

# Integrated Performance Report

## Strategic Overview



**February 2018**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 2018. 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 continue to develop the report such that it can showcase the breadth of the organisation and its achievements, meet the requirements of our regulators and provide 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. As outlined in last month's report, the transformation and priority programme sections are now being reported as a combined section. This report includes matching each metric against the updated Trust objectives. NHS Improvement has issued an updated Single Oversight Framework (SOF) following a period of consultation. A separate paper on these changes was taken to the December Board, with the most significant impact on the Trust likely to be the introduction of a metric relating to out of area beds. It is recognised that for future development, stronger focus on outcomes would be beneficial.

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 three strategic objectives are:

- Improving health
- Improving care
- Improving resources

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

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

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

Summary	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities.

Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Single Oversight Framework metric		2	2	2	2	2	2	2	2	2	2	2	2		2
CQC Quality Regulations (compliance breach)		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		Green
Improve people’s health and reduce inequalities		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Total number of children & young people in adult inpatient wards <sup>5</sup>		0	0	1	1	2	3	2	3	1	2	2	1		1
% service users followed up within 7 days of discharge		95%	98.3%	97.5%	97.3%	93.3%	97.2%	96.1%	94.7%	98.2%	98.2%	97.2%	95.0%		4
% clients in settled accommodation		60%	82.2%	82.5%	82.2%	81.8%	81.7%	80.8%	80.7%	80.5%	80.4%	80.1%	80.4%		4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks <sup>1</sup>		TBA	80.3%			87.5%			86.8%			Due April 18			
Out of area beds <sup>2</sup>		<=100 Green, 101 -199 Amber, >=200 Red	286	357	242	341	362	424	467	412	407	268	613		1
IAPT – proportion of people completing treatment and moving to recovery		50%	45.6%	49.4%	56.4%	52.4%	49.1%	51.3%	53.3%	54.1%	54.5%	50.7%	50.6%		4
Improve the quality and experience of care		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Friends and Family Test - Mental Health		85%	85%	82%	86%	89%	79%	85%	86%	86%	85%	85%	85%		85%
Friends and Family Test - Community		98%	97%	99%	98%	95%	99%	99%	97%	98%	100%	97%	97%		98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) <sup>6</sup>		N/A	18	22	32	29	28	25	29	34	28	34	39		N/A
Safer staff fill rates		90%	110%	111%	103%	112.6%	109%	111.8%	112.9%	115.7%	113.4%	117.1%	117.5%		100%
Number of records with up-to-date risk assessment (MH) <sup>3</sup>			KPI under development												
IG confidentiality breaches		<=8 Green, 9 -10 Amber, >=11 Red	9	12	12	6	10	6	5	12	7	7	10		
% people dying in a place of their choosing <sup>4</sup>			Reporting established from Sept 17					82.6%	90.9%	88.6%	87.5%	94.3%	84.4%		
Improve the use of resources		Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Projected CQUIN Shortfall		£4.2m	£346k	£664k	£842k	£869k	£856k	£856k	£856k	£856k	£136k	£136k	£136k		£185k
Surplus		In line with Plan	£26k	£53k	£95k	£204k	£226k	£6k	£158k	£235k	£551k	£635k	£1186K		£1120k
Agency spend		In line with Plan	£501k	£426k	£500k	£457k	£446k	£435k	£515k	£531k	£430k	£465k	£563K		£6m
CIP delivery		£1074k	£472k	£1024k	£1643k	£2306k	£2950k	£3452k	£4117k	£4815k	£5442k	£6157k	£6816k		£7.5m
Sickness absence		4.5%	4.8%	4.7%	4.7%	4.8%	4.9%	4.9%	4.9%	5.0%	5.1%	5.2%	5.3%		5.2%
Mental Health Act training		>=80%	51.2%	56.9%	70.5%	75.0%	80.3%	81.6%	83.4%	84.7%	86.6%	86.4%	86.0%		85%
Mental Capacity Act Training		>=80%	64.9%	69.6%	78.0%	82.5%	86.1%	87.6%	88.9%	90.3%	91.1%	91.0%	91.1%		90%

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

**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 is a new KPI and is still under discussion with commissioner so may see further developments to this in future months. Recent development of this indicator has taken place in conjunction with commissioners. When first reported in Q1, reporting was against second contact, following review, it is felt that service delivery starts at the first contact and as a result the Q1 figure has been amended to reflect this.  
2 - Out of area beds - this identifies the number of 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 Adult Acute and PICU Mental Health Services only. Whilst there has been improvements the number of days used remains above plan.  
3 - data for this indicator is currently being identified and will be reviewed internally before being included in this report. It is anticipated we will be able to flow this data from October data which will be included in the November report.  
4 - Data is now available for this indicator.  
5 - further detail regarding this indicator can be seen in the National Metrics section of this report.  
6- 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.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

**Lead Director:**

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

The performance information above shows the performance rating metrics for the new Single Oversight Framework which captures Trust performance against quality, finance, operational metrics, strategy and leadership under one single overall rating. The most significant reasons for the Trust to be rated as 2 were relates to our 16/17 agency expenditure performance and our financial risk.

Areas to Note:

**Quality**

- CQC inspecting core services during March – a range of visits have taken place to inpatient wards and community services.
- 122 data information requests received following the visits with more anticipated.
- Safer Staffing - Overall fill rates for all inpatient areas remain above 90%; Overall fill rates of 117.5% in February
- All safeguarding staff providing Prevent Training – over 90% of staff have attended
- 360 Assurance have undertaken an internal audit of our mortality process – the report is awaited
- Infection Prevention Control Surveillance - 3 cases of C difficile to date and all deemed unavoidable.
- Incident reporting levels remain within range however the serious incident levels are subject to review
- An increase in falls linked to one service user in medium secure. Investigations and harm minimisation in place

**NHSI Indicators**

- The Trust continues to perform well against the vast majority of nationally reported measures
- Improving Access to Psychological Therapies – proportion of people moving to recovery for the month of February is currently just over the 50% threshold but is yet to be finalised. It is anticipated that the threshold of 50% will be maintained
- The total number of bed days used by Children and Younger People in Adult wards has reduced to 28 during the month and relates to 1 service user admitted to the Horizon centre in November 2017 who remains an inpatient.

**Locality**

- Within Barnsley we are working with our partners on the development of new model of care for stroke services
- New Musculo Skeletal (MSK) service is on track to go live from April
- High pressures on many inpatient wards given occupancy acuity levels
- Increased focus being applied to the recording of supervision
- A CQC visit in conjunction with Prison Inspectorate has taken place in Wetherby. Very positive feedback regarding level of service, support to prison personnel and integrated working with Leeds Community Health.
- On call in CAMHs remains a key concern for staff. Developmental work continues with regard to an all-age psychiatric liaison team model with the intention of ensuring safer and more sustainable 24/7 crisis resolution delivery

**Priority Programmes**

- The mental health clinical record system programme is now in the co-design phase of the project and is on track with key milestones.
- Business case for Older Peoples Service Transformation is progressing and work continues with the community workforce model to ensure new roles are an integral part of the model design
- Action plans are in place for the flow and out of area beds project to reduce immediate out of area expenditure and sustainability plans are being developed to reduce people being placed out of area.

**Finance**

- Pre-STF surplus of £0.6m generated in February driven by a gain on disposal of £350k, pay savings and an agree to refund some bespoke care costs
- Cumulatively there is now a pre STF surplus of £1.2m, which is ahead of plan, largely through non-recurrent means
- In-month out of area bed costs were the highest of the year at £373k meaning the year-to-date overspend is now in excess of £1.9m.
- Agency costs also increased to £563k in the month with increasing acuity on inpatient wards a key factor. Year to date agency costs are 41% lower than last year and remain a little below our cap.
- CIP delivery of £6.8m is £0.7m lower than plan
- Achievement of the year-end control pre STF total of £1.02m is more likely given the benefits from the gain on disposal of the former Castleford & Normanton District Hospital
- Cash is ahead of plan at £25.5m due to the timing of capital expenditure and asset disposal receipts. It will reduce by the end of the year.

**Workforce**

- Sickness absence has reduced slightly to 5.8% in February taking the cumulative level of absence to 5.3%, which remains higher than the target of 4.5%
- Information Governance training compliance is 95.7% and is now therefore above the 95% threshold.

## Quality Headlines

Work has been undertaken to identify additional quality metrics, some of these are under development and are likely to be in place by the end of quarter 1. For the new indicators where historic data is available, this has been included. These indicators can be used to measure progress against some of the Trusts quality priorities for 2017-18.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safe	TB	6	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	1	0	0	4
C-Diff	C Diff avoidable cases	Improving Care	Safe	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	14% 23/168	7% 12/162	18% 28/158	12% 23/195	20% 13/63	14% 11/77	24% 19/77	24% 18/73	16% 9/58	22% 11/50	3% 2/69	13% 7/56	9% 4/43	17% 13/76	18% 13/72	19.8% 43/217	18.2% 38/208	7.7% 13/168	4
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	72%	71%	71%		85%	82%	86%	89%	79%	85%	86%	86%	85%	85%	85%	84%	84%		2
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	99%	97%	99%	98%	95%	99%	99%	97%	98%	100%	97%	97%	98%	98%	98%	4
	Total number of reported incidents	Improving Care	Safety Domain	TB	N/A	3509	3405	3293	2946	848	1023	978	1083	1084	897	995	993	969	1120	1113	2849	3064	2957	N/A
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available)	Improving Care	Safety Domain	TB						15	16	26	20	24	14	21	20	17	26	31	57	58	58	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available)	Improving Care	Safety Domain	TB	N/A	10	19	19	20	1	0	2	3	1	4	1	5	3	2	3	3	8	9	N/A
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available)	Improving Care	Safety Domain	TB	N/A	73	79	73	84	2	6	4	6	3	7	7	9	8	6	5	12	16	24	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	16.8%	17.7%	Data not avail	18.70%	15.8%	13.0%	25.7%	24.2%	23.3%	25.3%	17.5%	15.3%	16.7%	20.8%	20.6%	18.2%	24.3%	16.5%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%					110%	111%	103%	112.6%	109%	111.8%	112.9%	115.7%	113.4%	117.1%	117.5%	109%	111.1%		4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%					109.7%	109.7%	100%	96.5%	91.2%	94.5%	99.5%	101%	96.6%	99.9%	97.6%	107%	94.1%		4
	Number of pressure ulcers (attributable)	Improving Care	Safety Domain	TB	N/A	98	95	78	86	27	25	30	32	31	29	16	26	29	45	29	82	92	71	N/A
	Number of pressure ulcers (avoidable)	Improving Care	Safety Domain	TB	0	1	4	3	2	0	1	1	0	1	0	1	1	0	2	0	2	1	2	3
	Complaints closed within 40 days	Improving Health	Responsive	TB	80%					28% 11/39	10% 2/20	24% 6/25	0% 0/18	10% 2/18	11% 2/12	17% 0/18	0% 4/20	0% 0/5	2% 2/6	8% 2/26	12.7% 8/63	12% 6/50	9.3% 4/43	1
	Referral to treatment times	Improving Health	Responsive	KT/SR/CH	TBC																			
	Un-outcome appointments	Improving Health	Effective	KT/SR/CH	TBC																			
	Number of Information Governance breaches	Improving Health	Effective	MB	<=8	36	25	29	36	9	12	12	6	10	6	5	12	7	7	10	33	22	24	N/A
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	79.26%	N/A	80%												74%	75%	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	N/A	65.19%	N/A	66%												60%	64%	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	Data not avail until Oct 16.		141	81	19	44	18	33	45	35	56	33	59	20	23	81	113	148	N/A
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	Number of Duty of Candour applicable incidents	Improving Health	Caring	TB	N/A	73	86	83	86						244						154			N/A
	Duty of Candour - Number of Stage One exceptions	Improving Health	Caring	TB	N/A	Reporting established from Oct 16		0	2	2	0	2	3	1	4	3	3	3			4	8	9	N/A
	Duty of Candour - Number of Stage One breaches	Improving Health	Caring	TB	0	Reporting established from Oct 16		0	1						3						1	2	3	
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	KT/SR/CH	80%	85.6%	85.0%	83.0%	85.2%	85.2%	85.0%	85.5%	85.0%	85.3%	85.6%	81.4%	85.4%	85.0%	85.2%	85.1%	85.2%	85.6%	85.0%	4
	% of prone restraint with duration of 3 minutes or less	Improving Care	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16	79.7%	75.6%	66.3%	68.40%	75.70%	75%	77%	80%	80%	79%	69%	82%	70%	80.6%	75%	80%	77%	4
	Delayed Transfers of Care <sup>10</sup>	Improving Care	Effective	KT/SR/CH	7.5% 3.5% from Sept 17	2.2%	2.6%	3.1%	2.7%	1.9%	1.7%	1.1%	1.7%	2.8%	2.8%	2.70%	2.4%	2.9%	3.9%	3.4%	1.6%	2.3%		4
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/CH	TBC																			
	No of staff receiving supervision within policy guidance	Improving Care	Well Led	KT/SR/CH	80%																			
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	162	158	136	95	38	52	49	39	54	46	41	43	66	40	75	139	139	150	
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A																			

\* See key included in glossary

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

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

3 - The IG breach target is based on a year on year reduction of the number of 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.

6 - This is the year to date position for mental health direct unoutcome appointments which is a snap shot position at a given point in time. The increase in unoutcome appointments in April 17 is due to the report only including at 1 months worth of data.

7 - This shows the clinical staff on bands 5 and above (excluding medics) who were employed during the reporting period and of these, how many have received supervision in the last 12 months. Please note that services only been fully using the system since December 2016.

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

9 - Incidents may be subject to re-grading as more information becomes 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 Trusts contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

11 - The figures reported for February 18 are as at 15th March 2018 for the period 01/01/18 - 15/03/18.



## Quality Headlines

During 2017/18 the Trust undertook some work to develop the key quality measures. There are a small number that require additional development, particularly relating to CAMHS Referral to Treatment waiting times. For which some national guidance is awaited.

As part of the Trust's ongoing review of quality, additional metrics have been identified for reporting in 2017/18 relating to:

- Number of records with up to date risk assessment - the data for this is being identified using Sainsbury's level 1 risk assessment. This metric will also allow the Trust to track improvement required within data quality plan. It is anticipated reporting will commence from April 18 - data is currently being reviewed and validated.
- Complaints closed within 40 days - The Trust takes complaints about services very seriously and wants to ensure a response that resolves the issues raised. The Trust is committed to learning lessons from feedback recognising the valuable opportunity to reflect on the care offered and use this as a means of improving.

The Trust adopts an approach to complaints and feedback that promotes resolving issues at service line wherever and whenever this is possible. The customer service team maintain central oversight and management of the complaints process with support offered to service colleagues.

The quality of the Trust's resolution of complaints is under review. The current process involves investigators, general managers, service directors, nursing and medical directors as appropriate and the Chief Executive. Given the number of people involved, this can result in delay in offering a response, often exceeding the internal 40 day target. The 40 day target was set by the Trust and is much more ambitious than the national six month target set under NHS complaint regulations.

The purpose of the review is to increase ownership of issues at service line and promote a more timely response to the complainant. The Director of Nursing and Quality is leading on this work which is being taken forward through the Operational Management Group. The intention is to introduce steps to ensure service involvement as soon as possible when issues are raised and scrutiny of completed investigation toolkits by Trios before they are returned to Customer Services. Draft responses will then be prepared in Customer Services. Drafts will be reviewed by Trios to ensure all clinical issues are identified and addressed and that the investigation has provided sufficient information to enable a full response. Deputy district directors will then review and sign off the draft response, with a final (edited if required) version shared with the Chief Executive for review and signature. In light of the service developments the 40 day target has been suspended until 1st April 2018, when additional targets will also be included to demonstrate performance of the complaints management process.

- Number of pressure ulcers (attributable) - The number of pressure ulcers developing in patients on the Trust caseload has increased to 45 during the month of January. The increase is linked to the number of vulnerable patients under the care of the Trust during this period and an increase in the number of outbreaks of diarrhoea and vomiting infections in care homes which would contributed to the breakdown of the skin. Also ill health due to viral infections in community, where the vulnerable are less mobile, developed chest infections and more likely to spend longer periods of time in bed. January has been a challenging period for all community teams.

- % of prone restraint with duration of 3 minutes or less - The number of restraint incidents occurring over 3 minutes during February 17 has decreased compared to last month and is now reporting over the 80% threshold at 80.6%. This relates to 6 incidents out of 31 being for 3 minutes or more. All had cogent reasons for restraint. Training is provided giving alternatives to the use of prone restraint and why they are preferable. If prone restraint is used, staff must clearly identify why alternatives could not be used. This allows for staff reflection on the potential use of alternatives. Length of time in prone restraint can be accurately measured in Datix against the target of less than 3 minutes duration. The range of actual prone restraints over 3 minutes has been 4 – 9 in any one month in last 6 months. Because the overall numbers of prone restraints are usually relatively small, the percentage is always liable to be affected greatly by 1 or 2 extra as, for example, August recorded only 4 restraints above 3 minutes, giving a total 86.2% below 3 minutes, September had one more (5) but because there were actually 9 less prone restraints in total – the figure less than 3 minutes drops by 10% to 76%.

- Number of restraint incidents - January 2018 had seen a spike in reported incidents. On review of the data, 46% of the incidents were attributed to 3 wards: horizon (learning disability), Walton (psychiatric intensive care unit) and priory 2 (adults acute mental health). 9 individuals accounted for 84 of the incidents or 40% of the total. These individuals all have positive behaviour support plans in place or in the process of having one created. February 2018 data shows a reduction in incidents during the period and continues to be monitored.

- NHS Safety Thermometer - Medicines Omissions – This only relates to Inpatient areas in Calderdale, Kirklees and Wakefield. SWYPFT has been focusing on reducing medication omissions on in-patient areas for the past 3.5 years. The Mental Health Safety Thermometer's national data has shown that the trust has been an outlier when benchmarked to other mental health/combined trusts. The national average for medication omissions on in-patient units is currently at 16%, SWYPFT has been around the 24% mark, however there has been a concerted effort to identify specific medication omissions in given clinical scenarios over the past year. At Quarter 3 the average for SWYPFT was 16.5%. February 2018 position has decreased slightly to 20.6. Analysis of the data has been undertaken and has found the adult wards have shown an improvement but the older peoples wards have shown a deterioration across all worsened. This appears to be linked to the acuity levels on the wards and the response to winter pressures. The biggest reason for medicine omissions remains refusal by the service user.

- Duty of Candour - Number of Stage One breaches - 3 breaches reported to end January 2018. This relates to one in the Kirklees BDU where a verbal apology was given on day 14 and the service user declined a letter of apology from the Trust. 2 in the Wakefield BDU - 1 related to a patient who fell on Stanley ward and 1 related to Older People CMHT where the apology took place outside the required timeframe. The guidance for duty of candour stipulates that apology should be made within 10 days.

- Number of Falls (inpatients) - reported falls in February has increased to 75. Forensic BDU have seen the largest increase of incidents this month and this is attributed to one service user (23 fall incidents) who is currently under a lot of medical investigations to identify the root cause. The increase in falls relates to one person. There is a robust harm minimisation plan in place to increase observations and support the person's physical health. The plan also includes a series of physical health investigations and liaison with Specialist Advisors. The service plans to undertake a peer review of this case. Appropriate interventions are being undertaken by staff involved in the care of this individual to reduce risk.

- Friends and Family Test - Community - the Trust have set a local stretch target of 98% for this indicator. This has been set based on historic performance. The Trust regularly reports above this level and benchmarks well with comparable organisations. The slight drop below this level during February 2018 relates to receipt of a high number of returns from the Children's Immunisation Team, where a couple of respondents stated they were unlikely to recommend due to their injection being painful.



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## Safety First

### Summary of Incidents during 2017/18

	Q1 17/18	Q2 17/18	Q3 17/18	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Total
Green no harm	1765	1893	1774	537	625	603	662	670	561	607	587	580	665	633	6730
Green	782	854	824	228	286	268	317	295	242	271	264	289	337	344	3141
Yellow	226	229	262	66	86	74	77	88	64	85	102	75	86	101	904
Amber	57	59	63	14	18	25	18	25	16	21	28	14	23	29	231
Red (should not be compared with SIs)	19	29	34	3	8	8	9	6	14	11	12	11	9	6	97
<b>Total</b>	<b>2849</b>	<b>3064</b>	<b>2957</b>	<b>848</b>	<b>1023</b>	<b>978</b>	<b>1083</b>	<b>1084</b>	<b>897</b>	<b>995</b>	<b>993</b>	<b>969</b>	<b>1120</b>	<b>1113</b>	<b>11103</b>

\* incidents may be subject to re-grading as more information becomes available

- 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 may increase the number of red incidents whilst causes of death/circumstances are clarified.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
- See <http://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report.
- No never events reported in Feb 2018

The information comes off a live system so is accurate at the time the report is ran but is subject to changes following review by managers. This data set cannot be replicated at a future date as it will change.

### Summary of Serious Incidents (SI) by category 2017/18

	Q1	Q2	Q3	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Total
Administration/supply of medication from a clinical area	0	1	1	0	0	0	1	0	0	0	1	0	0	0	2
Death - cause of death unknown/unexplained/ awaiting confirmation	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1
Death - confirmed related to substance misuse (drug and/or alcohol)	1	0	1	1	0	0	0	0	0	0	1	0	0	0	2
Fire / Fire alarm related incidents	1	1	0	0	0	1	1	0	0	0	0	0	0	0	2
Formal patient absent without leave	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1
Illegal Acts	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Informal patient absent without leave	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1
Information disclosed in error	1	1	2	0	1	0	0	0	1	0	2	0	0	0	4
Self harm (actual harm)	2	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Self harm (actual harm) with suicidal intent	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Suicide (incl apparent) - community team care - current episode	4	10	13	1	1	2	5	2	3	4	4	5	2	3	32
Suicide (incl apparent) - community team care - discharged	0	2	2	0	0	0	1	0	1	1	0	1	0	0	4
Suicide (incl apparent) - inpatient care - current episode	0	0	1	0	0	0	0	0	0	0	1	0	1	0	2
Vehicle Incident	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Homicide by patient	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Physical violence (contact made) against other by patient	1	1	1	0	0	1	0	0	1	1	0	0	0	0	3
Pressure Ulcer - grade 3	1	1	3	0	0	1	1	0	0	1	1	1	1	0	6
Physical/sexual violence by other	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>Total</b>	<b>15</b>	<b>18</b>	<b>26</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>11</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>67</b>

### Mortality

- The Trust's Learning from Healthcare Deaths information is now reported through the quarterly incident reporting process. Reports are available on the Trust website when approved by Trust Board. These include learning to date. Mortality is being reviewed and learning identified through different processes:
- Serious incidents and service level investigations – learning will be shared in Our Learning Journey report for 2017/18
- Structured Judgement Record Reviews – 8 cases have been completed for Q1 and Q2 cases. Due to small numbers to date, it is difficult to identify any themes. Of note, in 5 of the 8 cases, the overall care was rated as good (4) or excellent (1). The learning from healthcare deaths report includes examples of areas for improving practice identified by the reviewers, and also good practice examples. These will be developed into themes as more reviews are completed. See the following link for further information <http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/>

- Internal audit are undertaking a review of our mortality process – the report is due at the end of February 2018
- A review of the Learning from Healthcare Deaths policy will be done to take into account feedback from the audit findings. Any comments on the policy are welcomed to feed into the review process via [risk@swyt.nhs.uk](mailto:risk@swyt.nhs.uk)
- 360 Assurance have undertaken an internal audit of our mortality review process. Our process received significant assurance.

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## Safer Staffing

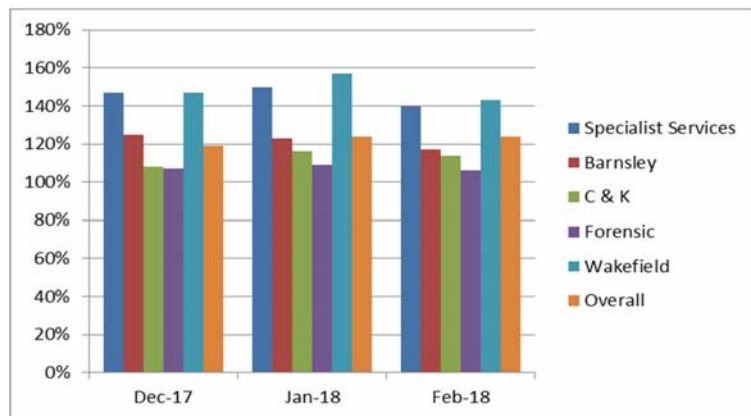
**Overall Fill Rates: 117.5%**

**Registered fill rate: (day + night) 97.6%**

**Non Registered fill rate: (day + night) 137.8%**

Overall fill rates for staff for the all inpatient areas remain above 90%.

### BDU Fill rates - Nov 17 - Feb 18



Unit	Dec-17	Jan-18	Feb-18
Specialist Services	147%	150%	140%
Barnsley	125%	123%	117%
C & K	108%	116%	114%
Forensic	107%	109%	106%
Wakefield	147%	157%	143%
Overall	119%	124%	124%

### The figures (%) for February 2018

#### Registered Staff:

Days 90.8 (decrease of 4.0 on January)

Nights 104.4 (decrease of 0.4 on January)

#### Registered average fill rate:

Days and nights 97.6 (decrease of 2.2 on January)

#### Non Registered Staff

Days 133.0 (increase of 1.8 on January)

Nights 142.6 (increase of 4.9 on January)

#### Non Registered average fill rate:

Days and nights 137.8 (increase of 4.9 on January)

**Overall average fill rate all staff:** 117.5 (increase of 0.4 on January)

Overall fill rates for staff for the all inpatient areas remain at 90%

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## Safer Staffing cont...

### Summary

For the sixth consecutive month, no ward fell below a 90% overall fill rate in February. Of the 30 inpatient areas listed 20 (66%) achieved greater than 100%. Indeed of these 20 areas, 9 achieved greater than 120%.

Registered On Days (Trust Total 90.8%)

There has been an increase in the number of wards that have failed to achieve 80% registered nurses, four wards in all (13.2%) compared to two (6.6%) in January. Chippendale has increased to 74% (+12.0%), Priestley has decreased to 69.6% (- 23.4%) which can be attributed to sickness and supporting other areas within their BDU, Chantry Unit has increased 78.6% (+3.6%) and Ward 19 has decreased to 78.2% (-7.5%)

Registered On Nights (Trust Total 104.8%) There are various interventions we consider when 80% is not achieved, including altering the skill mix to cover registered staff shortfalls with non-registered staff, moving peripatetic staff onto that area, block booking bank/agency staff if it is an ongoing issue and if necessary, supporting the areas with a staffing continuity escalation plan.

The number of wards which are achieving 100% and above fill rate on nights remained at 70% (21 wards) for the second consecutive month. No ward fell below the 80% registered nurse threshold which is a decrease of one. Average Fill Rates for Barnsley BDU decreased by 6% to 117%. Calderdale and Kirklees BDU were 114%, a decrease of 2%. Forensic BDU were 106% with a decrease of 3%. Wakefield BDU were 143% with a decrease of 14%. Specialist services were 140% with a decrease of 10%.

Despite the achievement and above of expected fill rates, significant pressures remain on inpatient wards due to demands arising from acuity of service user population. This is particularly apparent in PICU in Wakefield where additional duties such as special observations and 2 staff to 1 service user observations are being used. Measures have been taken to support the ward team with bank, agency and off ward staff during this period.

Centralised values-based staff recruitment continues. Most recent assessment centre resulted in job offers to 8 x band 5 staff nurses and 36 x bank band 2 health care assistant posts.

Recent analysis of additional ward duties has shown a significant demand placed on wards over and above usual staffing establishments. These additional duties were for clinical reasons only and requested in response to increased clinical acuity and demands on staff. Additional duties included special observations of service users, escorting inside and outside of ward, seclusion, special needs and enhanced care packages.

### Information Governance

There were 10 confidentially breaches reported during February 18. Each incident is being investigated and corrective actions will be taken where required. A breakdown of the incidents can be seen below:

- 9 incidents of data being disclosed in error, largely due to documents being emailed or posted to the wrong address.
- 1 incident of sensitive personal data being lost from a vehicle that had collected confidential waste from a Trust site.

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## Commissioning for Quality and Innovation (CQUIN)

For 2017/18, the CQUIN schemes are part of a national two year scheme. A number of the indicators work across partner organisations and collaboration will be required. The national CQUIN indicators on improving the health of our staff, and Physical Health for people with Severe Mental Illness are retained from the 2016/17 scheme and new indicators for the Trust are:

- Preventing ill health by risky behaviours – alcohol and tobacco
- Child and Young Person MH Transition
- Improving services for people with mental health needs who present to A&E

A Trust lead for each of these indicators has been identified, work continues to review the indicators in conjunction with the commissioner and work streams have been established with representation from commissioner and acute trust partner organisations where indicators span across providers requiring joint working. Progress on this is being monitored via the Trust CQUINS leads group.

Risks in performance currently relate to:

- Improvement of health and wellbeing of NHS Staff and are linked to the requirement to achieve a 5% increase in specific questions in the staff Health & Wellbeing survey, the baseline is currently very high and to achieve this would mean that SWYPFT would be one of the best in the country.
- Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)
  - o Part a is reliant upon the result of national audit data which will be available in Q4. All elements of a record being audited need to achieve the standard, if all not achieved, this results in a fail for the whole record.
  - o Part b – results for Q4 achievement dependant on local audit reviewing success of sharing and exchanging information. Audit will be across multiple organisations, SWYPT process robust but cannot guarantee others will be.
- Risky Behaviours – the Trust had reported some under performance in Q2 against national thresholds. There has been a significant amount of work linked to these indicators, the guidance is ambiguous. Further work has been undertaken on reviewing the specific cases that did not meet the Q2 requirements. For the West, the Trust had found mitigating evidence meaning that the indicator had been achieved and this has now been agreed with the commissioner which reduced the loss of income. Q3 position was achieved across the board and Q4 is forecast to achieve.
- A&E Attendance for people with Mental Health problems – The Trust has actioned as much as possible, Q4 results are dependent upon achieving a 20% reduction in attendances compared to 16/17 baseline.

Forensic services will continue with the national forensic scheme, this will include 2 indicators, both of which the indicators are a continuation of the 2016/17 scheme:

- Recovery colleges for medium and low secure patients
- Reducing restrictive practices within adult low and medium secure services.

NHSI has confirmed the 0.5% CQUIN risk reserve can now be recognised. The full year forecast is for a £185k shortfall in achievement. The Trust will be undertaking the Q4 submission at the end of April.

As the national CQUIN indicators are part of a two year scheme, work is taking place to prepare for the 18/19 requirements which are an extension of 17/18 requirements.

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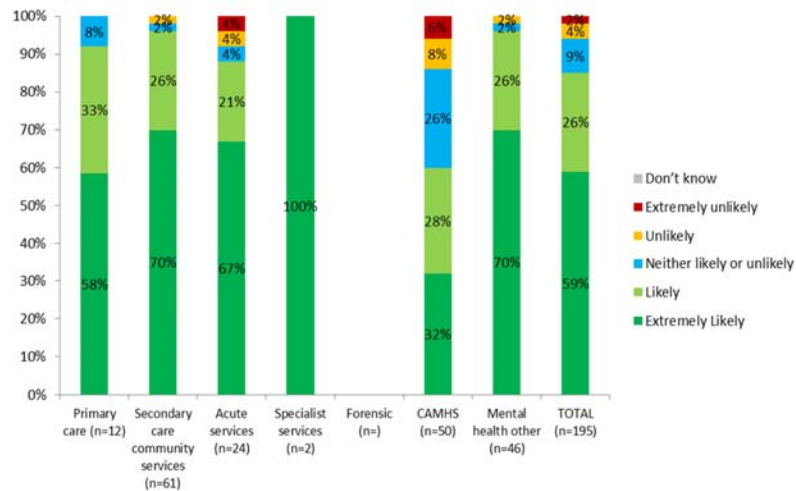
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## Patient Experience

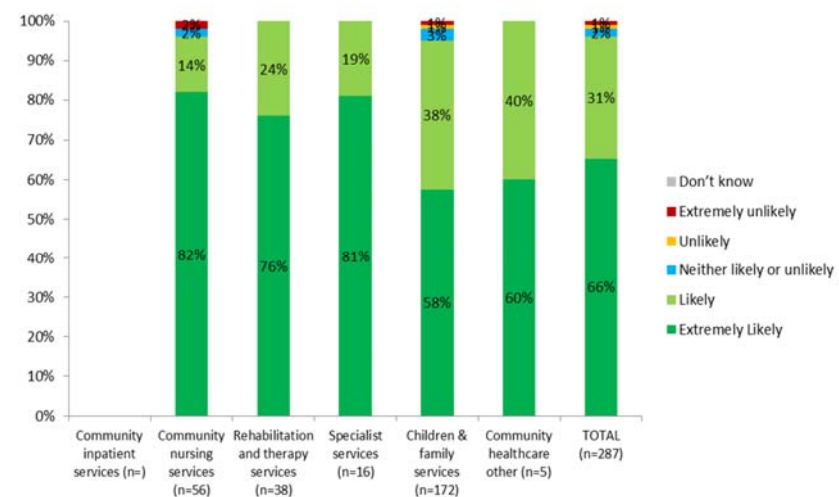
### Friends and family test shows

- Community Services – 97% would recommend community services.
- Mental Health Services – 85% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 32% (CAMHS) and 100% (Specialist services)
- Small numbers stating they were extremely unlikely to recommend.

#### Mental Health Services



#### Community Services



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## Care Quality Commission (CQC)

### CQC action plan – CQC – rating Green

The majority of the actions from previous CQC visits are now complete although a few outstanding areas remain as outlined in previous IPR updates. We are in the process of having some of our core services re-visited and as a result will be developing a new action plan to meet any 'must' and 'should' do's identified from these visits.

### CQC Inspection 2018 visits

CQC commenced their inspections of our core services on Tuesday 6th March. These visits initially focussed on our inpatient wards for working age adults with mental health problems and PICUs, the Horizon Centre and several of our wards within our Forensics service. These visits typically lasted for three days. However, CQC had to return to Forensics for a further two days because of the weather implications and they returned to undertake a further two day visit to our Wakefield inpatient mental health wards and PICU on Wednesday 14th March. We also received three day visits to our CAMHS services, Community Learning Disabilities and Community Adult Mental Health Teams which commenced from Tuesday 12th March. Our Forensic CAMHS team was also visited during this period. We are not expecting any further core service visits at this time but CQC may return at any time if they wish to act on any new information or collect further evidence from their initial visits.

### CQC reporting arrangements

When we held our recent engagement meeting with CQC, they explained that there will be some changes to the way reports are completed following core service inspection visits. The core service visit reports will now be included within the well-led review report that we should receive within three months of our well-led review. Core services will get individual ratings which are then aggregated and influence the well-led rating. In the interim period teams that have been visited will receive a brief summary of the CQC initial findings. Our inpatient mental health wards and the Horizon Centre team have already received this CQC feedback from their visits which included positive findings and areas for improvement. We are advising that teams keep a record of any comments from this feedback for future reference as we will be given the opportunity to challenge any factual accuracy comments when we receive our core service and well-led inspection reports.

### Additional data requests

We are receiving additional data information requests following the core service visits. When we met with CQC at our engagement meeting they explained that additional data requests should be kept to a minimum as most of the information required should have been obtained during the core service visit. So far CQC have made 122 data information requests following the current visits. As yet we have not received any requests for additional information following the visits to our Community Learning Disabilities and Community Adult Mental Health Teams and are anticipating these may be made within the next week.

### Well-led review

In preparation for our well-led review a number of service user and carer engagement events have now been conducted. We have also been making arrangements for the well-led interviews that will be taking place as part of the well-led review. We have submitted information to the CQC about the key individuals who will be attending these interviews and they have confirmed they are satisfied with these proposals. We are in the process of confirming the interview schedule details with the relevant individuals identified.

### Registration activity

We continue to keep CQC notified about any planned changes to our services that may impact on our registration. We recently paid a small fine to the CQC as a result of a fixed penalty notice being issued. This is in relation to a registration condition whereby providers' services must be run from specified locations. It was not issued in relation to the quality of care being provided.

### General

The Trust was included in the recent CQC publication 'Driving improvement'. We were referenced as an organisation that had demonstrated significant improvements recently in quality and safety.

A CQC focussed inspection of Ward 18 in December 2017 found that:

All patients were protected from potential harm and abuse. Patients' individual needs were met through timely risk assessments that were reviewed and updated regularly. The service had enough staff with the right training and support to deliver safe care and treatment. Regular assessment of environmental risk ensured facilities and equipment were safe for patients and staff. The ward complied with the Department of Health's national guidance on eliminating mixed-sex accommodation. Both men and women had separate corridors and bathroom facilities. The ward also had separate lounges for men and women.

We recently paid a small fine to the CQC as a result of a fixed penalty notice being issued. This is in relation to a registration condition whereby providers' services must be run from specified locations. It was not issued in relation to the quality of care being provided.

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## Safeguarding

- All staff in the safeguarding team are now delivering Prevent training. Extra training sessions being facilitated throughout the organisation to enable more practitioners to attend and the target has been met; over 90% of staff have attended the training. The team continue to deliver to individual teams trust wide. The team have promoted the prevent e-learning package to further support the workforce.
- Safeguarding adult's forum and safeguarding children's forum have been merged to further embed the think family agenda into practice.
- The team are continuing to work working towards achieving the "Domestic abuse Quality assurance mark" this will be a trust wide project.
- Safeguarding conference has been set up SWYPFT safeguarding team, at Fieldhead on 9th April , this is an all-day event with external speakers, focusing on CSE, human trafficking, FGM/Honour based violence and radicalisation.
- Safeguarding team have been looking at the option of offering mandatory training via webinar, a demonstration was attended by acting named nurse

## Safeguarding Children

- Safeguarding advisor is contributing to an LLR in Wakefield
- Acting named nurse is involved with WDSCB suicide review
- Continued multi-agency working, safeguarding nurse advisor has completed a CSE/Gangs Audit for Calderdale.
- The safeguarding children nurse advisor attended a practitioner event that was arranged following a SCR, in response

## Safeguarding Adults

- Multi-agency working, continues with Kirklees, they have appointed a safeguarding consultant, his role is to work with CMHTs to ensure that processes are followed when carry out section 42 enquiries. This has had a positive impact and he is working well with team managers.
- A part time seconded practitioner is in post to support the safeguarding adult's specialist advisor.
- Management of violence and aggression team (MAV) are now part of the directorate and working alongside the safeguarding team.
- In response to concerns raised by the CQC in relation to seclusion and reducing restrictive Interventions, MAV team and safeguarding, together with the practice governance coach carried out an investigation. They reviewed all seclusion data against RiO records and Datix for Stanley ward for 2018 and found that staff were utilising appropriately and applying least restrictive practice.
- Specialist advisor for safeguarding adults is currently leading on a Serious Investigation and contributing to a Safeguarding Adult Review and a Domestic Homicide Review

## Infection Prevention Control (IPC)

Surveillance- 0- MRSA Bacteraemia and 0 MSSA Bacteraemia

3 cases of C diff to date (Barnsley BDU) all presented at PIR group (post infection review) and deemed unavoidable (presently trajectory of 6 for BBDU).

3 E.coli bacteraemia.

SWYFT are dedicated to the reduction of E.coli bacteraemia and have committed the CCGs Health and Social Care economy reduction plans (lead by the CCGs).

Annual IPC Action Plan has progressed well and is on track to achieve all but one objective. One objective is rated as red (not achieved and Annual Audit Plan- progressing well), no areas at risk of non-completion. The annual antibiotic audit has been cancelled for this year (2017/18) and this decision was agreed by the Drugs & Therapeutics Committee on 6 February 2018. The committee assessed the risk in terms of doing the audit verses additional pressure on the pharmacy team and decided to defer the audit until November 2018.

Initial baseline assessment of the NICE Sepsis: recognition and diagnosis and early management has been undertaken, the early outcomes show that the organisation need to undertake a concentrated piece of work to improve compliance. Work on early earning score, recognition and awareness of Sepsis.

Annual audit programme as bee completed, carrying the same not achieved objective. Draft annual audit programme has been produce, this programme has been reduced by 25% over the last 3 years. However this is still systematic and independent examination the high priority IPC compliance.

Mandatory IPC and Hand Hygiene Training is maintaining at above 80%

The Infection Prevention and Control (IPC) team are updating many policies and procedures at the moment, ensuring that the document are up to date.

IPC team are working with intermediate care (care homes) Quality Impact Assessment and visiting represented homes and assessing from IPC perspective.

The combined IPC task and finish group meeting, met for the first time on 13th March, quoracy has improved and the meeting was positive.

There is still reduced capacity within the team, (there is 1 IPC nurse vacant), we have recruited to the vacant post, person will start 30th April.



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## Managing Aggression and Violence

In a recent national Freedom of Information request undertaken by UNISON and the Health Service Journal SWYPFT were identified as having the one of the biggest reductions in assaults on staff. Actions behind this reduction include initiatives to reduce conflict and containment and restrictive physical interventions; evidence-based training for staff in managing violence and aggression; assessment, formulation and management of risk and positive behaviour support plans.

### Guardian of Safe Working - Quarterly report Q3 (Oct – Dec 2017)

#### High Level Data

Number of doctors in training (total):	47
Amount of time available in job plan for Guardian to do the role:	1 Programmed Activity (PA)
Admin support provided to the Guardian:	Ad hoc
Amount of job-planned time for educational supervisors:	0.125 PAs per Trainee

#### Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps with 2 out of the 7 Wakefield posts vacant, 5 out of 10 posts on the Calderdale and Kirklees Core Training Scheme and 1 of the 4 posts in Barnsley.

#### Exception reports (with regard to working hours)

There have only been a few exception reports completed in SWYPFT since the introduction of the new contract and none during this period.

#### Fines

There have been none within this reporting period.

#### Work schedule reviews

There were no reviews required but the Calderdale and Kirklees rotas are under review due to concerns raised both informally and in previous exception reports.

#### Rota gaps and cover arrangements

The rota gaps page refers to medics. As such we are extending the medical bank, which is going live on e-roster in April. This will assist in understanding trends and hotspots as well as helping to fill gaps. Medics are encouraged to join the bank when they begin and again before leaving the trust

Gaps by rota October/November/December 17					
Rota	Number (%) of rota gaps	Number (%) covered by trainees	Number (%) covered by agency / external	Number (%) covered by other trust staff / Medical Bank	Number (%) vacant
Barnsley 1st	32 (18%)	6 (19%)	6 (19%)	20 (62%)	0
Calderdale 1st	54 (29%)	15 (28%)	15 (28%)	16 (30%)	8 (14%)
Kirklees 1st	21 (23%)	18 (86%)	0	3 (14%)	0
Wakefield 1st	13 (7%)	3 (23%)	1 (8%)	7 (54%)	2 (15%)
Total 1st	120 (19%)	42 (38%)	22 (18%)	46 (38%)	10 (8%)
Wakefield 2nd	0	0	0	0	0

There continue to be a number of trainee vacancies across the trust which in turn places greater pressure on those in post. As a result of these vacancies there are gaps on the rota. The lack of staff means that the remaining trainees cannot be expected to do all the extra shifts. The following table details rota gaps by area and how these have been covered. Due to the number of gaps, it has been necessary to use agency or external staff on a number of occasions. In addition, there were 10 shifts where it was not possible to obtain junior doctor cover. All of these were between 5-9.15pm and some were for a shorter period of time whilst the covering doctor travelled to the site (total 27.5 hours). No weekend or overnight shifts were uncovered.

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## Guardian of Safe Working - Quarterly report Q3 (Oct – Dec 2017) cont...

Costs of Rota Cover November/December '17						
1 <sup>st</sup> On-Call Rotas	Shifts (Hours) Covered by Trainees	Cost of Shifts Covered by Trainees	Shifts (Hours) Covered by Bank	Cost of Shifts Covered by Bank	Shifts (Hours) Covered by Agency	Cost of Shifts Covered by Agency
Barnsley	2 (16)*	£560*	0	0	0	0
Calderdale	8 (26.5)	£1,277	10 (122)	£4,287	14(138)	£6,988
Kirklees	11 (184)	£5,040	2 (40)	£1,400	0	0
Wakefield	3 (28)	£1,496	5 (61)	£2,143	1 (12)	£528
Total	24 (255)	£8,373	17 (223)	£7,831	15 (151)	£7,047

\*The majority of shifts in Barnsley (13) were covered by Specialty Doctors who were paid according to their individual terms and conditions.

### Issues and Actions

**Recruitment** – vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved through royal college, pilot Physician Associate role to address this.

**Management of rota gaps** – Trust bank for medical staff is live and has been used to cover a number of vacant shifts. Employment of locum doctors is likely to be required despite some progress.

**Calderdale rota** - In the short term the main action has been to employ locum doctors to cover gaps. Options to change the rota remain under review. A further meeting to look at progress on the developments is being arranged.

**Education and support** – Guardian will work closely with the new Associate Medical Director for Postgraduate Medical Education to develop a more robust system to support clinical supervisors and monitor the educational aspects of the new contract and through induction sessions for new trainees on use of Exception Reporting.













**IT system** – decision has been made to move from DRS to Allocate.





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

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

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

NHS Improvement - Single Oversight Metrics - Operational Performance																													
KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *	Trend					
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	SR	92%	98.2%	97.0%	97.5%	98.7%	98.9%	97.8%	98.20%	98.8%	96.0%	95.7%	96.0%	94.6%	94.5%	98.1%	99.1%	98.3%	96.8%	95.0%	4						
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	SR	99%	99.6%	100%	100%	100%	99%	100%	100.0%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	99.7%	100.0%	100.0%	4						
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	SR/CH	95%	96.9%	99.3%	99.2%		95.6%	98.3%	100.0%	97.8%	96.9%	95.2%	97.2%	95.3%	97.9%	100%	100%	98.5%	96.6%	96.9%	4						
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	SR/CH	95%	96.7%	97.8%	97.3%	97.5%	98.3%	97.5%	97.3%	93.3%	97.2%	96.1%	94.7%	98.2%	98.2%	97.1%	95.0%	97.6%	95.5%	96.9%	4						
Data Quality Maturity Index	Improving Health	Responsive	SR/CH	95%	Reporting from Nov 17.										98.0%	Due April 18						4							
Out of area bed days					Reporting from April 17.										286	357	242	341	362	424	467	412	407	268	613	885	1127	1286	
IAPT - proportion of people completing treatment who move to recovery	Improving Health	Responsive	SR/CH	50%	50.1%	52.5%	48.0%	50.5%	45.6%	49.4%	56.4%	52.4%	49.1%	51.3%	53.3%	54.1%	54.2%	50.9%	50.6%	50.1%	49.2%	53.8%	3						
IAPT - Treatment within 6 Weeks of referral	Improving Health	Responsive	SR/CH	75%	76.1%	83.6%	88.9%	86.0%	80.3%	84.2%	81.2%	79.4%	80.90%	82.78%	87.68%	91.57%	90.5%	90.6%	90.6%	81.9%	81.1%	89.8%	4						
IAPT - Treatment within 18 weeks of referral	Improving Health	Responsive	SR/CH	95%	98.9%	99.3%	97.9%	99.9%	99.6%	99.4%	99.6%	99.6%	99.31%	99.01%	99.51%	99.44%	100%	99.7%	99.6%	99.5%	99.4%	99.6%	4						
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	SR/CH	50%	77.5%	82.0%	82.2%	73.6%	86.1%	88.9%	89.2%	76.3%	96.1%	80.9%	92.3%	81.2%	94.1%	89.5%	92.3%	89.2%	84.4%	89.5%	4						
% clients in settled accommodation	Improving Health	Responsive	SR/CH	60%	Reporting developed from Sept 16			82.7%	82.9%	82.2%	82.5%	82.2%	81.8%	81.8%	80.8%	80.7%	80.4%	80.4%	80.1%	80.4%	82.2%	80.8%	80.2%	4					
% clients in employment	Improving Health	Responsive	SR/CH	10%	Reporting developed from Sept 16			8.3%	8.8%	9.3%	8.8%	9.0%	9.3%	9.3%	8.7%	8.4%	8.4%	8.4%	9.0%	8.4%	9.0%	8.7%	8.6%	1					
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	SR/CH		Due Q4 (reporting available June 18)															Due Q4			2						

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *	Trend	
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	SR/CH	TBC	14	2	60	86	0	1	3	42	45	21	22	2	38	38	28	4	108	62	N/A		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	SR/CH	TBC	4	1	4	3	0	1	1	2	3	2	3	1	2	2	1	2	7	6	N/A		
Number of detentions under the Mental Health Act	Improving Care	Safe	SR/CH	TBC	167	174	156	168	212			221			186			Due April 18			212	221	186	N/A	
Proportion of people detained under the MHA who are BME	Improving Care	Safe	SR/CH	TBC	15.0%	10.3%	10.9%	19.6%	10.8%			13.6%			15.1%						10.8%	13.6%	15.1%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Q1 17/18	Q2 17/18	Q3 17/18	Year End Forecast Position *	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	90%	97.8%	97.9%	97.8%	98.0%	95.9%	97.0%	98.7%	98.0%	97.9%	97.1%	96.5%	97.9%	98.1%	97.8%	Due end March 18	98.7%	97.1%	98.4%	4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	99%	99.5%	99.6%	99.7%	99.7%	Data Not avail	99.7%	99.7%	99.7%	99.7%	99.7%	99.9%	99.8%	99.8%	99.8%	Due end March 18	99.7%	99.8%	99.8%	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	90%	89.6%	91.1%	94.0%	90.2%	Data Not avail	89.8%	89.3%	89.4%	90.2%	90.9%	91.0%	90.9%	90.9%	90.9%	90.5%	89.3%	90.3%	90.8%	4	

\* See key included in glossary.

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 - BME includes mixed, Asian/Asian British, black, black British, other

3 - There was no April Primary submission due to the transition to MHSDS v2. Data flow monthly from May 17 onwards.

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

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

As this is a revised indicator, the initial focus (until April 2018) will be ensuring providers understand their current score and, where the standard is not being reached, have a clear plan for improving data quality. During 2018/19, failure to meet the standard (95%) will trigger consideration of a provider's support needs in this area.

5 - Out of area bed days - progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. The process for agreeing trajectories toward eliminating acute mental health out-of-area placements (OAPs) is being jointly led by the NHS England and NHS Improvement regional teams during October to December 2017 - this has now been extended to April 2018. 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. The January 2018 submission will be taken as an agreed baseline position.

**Areas of concern/to note:**

- The Trust continues to perform well against the vast majority of NHS Improvement metrics
- Within the Improving Access to Psychological Therapies people moving to recovery indicator shows that the threshold has been met though only by a close margin. This is a provisional figure, the final figure will be available at the end of the month and it is anticipated that this will show further improvement on the 50% threshold.
- Out of area beds days has seen a spike in February 2018. This is attributed to acuity levels and increased demand in both acute and PICU services.
- Total beds days of Children and Younger People aged under 18 reduced to 28 days in February and relates to the admission of one 17 year old at the end of November to the Horizon centre who remains an inpatient. The Trust has robust governance arrangements in place to safeguard young people when they are admitted to our adult wards; 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. Work is taking place as part of the new models of care programme to address this issue. The Trust have 2 beds that can be made available (1 male, 1 female) in the event of national unavailability. 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 Trusts 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.
- 7 day follow up - this figure is currently being finalised for Feb 18, however, performance is expected to remain above 95%.

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This section of the report is to be developed during 2017/18 and populated with key performance issues or highlights as reported by each business delivery unit (BDU).

#### **Barnsley BDU:**

##### **Mental Health**

- Improved access to Psychological Therapies (IAPT) has sustained its improved performance, meeting all KPIs again in February.
- Work is well underway to prepare for the upcoming IAPT tender process – an internal project team is meeting regularly to work on a new clinical model and compile organisational and corporate information likely to be required for the bid.
- The Memory Service achieved a rating of Excellent from MSNAP. The team have been asked to present at a regional network meeting as a result of this rating and commendations from Memory Services National Accreditation Programme (MSNAP).
- Work continues to implement changes in line with the Transformation Action Plan in Community Mental Health Services– this is monitored by the business delivery unit management meeting to ensure that progress is being made and that the District Director is fully sighted on this. In addition, work is underway with colleagues in Barnsley Metropolitan Borough Council to clarify the statutory responsibilities of the social care staff within the integrated teams in preparation for their return to direct management by the Council.
- An atypical variance in delayed transfers of care on the wards has been noted in February. The patient flow manager is working with Performance and Information colleagues to understand this as it is significant increase on previous months.
- An action plan is in place in the Acute Service line to address recording of supervision which appears to be low in comparison to other areas. The Quality and Governance Lead is giving focus to this work as a priority.
- Negotiations continue with the clinical commissioning group (CCG) to address the waiting lists in Psychology in the Community Service Line. Significant improvements have been made by the service through the implementation of a revised clinical pathway, skill mixing of the staff team and streamlining the service offer to maximise use of our resources. The CCG has acknowledged this work and its positive impact.

##### **General Community**

- We have undertaken some deep dip sample audits in terms of short term sickness absence management which confirm compliance with policy and we continue to monitor this closely
- A plan is in place to address the recording of Supervision which appears to be low in comparison on some lines from a data recording perspective - we are addressing this,
- The cardiovascular disease work stream has commenced. This involves our heart failure service and the wider End of Life team. Pathways and activity will be reviewed as part of this process.
- Stroke Services – locally we are working with our partner Barnsley Hospitals NHS Foundation Trust to ensure a local service whilst waiting for the publication of the Hospital Services Review and the Sustainability and transformation partnerships Hyper Acute Stroke Unit work.
- Performance related to the percentage of people dying where they are choosing is a testament to our End of Life team and the education programmes and support they give to Primary Care and other professionals and agencies.
- We are contributing substantially to Barnsley Health and Care Together Board activities e.g. development of Neighbourhood Clinical model.
- The Barnsley Assisted Living Review has commenced involving commissioners and multiple providers, with the aim of improving the customer experience and driving significant system efficiencies. Our Community Equipment Service is a significant component in this review.
- Following successful retender of the Musculo Skeletal service, the service has undertaken work to remodel and review skill mix, which will ensure that the increased activity thresholds will be achieved.

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#### Calderdale & Kirklees BDU:

##### Key Issues

- Meeting with Calderdale and Kirklees Local Authorities and Clinical Commissioning Groups (CCG) to consider options for developing Business cases for access to Better Care Funds (BCF). Focus on two projects which are within the improved better care fund (iBCF) offer.

1. Additional 7 day support to all wards to focus on support for early discharge and delayed transfers of care (DTOC). To be a link to housing, benefits and at home rapid support on discharge. Both Local Authorities are supportive. Costed model now shared with both councils.

2. To develop the older adult Intermediate Support Team (IST) model in Calderdale, which reflects the older adult transformation model.

- Delayed Transfers of Care (DTOC) - Monthly figures have been scrutinised at CCG level as a reduction target has been set against iBCF investment. Number of DTOC days in Calderdale reduced in February against the January performance.

- NHSi IST diagnostic review draft document of IAPT has been sent to Trust and CCG for comments and checking. Due to be returned in first week April. Trust continues to meet CCG to develop realistic key performance indicators (KPIs) against current and future CCG funding intentions.

- Adult Acute ward pressures were particularly high with for example, 5 one to one levels on Ward 18 in February to March. To assist all the acute wards and Ward 18, community staff were moved to wards for 3 days along with staff from Enfield Down.

- During the snow period, community staff also attended wards to reinforce staffing whilst awaiting ward staff to arrive into work.

##### Strengths

- IG target achieved for business delivery unit (BDU).

- Improved and sustained performance across all service lines for KPIs.

- Sickness levels remain a challenge with reports of high flu levels over 2-3 waves. Absence management is positive in spite of an upturn in absences.

- Mandatory training figures are very positive.

- Supervision levels are green.

##### Challenges

- Medical staffing vacancies and recruitment. Recruitment is underway in consultant roles but gaps will remain for trainee posts until rotation in August.

- Occupancy levels (high above 95%) and continue to be monitored closely.

- Adult bed capacity/Out of Area (OOA) has deteriorated with excess OOA Acute beds in use.

##### Areas of Focus

- Admissions and discharge flow in acute adults services.

- Reduction of sickness in hotspots.

- Continue to improve performance in service area hotspots.

- Recruitment to medical posts.

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#### Forensic BDU:

##### Medium and Low Secure

- Both Medium and Low Secure hosted the Quality Network for Forensic Mental Health Services in January. The process occurs annually and is a supportive and developmental peer review. The draft report is largely positive with no surprises.
- CQC visit - Overall the informal feedback has been positive. The CQC noted that the Trust had plans to address the areas of improvement in relation to the locks, observation windows and emergency response to Newhaven and Ryburn.
- There has been a noted increase in falls relating to one service user in medium secure. Investigations and harm minimisation plan in place.
- National service review continues. Recent management changes in NHS England have led to a 'pause' in proceedings to ensure the work is in line with the national initiatives.
- SWYPFT approached recently to develop a proposal for a Forensic Learning Disability Community service and have been informed this has been successful. The funding mechanism for this service is not yet confirmed.
- Sickness levels are currently high in Forensic CAMHS and contingency plans are in place for safe delivery of the service. Return to work plans now in place for some staff who have been on long term sick.
- Implementation of the region wide Forensic Service has operationalised and the Partnership Board established. There has been a steady flow of referrals so far which is predicted to increase once the communication strategy is implemented.
- A CQC visit in conjunction with Prison Inspectorate has taken place in Wetherby. Very positive feedback regarding level of service, support to prison personnel and integrated working with Leeds Community Health.

##### Forensic CAMHS

- Funding of the Wakefield community team is threatened pending review and transformation. Work is ongoing and the focus has been to work up an alternative offer.
- Sickness levels are currently very high in this team and contingency plans are in place for safe delivery of the service. Return to work plans now in place for some staff who have been on long term sick.
- Implementation of the region wide Forensic Service has operationalised and the Partnership Board established. There has been a steady flow of referrals so far which is predicted to increase once the communication strategy is implemented.
- CQC visit in conjunction with Prison Inspectorate. Extremely positive feedback regarding level of service, support to prison personnel and integrated working with Leeds Community Health.

#### Specialist BDU:

##### Specialist Services

- Mandatory training performance has improved significantly. Only food safety remains below target and actions are underway to review and address this.

##### Child and Adolescent Mental Health Services (CAMHS)

- Sickness rates in Wakefield have reduced but the rates in Calderdale and Kirklees and Barnsley have increased. The overall sickness in CAMHS has remained relatively constant, although this is above target at 5%. Work is planned with the organisational development and health and well-being teams.
- The recent CQC inspection highlighted positives in the feedback from children and families and in the professional and supportive attitudes of staff. Some real strength in multi-disciplinary team working were also evident. Waiting lists/times for treatment remain an area for improvement. There is still a significant number of children and young people waiting over 6 months for treatment in Wakefield and Barnsley and the CQC noted the impact on staff morale. The clinical governance clinical safety committee continue to monitor CAMHS on behalf of the Trust board.
- On call remains a key concern for staff. Developmental work continues with regard to an all-age psychiatric liaison team model with the intention of ensuring safer and more sustainable 24/7 crisis resolution delivery. In the short-term an adjustment to on-call arrangements is being developed to reduce individual/service impact.
- The service review of Wakefield CAMHS and Forensic CAMHS (Wakefield) is being progressed. The intention is to clarify the proposed model by the end of April 2018

##### Learning Disability

- Sickness rates have improved throughout the year but remain a concern at 7.0% (year to date)
- The CQC inspection noted staff within learning disability community teams to be caring and knowledgeable. The improvement work in ensuring risk assessments were easily accessible and up to date was also acknowledged. STOMP and the AAA and bowel screening initiatives were positively referenced as was the transformation work in establishing multi-disciplinary intensive support teams.
- Staff concerns in relation to the Wakefield hub (Drury Lane) were also identified by the CQC. Work is already underway with the estates team and operational managers to improve the working arrangements.
- The CQC noted many positive areas of practice in learning disability inpatient services and this was supported by feedback from patients and carers. The team are reviewing the arrangements for access to the female lounge and access to the facilities to make a hot drink as these were raised as concerns. Patients raised concerns about the food so a meeting with the catering manager will be facilitated so that opportunities for improvement can be explored.
- Capital programme work will commence on Horizon in the first quarter of 2018/19. This will remove any environmental limitations to full occupancy – allowing the more proactive marketing of the 2 spot purchasing beds. Discussions have started with Leeds and Bradford to work towards a shared assessment and treatment provision.
- A bid has been submitted to NHS England to host an operational delivery network for learning disability and autism across the Yorkshire and Humber region. The network will ensure clinicians are engaged in developing and sustaining new care models.

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**Wakefield BDU:**

- The acute service line continues to experience high demand and staffing pressures. Staff are being used flexibly across the wards. Due to the particular presentation and risk of service users on the wards at this time, additional staff are usually required to provide levels of observation.
- Use of out of area beds (Acute and Psychiatric intensive care unit) for Wakefield service users continues to reduce.
- Collaborative care planning meetings have been introduced in the Business Delivery Unit (BDU). These focus on a service user with complex needs who require a comprehensive risk management and care plan to enable their discharge from the wards. These service users may have been on the ward for some time. These meetings have representatives from inpatients, community teams, social care and any external agencies involved with the care of the service user to ensure a holistic approach that fully supports a safe discharge from hospital and transition home. The meetings are evaluating well and support safe transitions out of hospital for patients who may have some residual risk, but can be supported back into their own community.
- Focus is being given to recording of supervision. Uptake of supervision within the BDU has increased significantly, but recording has been inconsistent. The Quality and Governance Leads are addressing this with staff.
- The Engaged Leader Programme for Band 7 managers across the Wakefield business delivery unit commenced this month. The first session focussed on personal resilience, their leadership behaviours when under stress and how this reflected in their interactions with their teams. Evaluation was extremely positive and attendance from the invited group was 100%.



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Summary of progress highlights for the Trusts priority programmes for February 2018 include:

#### Flow and out of area beds:

- The pressures on Out of Area bed usage reached unprecedented levels in February 2018 and the work to safely reduce these pressures is an ongoing operational priority.
- Work is focussing on the root causes for the differing pressures in each of our localities that is resulting in the number of admissions for acute and PICU beds and the length of time people are spending on our wards.
- Each area is developing a local sustainability plan to say how their locality specific problems will be addressed.
- An action plan for change is in place which covers: work to reduce the Out of Area expenditure by the end of March 2018; a sustainability plan to reduce people being placed Out of Area in an acute bed, and a sustainability plan to reduce people being placed Out of Area in a Psychiatric Intensive Care Unit (PICU) bed.

#### Clinical Record System

- The clinical record system programme is now well into the co-design phase of the project and is on track with key milestones.
- Data migration option appraisal plans are moving ahead
- Training approach has been drafted, co-produced with Learning and Development input and the master implementation schedule has been developed across all workstreams

#### Older Peoples Transformation

- Draft business cases for the community and inpatient models have been shared across project groups and steering groups and are currently ongoing refinement prior to sign off
- Business cases will be presented to the trusts Executive Management Team (EMT) in May and work is ongoing to define the community workforce model in more detail. Work continues to finalise the workforce across the models
- Quality impact for the community model is now in place

#### Community Forensic Child and Adolescent Mental Health service (CAMHs)

This programme is continuing to plan and was on track with a soft launch and commencement of accepting referrals through the Single Point of Access (SPA) in February. Formal launch will be conducted later in the year.

#### Perinatal Mental Health

This priority programme has now gone live and the project handed over to operational management.

Priority	Scope	Update	Area	RAG
<b>IMPROVING HEALTH</b>				
<b>Strategic Priority One: People First</b>				
Enhancing Liaison Services	Transition to a new framework for liaison services. Identification of where current gaps in provision are and support development of plans for appropriate liaison services to support commissioner intentions to work towards CORE 24 compliance by 2020. Establishment of a benefits realisation framework to support the 3 year evaluation of the project.	<b>Wakefield</b> <ul style="list-style-type: none"> <li>• Recruitment - All staff now in post</li> <li>• Gathering data as requested for evaluation.</li> <li>• Review meeting set up to look at progress against key performance indicators (KPIs)</li> </ul> <b>Calderdale</b> <ul style="list-style-type: none"> <li>• Bid for an early release of wave 2 part funding to support the recruitment of two posts has been successfully secured.</li> </ul> <b>Barnsley</b> <ul style="list-style-type: none"> <li>• The clinical commissioning group (CCG) are supportive of a Wave 2 bid for Core 24 monies and steps are being taken by the service to support this.</li> </ul>	Progress Against Plan	
		Risks are being managed and mitigated within the individual services	Management of Risk	

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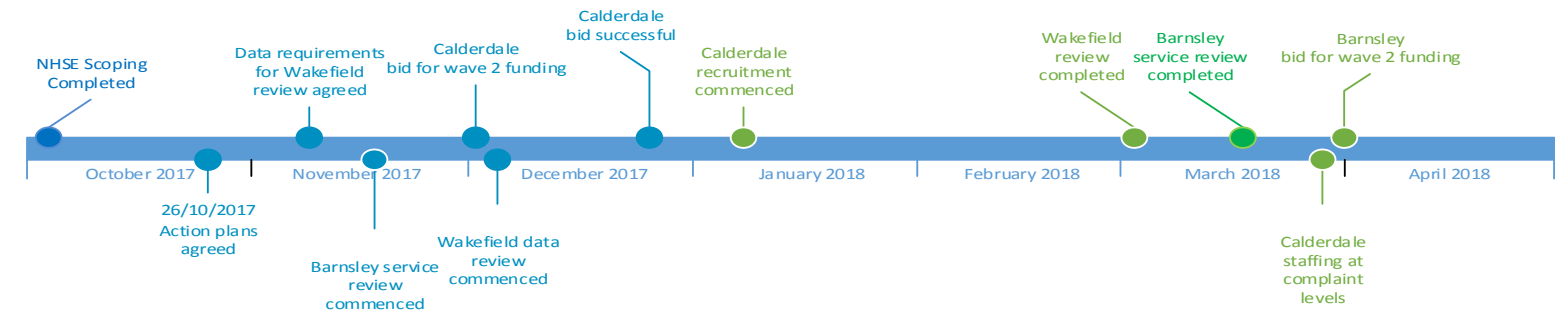
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Improving People's Experience and Equalities	A structured approach to ensuring that we collect and act on patient experience feedback building upon our current strong foundations. We have identified five objectives for improvement during 2017/2018, including a programme to formally connect with other priority objectives.	This priority is updated in the Quality section of this integrated performance report		
Recovery based approaches	Further develop a range of innovative initiatives which promote recovery focused approaches in order to meet the Trust mission, including: Co-produce an integrated recovery development plan Test new approaches to recovery, developing from what we learn in order to maximise effectiveness and impact Continue to build, support and sustain recovery work which has already been undertaken or is already planned	<ul style="list-style-type: none"> <li>• Work continues in line with the milestone plan as agreed by the Transformation Board.</li> <li>• Progress includes work on the alignment of the work of Altogether Better, Creative Minds, the Mental Health Museum, Recovery Colleges and Spirit in Mind through a workshop and subsequent development plan.</li> <li>• Evaluation methods for recovery based approaches are being further developed through a community of practice. This work is linked to the Trust approach to measuring impact on individuals and communities in line with the Trust mission</li> <li>• Work continues to build, support and sustain recovery work which has already been undertaken. This includes the development of a Recovery College business plan which focuses on sustaining and developing the five recovery colleges.</li> </ul>	Overall Priority Performance	
Physical/Mental Health	Improve the physical health of people with mental health difficulties and the mental health of people with physical health difficulties	Activity on physical health continues to be delivered as part of CQUIN. See the quality section of the integrated performance report for more information.	Overall Priority Performance	N/A
<b>Strategic Priority Two: Joining up Care</b>				
Supporting place-based plans	Develop place based plans for each district which are part of the Trust Strategy	Discussed quarterly at Strategic Board and monthly updates to Executive Management Team (EMT) so no direct update required in this section of the integrated performance report (IPR)		
Accountable Care in Barnsley and Wakefield	Work with partners as part of the development of accountable care systems. Influence the SWYPFT role in each Accountable Care Organisation (ACO).	Discussed quarterly at Strategic Board and monthly updates to EMT so no direct update required in this section of the integrated performance report (IPR)		

<p>New models of care and vanguards</p> <p>Barnsley Intermediate Care, Respiratory, Diabetes and MSK</p>	<p>Work with partners to introduce new models of Care across SWYPFT footprint</p> <p>Barnsley Intermediate Care, Respiratory, Diabetes and Musculo-Skeletal service.</p>	<p><b>MSK</b> Mobilisation is on track.</p> <p><b>Pulmonary Rehabilitation - Respiratory Services</b></p> <ul style="list-style-type: none"> <li>As part of the Alliance agreement all providers are working jointly on the development and implementation of a new model for the service, with BHNFT leading the process. Implementation is on target. KPIs, Quality Indicators and data flows have been amended without negotiation and will be raised at the Alliance Management Team (AMT).</li> </ul> <p><b>Diabetes</b> Formal consultation with staff has commenced with regards to TUPE of staff to Barnsley Hospitals NHS Foundation Trust on 31st March.</p> <p><b>Intermediate Care</b></p> <ul style="list-style-type: none"> <li>Mobilisation of the new model continues with key workstreams linked to keep performance indicators (KPIs), Information Management and Technology and assessment processes progressing.</li> <li>Mobilisation within community continues, recruitment to the staffing model and skill mix commenced.</li> <li>Interim solution in place for the Independent Sector Care Home beds which is being mobilised, Barnsley Metropolitan Borough Council have commenced the procurement process.</li> </ul>	Progress Against Plan	
		<p>The Partnership Intermediate Care Mobilisation Team meeting manages the risks and has produced a risk log on behalf of the Alliance which reports to Barnsley Accountable Care Organisation (ACO) New Models of Care (NMoC) implementation group (and AMT as appropriate) on a monthly basis. Other risks are being managed internally by services as part of business as usual.</p>	Management of Risk	

<p>New models of care and vanguards</p> <p>Wakefield - Care Home Vanguard and Public Health as part of Connecting Care Vanguard</p> <p>Calderdale - Prevention and Supporting Self Management Vanguard</p>	<p>Work with partners to introduce new models of Care across SWYPFT footprint</p> <p>Wakefield - care home vanguard and public health</p> <p>Calderdale - Prevention and Supporting Self Management Vanguard</p>	<p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Portrait of a Life (POAL) as part of Wakefield Care Home Vanguard: training and support session on life story work and person centred care interventions provided to 12 of 13 care homes for Wave 2 2017/2018 and to one assisted living facility. Project is on track and meeting KPIs.</li> <li>Wakefield Connecting Care: Work is being undertaken to align SWYPFT involvement in new models of care. Steps are being taken to move to a single leadership model for Connecting Care, Mid Yorkshire NHS Hospitals Trust (MYHT) and Adult Social Care, Wakefield Metropolitan District Council (WMDC).</li> <li>Care Navigation: The role out across Wakefield GP's is on plan. Directory of Services redesigned and working well. Extracting data from the GP systems had been problematic, resulting in data not reflecting output correctly. CCG are investigating improvement to coding.</li> <li>Public Health – Live Well Wakefield service, led by Nova, is performing well and meeting all KPIs. Feedback from commissioners has been very positive and the partnership with Nova is working well.</li> <li>A partnership bid for the provision of social prescribing in Wakefield for the next three years is under development.</li> </ul> <p><b>Calderdale.</b></p> <ul style="list-style-type: none"> <li>A single plan for Calderdale is under development. Work continues to develop an integrated community service offer through implementation of five localities by April 2018.</li> </ul> <p>Risks are managed by the Vanguard projects which report into the Vanguard PMO (Wakefield) and Vanguard Board (Calderdale) on a monthly basis - there are no significant risks to date.</p>	Progress Against Plan	
			Management of Risk	

Summary

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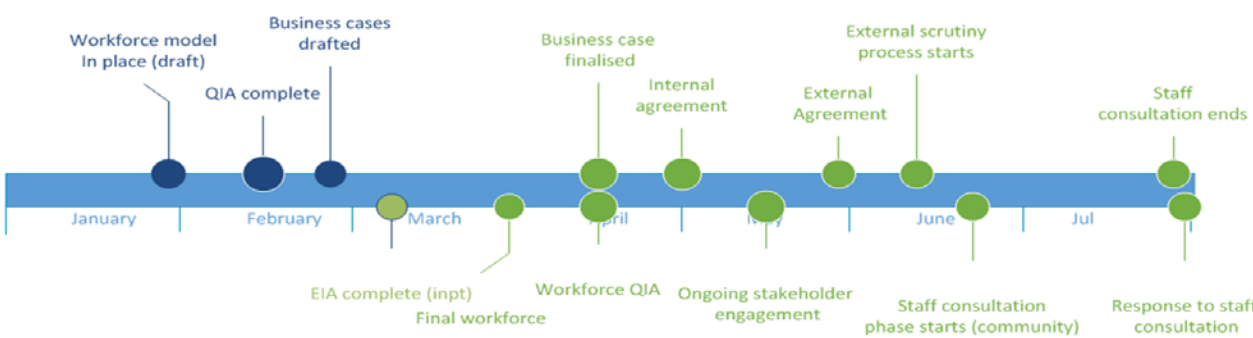
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IMPROVING CARE				
Strategic Priority Three: Quality Counts, Safety First				
Patient Safety	Continue to implement the patient safety strategy including: Measuring and monitoring patient safety framework awareness and use in practice; establish a sustainable resource to support the roll out and continuing support for safety huddles; develop a process and resources for considering human factors within incident review 'So what'... acting on learning from feedback.	This priority is updated in the Quality section of this integrated performance report		
Older Peoples Services Transformation	Co-produce, develop and agree a new model of care for Older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.	<ul style="list-style-type: none"> <li>• Business cases will be presented to EMT in May and work is ongoing to define the community workforce model in more detail to ensure new roles are an integral part of the model design.</li> <li>• Quality Impact Assessment (QIA) for community model now in place - agreed to hold an overall quality assurance process for the workforce model when completed.</li> <li>• Equality Impact Assessment (EIA) for community model in place and agreed, EIA for inpatient model undergoing further refinement.</li> <li>• Outline engagement plan now in place for coming months and formal consultation readiness has been reviewed.</li> </ul>	Progress Against Plan	
		The complexity of the differing workforce models already in place across the Trust remains a challenge though project team has undertaken extensive, comprehensive levels of rigour to unpick and understand this with a view to bringing a transformational model to this stage and activity is still ongoing to ensure that we get this right. The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the business delivery units (BDUs) remains.	Management of Risk	
				
Improving autism and ADHD	Address issues in relation to access and equity across these services. Work is occurring operationally internal to the Trust that will reflect developments through the West Yorkshire (Sustainability and Transformation Plan ) STP - yet to be developed.	Work has yet to be finalised on the detail for this priority and development of an implementation plan.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation plan will be developed once the scope for this priority is clearer.		



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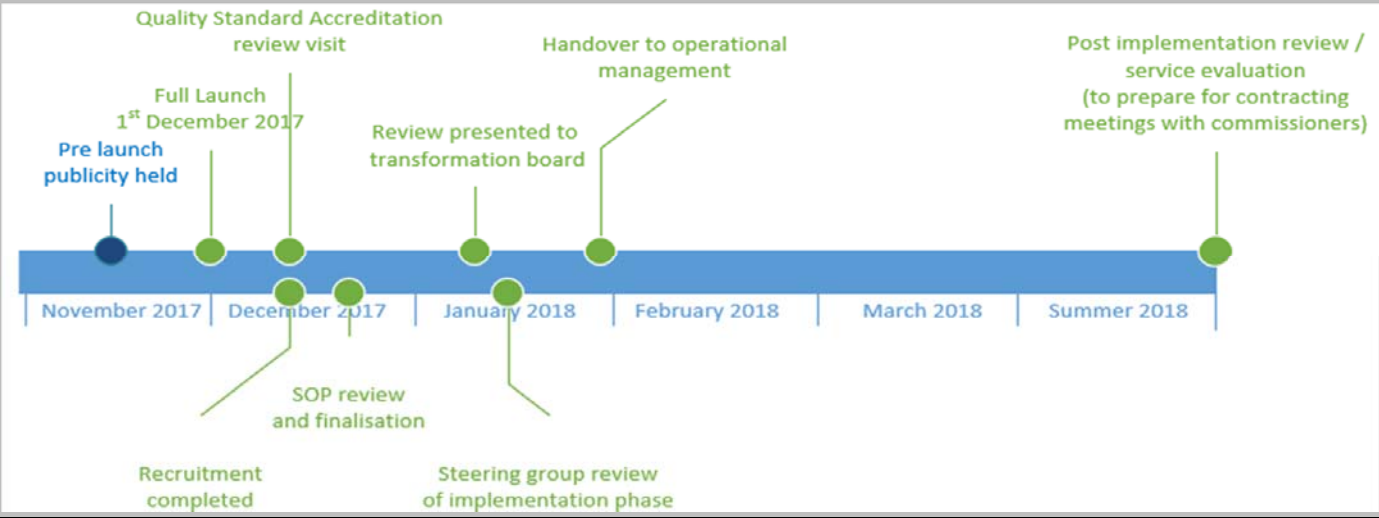
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Perinatal mental health	To implement the new service within the Trust. To evaluate the impact in terms of outcomes, experience and use of resources	<ul style="list-style-type: none"> <li>This priority programme has now gone live and has been handed over to operational management.</li> <li>A project closure report will be presented to the March meeting of the Transformation Board.</li> <li>A post implementation review will then be conducted 12 months after hand over</li> </ul>	Progress Against Plan	
		Any residual risks will be reported here in March following the project closure report.	Management of Risk	
				
West Yorkshire work - CAMHS Tier 4	<p>Work in this priority is focused on supporting Leeds Community Healthcare NHS Trust (LCH) as lead provider in the provision of Tier 4 CAMHS beds, led by Leeds Community Healthcare.</p> <p>This new care model (NMoC) aims to develop streamlined standard pathways for community intensive services with the aims of reducing the need for, and the length of, inpatient stays, and to ensure children and young people are cared for in West Yorkshire and do not need to travel out of area unnecessarily.</p> <p>SWYPFT is a Partner in this contract together with Leeds and York Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust</p> <p>Funding has been secured though STP NMoC work stream</p>	<ul style="list-style-type: none"> <li>Work in this project is focussing on delivering services differently for children's admissions to prevent them from being miles away from home, trying to keep them local and out of hospital whenever possible. This is through use of locally placed beds and home based treatment teams in local areas.</li> <li>Project is two year pilot</li> <li>SWYPFT contribution to the business case continues.</li> </ul>	Progress Against Plan	
		Risk management has yet to commence for this priority as part of the planning phase for this new model of care.	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		
West Yorkshire work – Secure Adult MH	Forensics – Leading the work with other providers across Yorkshire and Humber	A bid was submitted through the West Yorkshire STP for NMoC was unsuccessful, however the Trust is continuing in defining a review of forensics services through specialist community work.	Progress Against Plan	
		A workshop of providers and commissioners has been held and identified actions will take the project to the next phase of this work	Management of Risk	
		Discussions continue regarding links between this work and locked rehabilitation.		
West Yorkshire work – Suicide prevention	Leading West Yorkshire STP wide work on zero suicides	This priority is updated in the Quality section of this integrated performance report		
West Yorkshire work Eating Disorders	Eating Disorders- Provision of community treatment services for eating disorders across West Yorkshire lead by Leeds and York Partnership NHS Foundation	<ul style="list-style-type: none"> <li>Work in this priority is focused on supporting the Leeds and York Partnership NHS Foundation Trust as lead provider in the provision of a West Yorkshire wide new model for community treatment services for adults with eating disorders.</li> <li>The adult eating disorders service, called the Eating Disorders West Yorkshire and Harrogate Network (EDWYHN) has SWYPFT as a partner as part of the West Yorkshire STP.</li> <li>Funding has been secured though STP NMoC work stream</li> <li>Work continues on the role of SWYPFT in the service</li> <li>Planning sessions are ongoing to confirm the implementation aspects for SWYPFT</li> </ul>	Progress Against Plan	
		Any implementation risks are with Leeds and do not transfer to us	Management of Risk	

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		Implementation plan in development		
Quality priorities	Delivery of the quality priorities as set out in the Quality account	This priority is updated in the Quality section of this integrated performance report		
Community Forensic CAMHS	SWYPFT, as lead provider, to provide Forensic CAMHS services across Yorkshire and Humberside in partnership with: Sheffield Children's Hospital; Tees, Esk and Wear Valleys FT and; Humber FT.	Work progresses well on this priority programme. <ul style="list-style-type: none"><li>• Confirmation was received that the implementation plan for the Yorkshire and Humber region is signed off by NHS England.</li><li>• On track with soft launch and commencement of accepting referrals through the single point of access (SPA) at end of February</li><li>• Work of the themed SWYPFT groups for this project is nearing conclusion of their work as the project nears implementation of the SPA.</li><li>• Workforce has now finalised for each of the partners in the provision of this service</li></ul>	Progress Against Plan	
		<ul style="list-style-type: none"><li>• There are currently no high level risks identified in this project.</li><li>• Risk sharing agreements are being developed for the partnership</li></ul>	Management of Risk	
Strategic Priority Four: Compassionate Leadership				
Leadership development	Leadership and management strategy which includes development of an integrated change network	<p>This priority programme is updated bi-monthly and the next update is due in March. Details of the last update include:</p> <ul style="list-style-type: none"><li>• Values into Behaviours - shared and roll-out planned after launch in Q1 2018; incorporated into revised Appraisal</li><li>• Learning Needs Analysis - completed</li><li>• Leadership and management framework – leaders/managers expectations obtained and incorporated</li><li>• Corporate Leadership and management offer – developed further and costed</li><li>• SWYPFT Leadership and management programmes – shared via Workforce Planning workshops; implemented and collaborative programmes with Bradford District Care Trust and Leeds and York Partnership Trusts agreed</li><li>• Moving Forward programme – launched</li></ul> <p>Revised implementation plan with extension to agreed timescales now in place:</p> <ul style="list-style-type: none"><li>• Middle Ground 5: first run (pilot) confirmed for February and March 2018 and first run of the programme agreed for 2018. Revisions agreed and redesign underway.</li><li>• TRIO development programme: Review of needs completed as part of Workforce Planning workshops within 2018/2019 Business Planning</li><li>• Maximising Potential: Funding via ‘In Place Leadership Fund secured; development (workshops and pilot) is ahead of schedule. Launch of the programme is linked to the launch of the new streamlined appraisal process, which is due in Q1 2018.</li></ul> <p>All other work-streams/key deliverables are progressing as per agreed timescales.</p>	Overall Priority Performance	



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Change and quality improvement	Develop and agree Quality Strategy which includes the Integrated Change Framework	Further work has been undertaken on the quality strategy which is due to be presented into the Executive Management Team on 18th January 2018. This strategy includes how the Trust assures quality as well as how we improve quality. The Integrated Change Framework is aligned and integrated with this strategic approach.	Overall Priority Performance	
Membership	Develop an approach to membership which maximises the impact of members in key activities	<ul style="list-style-type: none"> <li>• Membership project group is ongoing and working in line with a thorough implementation plan</li> <li>• Communication plan is being developed.</li> <li>• Progress is on target against the revised plan hence RAG rating of green. Implementation actions are across two years - 2017/2018 and 2018/2019</li> <li>• No identified risks are of concern for this priority</li> </ul>	Overall Priority Performance	

IMPROVING USE OF RESOURCES

Strategic Priority Five: Operational Excellence

Flow and out of area beds	Improve flow and reduce/eliminate use of out of area beds so that everyone is in the right bed including their own. This is part of the West Yorkshire STP work stream for acute inpatient shared bed base and development of Psychiatric Intensive Care Units (PICU).	<ul style="list-style-type: none"> <li>• Out of area placements reached unprecedented high levels through February 2018. Over 200 out of area bed days were used in each of the weeks ending 23rd Feb and 2 Mar.</li> <li>• Safely reducing pressures is an operational priority and the pressures are still severe.</li> <li>• Analysis shows that the trust has different priorities in each locality linked to the number of admissions for acute and PICU beds, and the length of time people are spending on our wards. Work has identified how pressures differ in each locality and we are focusing in on the root causes. This will enable us to undertake activity that will have the biggest impact.</li> <li>• We have undertaken a comprehensive review of bed demand to understand the different pressures in each of our localities. This will add to the body of knowledge guiding our corrective and sustainability activity.</li> </ul> <p>Each area is developing a sustainability plan to say how their locality specific problems will be addressed. These will cover pathway issues and will strengthen the community offer, support in a crisis, gate keeping, patient flow and risk taking on discharge.</p> <ul style="list-style-type: none"> <li>• Our bed management protocol has been updated to promote and support a challenging and problem solving approach before admissions and an out of area placement. This includes assertive use of IHBT, enhanced coordination of patient flow across our estates and senior level clinical input in risk taking. This is awaiting sign off.</li> <li>• A patient flow event, sponsored by the Academic Health Science Network is scheduled for 1 May 2018. It will include a range of stakeholders and focus on the issues that lead to hospital bed use in that locality.</li> <li>• A process to use West Yorkshire STP Trust beds is in place and work continues to develop a systemic shared bed base</li> </ul>	Progress Against Plan	
		Current risk is that we continue to overspend on Out of Area Beds and people have to travel far for their care unless pressures on the system has increased. This risk has moved off trajectory with recent pressures on the system.	Management of Risk	

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Workforce – sickness, rostering, skill mix and agency	Effective management of workforce to increase effectiveness and efficiency. These are operational excellence projects to develop standards ways of working and increase efficiencies in areas of sickness, rostering and agency spend	This priority is updated in the Workforce section of this integrated performance report. Sickness absence performance is in the Summary section of the integrated performance report (IPR) under the heading 'Improve the use of Resources' and within the workforce section of the report performance is summarised for sickness absence; turnover and stability; and on the workforce performance wall.		
Effective use of supplies and resources	Effective use of non-pay money to support high quality care through effective use of resources	Progress on this priority is reported bi-monthly on the integrated performance report (IPR).		Overall Priority Performance
CQUIN	Deliver Trust CQUINS	This priority is updated in the Quality section of this integrated performance report		
Financial sustainability and CIP	Develop and deliver Cost Improvement Programme (CIP).	This priority is updated in the Finance and Contracts section of this integrated performance report		

**Strategic Priority Six: Digital by Default**

Clinical record system	Plan and deliver a new clinical record system which supports high quality care	<ul style="list-style-type: none"> <li>• Data migration option appraisal reviewed – all records to be migrated in first data cut, then review</li> <li>• Clinical Record System for Mental Health Clinical Safety Design Group membership agreed, Mike Doyle to chair</li> <li>• First SystmOne Change Reference Group established</li> <li>• Training approach drafted, co-produced with Learning and Development</li> <li>• Master schedule developed across all workstreams</li> <li>• Clinical record system performance &amp; information analyst working with Bradford on read code analysis</li> </ul>	Progress Against Plan	
		<p>Risks identified:</p> <ul style="list-style-type: none"> <li>• In the event of not knowing the full list of services, sites and users, there will be a risk of missing a service, site, and user, which will result in reverting back to paper for SystmOne</li> <li>• In the event of staff not being trained there will be a risk of staff unable to access the Clinical Records System Programme which will result in lack of visibility of the shared record</li> <li>• In the event of not having enough server resources for report production there will be a risk of a financial impact to provide such resources</li> <li>• In the event of the complexities of the programme being ineffectively managed, there will be a risk of ineffective decision making which will result in the time delays, work redone and loss of confidence in the programme</li> <li>• In the event of sub-optimal transition from Rio to SystmOne there will be a risk of resulting in significant loss or ineffective use of data which will result in inability to capture data, produce report and share information</li> <li>• In the event of the number of Rio users being in the excess of the assumed 3500 licenses there is a risk of a financial impact to provide access to all the users of the system</li> </ul>	Management of Risk	

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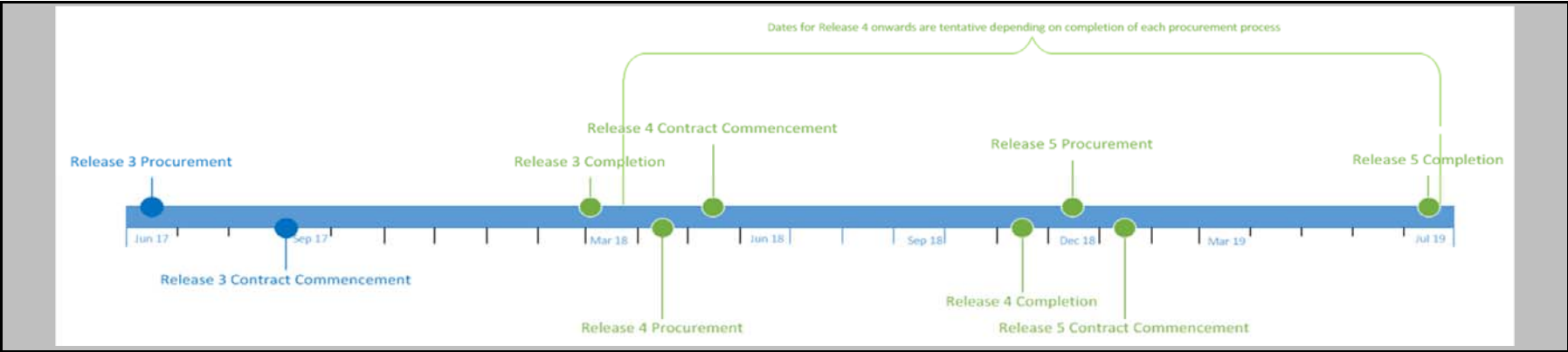
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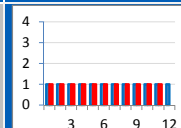
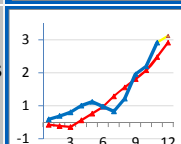
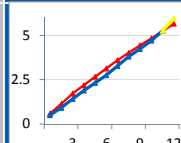
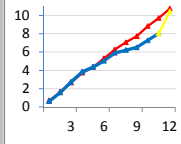
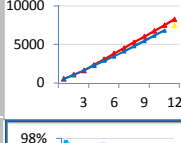
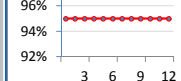
Digital health	<p>Improve access to digital health opportunities. Identify our approach to supporting digital health developments. Increase digital clinical practice.</p>	<p>The ORCHA pilot was launched in December 2017 for three months and is ongoing. 65 clinicians have been issued with a license to prescribe/recommend apps to the people they are working with. Data shows that 16 people have activated their license, and 5 apps have been recommended to individuals. There has also been 394 visits to the website, whereby people will have downloaded apps independently themselves. There is ongoing engagement and communication with clinicians to support them to use the app library.</p>	Progress Against Plan	
		<p>The project has now been extended to all teams in each of the business delivery units. Many of the clinicians do not have a smart phone (and there is no available budget) which would enable people to be more agile with the use of the platform. Staff are using laptops, and/or providing a leaflet with new appointment letters to enable young people to look for themselves from their own mobile phones or devices. This could mean there are more downloads than prescriptions (no issue therefore risk is still rated as green), however this may affect staff usage of the platform. In other organisations staff are using personal smartphones to use the platform- there is no personal usage cost as all prescription texts are paid for by the platform, and no personal data is stored on the handset. The project team will explore this option with the management team/information governance/policy with the review for scale up following the three month pilot.</p>	Management of Risk	
Data driven improvements and innovation	<p>Increase the accessibility of good quality, easy to use data which informs improvement.</p>	<ul style="list-style-type: none"> <li>• A suite of analytical reports are now available for the Working Age Adult Acute pathway. This includes trend and benchmarking reporting and will continue to be developed on an ongoing basis</li> <li>• A number of engagement activities have taken place to try and increase uptake and usage of reports - this includes messages being circulated via established Trust communication routes, demos of products at Trust Operational Management Group, one to one sessions with key stakeholders</li> <li>• Release 3 of the Business Intelligence Programme is underway with support from an external supplier - this is a six month release focussed on supporting Neighbourhood Nursing Services in Barnsley - expected delivery is late March 2018</li> <li>• Preparation is taking place for the procurement for the next release</li> <li>• Delivery could be impacted due to involvement of staff in clinical record system implementation (reference as a risk below)</li> </ul>	Progress Against Plan	
		<p>Key risks identified are:</p> <ul style="list-style-type: none"> <li>• Engagement with Business Intelligence across the Trust - more work needs to be done on engagement if the value of the work is to be realised; work is taking place with Trust Communications team to improve this</li> <li>• Implementation of SystmOne for Mental Health - may have a resource impact on Business Intelligence Programme due to involvement of staff in workstreams; work will be required to integrate SystmOne Mental Health data into Data Warehouse</li> </ul>	Management of Risk	



Implementation deliverables		RAG Ratings	
	On Target to deliver within agreed timescales		On Target to deliver within agreed timescales/project tolerances
	On Trajectory but concerns on ability/confident to deliver within agreed timescales		On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
	Off Trajectory and concerns on ability/capacity to deliver within agreed timescales		Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
	Action will not be delivered within agreed timescales		Actions will not be delivered within agreed timescales/project tolerances
	Action Complete		Action Complete

## Overall Financial Performance 2017 / 2018

### Executive Summary / Key Performance Indicators

Performance Indicator	Year to Date	Forecast	Narrative	Trend
1 NHS Improvement Finance Rating	1	1	The NHS Improvement financial and use of resources risk rating is maintained at 1 for the 11 months to the end of February 2018.	
2 Normalised Surplus (inc STF)	£2.4m	£2.6m	February 2018 finance performance excluding STF is a surplus of £0.6m. Including STF this is a surplus of £0.7m. This includes the gain from the sales of two properties and other one-off measures. The cumulative surplus excluding STF is now £1.2m, including STF the surplus is £2.4m.	
3 Agency Cap	£5.3m	£6m	Agency expenditure in February 2018 is the highest YTD at £563k, this exceeds the in-month cap by 37%. For the first time this year cumulative agency expenditure is above the cap by 0.4%. The forecast exceeds the cap by 5% given schemes to improve access times, an increase in medical vacancies and bespoke packages of care.	
4 Cash	£25.5m	£21.4m	The Trust cash position is £4.2m above plan in February with continued focus on working capital management and lower than plan capital expenditure. Two properties planned for sale in 2018/19 have been sold in February resulting in the cash increase. The forecast cash position is also higher than plan.	
5 Capital	£8m	£10.4m	Capital Expenditure is forecast to be £0.3m lower than plan. This includes an additional £0.35m for rollout of the Trustwide WiFi network which has been funded separately as a national project.	
6 Delivery of CIP	£6.8m	£7.5m	Year to date CIP delivery is £0.7m behind plan. The forecast position is £0.8m below plan.	
7 Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

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

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## Contracting - Trust Board

### Contracting Issues - General

SWYPFT was successfully awarded the contract for the provision of school vaccinations in Barnsley following a competitive procurement exercise. Work continues in relation to mobilisation of a number of contracts commencing 1 April 2018: Barnsley Musculo Skeletal (MSK), Doncaster Smoke Free, Wakefield Tuberculosis (TB), Regional Community Forensic CAMHs Services and Secure Stairs within the Forensics Secure Estate. Work continues on implementation of the Exit Plans from Smoke Free services in Rotherham and Community Diabetes Services in Barnsley. Implementation of a range of Winter Pressures initiatives continues. Following publication of the 2018/19 Annual Planning Guidance, work continues to confirm commissioning intentions and plans for investment in the Mental Health Investment Standard (MHIS) seeking clarity on how additional funds provided to CCGs for specific investment in priority areas; including delivery of the MHIS and Transforming Care for People with Learning Disabilities will be invested. Meetings have been held with all CCGs. Contract variations relating to 2018/19 need to be agreed by 23rd March 2018.

### Commissioning for Quality and Innovation (CQUIN)

Barnsley and West Commissioners have confirmed full achievement of Q3 CQUINs. Final confirmation from NHSE regarding Forensic services for Q3 required.

### Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across Intermediate care, Respiratory, MSK, Diabetes and Stroke services. Key priorities include mobilisation of the new MSK service and implementation of the exit from Diabetes services which transfer to Barnsley Hospitals NHS Foundation Trust on 1 April 2018. The Alliance Agreement and underlying Service Contracts have been agreed.

### Contracting Issues - Calderdale

Key priorities relate to a sustainable 24/7 crisis resolution service and pressures within Psychology services. A specialist ASD Service for Adults will be enhanced in 2018/19. Key ongoing work streams include the mobilisation and implementation of the expansion of IAPT services to Long Term Conditions and full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Development of the THRIVE model of delivery for CAMHs services in Calderdale continues between commissioners and providers.

### Contracting Issues - Kirklees

The current priority areas of work related to Kirklees CCGs contracts include IAPT services and expansion to Long Term Conditions and the reconfiguration of adult mental health rehabilitation services. A specialist ASD Service for Adults will be enhanced in 2018/19.

### Contracting Issues - Wakefield

A key ongoing work stream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Transformation of CAMHs services remains a key priority and work stream with commissioners. Mobilisation continues in relation to the new contract for the provision of TB services commencing 1 April 2018.

### Contracting Issues - Forensics

Following successful award of the Lead Provider role for the Yorkshire & Humber delivery of Community Forensic CAMHs services work continues on mobilisation. A bid to NHSE to support the implementation of Secure Stairs within the Forensics Secure Estate at Adel Beck was confirmed successful and work is ongoing with NHSE regarding mobilisation and contracting arrangements.

### Contracting Issues - Other

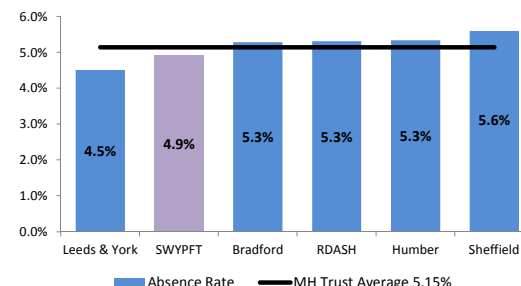
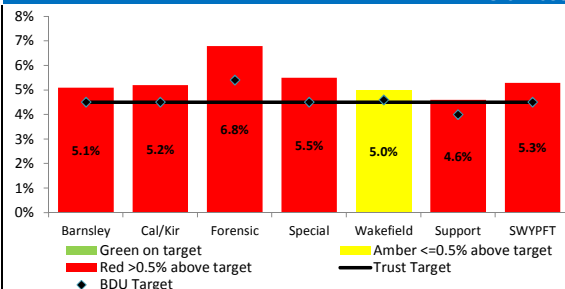
Meetings with Doncaster Commissioners continues regarding the mobilisation plan for the new Smoke Free Services model to commence 1 April 2018. Work continues on implementation of the exit from Smoke Free services in Rotherham. A contract extension for three years for the continued provision of Smoke Free Services in Wakefield has been agreed.



## Workforce

### Human Resources Performance Dashboard - February 2018

#### Sickness Absence



The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2017 to August 2017. During this time the Trust's absence rate was 4.93% which is below the regional average of 5.15%.

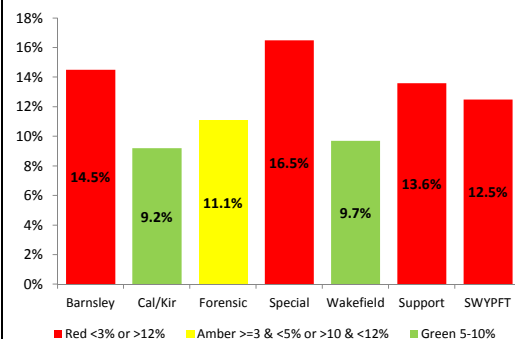
#### Current Absence Position and Change from Previous Month - February 2018

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.8%	5.1%	6.8%	6.4%	7.7%	5.4%	5.9%
Change	↓	↓	↓	↑	↓	↓	↓

The Trust YTD absence levels in February 2018 (chart above) were above the overall 4.5% target at 5.3%.

The YTD cost of sickness absence is £5,762,693. If the Trust had met its target this would have been £4,939,451 saving £823,242.

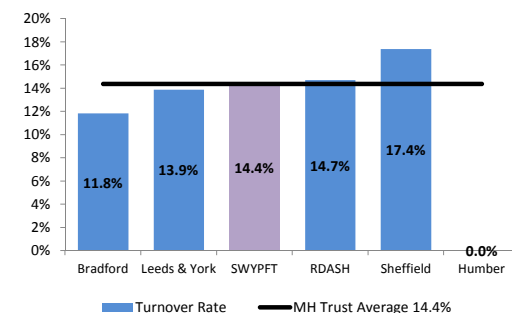
#### Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of February 2018.

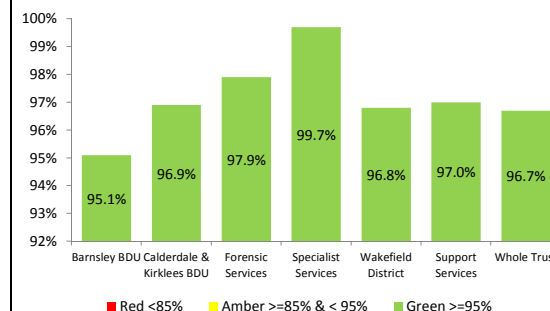
\*The turnover data excludes recently TUPE'd services

- The Trust is now part of the NHS Retention Support Programme and a Retention Plan has been agreed by the EMT.
- In Barnsley there has been a large number of retirements in addition to the redundancies related to service decommissioning/transfer/tendering which accounts for over 30% of the reasons why staff have left.
- Specialist Service again just over 25% have left for either retirement or termination of contracts.



This chart shows turnover rates in MH Trusts in the region for the 12 months ending in September 2017. The turnover rate shows the percentage of staff leaving the organisation during the period. SWYPFT figures exclude decommissioned service changes. This is calculated as: leavers/average headcount. Figures for Humber are not available.

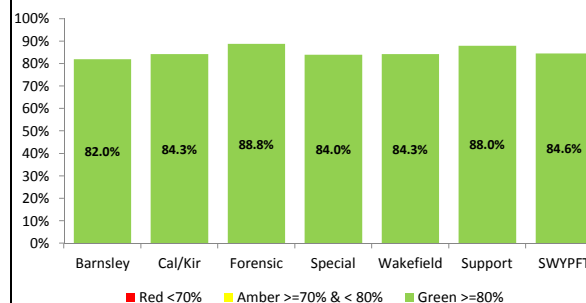
#### Appraisal Data - All Staff



The above chart shows the appraisal rates for all staff for the Trust to the end of February 2018.

The appraisal target is 95% and over. For staff at Band 6 and above, all appraisals should be completed by the end of June and Band 5 and below, by end of September in each financial year.

#### Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of February 2018. The Trust continues to achieve its 80% target for fire lecture training.



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## Workforce - Performance Wall

Trust Performance Wall																	
Month	Objective	CQC Domain	Owner	Threshold	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.4%	5.1%	5.1%	4.8%	4.7%	4.7%	4.8%	4.9%	4.9%	4.9%	5.0%	5.1%	5.2%	5.3%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.8%	5.3%	4.8%	4.6%	4.8%	5.0%	5.2%	5.0%	5.2%	5.6%	5.7%	6.1%	5.8%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	94.4%	94.9%	5.2%	17.6%	61.3%	80.9%	89.0%	91.0%	92.7%	97.6%	98.1%	97.9%	97.8%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	92.8%	93.6%	1.9%	5.3%	18.4%	31.1%	46.2%	75.8%	82.7%	95.5%	95.7%	95.9%	95.9%
Aggression Management	Improving Care	Well Led	AD	>=80%	77.2%	76.6%	76.4%	75.6%	78.1%	76.6%	77.0%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	73.8%	73.9%	75.2%	75.3%	74.7%	73.1%	71.9%	73.4%	72.8%	75.4%	76.6%	77.0%	78.5%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	60.4%	62.2%	64.8%	65.3%	69.1%	74.6%	77.3%	79.2%	80.7%	82.3%	82.5%	83.8%	85.3%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.4%	88.2%	87.3%	86.6%	86.0%	86.6%	87.1%	85.7%	85.4%	87.0%	86.9%	88.3%	88.9%
Fire Safety	Improving Care	Well Led	AD	>=80%	82.9%	82.7%	81.5%	82.0%	81.5%	81.8%	82.6%	82.8%	82.8%	83.3%	82.4%	83.8%	84.6%
Food Safety	Improving Care	Well Led	AD	>=80%	82.6%	82.1%	82.6%	81.2%	80.3%	79.1%	79.2%	77.0%	76.2%	78.4%	78.6%	79.3%	77.8%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	83.6%	83.4%	83.0%	83.5%	84.0%	83.7%	83.6%	82.3%	81.8%	83.2%	83.2%	85.0%	86.5%
Information Governance	Improving Care	Well Led	AD	>=95%	95.2%	96.1%	92.0%	91.7%	91.3%	90.4%	89.1%	88.3%	86.2%	85.9%	83.8%	89.2%	95.7%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	81.9%	81.7%	81.1%	77.3%	78.8%	79.3%	79.3%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	53.1%	64.1%	64.9%	69.6%	78.0%	82.5%	86.1%	87.6%	88.9%	90.3%	91.1%	91.0%	91.1%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	30.5%	47.9%	51.2%	56.9%	70.5%	75.0%	80.3%	81.6%	83.4%	84.7%	86.6%	86.4%	86.0%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	39.5%		59.3%			61.0%			64.7%			81.7%	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	89.4%	89.1%	88.5%	88.0%	86.7%	86.2%	86.0%	86.3%	86.3%	87.4%	87.8%	89.0%	89.8%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	87.0%	85.6%	85.5%	84.8%	83.6%	84.3%	84.7%	84.8%	84.1%	85.4%	85.1%	86.7%	87.5%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.7%	93.7%	93.3%	91.2%	91.7%	93.2%	94.2%	94.2%	92.9%	93.4%	93.3%	93.8%	94.3%
Bank Cost	Improving Resources	Well Led	AD	-	£493k	£722k	£398k	£457k	£579k	£576k	£518k	£614k	£545k	£534k	£534k	£604k	£655k
Agency Cost	Improving Resources	Effective	AD	-	£729k	£833k	£501k	£426k	£500k	£457k	£446k	£435k	£515k	£531k	£430k	£465k	£563k
Overtime Costs	Improving Resources	Effective	AD	-	£15k	£12k	£16k	£13k	£9k	£9k	£12k	£12k	£7k	£10k	£8k	£11k	£13k
Additional Hours Costs	Improving Resources	Effective	AD	-	£48k	£53k	£56k	£36k	£48k	£44k	£38k	£45k	£44k	£50k	£39k	£34k	£24k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£527k	£561k	£476k	£504k	£487k	£493k	£527k	£499k	£547k	£550k	£589k	£627k	£518k
Business Miles	Improving Resources	Effective	AD	-	287k	273k	289k	245k	285k	299k	267k	283k	291k	265k	305k	271k	275k

1 - this does not include data for medical staffing.

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## Workforce - Performance Wall cont....

### Notes:

This period has seen most mandatory training subjects either maintain or increase compliance percentages; the only exception to this is Food Safety.

Data Security Awareness has moved from amber to green

### Green Compliance Status:

- Mental Health Act (MHA) – 86% no significant change in compliance from last month. The Trust has begun work developing MHA e-learning courses to meet the refresher compliance requirement in the coming years. New registered clinical staff will be required to attend face to face classroom training to meet their initial competency requirement. There will be the option for non-registered clinical staff to attend face to face classroom training or completing an e-learning course
- Mental Capacity Act (MCA) – 91.1% no significant change in compliance from last month. The Trust has developed e-learning refresher courses. This now provides the resource for the refresher compliance requirement. New registered clinical staff will be required to attend face to face classroom training to meet their initial competency requirement. There will be the option for non-registered clinical staff to attend face to face classroom training or complete the e-learning course
- Equality and Diversity – 88.9% continues to increase each month
- Fire Safety – 84.6% 1% increase on last month. The 95% compliance requirement for ward based staff is monitored at service level. A particular hot spot of low compliance is Barnsley BDU Mental Health Acute Care with 78.3% however, compliance has increased by 13.5% in the previous 2 months
- Infection Control and Hand Hygiene – 86.5% 1.5% increase on last month
- Safeguarding Adults – 89.8% nearly 1% increase on last month
- Safeguarding Children – 87.5% nearly 1% increase on last month. Additional work has been undertaken by the safeguarding team to target 'hotspot' areas
- Sainsbury's Tool – 94.3% ½% increase on last month
- Clinical Risk – 85.3% ½% increase on last month. As well as the e-learning provision, bespoke face to face training has been facilitated for a number of services, giving the opportunity for a collective learning experience through sharing knowledge and exploring scenarios
- Data Security Awareness Level 1 (formally IG) – 95.7% 5.5% increase on last month, moving from amber compliance to green
- Moving and Handling – 85.4% 1.5% increase on last month. This figure may be compromised by the suspension of training in Barnsley BDU due to the closure of the training room at Priory Day unit; an alternative venue has been agreed but requires some minor works. This should be completed by the end of April with training resuming in the BDU in early May. Alternative training dates have been offered at Fieldhead in order to offset some of the loss however travel may be an issue for some staff.

### Amber Compliance Status:

- Food Safety – 78.8% 1.5% decline on last month. The Food Safety team are currently reviewing staff groups for Food Safety training and methods of training, which will aim to target training at staff groups according to their role
- Aggression Management – 78.2% Slight increase from last month at end of February. The MAV team continue to put on extra training sessions to the ones already scheduled to meet demand. The Aggression Management/Physical Interventions is at 87% compliance (Forensic services at 89.7%). The performance for this training as at 13th March was 79%. The sub 80% overall rating is compromised by 72.7% Personal Safety and Breakaway-Non Clinical, and 75.2% De-esc and Breakaway-Clinical. This is currently being reviewed for initiatives to improve the overall compliance data
- Workforce Development have given a compliance percentage at today's date of 78.8%
- Cardio Pulmonary Resuscitation (CPR) – 78.5% this is the fourth consecutive month that CPR compliance has increased (5% over last 4 months) The Team have introduced a number of initiatives to continue to improve compliance – CPR training (ILS) is now incorporated in the Aggression Management/Physical Interventions training. To avoid staff going out of compliance with their ILS training until their renewal date is aligned with their MAV renewal date, the Resuscitation team are providing additional interim ILS training to cover this period. Performance for this training as at 13th March was 80%

### Red Compliance Status:

#### Sickness

- The Trust's year to date position is 5.3%, which continues to be above the Trust's threshold.
- BDUs continue to focus on long term sickness and the recent staffing summit identified some further potential areas which are being explored that may assist with reducing sickness absence.
- Inpatient areas sickness rates are an area for focus and a Health and Wellbeing Trainer has been appointed to focus on supporting staff in these areas.
- A system of immediate referral into Occupational Health using ERostering has been developed for absence due to MSK and Stress.
- A coordinated system for reasonable adjustments or redeployment for staff is being finalised to support people to remain at work
- Further training support is being rolled for managers on wellbeing and effective absence management.
- The Trust has introduced a fast track facility for episodes of sickness related to musculoskeletal and stress management.
- Pilots are taking place in Wakefield and Forensic BDUs to deep dive into the absences.
- Workshops have been established for managers to assist with the management and sickness review process with a focus on wellbeing and attendance.
- The Trust has launched the new Middleground Programme focused on creating Health Teams.
- Staff counselling is now fully recruited to and waiting times have reduced significantly.

## Publication Summary

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

<p><b>NHS England</b></p> <p>Choice in mental health care</p> <p>This guidance provides advice for commissioners, GPs and providers on how to implement patients' legal rights to choose their care provider and the team they see for their mental health care.  <a href="#">Click here for link to guidance</a></p>
<p><b>NHS England</b></p> <p>Technical guidance for refreshing NHS plans for 2018/19</p> <p>This document details the operational planning technical guidance annexes that support the submission of commissioner and provider templates. It should be read in conjunction with the guidance which sets out the expectations for commissioners and providers in updating their operational plans for 2018/19.  <a href="#">Click here for link to technical guidance</a></p>

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

Quarterly performance of the NHS provider sector: quarter 3 2017/18 - NHS Improvement

Bed availability and occupancy: quarter 3, 2017–18

Psychological therapies: reports on the use of IAPT services, England: November 2017 final

NHS outcomes framework indicators: February 2018 release

NHS Improvement update: January/February 2018 - includes resources to assist with delivering a lean management system, and resources to assist with safe sustainable and productive staffing.

NHS Improvement provider bulletin: 21 February 2018 - includes 2016/17 reference cost benchmarking tools, Estates and facilities alert for the reporting of defects and failures

NHS Improvement provider bulletin: 28 February 2018 - includes an article on cyber security and updated requirements for quality reports

NHS Improvement provider bulletin: 7 March 2018 - includes information on the NHS70 Parliamentary Awards nominations and invited Mental health trusts to apply for the chance to win a 'feel good' garden.

NHS Improvement provider bulletin: 14 March 2018 - includes access to a Delayed transfers of care improvement tool, link to resources to support the implementation of General Data Protection Regulation which comes into effect from 25th May 2018,

Annual report on the use of Improving Access to Psychological Therapies services in England: further analyses on 2016-17

Cost effectiveness methodology for vaccination programmes: consultation - Department of health consultation - This consultation seeks views on the recommendations set out by the Cost-Effectiveness Methodology for Vaccination Programmes and Procurement group on whether the methodology for appraising cost effectiveness of vaccination programmes should change. The consultation closes on 21 May 2018.

Healthcare workforce experimental statistics: September 2017

NHS workforce provisional statistics: November 2017

## Publication Summary

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

NHS sickness absence rates: October 2017

Vaccine update: issue 275, February 2018

NHS combined performance summary - Department of Health and Social Care

Data on written complaints in the NHS, experimental statistics: quarter 3, 2017-18

Monthly hospital activity data: January 2018

Early intervention in psychosis access and waiting time statistics: January 2018

Diagnostics waiting times and activity statistical report: January 2018

Delayed transfers of care: January 2018

Care Quality Commission report on the review of children and young people's mental health services

Friends and family test data: January 2018

Provisional monthly hospital episode statistics for admitted patient care, outpatients and accident and emergency data: April 2017 to January 2018

Community services statistics for children, young people and adults, England, experimental statistics: November 2017



**South West  
Yorkshire Partnership**  
NHS Foundation Trust

# Finance Report

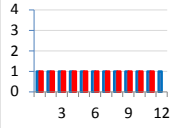
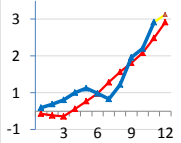
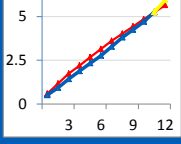
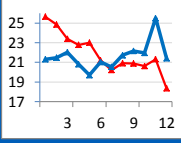
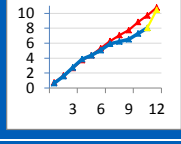
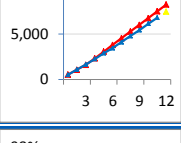
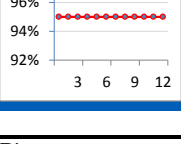
**Month 11  
(2017/18)  
5 ddYbXjI %**

[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)

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	1	1	The NHS Improvement financial and use of resources risk rating is maintained at 1 for the 11 months to the end of February 2018.	
2	Normalised Surplus (inc STF)	£2.4m	£2.6m	February 2018 finance performance excluding STF is a surplus of £0.6m. Including STF this is a surplus of £0.7m. This includes the gain from the sales of two properties and other one-off measures. The cumulative surplus excluding STF is now £1.2m, including STF the surplus is £2.4m.	
3	Agency Cap	£5.3m	£6m	Agency expenditure in February 2018 is the highest YTD at £563k, this exceeds the in-month cap by 37%. For the first time this year cumulative agency expenditure is above the cap by 0.4%. The forecast exceeds the cap by 5% given schemes to improve access times, an increase in medical vacancies and bespoke packages of care.	
4	Cash	£25.5m	£21.4m	The Trust cash position is £4.2m above plan in February with continued focus on working capital management and lower than plan capital expenditure. Two properties planned for sale in 2018/19 have been sold in February resulting in the cash increase. The forecast cash position is also higher than plan.	
5	Capital	£8m	£10.4m	Capital Expenditure is forecast to be £0.3m lower than plan. This includes an additional £0.35m for rollout of the Trustwide WiFi network which has been funded separately as a national project.	
6	Delivery of CIP	£6.8m	£7.5m	Year to date CIP delivery is £0.7m behind plan. The forecast position is £0.8m below plan.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	
<b>Red</b> Variance from plan greater than 15% <b>Amber</b> Variance from plan ranging from 5% to 15% <b>Green</b> In line, or greater than plan					Plan — Actual — Forecast —

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

NHS Improvement has provided an updated Single Oversight Framework for 2018 / 2019 and beyond. There is limited impact on the finance rating.

Area	Weight	Metric	Actual Performance		Plan - Month 11	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.4	1	3.3	1
	20%	Liquidity (Days)	22.7	1	12.0	1
Financial Efficiency	20%	I & E Margin	1.2%	1	1.0%	2
Financial Controls	20%	Distance from Financial Plan	0.2%	1	0.0%	1
	20%	Agency Spend	0.4%	2	-3.6%	1
Weighted Average - Financial Sustainability Risk Rating				1		1

### Impact

The current overall risk rating is 1 which is the highest possible score. The Trust's I & E Margin has exceeded 1% at month 11 reducing the risk rating from 2 to 1. The agency spend risk rating has increased from 1 to 2, month 11 is the first month that year to date agency spend has exceeded plan.

### 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.

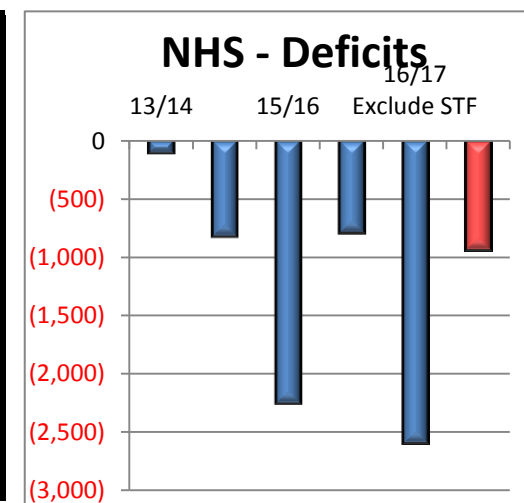
**I & E Margin** - the degree to which the organisation is operating at a surplus/deficit

**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 £5.6m has been set for the Trust in 2017 / 2018. This metric compares performance against this cap.



Provider Type	Plan £m	Forecast £m	Variance £m	Deficit Providers	Variance - Q2 £m	Movement £m
Acute	(1,015)	(1,922)	(907)	99	(1,339)	(583)
Ambulance	(4)	9	13	5	(4)	13
Community	28	24	(4)	5	25	(1)
Mental Health	125	103	(22)	10	118	(15)
Specialist	19	92	73	5	16	76
<b>Total - Deficit</b>	<b>(847)</b>	<b>(1,694)</b>	<b>(847)</b>	<b>124</b>	<b>(1,184)</b>	<b>(510)</b>
Adjustments	(92)	(15)	77		(44)	29
Uncommitted STF	443	778	335		605	173
<b>Adjusted Deficit</b>	<b>(496)</b>	<b>(931)</b>	<b>(435)</b>		<b>(623)</b>	<b>(308)</b>



NHS Improvement published Quarter 3 performance of the NHS Provider Sector 21st February 2018.

This summarises operational and financial performance for the period of April 2017 to December 2017.

Operational pressures being experienced within the NHS have been widely publicised. At a summary level, rising demand for services, high levels of bed occupancy ( including the effects experienced from delays in transfer of care ) and continued workforce issues meant that the NHS National Emergency Pressures panel advised Trusts to prioritise emergency activity over non-urgent inpatient elective care.

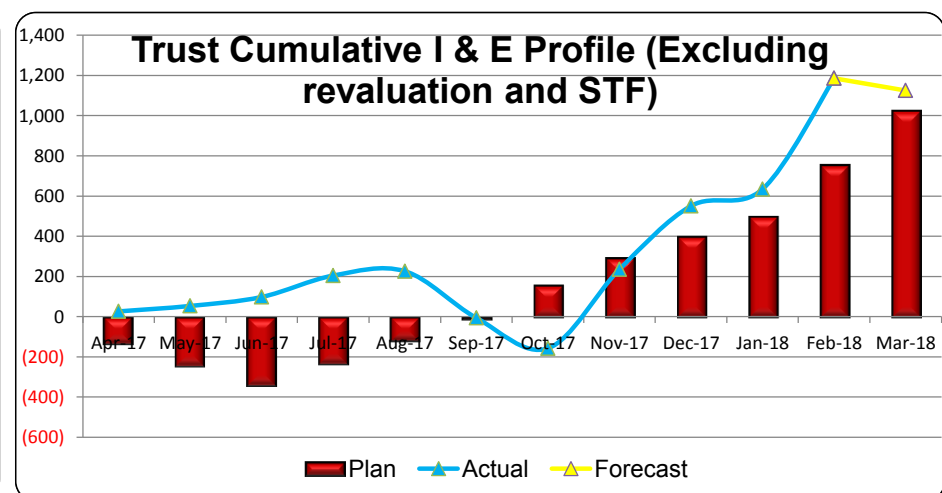
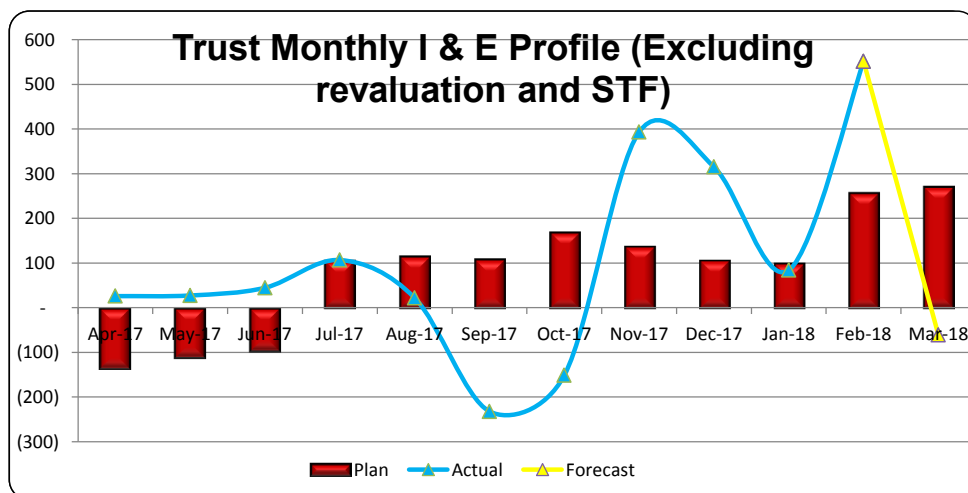
This has had a direct significant impact on the financial performance of the provider sector primarily within acute providers. As such the overall financial position has deteriorated from £623m deficit forecast in Q2 to £931m at Q3 (movement of £308m). The majority of this financial decline is within a minority of providers. Current CCG overspends are forecast at £471m.

This position includes approximately 70% of the additional £337m given to the NHS in the November 2017 budget. It also includes £569m in Sustainability and Transformation (STF) funding.

Overall 139 Trusts (59%) reported a deficit at Q3, an increase of 4 from the same period in 16/17.

As a result of this many Trusts are not delivering against their targets and control totals. At Q3 nearly £800m remained uncommitted which will be passed into the sector through the STF incentive and bonus scheme.

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,222	16,922	(300)	Clinical Revenue	189,783	188,212	(1,571)	206,967	204,792	(2,175)
				<b>17,222</b>	<b>16,922</b>	<b>(300)</b>	<b>Total Clinical Revenue</b>	<b>189,783</b>	<b>188,212</b>	<b>(1,571)</b>	<b>206,967</b>	<b>204,792</b>	<b>(2,175)</b>
				1,058	1,280	222	Other Operating Revenue	12,815	12,899	85	13,994	14,183	189
				<b>18,280</b>	<b>18,202</b>	<b>(77)</b>	<b>Total Revenue</b>	<b>202,598</b>	<b>201,112</b>	<b>(1,486)</b>	<b>220,961</b>	<b>218,975</b>	<b>(1,986)</b>
4,255	4,096	(159)	3.7%	(14,163)	(13,781)	382	Pay Costs	(156,291)	(152,171)	4,120	(170,454)	(166,205)	4,249
				(3,232)	(3,552)	(320)	Non Pay Costs	(37,897)	(39,745)	(1,848)	(41,238)	(44,054)	(2,817)
				76	424	348	Provisions	491	441	(49)	606	1,617	1,011
<b>4,255</b>	<b>4,096</b>	<b>(159)</b>	<b>3.7%</b>	<b>(17,319)</b>	<b>(16,909)</b>	<b>410</b>	<b>Total Operating Expenses</b>	<b>(193,697)</b>	<b>(191,474)</b>	<b>2,223</b>	<b>(211,086)</b>	<b>(208,643)</b>	<b>2,443</b>
<b>4,255</b>	<b>4,096</b>	<b>(159)</b>	<b>3.7%</b>	<b>960</b>	<b>1,293</b>	<b>333</b>	<b>EBITDA</b>	<b>8,901</b>	<b>9,637</b>	<b>736</b>	<b>9,875</b>	<b>10,332</b>	<b>457</b>
				(426)	(466)	(40)	Depreciation	(5,074)	(5,384)	(310)	(5,500)	(5,861)	(361)
				(283)	(284)	(1)	PDC Paid	(3,114)	(3,123)	(9)	(3,397)	(3,407)	(10)
				4	8	4	Interest Received	41	56	14	45	61	16
<b>4,255</b>	<b>4,096</b>	<b>(159)</b>	<b>3.7%</b>	<b>255</b>	<b>551</b>	<b>296</b>	<b>Normalised Surplus / (Deficit) Excl.STF</b>	<b>754</b>	<b>1,186</b>	<b>432</b>	<b>1,023</b>	<b>1,125</b>	<b>102</b>
				163	163	0	STF	1,232	1,232	0	1,394	1,496	102
<b>4,255</b>	<b>4,096</b>	<b>(159)</b>	<b>3.7%</b>	<b>418</b>	<b>714</b>	<b>296</b>	<b>Normalised Surplus / (Deficit) Incl SFT</b>	<b>1,986</b>	<b>2,418</b>	<b>432</b>	<b>2,417</b>	<b>2,621</b>	<b>204</b>
				0	0	0	Revaluation of Assets	0	(908)	(908)	0	(908)	(908)
<b>4,255</b>	<b>4,096</b>	<b>(159)</b>	<b>3.7%</b>	<b>418</b>	<b>714</b>	<b>296</b>	<b>Surplus / (Deficit)</b>	<b>1,986</b>	<b>1,510</b>	<b>(476)</b>	<b>2,417</b>	<b>1,713</b>	<b>(704)</b>



## Income & Expenditure Position 2017 / 2018

Gains on disposal of two Trust properties have enabled the Trust to report an in month surplus of £296k. This contributes to an improved forecast position although significant operational and financial pressures remain.

### **Month 11**

The February position is a pre STF surplus of £551k. The normalised year to date position is a pre STF surplus of £1,186k and a post STF surplus of £2,418k. This is £432k ahead of plan. The key headlines are below.

Month 11 includes gains from the disposal of CNDH and Bridwell properties of £353k. Excluding this gain the year to date position would be £79k ahead of plan. It also includes income from Kirklees CCG related to a bespoke package of care. Month 11 is similar to the trend throughout the year with underspends on pay and non clinical non pay areas such as travel and office costs being offset by out of area bed costs and income lower than plan. Shortfalls within the Trust CIP programme continue to be met within the overall bottom line position ensuring that the year to date position remains ahead of plan.

### **Income**

Income for the year to date is £1.6m lower than plan with the full breakdown on page 8. This is primarily due to changes in commissioned services with the majority of income received as per agreed contracts.

National Winter Pressures funding has been received. For the Trust this totals £0.2m and additional expenditure is being incurred within the BDUs to meet its targets and requirements.

### **Pay Expenditure**

The Trust continues to run with a number of vacancies and utilises temporary (both internal bank and external agency) staff to meet clinical and service requirements. The most significant pay savings year to date are within Nursing, Medical and Psychology. Agency expenditure in February has increased as forecast with increases focused within inpatient services. The level of spend in month was 37% over the cap limit of £410k. Cumulatively agency expenditure has exceeded the cap for the first time this year by 0.4% (£19k).

### **Non Pay Expenditure**

February out of area bed spend was £373k, this is the highest monthly spend this year and nearly double the January expenditure amount. The cumulative overspend is now £1.9m. Drugs expenditure and clinical supplies such as dressings also remain pressures. These are currently being partly offset by non clinical spend areas such as travel, office costs and property. Excluding out of area beds and drugs costs non-pay is showing a £0.8m saving.

### **Forecast**

The current forecast is reported as £1,125k which is £102k better than plan. This is recognition of the gain of disposal of properties recorded in month 11 which is then partially offset by continued, and increased, pressures in Out of Area bed usage.

Other significant risks including CIP delivery, reduced service provision and CQUIN delivery have been considered within this position.

Agency expenditure is forecast to end the year £291k (5%) higher than the cap.

## 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 6). The majority of Trust income is secured through block contracts and therefore there has traditionally been little variation to plan.

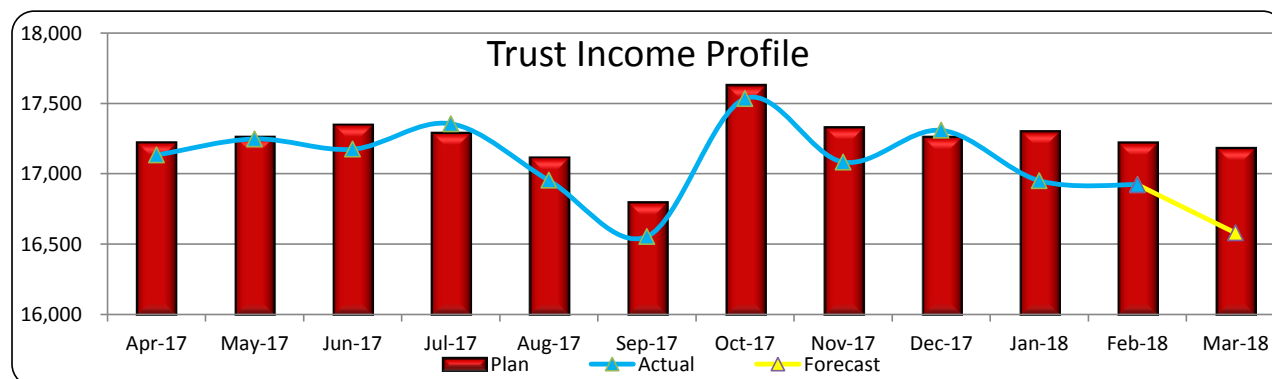
The budget values are reconciled against signed and agreed contracts with any movement highlighted.

The year to date and forecast variances are shown below. This highlights the most significant variance relates to changes in income relating to Intermediate Care. Delivery of this service has changed in year and forms part of our ongoing Alliance / Accountable Care system arrangement.

Ahead of year end a review is being undertaken to ensure that all invoices have been raised. This also assesses risk of recovery of this income.

Commissioner	Year to Date			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	139,278	139,104	(174)	(18)	(156)	(174)
Specialist Commissioner	21,388	21,388	(0)	0	(0)	(0)
Alliance	12,380	10,568	(1,812)	0	(1,812)	(1,812)
Local Authority	4,536	4,441	(95)		(95)	(95)
Partnership	6,305	6,305	0	0	0	0
Other	5,895	6,405	510	0	510	510
<b>Total</b>	<b>189,783</b>	<b>188,212</b>	<b>(1,571)</b>	<b>0</b>	<b>(1,552)</b>	<b>(1,571)</b>

Commissioner	Forecast			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	151,611	151,248	(363)	(154)	(209)	(363)
Specialist Commissioner	23,333	23,333	(0)	0	(0)	(0)
Alliance	13,712	11,470	(2,241)	0	(2,241)	(2,241)
Local Authority	4,970	4,855	(115)		(115)	(115)
Partnership	6,879	6,879	0	0	0	0
Other	6,463	7,006	544	0	544	544
<b>Total</b>	<b>206,967</b>	<b>204,792</b>	<b>(2,175)</b>	<b>(154)</b>	<b>(2,021)</b>	<b>(2,175)</b>



CQUIN Risk - Summary		
	YTD	Forecast
Wellbeing Improvement	0	136
Ill Health by Risky behaviour	18	18
STP Reserve	0	0
<b>Total</b>	<b>18</b>	<b>154</b>

## 2.1 Pay Information

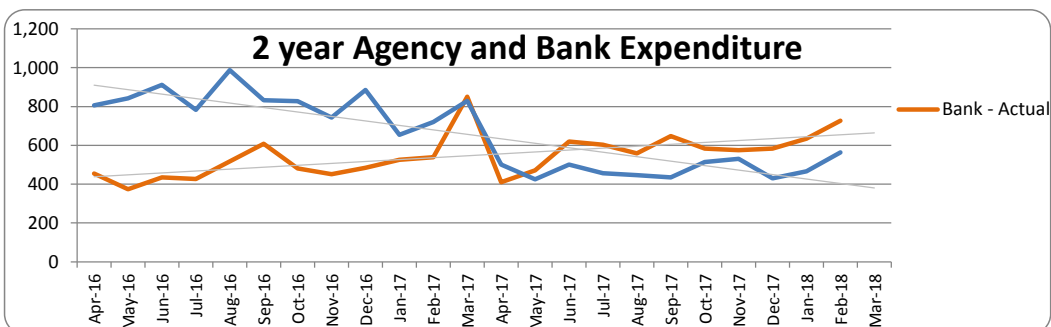
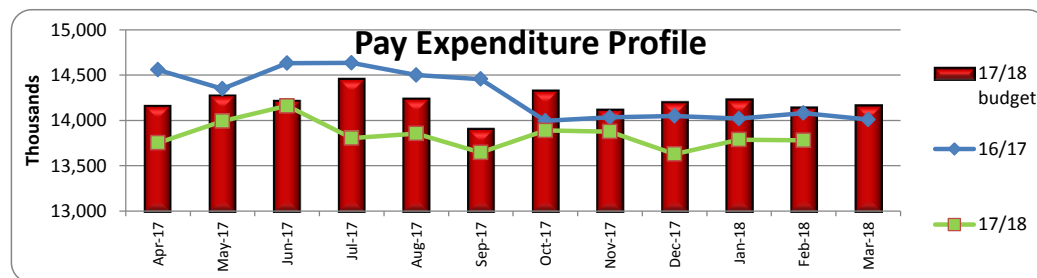
Our workforce is our greatest asset and one in which we continue to invest in ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for circa 75% of total Trust expenditure.

The Trust workforce strategy continues to be developed but 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.

	Apr-17 £k	May-17 £k	Jun-17 £k	Jul-17 £k	Aug-17 £k	Sep-17 £k	Oct-17 £k	Nov-17 £k	Dec-17 £k	Jan-18 £k	Feb-18 £k	Mar-18 £k	Total £k
<b>Substantive</b>	12,841	13,094	13,040	12,842	12,850	12,509	12,791	12,771	12,616	12,688	12,491		<b>140,532</b>
<b>Bank &amp; Locum</b>	411	472	620	505	558	701	583	575	583	635	727		<b>6,370</b>
<b>Agency</b>	501	426	500	457	446	435	515	531	430	465	563		<b>5,269</b>
<b>Total</b>	<b>13,752</b>	<b>13,992</b>	<b>14,161</b>	<b>13,804</b>	<b>13,854</b>	<b>13,645</b>	<b>13,889</b>	<b>13,876</b>	<b>13,629</b>	<b>13,788</b>	<b>13,781</b>	<b>0</b>	<b>152,171</b>
16/17	14,559	14,350	14,633	14,634	14,502	14,456	13,994	14,034	14,050	14,020	14,081	14,008	<b>171,321</b>
Bank as %	3.0%	3.4%	4.4%	3.7%	4.0%	5.1%	4.2%	4.1%	4.3%	4.6%	5.3%		<b>4.2%</b>
Agency as %	3.6%	3.0%	3.5%	3.3%	3.2%	3.2%	3.7%	3.8%	3.2%	3.4%	4.1%		<b>3.5%</b>

Year to Date expenditure - by staff group				
	Substantive £k	Temp £k	Agency £k	Total £k
Medical	16,353	410	2,496	19,258
Nursing Registered	49,013	2,204	572	51,788
Nursing Unregistered	16,028	2,812	1,231	20,071
Other	35,750	373	921	37,044
Admin	23,344	616	50	24,010
<b>Total</b>	<b>140,488</b>	<b>6,414</b>	<b>5,269</b>	<b>152,171</b>

February WTE Analysis					
	Budgeted	Contracted	Bank	Agency	Variance
Medical	212	170	3	20	(19)
Qualified Nursing	1,436	1,272	62	14	(87)
Unqualified Nursing	695	605	119	46	75
Other Clinical	850	773	9	10	(59)
A & C	839	755	26	2	(56)
Other	337	290	6	2	(39)
Staff Vacancy Factor	(113)	0	0	0	113
<b>Total</b>	<b>4,255</b>	<b>3,864</b>	<b>225</b>	<b>94</b>	<b>(72)</b>



### Key Messages

Both 2016/17 and 2017/18 have seen an increased focus on reducing agency staffing. The graph above shows the downward trend in the use of agency staffing until September 2017 when it increased as a result of additional Agency Medical usage to cover vacancies and initiatives to improve access in some services. The recent increased expenditure on Bank and Agency is driven by increases in medical and nursing spend and are forecast to reach levels last seen in 2016/17. Some agency staff have moved to bank posts and a more moderate increase in month on month bank usage can be seen.

The WTE Analysis table above presents the budgeted WTE across staffing categories and demonstrates that whilst overall agency and bank usage are covering a significant proportion of gaps in services particularly in nursing, the actual staffing profile is currently altered from plan with the use of temporary staff.

**The NHS Improvement agency cap is forecast to be breached by 5%**

**February spend is the highest during 2017/18; March spend is forecast at levels last seen in 2016/17**

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

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

The Trust had experienced increased levels of agency spend rising from £3.6m in 2013 / 2014 to £9.8m in 2016 / 2017. This increase was across all staffing groups.

These trends were being experienced nationally within the NHS and as a result NHS Improvement introduced a number of metrics and guidance designed to support Trusts reducing their reliance and spend on agency staff. One of these measures was the introduction of a maximum agency cap (as monitored within the Trusts risk rating). The Trust cap for 2016 / 2017 was £5.1m and was breached by 93%.

The realisation of a number of actions from work streams established in 2016 / 2017 has resulted in reduced agency spend in the current year. These can be allocated to 2 main themes :

\* Reduction in the number of agency staff used - this is especially evident within the Admin & Clerical category where the Trust currently has 2 wte individually approved to the end of February.

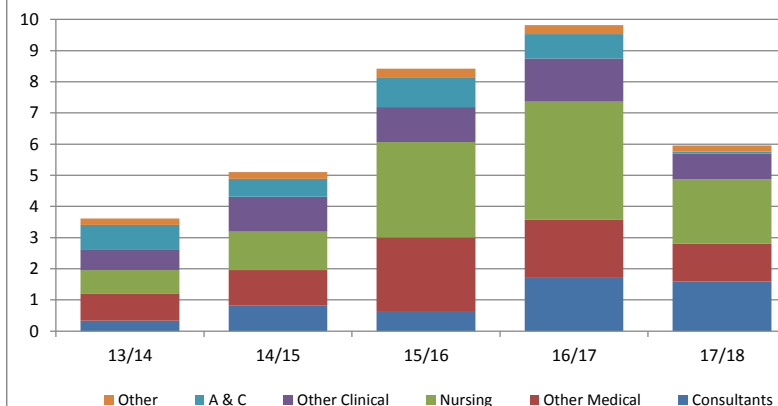
\* Reduction in the hourly rate paid. In particular this relates to qualified nursing staff who are now all paid within the NHS Improvement capped rates. 16 out of 20 medical locums continue to be paid higher than the NHSI caps. These have been individually approved by the Trust Medical Director and are reported weekly to NHSI.

Agency expenditure in February is £563k, the highest monthly expenditure in 2017/18. This breaches the agency cap (£410k) for the fifth month and agency spend is forecast to be higher than cap for the remainder of the year. The forecast outturn at February is £291k (5%) above cap.

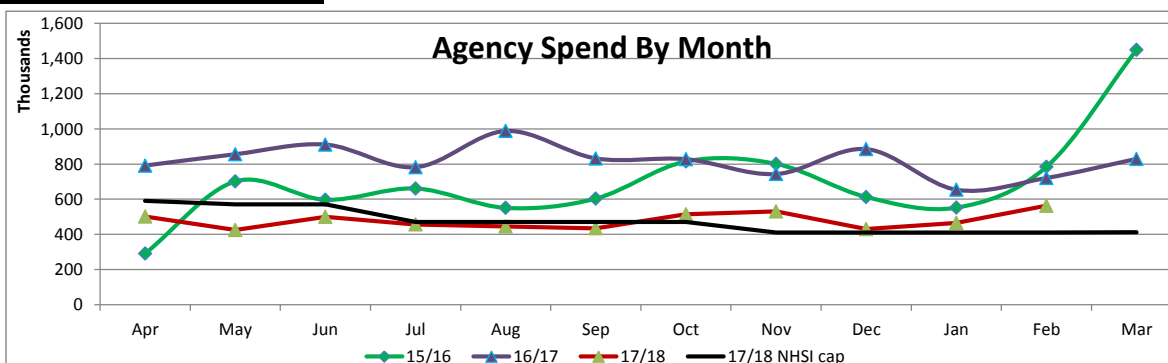
Medical agency is forecast to increase towards year end; the majority of these posts are covering vacancies. Nursing agency is also forecast to increase in response to increasing acuity levels across several inpatient units and also to support a bespoke package in Forensic BDU. This increase will take expenditure levels to those not seen since 2016/17.

Across all agency categories spend has reduced on 2016 / 2017. YTD has reduced by £3.9m (39%).

**Agency Expenditure Trends (£m)**



**Agency Spend By Month**

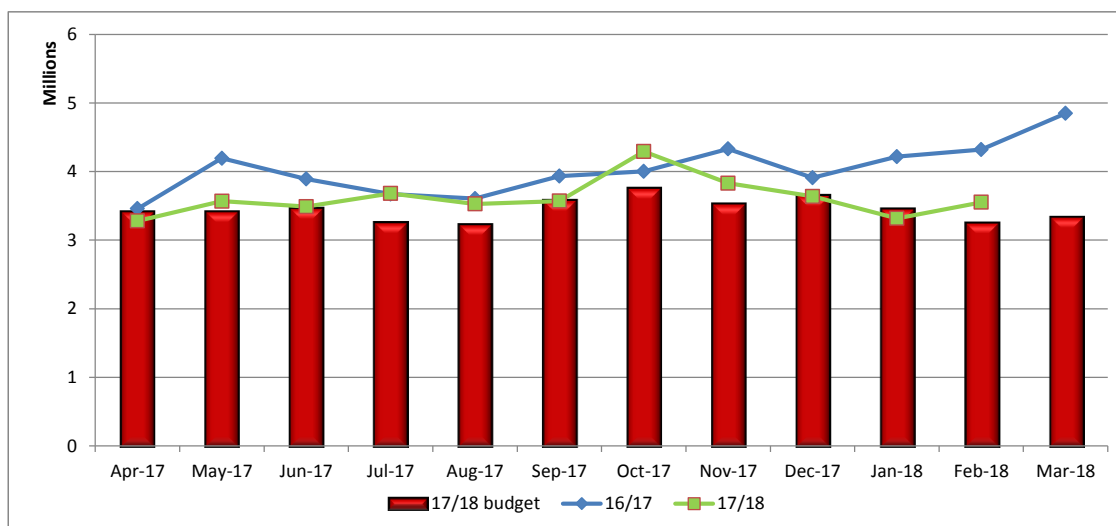


Whilst pay expenditure represents approximately 75% of all Trust spend non pay expenditure presents a number of key financial challenges. This analysis focusses on non pay expenditure within the BDUs and Corporate Services and therefore excludes provisions and capital charges (depreciation and PDC).

The Trust is forecasting to spend considerably less on non pay compared to last year. For the year to date this is £3.8m less than the same period in 2016 / 2017. This is driven by a number of key areas which are highlighted below. Excluding the impact of out of area and drugs a saving against plan of £782k has been achieved to date.

	Apr-17 £k	May-17 £k	Jun-17 £k	Jul-17 £k	Aug-17 £k	Sep-17 £k	Oct-17 £k	Nov-17 £k	Dec-17 £k	Jan-18 £k	Feb-18 £k	Mar-18 £k	Total £k
<b>2017 / 2018</b>	3,281	3,568	3,488	3,681	3,529	3,570	4,292	3,829	3,637	3,318	3,552		<b>39,745</b>
<b>2016 / 2017</b>	3,459	4,193	3,890	3,671	3,604	3,931	4,002	4,331	3,909	4,217	4,322	4,849	<b>48,379</b>

	Budget YTD £k	Actual YTD £k	Variance £k
<b>Non Pay Category</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>
Clinical Supplies	2,753	3,066	(313)
Drugs	2,775	3,539	(764)
Healthcare subcontracting	3,208	5,074	(1,866)
Hotel Services	1,909	1,613	297
Office Supplies	3,911	4,083	(172)
Other Costs	4,063	3,643	419
Property Costs	6,217	6,274	(57)
Service Level Agreements	5,527	5,534	(7)
Training & Education	735	787	(52)
Travel & Subsistence	4,015	3,564	451
Utilities	1,374	1,161	213
Vehicle Costs	1,410	1,406	4
<b>Total</b>	<b>37,897</b>	<b>39,745</b>	<b>(1,848)</b>
<b>Total Excl OOA and Drugs</b>	<b>31,914</b>	<b>31,132</b>	<b>782</b>



### Key Messages

Healthcare subcontracting relates to the purchase of all additional bed capacity. As such this includes commissioner commissioned activity which is provided through this method. The Out of Area focus provides further details on this.

Drugs continue to present a significant financial pressure. The changes to the supply of drugs to the Trust are now embedded and actions are commencing to identify savings opportunities. Drugs expenditure analysis has also highlighted the impact that changes in drugs prices (for example increase in drug costs due to concessions applied to two widely prescribed drugs) which is adding additional cost.

Underspends on Utilities includes a refund on rates relating to properties being disposed.

Central funding of Microsoft licences has ceased creating a pressure of £433k in the year.

Cost reductions and savings are being made where ever possible and have focussed on non-clinical areas such as travel and office supplies.



## 2.1

## Out of Area 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 trends are highlighted below.

- Specialist health care requirements of the Service User not available directly from the Trust or not specifically commissioned.
- No current bed capacity to provide appropriate care

On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust footprint.

This analysis excluded activity relating to Locked Rehab in Barnsley.

### Out of Area Expenditure Trend (£)

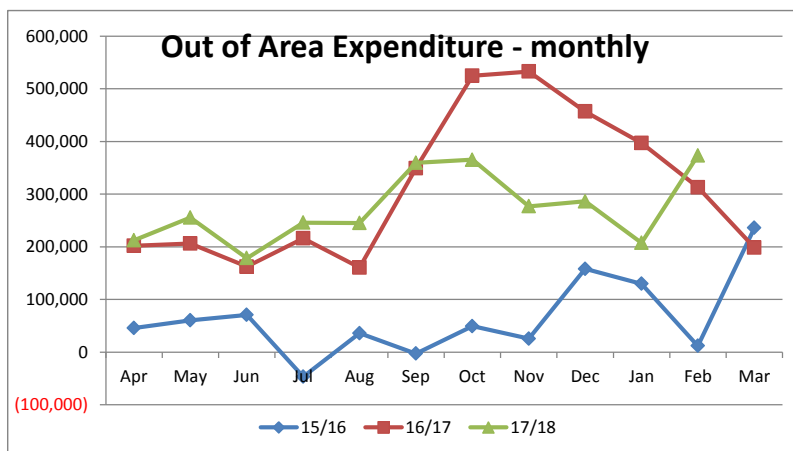
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365	277	286	208	373		3,005

### Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
15/16	104	152	192	190	246	42	92	119	180	338	439	504	2,598
16/17	294	272	343	310	216	495	755	726	679	624	416	364	5,494
17/18	282	367	253	351	373	427	479	434	414	276	631		4,287

### Bed Day Information 2017 / 2018 (by category)

PICU	199	168	168	169	195	216	239	314	216	153	245		2,282
Acute	83	192	85	182	148	181	209	119	168	92	358		1,817
Gender	0	7	0	0	30	30	31	1	30	31	28		188



Expenditure on Out of Area placements increased significantly during 2016 / 2017 but through continued action usage did reduce in Quarter 4. This trend continued in Quarter 1 2017 / 2018 but increased again during Quarter 2, the main factor being high demand observed across the Trust and also nationally. Early indications showed a pilot led by the Trust Project Board to reduce out of area placements (starting December) was effective with out of area bed days reducing steadily.

In February there has been unprecedented demand for services requiring 631 out of area bed days, the forecast has been updated to reflect the increased usage.

The year to date overspend, for the activity covered in this section of the report, is £1.9m.

During February 2017 the Trust has had up to 11 PICU patients out of area due to the level of acuity. Teams are working hard to provide safe, alternative options to acute admission.

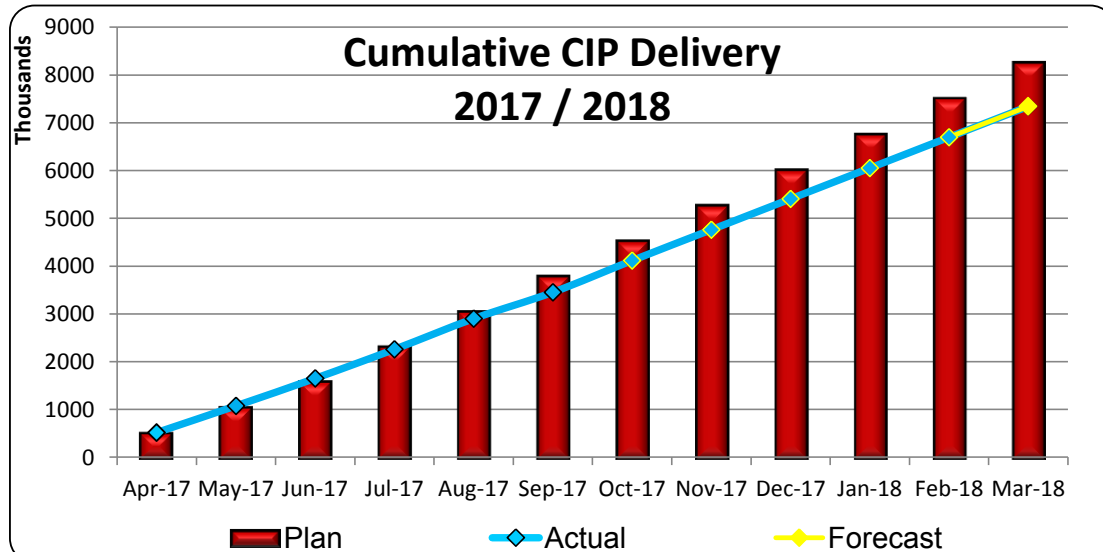


## 2.1 Cost Improvement Programme 2017 / 2018

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Cumulative	537	1,074	1,610	2,341	3,072	3,809	4,546	5,283	6,021	6,768	7,515	8,262	7,515	8,262

Delivery as originally planned	401	809	1,272	1,769	2,261	2,744	3,286	3,821	4,330	4,889	5,398	5,907	5,398	5,907
Mitigations - Recurrent & Non-Recurrent	116	266	378	490	639	706	829	974	1,117	1,267	1,418	1,568	1,418	1,568
Total Delivery	516	1,075	1,650	2,259	2,900	3,450	4,115	4,794	5,447	6,157	6,816	7,475	6,816	7,475

Variance	(20)	1	40	(82)	(173)	(359)	(431)	(489)	(574)	(611)	(699)	(787)	(699)	(787)
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The Trust identified a CIP programme for 2017 / 2018 which totals £8.3m. This included £1.6m of unidentified savings for which specific schemes need to be defined and delivered.

Savings identified against the Cost Improvement Programme total £6.8m to date. This is £0.7m behind plan. The majority (79%) has been delivered in line with original savings plans.

The shortfall in schemes identified continues to be managed within the Trust overall financial position. Additional savings schemes have been identified for 2018 / 2019. Outline schemes to deliver further savings are also in development.

	2016 / 2017 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	111,199	114,919	115,335	1
<b>Current Assets</b>				
Inventories & Work in Progress	166	215	166	
NHS Trade Receivables (Debtors)	2,138	1,999	1,746	2
Other Receivables (Debtors)	8,289	6,992	8,429	3
Cash and Cash Equivalents	26,373	21,320	25,494	4
<b>Total Current Assets</b>	<b>36,966</b>	<b>30,526</b>	<b>35,834</b>	
<b>Current Liabilities</b>				
Trade Payables (Creditors)	(7,213)	(6,034)	(6,341)	5
Capital Payables (Creditors)	(1,157)	(752)	(866)	5
Accruals	(9,912)	(12,372)	(10,748)	6
Deferred Income	(754)	(950)	(789)	
<b>Total Current Liabilities</b>	<b>(19,036)</b>	<b>(20,108)</b>	<b>(18,744)</b>	
<b>Net Current Assets/Liabilities</b>	<b>17,929</b>	<b>10,418</b>	<b>17,090</b>	
<b>Total Assets less Current Liabilities</b>	<b>129,128</b>	<b>125,337</b>	<b>132,425</b>	
Provisions for Liabilities	(7,550)	(5,763)	(6,291)	
<b>Total Net Assets/(Liabilities)</b>	<b>121,578</b>	<b>119,574</b>	<b>126,135</b>	
<b>Taxpayers' Equity</b>				
Public Dividend Capital	43,665	43,665	44,015	
Revaluation Reserve	18,766	18,413	22,445	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,928	52,276	54,454	7
<b>Total Taxpayers' Equity</b>	<b>121,578</b>	<b>119,574</b>	<b>126,135</b>	

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 16. Year to date spend is less than plan. The main increase in value relates to the impact of the annual revaluation exercise.

2. NHS debts remain slightly lower than plan. Accrued income is being reviewed to ensure all appropriate invoices are raised.

3. Other debtors are higher than planned. Accrued income is £4.8m including £1.4m with Barnsley CCG and £0.8m relating to STF income.

4. 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 18.

5. Creditors continue to be paid in a timely manner as demonstrated by the Better Payment Practice Code.

6. Accruals remain slightly lower than planned.

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

**Debtor management forms a key part of the Trust cash management process.**

**Debtors remain at a low level although accrued income has increased. Actions are focussed to ensure values are agreed and invoiced.**

The Trust has continued to proactively chase all outstanding debts as part of its cash management process.

The intention of this review and dialogue with outstanding debtors is to reduce the length of time taken to receive cash payment and also identify, and resolve, any issues at the earliest possible opportunity.

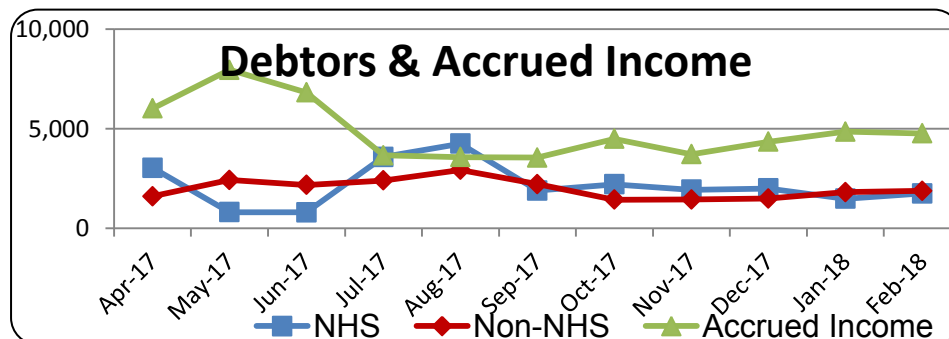
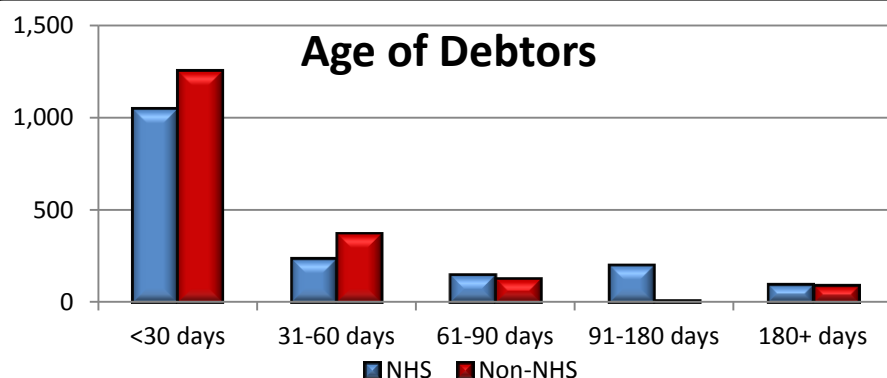
This review is undertaken alongside an assessment of accrued income. This ensures that invoices are being raised in a timely fashion. Based upon values this will either be monthly or quarterly in arrears.

The majority of outstanding debtors, as at the end of February 2018, are less than 60 days (81%). Debts older than 180 days have reduced from £223k to £193k.

All outstanding debts have been reviewed to ensure that a recovery plan is in place. This includes discussions with other organisations to ensure we understand the reason for non-payment and therefore can take appropriate steps to resolve.

The in year profile of debtors is shown to the left. Accrued income has been added for context with invoices continuing to be raised in a timely manner.

Accrued income remains higher than planned primarily due to STP income and outstanding contract variations with main CCG commissioners. These are actively seeking resolution prior to 31st March 2018.



# 3.1

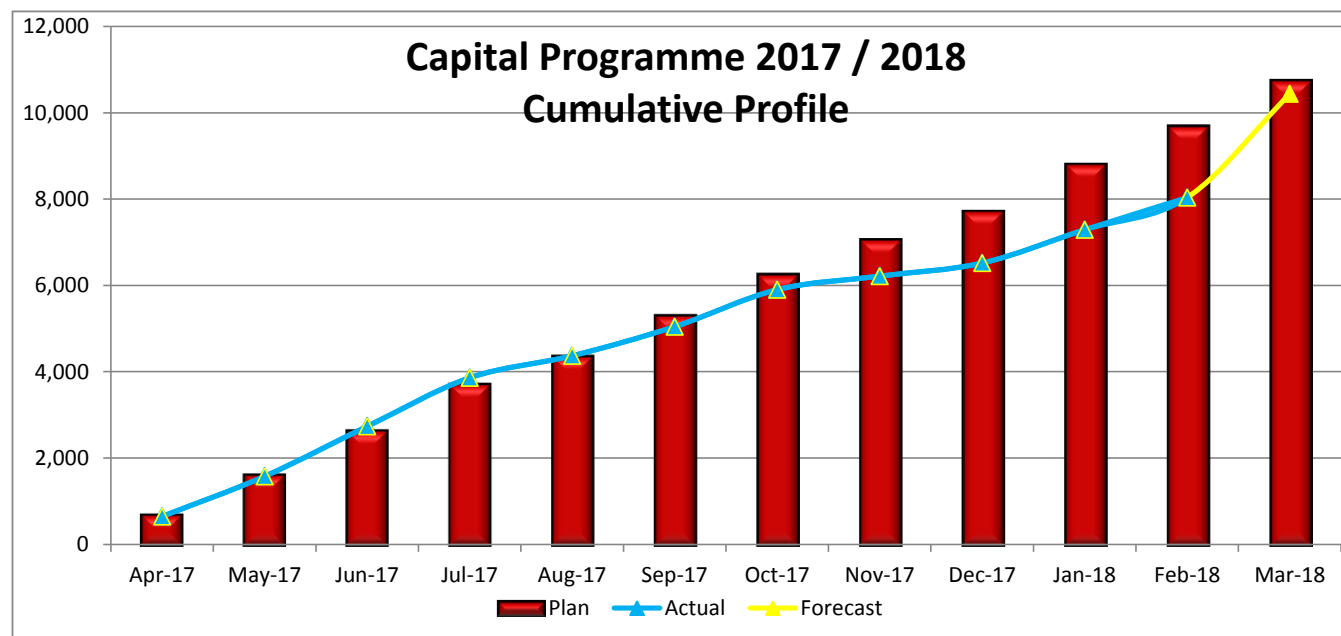
# Capital Programme 2017 / 2018

	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
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	1,558	1,322	1,055	(267)	1,499	(58)	3
Equipment Replacement	44	44	58	14	58	14	
IM&T	2,121	1,876	966	(910)	1,673	(448)	4
<b>Major Capital Schemes</b>							
Fieldhead Non Secure	7,030	6,465	6,043	(422)	7,290	260	2
VAT Refunds	0	0	(86)	(86)	(86)	(86)	
<b>TOTALS</b>	<b>10,753</b>	<b>9,707</b>	<b>8,036</b>	<b>(1,671)</b>	<b>10,435</b>	<b>(318)</b>	1

**Additional funding has been secured to support Trustwide WiFi access. This will be operational by 31st March 2018.**

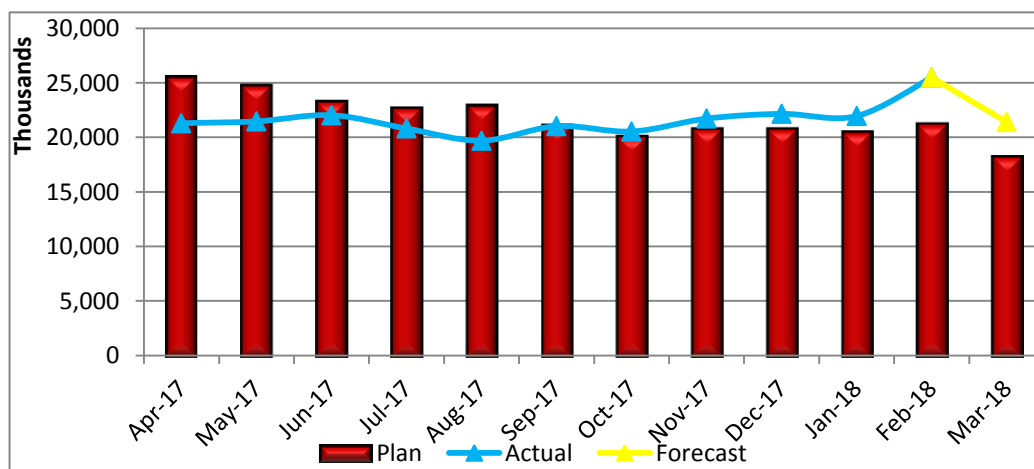
## Capital Expenditure 2017 / 2018

1. The year to date position is £1.7m lower than plan (17%). Forecast spend is £10.4m which includes an additional £0.35m relating to a new Trustwide wifi project.
2. Construction of the Unity Centre continues with phase 4 (Nostell Ward) with the outline structure in place. The impact of recent inclement weather is currently being reviewed.
3. Minor works continue to be reviewed against Trust priorities. The plan for 18/19 is yet to be finalised.
4. Spend includes an additional £0.35m for rollout of the Trustwide WiFi network. This is enabled by new national funding.

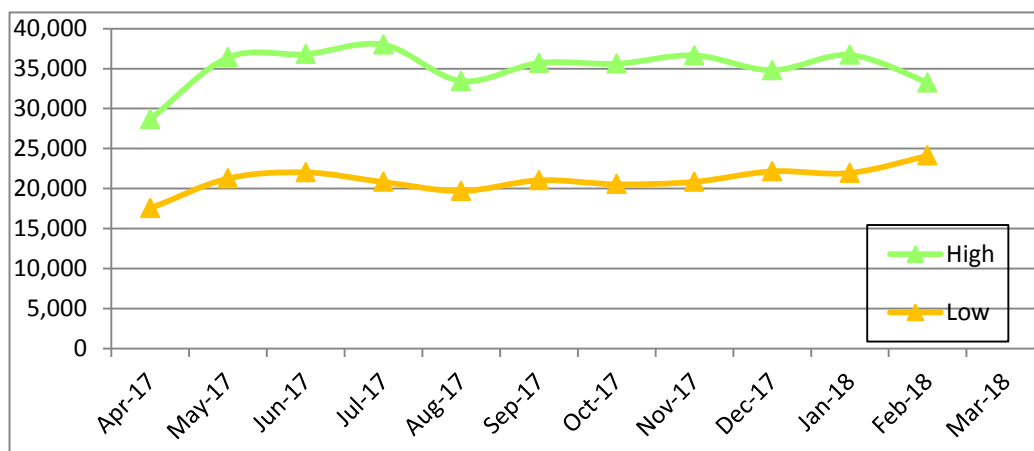


## 3.2

## Cash Flow & Cash Flow Forecast 2017 / 2018



	Plan £k	Actual £k	Variance £k
Opening Balance	25,495	26,373	
Closing Balance	21,320	25,494	4,174



**Cash is £4.2m ahead of plan. Two properties, originally planned for sale in 2018 / 2019, have been sold in February 2018.**

Two properties have been sold in month resulting in the cash increase. This is due to decrease in month 12 due to the payment of PDC.

A detailed reconciliation of working capital compared to plan is presented on page 18.

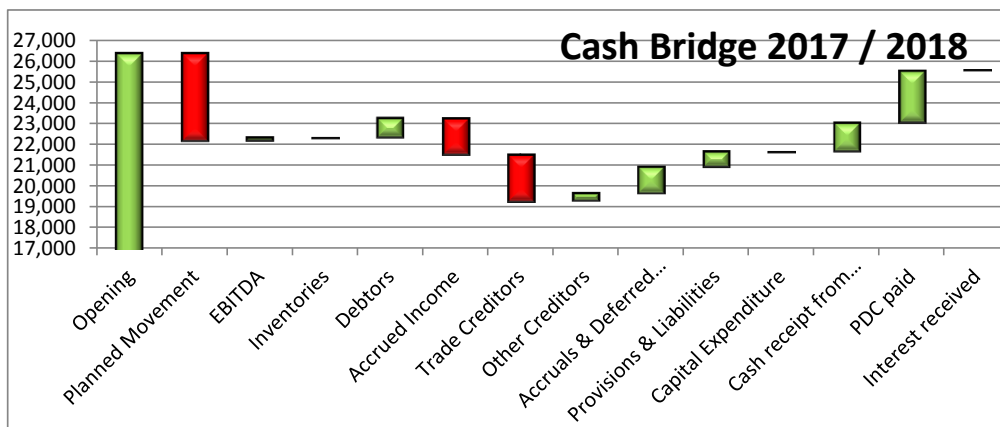
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £33.2m  
The lowest balance is: £24.1m

This reflects cash balances built up from historical surpluses.

### 3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
<b>Opening Balances</b>	<b>25,495</b>	<b>26,373</b>	<b>878</b>	<b>1</b>
Surplus (Exc. non-cash items & revaluation)	10,324	10,458	134	
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(400)	536	936	2
Accrued Income / Prepayments	(337)	(2,051)	(1,714)	5
Trade Payables (Creditors)	0	(2,244)	(2,244)	6
Other Payables (Creditors)	0	350	350	
Accruals & Deferred income	(400)	872	1,272	3
Provisions & Liabilities	(2,000)	(1,259)	741	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(9,708)	(8,328)	1,380	
Cash receipts from asset sales	0	2,483	2,483	4
PDC Dividends paid	(1,698)	(1,751)	(53)	
PDC Dividends received			0	
Interest (paid)/ received	44	56	12	
<b>Closing Balances</b>	<b>21,320</b>	<b>25,494</b>	<b>4,174</b>	



The plan value reflects the March 2017 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. Brought forward cash position was higher than planned.
2. Debtors are lower than plan. The team continue to focus action in pursuing old and high value debts.
3. Accruals are being reviewed with key suppliers chased for invoices. This helps provide assurance over the year end position.
4. Trust assets (Birdwell & CNDH) have been sold in February 2018. These were originally planned for cash receipts to be during 2018 / 2019.

Factors which decrease the cash position against plan:

5. Accrued income continues to be higher than plan. The STF outstanding for Q3 is expected to be paid 12th March 2018.
6. Creditors are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code.

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

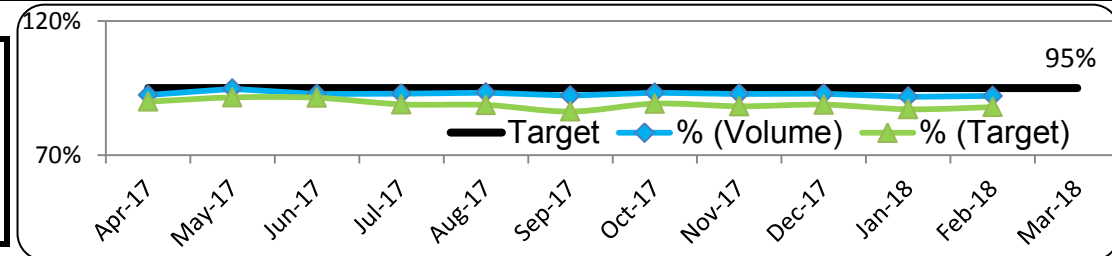
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days.

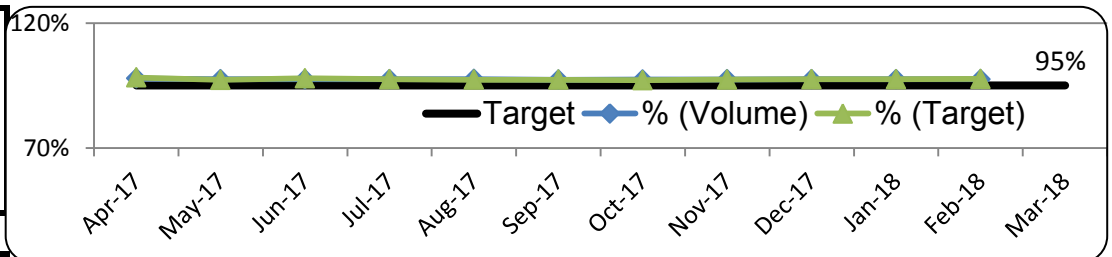
This is not mandatory for the NHS.

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.

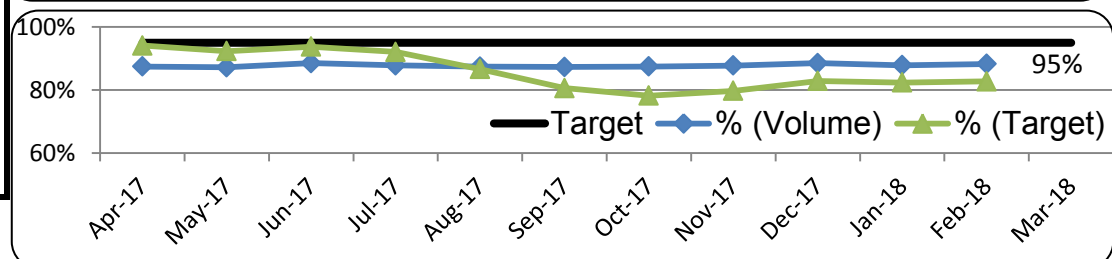
NHS		
	Number	Value
	%	%
Year to January 2018	92%	87%
Year to February 2018	92%	88%



Non NHS		
	Number	Value
	%	%
Year to January 2018	97%	98%
Year to February 2018	98%	98%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to January 2018	88%	82%
Year to February 2018	88%	83%





## 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.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
02-Feb-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation	3061780	219,053
02-Feb-18	Property Rental	Barnsley	Barnsley Metropolitan Borough Council	3061841	138,598
23-Feb-18	Staff Recharge	Wakefield	Wakefield MDC	3063787	60,468
25-Jan-18	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3060940	53,044
05-Feb-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3061904	49,001
08-Feb-18	Property Rental	Barnsley	Community Health Partnerships	3062450	32,445
02-Feb-18	Maintenance SLA	Trustwide	Mid Yorkshire Hospitals NHS Trust	3061866	31,010

- \* 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
- \* 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 - This is the surplus we expect to make for the financial year
- \* Target Surplus - This is the surplus 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 2016 / 2017 the Trust were set a control total surplus.
- \* 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.
- \* IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.

## Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Resources	Well Led	AD	< =4.5%	4.7%	4.8%	4.9%	5.0%	5.1%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	< =4.5%	5.2%	5.2%	5.9%	5.9%	5.5%	5.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	86.1%	87.5%	95.4%	96.9%	96.6%	96.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	70.7%	75.6%	94.5%	94.5%	94.5%	94.3%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	78.4%	77.8%	79.1%	77.6%	77.4%	77.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	76.4%	74.4%	75.8%	78.8%	77.2%	78.7%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	86.6%	88.8%	88.1%	87.4%	87.4%	88.0%
Equality and Diversity	Resources	Well Led	AD	> =80%	88.9%	88.6%	89.1%	89.3%	91.0%	92.4%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	77.0%	78.2%	77.5%	77.4%	81.0%	82.0%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	63.3%	65.0%	62.6%	62.5%	66.4%	62.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> =80%	81.6%	81.7%	82.2%	81.7%	84.4%	85.2%
Information Governance	Resources	Well Led	AD	> =95%	84.3%	82.4%	83.4%	82.3%	88.4%	95.9%
Moving and Handling	Resources	Well Led	AD	> =80%	82.5%	82.1%	82.7%	81.8%	84.0%	84.7%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	> =80%	85.8%	87.6%	87.6%	87.5%	88.0%	88.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	> =80%	85.6%	85.0%	85.6%	84.5%	85.8%	86.7%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	95.5%	94.9%	95.3%	94.5%	94.0%	94.3%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	> =80%	79.4%	82.1%	83.6%	84.4%	84.3%	84.2%
Mental Health Act	Quality & Experience	Well Led	AD	> =80%	71.8%	74.0%	74.3%	78.1%	78.6%	77.8%
Agency Cost	Resources	Effective	AD		£71k	£101k	£68k	£68k	£105k	£104k
Overtime Costs	Resources	Effective	AD		£3k	£2k	£4k	£3k	£4k	£3k
Additional Hours Costs	Resources	Effective	AD		£21k	£25k	£29k	£19k	£17k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£162k	£170k	£174k	£182k	£163k	£150k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		108.86	106.64	111.36	158.63	191.9	166.28
Business Miles	Resources	Effective	AD		98k	106k	89k	107k	101k	90k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Resources	Well Led	AD	< =4.5%	4.6%	4.7%	4.8%	4.9%	5.1%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	< =4.5%	4.8%	5.3%	5.7%	5.8%	6.7%	6.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	92.6%	93.7%	97.6%	97.9%	97.9%	97.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	78.0%	84.5%	95.2%	95.6%	95.8%	96.0%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	77.4%	75.8%	78.9%	76.8%	76.0%	77.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	70.9%	72.4%	74.3%	72.9%	73.1%	75.1%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	81.3%	79.9%	81.7%	82.4%	84.2%	87.5%
Equality and Diversity	Resources	Well Led	AD	> =80%	82.0%	81.1%	84.1%	83.9%	86.9%	86.8%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	84.0%	81.6%	81.4%	80.7%	83.4%	84.3%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	79.6%	76.3%	81.1%	82.4%	83.3%	80.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		> =80%	80.5%	81.7%	83.1%	82.7%	85.2%	86.5%
Information Governance	Resources	Well Led	AD	> =95%	90.4%	87.4%	85.0%	84.9%	94.1%	98.5%
Moving and Handling	Resources	Well Led	AD	> =80%	76.0%	75.6%	77.8%	79.3%	83.0%	84.1%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	> =80%	82.9%	81.7%	84.5%	85.5%	86.8%	89.8%
Safeguarding Children	Health & Wellbeing	Well Led	AD	> =80%	79.0%	79.0%	79.6%	78.5%	82.4%	84.5%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	> =80%	95.7%	93.8%	94.1%	94.0%	95.1%	95.6%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	> =80%	90.6%	90.9%	92.6%	92.9%	92.7%	93.1%
Mental Health Act	Quality & Experience	Well Led	AD	> =80%	86.3%	88.2%	89.6%	90.4%	90.2%	90.5%
Agency Cost	Resources	Effective	AD		£65k	£101k	£139k	£92k	£108k	£131k
Overtime Costs	Resources	Effective	AD		£6k	£2k	£6k	£5k	£2k	£8k
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£3k	£2k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£128k	£127k	£137k	£164k	£134k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		89.58	72.68	66.03	62.96	62.78	67.83
Business Miles	Resources	Effective	AD		68k	68k	56k	64k	65k	69k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Resources	Well Led	AD	< =5.4%	5.9%	6.1%	6.3%	6.4%	6.6%	6.8%
Sickness (Monthly)	Resources	Well Led	AD	< =5.4%	6.2%	7.3%	7.6%	7.4%	8.4%	8.4%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	93.5%	96.2%	98.7%	98.7%	98.7%	98.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	70.4%	84.0%	97.8%	97.7%	97.7%	97.7%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	84.1%	84.3%	85.5%	85.7%	86.3%	84.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	77.4%	73.5%	76.5%	79.4%	80.4%	82.1%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	75.3%	79.9%	83.2%	82.9%	86.0%	86.9%
Equality and Diversity	Resources	Well Led	AD	> =80%	84.2%	86.2%	87.6%	87.1%	88.4%	88.8%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	86.7%	86.9%	89.0%	90.4%	91.8%	88.8%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	87.2%	85.1%	87.1%	86.0%	84.7%	87.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> =80%	85.7%	86.0%	87.3%	85.4%	86.5%	89.2%
Information Governance	Resources	Well Led	AD	> =95%	88.8%	89.3%	90.3%	87.2%	89.8%	95.6%
Moving and Handling	Resources	Well Led	AD	> =80%	85.0%	86.7%	88.0%	87.5%	88.9%	89.0%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	> =80%	88.8%	89.5%	89.0%	89.0%	91.8%	89.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	> =80%	84.5%	84.0%	85.6%	87.1%	87.4%	86.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	69.0%	70.4%	76.9%	77.8%	100.0%	94.7%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	> =80%	89.3%	91.0%	92.1%	92.6%	92.0%	92.2%
Mental Health Act	Quality & Experience	Well Led	AD	> =80%	82.5%	84.5%	84.4%	86.5%	85.7%	85.5%
Agency Cost	Resources	Effective	AD		£68k	£60k	£47k	£30k	£26k	£36k
Overtime Costs	Resources	Effective	AD		£0k		£0k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£5k	£2k	£1k	£1k	£3k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£56k	£67k	£71k	£72k	£82k	£72k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		40.43	37.35	35.35	36.55	42.11	45.72
Business Miles	Resources	Effective	AD		9k	8k	7k	12k	8k	6k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Resources	Well Led	AD	< =4.5%	5.8%	5.8%	5.6%	5.7%	5.7%	5.5%
Sickness (Monthly)	Resources	Well Led	AD	< =4.5%	6.4%	5.9%	4.7%	5.7%	5.8%	4.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> =95%	87.8%	92.5%	99.5%	99.5%	99.4%	99.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> =95%	66.4%	79.3%	100.0%	100.0%	100.0%	100.0%
Aggression Management	Quality & Experience	Well Led	AD	> =80%	74.2%	74.3%	76.3%	74.4%	71.9%	71.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> =80%	74.6%	76.3%	78.1%	76.1%	80.1%	83.8%
Clinical Risk	Quality & Experience	Well Led	AD	> =80%	78.8%	83.2%	85.7%	85.2%	85.6%	84.7%
Equality and Diversity	Resources	Well Led	AD	> =80%	85.6%	85.3%	87.1%	86.5%	84.4%	85.6%
Fire Safety	Health & Wellbeing	Well Led	AD	> =80%	81.1%	82.5%	84.9%	80.4%	79.7%	84.0%
Food Safety	Health & Wellbeing	Well Led	AD	> =80%	66.7%	76.9%	70.8%	73.9%	75.0%	69.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> =80%	83.3%	81.5%	83.5%	82.3%	84.7%	87.7%
Information Governance	Resources	Well Led	AD	> =95%	91.3%	87.3%	85.3%	82.7%	85.7%	95.3%
Moving and Handling	Resources	Well Led	AD	> =80%	78.9%	78.2%	79.9%	79.9%	81.1%	84.7%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	> =80%	86.2%	85.3%	87.8%	88.2%	87.0%	88.9%
Safeguarding Children	Health & Wellbeing	Well Led	AD	> =80%	87.0%	86.7%	86.6%	86.5%	87.5%	87.3%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	> =80%	92.8%	91.6%	91.9%	91.6%	91.0%	91.6%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	> =80%	90.1%	91.7%	92.8%	93.6%	92.9%	92.0%
Mental Health Act	Quality & Experience	Well Led	AD	> =80%	83.7%	86.1%	87.3%	88.4%	87.1%	85.5%
Agency Cost	Resources	Effective	AD		£147k	£181k	£196k	£148k	£153k	£174k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£0k		£5k	£0k
Additional Hours Costs	Resources	Effective	AD		£2k	£1k	£2k	£1k	£3k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£71k	£64k	£50k	£63k	£63k	£37k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		44.58	51.71	39.29	52.42	54	50.8
Business Miles	Resources	Effective	AD		43k	34k	44k	46k	37k	35k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.3%	4.3%	4.3%	4.4%	4.5%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.9%	4.3%	4.6%	4.9%	5.6%	5.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.2%	97.1%	98.0%	98.0%	98.0%	98.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	83.6%	89.8%	95.4%	95.8%	96.6%	96.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	68.8%	63.4%	69.4%	69.8%	72.6%	74.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	61.3%	65.5%	85.7%	82.1%	96.3%	96.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.0%	83.9%	87.0%	87.0%	87.5%	88.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.3%	88.0%	89.5%	86.6%	87.0%	88.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	99.1%	94.9%	99.1%	100.0%	100.0%	98.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.9%	81.2%	83.8%	85.4%	85.6%	87.0%
Information Governance	Resources	Well Led	AD	>=95%	90.3%	88.6%	86.7%	81.4%	88.2%	93.3%
Moving and Handling	Resources	Well Led	AD	>=80%	81.3%	88.5%	87.8%	89.0%	90.4%	90.9%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.2%	88.0%	89.1%	88.4%	91.1%	91.8%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	92.9%	91.6%	94.7%	95.0%	96.1%	95.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	98.2%	97.9%	97.9%	98.6%	98.8%	98.9%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	93.8%	75.0%	86.7%	86.2%	92.3%	88.9%
Agency Cost	Resources	Effective	AD		£0k	£12k	£5k	£4k	£1k	£5k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£0k	£1k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£12k	£11k	£13k	£13k	£8k	£9k
Sickness Cost (Monthly)	Resources	Effective	AD		£64k	£75k	£74k	£78k	£90k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		54.11	59.23	58.15	62.71	57.42	60.97
Business Miles	Resources	Effective	AD		28k	36k	36k	38k	26k	36k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	5.1%	5.0%	5.0%	5.0%	5.0%	5.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.2%	4.1%	4.9%	4.9%	5.6%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.2%	97.2%	99.4%	99.4%	98.9%	98.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	84.2%	88.7%	94.4%	94.4%	94.4%	95.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.0%	81.9%	83.5%	83.5%	83.9%	82.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	66.0%	65.8%	72.0%	75.7%	77.4%	75.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	70.3%	72.9%	74.3%	75.6%	76.3%	77.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.4%	86.6%	86.5%	85.9%	88.0%	87.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.1%	86.8%	86.7%	87.6%	83.4%	84.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.2%	69.9%	72.7%	71.8%	70.9%	68.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.1%	80.3%	81.2%	83.4%	84.4%	85.3%
Information Governance	Resources	Well Led	AD	>=95%	89.5%	87.3%	89.6%	87.4%	86.7%	93.8%
Moving and Handling	Resources	Well Led	AD	>=80%	68.7%	70.3%	71.5%	73.1%	74.5%	78.1%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.3%	87.0%	87.8%	90.5%	91.8%	90.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	79.4%	77.1%	79.5%	80.6%	80.8%	83.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.8%	92.6%	92.9%	93.7%	92.9%	93.7%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	84.3%	86.0%	88.2%	90.5%	90.3%	91.5%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	79.0%	81.1%	83.9%	86.5%	86.5%	86.4%
Agency Cost	Resources	Effective	AD		£84k	£60k	£76k	£90k	£73k	£114k
Overtime Costs	Resources	Effective	AD		£4k	£2k			£0k	£1k
Additional Hours Costs	Resources	Effective	AD		£4k	£4k	£3k	£3k	£4k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£38k	£43k	£54k	£57k	£64k	£50k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		43.73	50.39	48.33	45	55.2	62.34
Business Miles	Resources	Effective	AD		37k	41k	31k	37k	33k	38k

## Glossary

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

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

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

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