k	£85k	£91k	£80k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		78.86	80.53	75.41	81.04	127.14	128.69
Business Miles	Resources	Effective	AD		10k	8k	12k	8k	29k	26k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.40%	3.50%	3.60%	3.70%	3.60%	3.50%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.20%	4.40%	4.50%	3.90%	2.90%	2.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	74.20%	83.80%	87.80%	89.00%	91.10%	98.30%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	49.60%	59.50%	66.70%	68.00%	80.80%	94.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.40%	78.80%	77.00%	76.10%	71.40%	75.10%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.60%	79.50%	81.60%	79.90%	73.40%	74.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	96.90%	95.00%	93.50%	93.70%	90.70%	87.25%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.20%	86.50%	86.30%	87.80%	88.90%	87.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.50%	79.30%	81.00%	83.40%	87.00%	86.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.20%	59.30%	66.70%	56.00%		100.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.60%	88.70%	87.60%	88.20%	88.10%	86.00%
Information Governance	Resources	Well Led	AD	>=95%	94.30%	93.90%	90.80%	92.90%	81.00%	94.50%
Moving and Handling	Resources	Well Led	AD	>=80%	91.60%	92.60%	93.20%	94.10%	93.50%	92.80%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.70%	91.80%	92.00%	90.80%	89.30%	88.30%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.30%	88.40%	91.40%	91.40%	88.90%	86.50%
Prevent	Improving Care	Well Led	AD	>=80%	79.70%	81.70%	83.70%	86.10%	90.70%	88.20%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.10%	91.60%	89.50%	90.30%	90.80%	91.30%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.40%	89.20%	88.20%	78.00%	79.30%	85.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.00%	94.70%	93.90%	95.90%	96.40%	96.50%
Agency Cost	Resources	Effective	AD		£257k	£281k	£233k	£269k	£21k	£168k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£1k	£2k	£0k	£2k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£9k	£4k	£4k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£22k	£32k	£34k	£32k	£25k	£18k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		89.17	85.78	91.58	86.3	48.93	46.9
Business Miles	Resources	Effective	AD		36k	38k	47k	37k	23k	30k

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

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.40%	4.40%	4.40%	4.30%	4.20%	4.20%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.40%	4.30%	4.20%	3.60%	3.40%	3.60%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	85.30%	93.60%	95.70%	95.60%	96.20%	97.80%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	77.20%	96.30%	97.60%	97.80%	98.00%	98.20%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.00%	82.90%	76.60%	80.90%	78.00%	77.70%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.70%	91.70%	90.90%	87.50%	91.70%	91.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.10%	91.50%	91.10%	91.30%	90.20%	89.10%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.80%	95.40%	91.80%	91.00%	90.50%	91.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.90%	98.50%	97.80%	97.10%	96.40%	96.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.50%	91.80%	91.70%	89.80%	90.90%	91.60%
Information Governance	Resources	Well Led	AD	>=95%	92.90%	93.10%	89.30%	95.10%	92.50%	98.70%
Moving and Handling	Resources	Well Led	AD	>=80%	95.20%	95.80%	95.10%	95.10%	95.70%	95.60%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.70%	99.70%	99.70%	99.60%	99.00%	98.90%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.20%	88.90%	93.80%	94.10%	88.90%	88.90%
Prevent	Improving Care	Well Led	AD	>=80%	98.90%	98.40%	98.00%	97.70%	97.60%	96.80%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.70%	97.70%	97.30%	97.50%	97.10%	96.60%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	97.20%	97.70%	97.50%	97.20%	97.00%	96.80%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Agency Cost	Resources	Effective	AD		£4k	£10k	£12k	£-11k	£5k	£9k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£1k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£12k	£10k	£10k	£11k	£13k	£13k
Sickness Cost (Monthly)	Resources	Effective	AD		£70k	£68k	£66k	£58k	£51k	£51k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		39.08	41.59	38.29	47.19	47.63	41.08
Business Miles	Resources	Effective	AD		25k	30k	32k	35k	21k	31k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.60%	4.80%	4.80%	4.80%	4.80%	4.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.50%	5.80%	5.00%	4.80%	5.10%	4.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	96.00%	96.00%	95.30%	95.90%	95.80%	95.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	66.20%	80.70%	87.20%	93.40%	94.80%	95.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.70%	81.40%	81.80%	82.10%	81.80%	82.20%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.50%	82.20%	82.20%	75.80%	74.60%	74.60%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	83.90%	85.70%	85.90%	86.70%	87.30%	86.70%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.20%	92.90%	94.00%	93.40%	94.20%	94.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.60%	87.70%	88.90%	87.30%	86.00%	87.30%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	89.80%	86.70%	86.70%	91.20%	84.60%	81.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.50%	91.30%	88.80%	90.10%	89.80%	88.40%
Information Governance	Resources	Well Led	AD	>=95%	97.00%	96.70%	93.20%	96.30%	91.60%	99.40%
Moving and Handling	Resources	Well Led	AD	>=80%	90.60%	90.70%	91.50%	91.70%	92.30%	91.70%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.70%	92.90%	91.80%	90.90%	90.90%	88.70%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.50%	91.20%	91.20%	90.80%	91.80%	89.50%
Prevent	Improving Care	Well Led	AD	>=80%	77.10%	79.50%	83.60%	84.50%	86.90%	87.30%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.60%	94.30%	94.00%	93.60%	93.70%	95.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.90%	91.60%	90.40%	90.90%	90.40%	90.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.30%	95.10%	95.40%	95.00%	95.90%	96.00%
Agency Cost	Resources	Effective	AD		£38k	£44k	£40k	£28k	£33k	£33k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£1k	£2k	£2k	£1k
Additional Hours Costs	Resources	Effective	AD		£2k	£3k	£2k	£2k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£41k	£56k	£43k	£37k	£43k	£30k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		34.46	34.58	33.89	36.02	61.8	58.04
Business Miles	Resources	Effective	AD		45k	33k	42k	39k	37k	39k

Appendix 2 - Workforce - Performance Wall cont….

Inpatient Service										
Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	6.00%	6.00%	5.90%	6.00%	6.10%	6.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.40%	6.00%	5.20%	6.90%	6.40%	5.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%		80.00%	80.40%	81.40%	82.20%	89.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%		80.20%	84.30%	87.80%	92.00%	92.70%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.30%	86.80%	86.00%	85.40%	83.20%	83.60%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	85.40%	86.30%	84.90%	84.30%	84.70%	81.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	90.80%	89.20%	85.50%	88.20%	90.60%	87.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.40%	94.80%	95.10%	94.90%	94.70%	93.70%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.40%	84.00%	84.70%	84.80%	82.50%	82.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.60%	74.00%	76.20%	76.20%	75.50%	76.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	91.90%	92.30%	91.50%	90.70%	90.60%	89.40%
Information Governance	Resources	Well Led	AD	>=95%	95.00%	96.00%	96.70%	94.80%	91.80%	99.40%
Moving and Handling	Resources	Well Led	AD	>=80%	94.70%	95.10%	93.60%	94.00%	93.00%	94.30%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	88.10%	90.10%	89.30%	87.50%	87.10%	83.90%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.00%	88.00%	88.30%	86.10%	86.60%	85.40%
Prevent				>=80%	74.40%	80.20%	81.40%	83.90%	88.00%	88.50%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.80%	93.80%	93.90%	94.90%	92.70%	93.10%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.10%	88.90%	84.50%	83.60%	83.60%	82.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.20%	95.80%	96.40%	98.80%	98.20%	97.60%
Bank Cost	Resources	Well Led	AD		£213k	£191k	£237k	£182k	£218k	£176k
Agency Cost	Resources	Effective	AD		£100k	£83k	£101k	£53k	£64k	£64k
Overtime Costs	Resources	Effective	AD		£2k	£1k	£0k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£0k	£0k	£0k	£1k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£48k	£47k	£36k	£53k	£50k	£38k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		60.37	52.41	52.78	43.18	52.8	56.35
Business Miles	Resources	Effective	AD		1k	2k	1k	0k	1k	1k

Glossary

ACP	Advanced clinical practitioner
ADHD	Attention deficit hyperactivity disorder
AQP	Any Qualified Provider
ASD	Autism spectrum disorder
AWA	Adults of Working Age
AWOL	Absent Without Leave
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield
BDU	Business Delivery Unit
C&K	Calderdale & Kirklees
C. Diff	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CCG	Clinical Commissioning Group
CGCSC	Clinical Governance Clinical Safety Committee
CIP	Cost Improvement Programme
CPA	Care Programme Approach
CPPP	Care Packages and Pathways Project
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CROM	Clinician Rated Outcome Measure
CRS	Crisis Resolution Service
CTLD	Community Team Learning Disability
DoV	Deed of Variation
DoC	Duty of Candour
DQ	Data Quality
DTOC	Delayed Transfers of Care
EIA	Equality Impact Assessment
EIP/EIS	Early Intervention in Psychosis Service
EMT	Executive Management Team
FOI	Freedom of Information
FOT	Forecast Outturn
FT	Foundation Trust
FYFV	Five Year Forward View

HEE	Health Education England
HONOS	Health of the Nation Outcome Scales
HR	Human Resources
HSJ	Health Service Journal
HSCIC	Health and Social Care Information Centre
HV	Health Visiting
IAPT	Improving Access to Psychological Therapies
IBCF	Improved Better Care Fund
ICD10	International Statistical Classification of Diseases and Related Health Problems
ICO	Information Commissioner's Office
IG	Information Governance
IHBT	Intensive Home Based Treatment
IM&T	Information Management & Technology
Inf Prevent	Infection Prevention
IPC	Infection Prevention Control
IWMS	Integrated Weight Management Service
JAPS	Joint academic psychiatric seminar
KPIs	Key Performance Indicators
LA	Local Authority
LD	Learning Disability
MARAC	Multi Agency Risk Assessment Conference
Mgt	Management
MAV	Management of Aggression and Violence
MBC	Metropolitan Borough Council
MH	Mental Health
MHCT	Mental Health Clustering Tool
MRSA	Methicillin-resistant Staphylococcus Aureus
MSK	Musculoskeletal
MT	Mandatory Training
NCI	National Confidential Inquiries
NHS TDA	National Health Service Trust Development Authority
NHSE	National Health Service England
NHSI	NHS Improvement

NICE	National Institute for Clinical Excellence
NK	North Kirklees
NMoC	New Models of Care
OOA	Out of Area
OPS	Older People's Services
ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
PbR	Payment by Results
PCT	Primary Care Trust
PICU	Psychiatric Intensive Care Unit
PREM	Patient Reported Experience Measures
PROM	Patient Reported Outcome Measures
PSA	Public Service Agreement
PTS	Post Traumatic Stress
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QTD	Quarter to Date
RAG	Red, Amber, Green
RiO	Trusts Mental Health Clinical Information System
SIs	Serious Incidents
S BDU	Specialist Services Business Delivery Unit
SK	South Kirklees
SMU	Substance Misuse Unit
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plans
SU	Service Users
SWYFT	South West Yorkshire Foundation Trust
SYBAT	South Yorkshire and Bassetlaw local area team
TB	Tuberculosis
TBD	To Be Decided/Determined
WTE	Whole Time Equivalent
Y&H	Yorkshire & Humber
YHAHSN	Yorkshire and Humber Academic Health Science
YTD	Year to Date

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

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

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