

Integrated Performance Report

Strategic Overview



June 2017

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for June 2017. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the 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. The report is now more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is continue to develop the report such that it can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing 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 identify how well the Trust is performing in achieving its objectives. It is recommended that from the next report onwards the transformation and priority programme sections are combined.

It is recognised that for future development stronger focus on outcomes is required and a clearer approach to monitoring progress against Trust objectives 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
- Transformation
- 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 Transformation Priority Programmes Finance/Contracts Workforce

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
CQC Quality Regulations (compliance breach)		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	0	0	1	1										1
% service users followed up within 7 days of discharge	95%	98.3%	97.5%	97.3%										1
% clients in settled accommodation	60%	82.2%	82.5%	82.2%										1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks		Q1 Data avail end of July.												
Out of area beds ₂	<=100 Green 101 -199 Amber >=200 Red	281	348	254										3
IAPT –proportion of people completing treatment and moving to recovery	50%	45.6%	49.4%	56.4%										1

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	84%	85%	82%	86%										85%
Friends and Family Test - Community	98%	97%	99%	98%										98%
Patient safety incidents involving moderate or severe harm or death		4	7	9										
Safer staff fill rates	90%	110%	111%	103%										100%
Number of records with up-to-date risk assessment (MH)		KPI under development												
IG confidentiality breaches	<=8 Green 9 -10 Amber	9	12											
% people dying in a place of their choosing		KPI under development												

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
CQUIN achievement	£4.2m	£346k	£664k	£842k										£4.2m
Surplus vs Control Total	In line with Plan	£26k	£53k	£95k										£1020k
Agency spend	In line with Plan	£501k	£426k	£500k										£7m
CIP delivery	£1074k	£472k	£1024k	£1643k										£8.3m
Sickness absence	4.5%	4.8%	4.9%	4.9%										4.50%
Mental Health Act training	>=80%	51.2%	56.9%	70.5%										80%
Mental Capacity Act Training	>=80%	64.9%	69.6%	78.0%										80%

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

Notes:

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.

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 IPR.

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 the CQC rating of 'requires improvement' and the level of spend above our agency staff expenditure ceiling. An assessment of the impact of the good CQC rating on our Single Oversight Framework metric has yet to be made. Agency spend is currently below our ceiling.

Areas to Note:**Finance**

- Pre STF surplus of £45k in June
- Cumulative pre STF surplus of £98k
- Out of area beds overspend of £90k in the month (£0.4m cumulatively) was offset by £0.1m pay savings driven by a continued improvement in the agency position (actual spend of £0.5m in month) and other non-pay savings.
- Use of resources risk rating of 1 given the improved agency position
- CIP delivery of £1.6m is in line with plan. £0.3m has been delivered non-recurrently
- Cash balance of £22.0m is significantly below plan due to timing of STF and other receipts, which are due to be resolved in July.

Quality

- Ten serious incidents reported in June, 3 of which were suicide or apparent suicide. One incident will become subject to external review.
- Overall fill rates for majority of Trust inpatient areas remain above 90% for registered staff. Trustwide average fill rate of 103%.
- Within friends and family tests, 98% recommend community services and 86% mental health services.
- 31 Child Protection incidents and 45 safeguarding adults incidents reported in the month.
- The overall fill rates show a reduction from the previous month but remain above threshold

NHSI

- IAPT proportion of people moving to recovery has improved to 56.4% in June and 50% for quarter 1.

Transformation

- The Barnsley therapy services review and Barnsley community nursing transformation programmes were all rated as blue last month (complete) and have therefore been removed from the report this month.
- It is recommended that this section of the report is amalgamated with the priority programmes section of the report from next month onwards.

Workforce

- Staffing summit, led by the Director of Delivery took place at the beginning of June with a range of staff involved and reviewed a range of topics including reducing sickness, effective rostering and recruitment.
- Sickness rate remained at 4.9% in June.
- Areas below target on appraisal completion producing a trajectory for completion.
- Mental Capacity Act and Mental Health Act and training completion has increased to 78% and 70.5% respectively.
- Task group focused on reducing sickness has now met and action agreed on rapid referrals for MSK and stress.

Summary

Quality

National Metrics

Locality

Transformation

Priority Programmes

Finance/Contracts

Workforce

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	Q1 17/18	Year End Forecast Position *
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Quality & Experience	Safe	TB	6	0	0	1	2	1	0	0	1	4
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	4
Complaints	% of feedback with staff attitude as an issue	Quality & Experience	Caring	DS	< 20%	14% 23/168	7% 12/162	18% 28/158	12% 23/195	20% 13/63	14% 11/77	24% 19/77	19.8% 43/217	4
Service User Experience	Friends and Family Test - Mental Health	Quality & Experience	Caring	DS	85%	72%	71%	71%	79%	85%	82%	86%	84%	2
	Friends and Family Test - Community	Quality & Experience	Caring	DS	98%	98%	98%	98%	99%	97%	99%	98%	98%	4
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A	3509	3405	3293	2946	838	1010	933	2781	N/A
	Total number of patient safety incidents resulting in severe harm and death	Quality and Experience	Safety Domain	TB	N/A	10	19	19	20	4	7	9	20	N/A
	Total number of patient safety incidents resulting in moderate or severe harm and death	Quality and Experience	Safety Domain	TB	N/A	73	79	73	84	20	25	32	77	N/A
	MH Safety thermometer - Medicine Omissions	Quality and Experience	Safety Domain	TB	17.7%	16.80%	17.70%	Data not avail		15.80%	13%	25.70%	N/A	3
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%					110%	111%	103%	108%	4
	Safer Staffing % Fill Rate Registered Nurses	Quality and Experience	Safety Domain	TB	80%					109.7%	109.7%	100%	107%	4
	Number of pressure ulcers (attributable) ¹	Quality and Experience	Safety Domain	TB	N/A	98	95	78	86	27	25	30	82	N/A
	Number of pressure ulcers (avoidable) ²	Quality and Experience	Safety Domain	TB	0	1	4	3	2	0	1	1	2	3
	Complaints closed within 40 days	Quality and Experience	Responsive	DS	80%				28% 11/39	10% 2/20	24% 6/25	0% 0/18	12.7% 8/63	1
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development								
	Un-outcomed appointments ⁶	Quality and Experience	Effective	KT/SR/CH	TBC		2.2%	2.9%	2.6%	5.0%	4.6%	4.3%	4.3%	
	Data completeness	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development								
	Number of unvalidated records	Quality and Experience	Effective	KT/SR/CH	<10%	KPI under development								
	Number of Information Governance breaches ³	Quality and Experience	Effective	MB	<=8	36	25	29	36	9	12	Data not avail	Data not avail	
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Quality and Experience	Caring	AD	80%	N/A	79.26%	N/A	80%	N/A			74%	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Quality and Experience	Caring	AD	N/A	N/A	65.19%	N/A	66%	N/A			60%	N/A
	Number of compliments received	Quality and Experience	Caring	DS	N/A	Data not avail until Oct 16.		141	81	19	44	18	81	N/A
	Eliminating Mixed Sex Accommodation Breaches	Quality and Experience	Safety Domain	TB	0	0	0	0	0	0	0	0	0	4
	Number of Duty of Candour applicable incidents ⁴	Quality and Experience	Caring	TB	N/A	73	86	83	86	21	25	33	79	N/A
	Duty of Candour - Number of Stage One exceptions ⁴	Quality and Experience	Caring	TB	N/A	Reporting established from Oct 16		0	2	1	0	0	1	N/A
	Duty of Candour - Number of Stage One breaches ⁴	Quality and Experience	Caring	TB	0	Reporting established from Oct 16		0	1	0	0	0	0	3
	% Service users on CPA given or offered a copy of their care plan	Quality and Experience	Caring	KT/SR/CH	80%	85.6%	85.0%	83.0%	85.2%	85.2%	85.0%	85.5%	85.2%	4
	% of prone restraint with duration of 3 minutes or less	Quality and Experience	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16	79.7%	75.6%	66.3%	68.40%	75.70%	80%	75%	4
	Delayed Transfers of Care	Quality and Experience	Effective	KT/SR/CH	8%	2.2%	2.6%	3.1%	2.7%	1.9%	1.7%	1.1%	1.6%	4
	Number of records with up to date risk assessment	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development								
	No of staff receiving supervision within policy guidance	Quality and Experience	Well Led	KT/SR/CH	TBC	KPI under development								
	Number of Falls (inpatients)	Quality and Experience	Safety Domain	TB	TBC	162	158	136	95	38	54	49	141	
	Number of restraint incidents	Quality and Experience	Safety Domain	TB	TBC					104	140	101	345	

* 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, however some may be subject to confirmation. Data correct at 13/6/17.

5 - The April 17 figure was reported as 39 in the May report. This has subsequently decreased to 38 due to recoding/re-categorisation of a fall.

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

Quality Headlines

During 2016/17, the Trust undertook some work to develop the key quality measures. There are a few areas remaining that require additional development; these relate to:

- Referral to Treatment waiting times - we are awaiting some national guidance on this - this was anticipated to be received during November but remains outstanding. This will relate to CAMHS services. We will align our reporting to this once the report criteria is published.
- Data completeness - this indicator is being developed and will focus on the completeness of the clinical record.

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

- Number of unvalidated records – this metric will allow the Trust to track improvement required within the data quality plan. It is proposed that the threshold will be less than 10%.
- Number of records with up to date risk assessment - the target for this metric is to be agreed in line with CQUIN discussion. This metric will also allow the Trust to track improvement required within data quality plan.
- No of staff receiving supervision within policy guidance – This metric will allow the Trust to track improvement required within CQC action plan. The threshold is to be set by BDU.

Further items to note:

- NHS Safety Thermometer - Medicines Omissions – this was indicator within the CQUINs 16/17 for the west. The data we have been awaiting has just been provided and the spike for June (25.7%) is under review.
- Prone Restraint is not a preferred option, however on occasions it can be the only option to maintain safety. Where it needs to be deployed, staff are taught to do so for the minimum time possible. The training in the new techniques has produced positive results, however as the numbers are sometimes quite small, individual situations can have a significant impact on the figures. The target was set in acknowledgement of the fact that a reduction in the time of prone restraint will improve safety.
- Falls reduction - In 2014, the Trust joined the national Sign up to Safety campaign, and made five pledges to improve patient safety. The pledges are being addressed through the Patient Safety Strategy implementation plan. The Trust committed to reduce avoidable harm by 2018 in five main areas, including falls. The targets for falls are to 1) reduce the frequency of falls by inpatients by 15% by 2018, and 2) reduce the frequency of inpatient falls resulting in moderate/severe harm or death by 10% by 2018.

The total number of inpatient falls fell from 823 in 2014 to 623 in 2016 with a reduction in falls causing moderate or severe harm from 19 in 2014 to 18 by 2016 with a forecast for a further reduction in 2017. The Trust remains on track to achieve the sign up to safety targets for falls by 2018. The target is currently being reviewed to ensure it takes account of some inpatient changes.

Safety First

Summary of incidents during Q1 17/18 June 2017

Summary of Incidents	Q4 16/17	Q1 17/18	Apr-17	May-17	Jun-17
Green no harm	1806	1681	524	603	554
Green	821	780	227	290	263
Yellow	234	233	68	89	76
Amber	71	60	14	18	28
Red (should not be compared with SIs)	16	27	5	10	12
Total	2948	2781	838	1010	933

- All serious incidents are investigated using Root Cause and 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. the report for 2016/17 has recently been added.
- Incident reporting levels remain within the normal range.
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group receive a monthly report.
- No never events reported in June
- 10 serious incidents were reported, one will be subject to external review.
- Mortality – Improvements to data collection for deaths reported on Datix were implemented from 1/4/17 and has delivered improved information. Monthly meetings are in place to review mortality. Work continues regionally with Mazars to agree common scope, improve mortality reporting and review arrangements. An internal action plan is in place in response to national guidance on learning from deaths issued in March 2017. Our revised policy will be in place within the agreed timescale.
- The response to fire related incident reports is being considered by the trusts operational management group and new guidance is available to patients on banned items.

Summary of Serious Incidents	Q1 17/18	Apr-17	May-17	Jun-17
Death - cause of death unknown/	0	0	0	0
Death - confirmed from	0	0	0	0
Death - confirmed related to substance misuse (drug and/or	1	1	0	0
Fire / Fire alarm related incidents	1	0	0	1
Formal patient absent without leave	0	0	0	0
Homicide by patient	1	0	0	1
Illegal Acts	1	1	0	0
Inappropriate Sexual Behaviour	0	0	0	0
Inappropriate violent/aggressive behaviour (not against person) by	0	0	0	0
Information disclosed in error	1	0	1	0
Lost or stolen paperwork	0	0	0	0
Patient healthcare record issues	0	0	0	0
Physical violence (contact made)	1	0	0	1
Physical violence (contact made) against patient by patient	0	0	0	0
Physical/sexual violence by other	1	0	0	1
Self harm (actual harm)	2	0	1	1
Self harm (actual harm) with suicidal	0	0	0	0
Slip, trip or fall - patient	0	0	0	0
Suicide (incl apparent) - community team care - current episode	8	2	3	3
Suicide (incl apparent) - community team care - discharged	0	0	0	0
Suicide (incl apparent) - inpatient	0	0	0	0
Suicide (incl apparent) - inpatient	0	0	0	0
Vehicle Incident	1	0	0	1
Pressure Ulcer - grade 3	1	0	0	1
Total	19	4	5	10

Quality Headlines

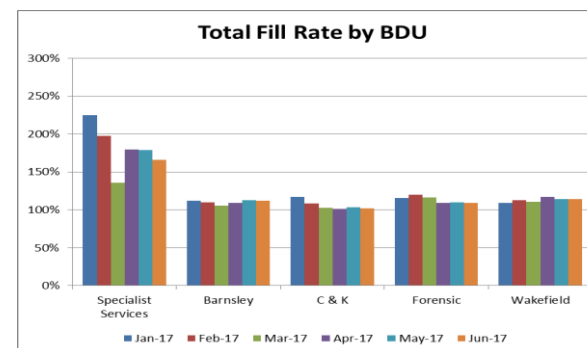
Safer Staffing

Trustwide average fill rate: 110%

Overall average fill rate for registered staff was 100.3%

Overall fill rates for the majority of Trust inpatient areas remain above 90% for Registered Staff on both days and nights.

Fill Rate	Month					
BDU	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Specialist Services	225%	197%	136%	180%	179%	166%
Barnsley	112%	110%	105%	109%	113%	112%
C & K	117%	108%	103%	101%	103%	102%
Forensic	116%	120%	117%	109%	110%	109%
Wakefield	109%	113%	111%	117%	115%	115%
Grand Total	116%	115%	110%	110%	111%	110%



Overall

No ward fell below a 90% overall fill rate in the period of June 2017. Chippendale rose above the 90% threshold after falling below the previous month (92.6% rising 4.3%). Of the 32 inpatient areas 23 (71.8%) achieved greater than 100%.

Registered On Days

The number of wards which are achieving 100% and above fill rate has risen to 28% (9 wards) in June, with a decrease to 12.5% (4 wards down from 7 in May) achieving less than the 80% threshold. These remain mainly focused in the Forensic BDU (Medium Secure Unit) with Appleton, Chippendale and Priestley being affected. Appleton and Chippendale have increased on the previous month with Priestley being the only ward with a significant reduction (down 5.3%) citing the reasons as covering other areas, sickness and vacancies among the reasons. Vacancies, maternity and sickness being listed as the main reasons for by the other areas within Forensic. Similar reasons have been given for Melton Suite (0.3% increase). All other wards achieving 80% or above fill rate.

When staffing fell below the escalation thresholds, safe services were maintained using the preferred guidance tool.

Registered On Nights

The number of wards which are achieving 100% and above fill rate on nights remains consistently around 63%. Only Thornhill fell below the 80% (78.2%) threshold.

Safer Staffing average Fill across all BDUs were registered nurse (RN) days 91.9% (+ 0.8%), RN nights 100.3% (- 1.6%) non registered nurse (NRN) days 123.6% (- 2.6%) NRN nights 123.8 (- 1.5%). Overall Average Fill Rate was 110.1% (+ 0.4)

Average Fill Rates for Barnsley BDU (112%), Calderdale and Kirklees BDU (102%) and Forensic BDU (109%) have all decreased by 1% in June. Wakefield BDU remained consistent (115%). Specialist services have again decreased by 13% (166%) after a slight decrease to 180% in April.

Infection Prevention & Control Incidents

- There have been 2 cases of ecoli bacteraemia (blood stream infection). Both incidents were unavoidable from SWYPFT perspective.
- Annual action plan for 2017/18 has been approved at IPC TAG – Q1 has progressed well with no areas at risk.
- Action plan maintained and monitored for the water hygiene issue at Mount Vernon Hospital.
- There have been 13 infection prevention and control incidents reported on DATIX during Q1. Severity rating – all incidents were risk rated green.
- The Trust remains compliant with all standards.

Summary

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NICE

At the end of June 2017 there were 175 pieces of NICE Guidance and Technology Appraisals assessed as applicable to Trust services. There are currently no 'significant' internal risk gradings recorded against any relevant guidance.

Compliance and Risk Assurance levels show that 93% of guidance has been assessed. Outstanding assessments are prioritised by the responsible group.

NICE Risk Grading Matrix - Definitions for compliance

- FULL: NICE guidance fully implemented - no identified concerns
- PARTIAL
 - o Usually: NICE guidance partially implemented - most criteria met but some not met
 - o Sometimes: NICE guidance partially implemented - some criteria met but most not met
- NOT: Do not comply/NICE guidance not implemented

Information Governance

63 incidents occurred during quarter 1, of which 19 involved records management issues, including inaccurate recording, misfiling, inappropriate storage and notes left in public places, a decrease of 25% on the previous quarter.

18 incidents of information being disclosed in error were reported during quarter 1, compared to 31 in quarter 4 16/17, of which 6 were caused by misdirected correspondence, a reduction of 67% on the previous quarter. The incidents that occurred this quarter were less severe than previously and none were reported to the ICO.

No IG serious incidents requiring investigation (SIRIs) were reported to the Information Commissioners Office (ICO). A significant reduction has been achieved in the number of incidents caused by misdirected correspondence. Focus remains on creating a positive Information Governance culture. All outstanding cases have now been reviewed by the ICO, with no further action taken, but some actions identified, which will be implemented.

Summary

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Operating Frameworks

- It was confirmed in June that the 2017/18 IG Toolkit will be unchanged from the previous year. The first submission deadline will be 31st October.
- The final phase 2 report on the IG Toolkit audit was presented to the Trust in June: the assurance rating is 'significant assurance'.
- Progress on the action plan following the ICO Data Protection audit has been excellent in the scope areas of subject access requests and training and awareness, for which all actions are either implemented or firm plans are in place for completion; however, further work is required to improve data sharing and actions will continue until the end of 2017.
- An audit of readiness for the General Data Protection Regulation in May 2018 has commenced.

Commissioning for Quality and Innovation (CQUIN)

The Trust submitted its quarter 4 returns at the end of April. Data related to the improving physical healthcare for people with severe mental illness indicator has only recently become available as this was reliant upon a national audit. Validation of the final quarter 4 position is being undertaken and we anticipate this will be available in next months report. The shortfall against target for 16/17 is expected to be slightly better than expected with improvements in mental health clustering and increase in the results of the national audit looking at the physical health for people with severe mental illness. 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 CQUIN 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.

0.5% of CQUIN monies for 17/18 is dependent upon achievement of 16/17 control total and 17/18 STP performance – some risk has currently been identified related to STP performance and this is currently being discussed with relevant partners.

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.

Clinical Audit & Practice Evaluation (CAPE) – Q1 2017/18

Prioritised Programme

2017/18 Clinical Audit and Practice Effectiveness (CAPE) plan – A total of 114 projects have been authorised for the 2017/18 CAPE plan. 15 national projects, 68 annual audits and re-audits, 10 NICE Quality Standards and 21 service evaluations are included on the plan. Of the 68 audits, 13 (19%) are completed, 8 (12%) in progress. It is anticipated that further audits will be added throughout the year.

2016/17 QUALITY IMPROVEMENTS - During 2016/17 there were a total of 68 clinical audits and 19 service evaluations completed. Of the 47 clinical audits where quality improvements were expected to be reported, 85% have reported improvements made to services.

Summary

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Safeguarding Children

Datix:

- A total of 31 Child Protection Incidents were reported in Q1, with at least 1 incident reported from each BDU and the highest number of incidents reported from Kirklees BDU. This is an increase of 25% on Quarter 4.
- Nine cases were reported for concerns re: the impact of neglect on a child, with 7 of these cases being referred to Social Care for an assessment of the home environment, parenting capacity and the 2 remaining cases being referred to MARAC.
- The other incidents involved physical abuse, allegations of historical sexual abuse, domestic abuse, emotional abuse, self-harm, verbal aggression, systems concerns, a referral to Prevent and a child death.
- 71% of the Child Protection Incidents resulted in a Request For Service into Social Care.

Training:

- Safeguarding Children Level 1, 2 and 3 remain above the Trust's mandatory 80% requirement.
- Hotspot areas include Older People's services, Learning Disabilities, Inpatient Rehabilitation and Long Term Conditions, services have been contacted and actions are in place to ensure compliance.
- Additional training provided to Junior Doctors and the Forensic medical staff.
- The safeguarding children team have provided information to all four Safeguarding Children Boards.
- Prevent training continues to be well attended and above the projected target.

Other activity (including Safeguarding Children Board commitments):

- Submission of S11 audits for Wakefield and Calderdale.
- Attendance at S11 Challenge events (CQC and S11) in Wakefield and CQC in Calderdale.
- Attendance and participation and 'mock' JTAI audits for Barnsley, Calderdale and Wakefield.
- Participation and partnership working with Kirklees Safeguarding Board as part of the improvement plan.

□

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Quality Headlines

Safeguarding Adults

Datix:

- A total of 45 Safeguarding Adults Incidents were reported in Q1, the highest proportion were from Wakefield. The majority of the incidents, (38) were graded as green.
- The highest recorded type of abuse was 'financial'.
- There were 2 Amber incidents both were in Calderdale which are being investigated.
- The other case involved two female service users who were placed out of area, allegations involving a staff member. Human Resources involved, safeguarding difficult to co-ordinate due to out of area placement.
- There were also 2 incidents of radicalisation and one incident recorded for honour based violence.

Training:

- Safeguarding Adults Levels 1, and 2 remain above the Trust's mandatory 80% requirement. Level 1 is 87.05% and Level 2 is 86.60%.
- Hotspots Medium Secure – Level 1, security, admin, secretaries.
- CAMHS – level 1 and level 2.
- Additional training provided to Junior Doctors and the Forensic medical staff.
- Delivery of Domestic Abuse training.

Other activity (including Safeguarding Adult Board commitments):

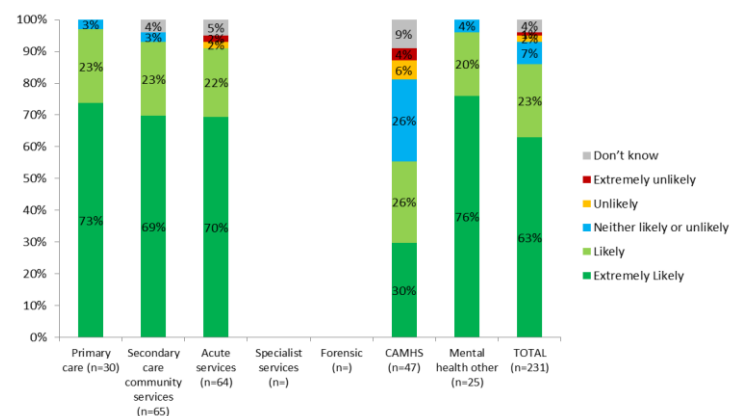
- Development of Young Volunteers recruitment package with Volunteer Manager.
- Attendance at the Wakefield Quality Intelligence Group meeting.
- Supporting staff through attendance at ward rounds, MDT, Professionals meetings, VARM, supervision, safeguarding forum.
- Action plan updates for SAB.
- Involvement in Domestic Homicide Review .

Patient Experience

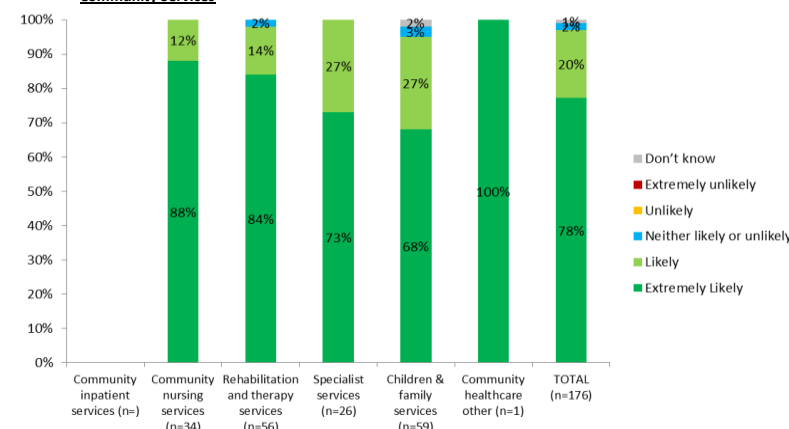
Friends and family test shows

- Community Services – 98% would recommend community services.
- All service lines achieved 68% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 86% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 30% (CAMH services) and 76% (Mental Health other services)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



- Complaints with staff attitude as an issue increased to 24% (19 out of 77 complaints)

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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.

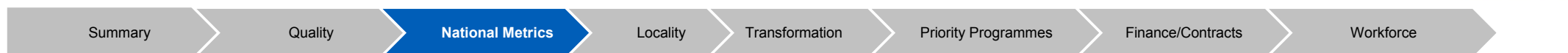
- Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not 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

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Q1 17/18	Year End Forecast Position *	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.2%	97.0%	97.5%	98.7%	98.9%	97.8%	98.20%	98.3%	4	
Maximum 6-week wait for diagnostic procedures	Health & Wellbeing	Responsive	SR	99%	99.6%	100%	100%	100%	99%	100%	100.0%	99.7%	4	
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	96.9%	99.3%	99.2%	99.3%	95.6%	98.3%	100.0%	98.5%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	96.7%	97.8%	97.3%	97.5%	98.3%	97.5%	97.3%	97.6%	4	
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT/CH	95%	98.1%	99.7%	99.8%	99.7%	Data Not avail	99.7%			4	
Data completeness: Priority Metrics (mental health)	Health & Wellbeing	Responsive	SR/KT/CH	85% (by end March 17)	Reporting developed from Oct 16		42.3%	61.1%	58.9%	60.4%	59.5%		2 *	
IAPT - proportion of people completing treatment who move to recovery	Health & Wellbeing	Responsive	SR/KT	50%	50.1%	52.5%	48.0%	50.5%	45.6%	49.4%	56.4%	50.1%	3	
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	76.1%	83.6%	88.9%	86.0%	80.3%	84.2%	81.2%	81.9%	4	
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	98.9%	99.3%	97.9%	99.9%	99.6%	99.4%	99.6%	99.5%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	77.5%	82.0%	82.2%	73.6%	86.1%	88.9%	89.2%	89.2%	4	
% clients in settled accommodation	Health & Wellbeing	Responsive	DS	60%	Reporting developed from Sept 16		82.7%	82.9%	82.2%	82.5%	82.2%	82.2%	4	
% clients in employment	Health & Wellbeing	Responsive	DS	10%	Reporting developed from Sept 16		8.3%	8.8%	9.3%	8.8%	9.0%	9.0%	1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Health & Wellbeing	Responsive	SR/KT		Performance due to be published end May 17				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	Q1 17/18	Year End Forecast Position *	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Health & Wellbeing	Safe	KT/SR/CH	TBC	14	2	60	86	0	1	3	4	N/A	
Total number of Children and Younger People under 18 in adult inpatient wards	Health & Wellbeing	Safe	KT/SR/CH	TBC	4	1	4	3	0	1	1	2	N/A	
Number of detentions under the Mental Health Act	Health & Wellbeing	Safe	KT/SR/CH	TBC	167	174	156	168	Data avail at Qtr end				N/A	
Proportion of people detained under the MHA who are BME	Health & Wellbeing	Safe	KT/SR/CH	TBC	15.0%	10.3%	10.9%	19.6%	Data avail at Qtr end				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	Q1 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 ¹	Health & Wellbeing	Responsive	KT/SR/CH	90%	97.8%	97.9%	97.8%	98.0%	Data Not avail ³	95.9%			4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Health & Wellbeing	Responsive	KT/SR/CH	99%	99.5%	99.6%	99.7%	99.7%	Data Not avail ³	Data avail end June			4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Health & Wellbeing	Responsive	KT/SR/CH	90%	89.6%	91.1%	94.0%	90.2%	Data Not avail ³	Data avail end June			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 this month due to the transition to MHSDS v2. Data to flow monthly from May 17 onwards.

Areas of concern/to note:

IAPT - proportion of people completing treatment who move to recovery – significant improvement has been made in each BDU this month. The 50% threshold has been achieved in each BDU with the Trust performance in June at 56.4%, the final position for quarter 1 is 50%.

Max time of 18 weeks from point of referral to treatment - incomplete pathway - no performance issues to flag for June 17 however, from 1st June the implementation of the Diabetes SPA in Barnsley, which is hosted by SWYPFT, will mean that additional data will flow into this line from next month as the service aligns to the RTT reporting definition. Some risk in achievement has been identified, however this is based on the SWYPFT only element of data and it has been acknowledged there are a number of data quality issues impacting. A number of mitigating actions have been put in place as part of the SPA implementation which will assist with the position going forward. Data is being monitored on a weekly basis, however it is unlikely we will see the impact of this until late September/early October.

Data Completeness Priority metrics for mental health remains below threshold.

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This section of the report is to be developed during 2016/17 and populated with key performance issues or highlights as reported by each BDU.

Barnsley BDU:

- There have been 0 Delayed Transfers of Care from the Barnsley MH Wards in this quarter
- Moving to Recovery in Improving Access to Psychological Therapies has been achieved this month at 53%
- The Improvement Support Team (IST) from NHS England have visited the IAPT Service – a formal report is expected in the next 4-6 weeks, but an initial action plan has been drafted based on verbal feedback from the IST.
- The impact of the transition to a new model of Intermediate Care is being worked through, with plans being developed with our partners.

Calderdale & Kirklees BDU:

- Perinatal Mental Health team development is underway and successful recruitment to key clinical and leadership posts means the team will start accepting referrals from September this year. The team will have psychology and psychiatry staff and provide a highly specialist Managed clinical Network for highly complex clients and families. Connections with Peer support groups and Midwifery and Health visiting services to develop a NICE standard care pathway is nearly complete.
- 14 day routine assessments - The Trust is now using the national reporting against this which means that appointments that are cancelled by the patient or the patient does not attend do not stop and reset the clock anymore. The service is looking at other alternatives to manage this such as telephone contacts.
- Adult Psychology- post transformation activity and caseload changes following full integration of Psychology staff into teams is affecting recording of assessment and treatment figures in the new team reporting arrangements.
- Early Intervention in Psychosis - all 3 teams well above the 50% target.
- IAPT - Kirklees is performing highly for recovery and is well above target for June. Waiting times both above target for Calderdale and Kirklees. Access (prevalence) - significant increase from April to May. June figure not yet available but expected see continued improvement.
- Pressures increased late June and into July across older adult and acute beds leading to out of area placements in adult acute.
- Building pressures for same period for delayed transfers of care in adults and older adults due to difficulty in finding specialised placements. Work with CCG and social service commissioners is focused on the needs of individual clients.

Forensics BDU:

- Work continues on the Service Review. The work involves working collaboratively with other providers and commissioners. On the 11th July NHS England hosted a separate event to explore Learning Disability provision in secure services. The timescales for delivery are much shorter with a definite plan to commence service changes by Q4.
- The Quality Network Report has been finalised with action plans for medium and low secure. The focus of development will be around service users and carers.
- Maintaining Safe Staffing levels remains a key area of activity. Recruitment, staff development, well-being, management of sickness and reduction of use of agency are all priorities for the service.
- Forensic CAMHS still awaiting news as to whether it has been successful in its bid to be a lead provider of services across the region.

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Specialist BDU:

CAMHS

- As previously reported the New Model of Care bid submitted as part of the West Yorkshire and Harrogate STP and West Yorkshire Mental HealthTrust Collaborative has been approved by NHSE. The bid focuses on developing more robust and consistent approaches to reducing the need for inpatient stays - for example through creating safe space alternatives and strengthening the capacity of crisis and intensive home based treatment teams.
- A programme of internal visits across the CAMHS teams is scheduled for July 2017. Key recommendations/actions will be identified in the next report.
- A September 2017 to March 2018 waiting list initiative will be implemented across CAMHS – but with a specific focus on Barnsley and Wakefield. This will utilise £320k of projected staffing underspends. The intention is to secure additional generic mental health practitioner and psychologist capacity through ‘advertisement’ to staff across SWYPFT who may wish to work additional/bank hours and focused use of agency. For this investment a total of 400 children/young people will receive an intervention earlier and be removed from CAMHS waiting lists - effectively halving waiting lists in Barnsley and Wakefield. Whilst the impact on average waiting times is difficult to estimate the initiatives would specifically target those children/young people waiting the longest.

Learning Disability

- Robust reporting and charging arrangements are now in place with regard to the 2 spot purchase in-patient beds. A marketing plan is being developed to ensure high occupancy levels are maintained.
- There was a CQC Mental Health Act visit to Horizon Centre on 17 July 2017. No significant concerns were raised though verbal feedback indicated a need for; stronger evidence that care plans were offered for patients/carers and facility for patients to access the internet.

Wakefield BDU:

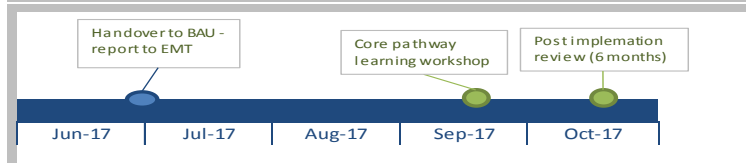
- Trinity Ward has been re-accredited for Accreditation for Inpatient Mental Health Services (AIMS).
- Following a successful bid for new monies for PLT to move the service toward Core 24 compliance standards, 3 new Band 7 posts are now out to advert.
- The CQC are now using Wakefield BDUs template for Multi Disciplinary Team Mental Capacity Act discussion and decision making as an example of good practice.



This section of the report reports the Trust's progress against the identified transformation projects.

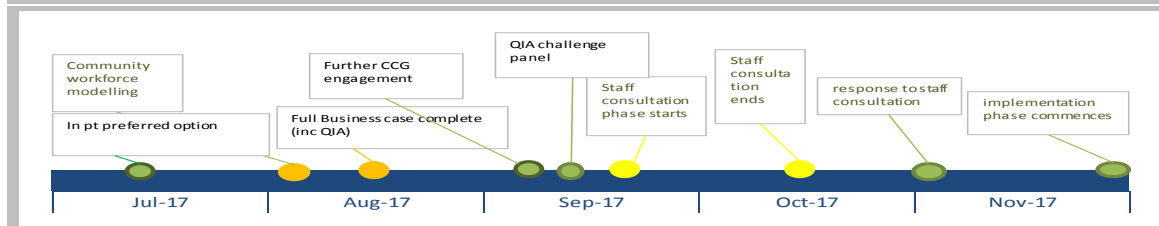
Acute & Community Mental Health Transformation Project

The Trust has implemented the 'core and enhanced' community pathways which have been designed through this project. These services went live on 3rd April 2017, and there is continuing work planned throughout the year to embed the new ways of working and ensure consistency of service development is maintained. A project closure report has been completed and shared EMT.	Delivery against plan	
Feedback from BDUs suggests that whilst the enhanced part of the new pathway is working well, that there have been initial issues in the core pathway. A meeting is being organised to consider the issues and further activity will be planned as / if necessary.	Management of risk	
Benefits realisation will be assessed after a period of go live and period of post implementation will be brought EMT and Trust board.	Benefits Realisation	
Quality Impact Assessments for each BDU were signed off by the Quality Team in January 2017. A benefits framework has been established to track the delivery of the quality improvements and these will be tracked in the year post implementation.	Quality impact	



Older Peoples Mental Health Transformation Project

Work is progressing well towards a business case for in-patient model. A revised plan has been shared with the Transformation Steering group with rebased timeframes, though within this there are still uncertainties about when the new workforce can be agreed. Over this coming period a business case will be drafted for inpatient options and an initial QIA undertaken, a data extract will be gathered to support the workforce modelling, a benefits framework established, first draft SOPs will be developed and work will commence on Equality Impact Assessments. A working group met to review outputs from the recent engagement events and consider how we can factor this into the model. Further engagement with commissioners is being planned.	Delivery against plan	
There remains a risk that some financial benefits identified can't be fully realised if parts of the community workforce require enhancing.	Management of risk	
Benefits are targeted in 2018/2019 which will include greater emphasis on reducing admissions. This will be included in the business case, to be drafted in August.	Benefits Realisation	
Extensive engagement around clinical model provides assurance of positive quality impact. A Quality Impact Assessment will be produced with the business case.	Quality impact	



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Rehab and Recovery Transformation Project

A community service model is agreed in principle with local CCGs and has been implemented in Wakefield. Implementation in Calderdale is expected in 2017/18. The project scope in Kirklees for the full system model is still under discussion, discussions between the BDU and Kirklees commissioners have been positive and it is hoped quick progress will be found on a way forward.

Delivery against plan

Risk that there is not a consistent approach of service provision across West Yorkshire.

Management of risk

Financial benefits have already been realised in Wakefield and will be developed elsewhere. All parties are keen to reinvest savings in mental health where possible.

Benefits Realisation

The project undertook a Quality Impact Assessment in design phase, and a new QIA plus further engagement is likely to be required following decisions on how to progress activity in Kirklees.

Quality impact



Key for Transformation:			
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



This section of the IPR reports the Trust's progress against the identified Trust priorities for 2017/2018.

The framework below is a short term method of reporting on progress with Trust priorities and it shows the necessary components each programme needs to have in place to get started (SRO, scope, operational lead, clinical lead, change manager, etc.). Once governance and scope are established the report will summarise progress against plan, risk and benefits etc. in subsequent updates.

In respect of the priority programmes across the board we can report that:

- Good progress has been made with confirmation of SROs and change managers
- There is greater clarity in the main about the governance bodies that will oversee delivery of priority programmes
- Work to appoint operational leads and clinical leads is ongoing – but resolvable within the next month
- Scoping for some priorities is clarified and for some is still ongoing. Significant effort will be conducted by the integrated change team to work with SRO's and the wider change network team within the next month to complete this scoping stage
- Milestones for each priority to be confirmed in August
- Regular reporting on milestones and KPIs via IPR from August onwards
- Engagement and involvement team are established to support the integrated change team with plans for each priority in place by September

	Governance										Scoping Phase						Update				
	SRO Identified		Governance Route Agreed		Clinical lead Identified		Operational lead Identified		Change Manager Identified		RAG	Scope Agreed		1st Draft PID		Governance Body Approval		RAG			
IMPROVING HEALTH																					
Strategic Priority One: People First																					
1.1 Enhancing Liaison Services	✓	Sean Rayner	✓	OMG	✓	James Waplington	✓	James Waplington/ Alison Gibbons	✓	Sharon Carter		–	04/08/17	–	04/08/17	–	04/08/17		This priority will focus on transition to a new framework. Scoping work being undertaken to establish background to project, who involved, and progress to date.		
1.2 Improving people's experience	✓	Tim Breedon	✓	EMT	–	31/7/17	✓	Karen Batty	✓	Paula Rylatt		–	26/07/17	–	26/07/17	–	26/07/17		Governance arrangements are developing and progress commenced for integrated change team to document scope. Initial conversations held with patient experience manager. Scoping meeting with Director of Nursing booked for 26/7/17.		
1.3 Recovery based approaches	✓	Salma Yasmeen	✓	Transformation Board	N/A		✓	Matt Ellis	✓	Sue Barton		–	04/08/17	N/A	N/A	–	08/08/17		SRO, governance and integrated change team role agreed. Creativity and sustainability workshop held which will inform overall plan which is under development.		
1.4 Physical /Mental Health	✓	Adrian Berry	✓	Transformation Board	✓	–	✓	–	✓	Ryan Hunter		✓	–	✓	–	✓	–		<ul style="list-style-type: none">• The scope of this is limited to the rollout of effective physical health monitoring for people accessing our mental health services.• SRO is in place but there is considerable alignment with physical health CQUIN so consideration to be given to whether governance route needs to be aligned to CQUIN.• A bid made to the Health Foundation was unsuccessful but work is happening across the Trust and this will be reviewed and finalised by the SRO• Clinical lead needs review due to capacity issues and operational leads yet to be confirmed		
Strategic Priority Two: Joining up Care																					
2.1 Supporting place-based plans	✓	Salma Yasmeen	✓	EMT	N/A		✓	Sean Rayner Carol Harris	✓	Sharon Carter		N/A		N/A		–	04/08/17		<ul style="list-style-type: none">• This priority is focussed on place based plans which will be part of the Trust Strategy to go to Trust Board in Sept.• Integrated Change Team supporting SRO scoping out governance for Wakefield and Barnsley and alignment to Trust Strategy and working of services in BDUs.• Work needed to scope out Calderdale and Kirklees.		
2.2 Accountable Care in Barnsley and Wakefield	✓	Sean Rayner	✓	EMT	N/A		✓	Sean Rayner Andrea Wilson	✓	Sharon Carter		N/A		N/A		–	04/08/17		<ul style="list-style-type: none">• Priority planning and influencing SWYPFT role in each ACO• Following on from initial scoping discussions this has been identified as ongoing service delivery rather than change project work.• Work is ongoing to identify specifically scope and alignment.		
2.3.1 New models of care	✓	Sean Rayner	✓	EMT	✓	As per individual project	✓	As per individual project	✓	Sharon Carter		✓	01/04/17	✓	01/04/17	✓	12/07/17		<ul style="list-style-type: none">• New Models of Care (NMoC) in Barnsley alliance contract NMOC currently includes IMC, Diabetes, Respiratory, NNS, Right care.• Governance structure in place, and project plans for the projects that are in progress - Respiratory and IMC.• priority to respond to partner timescales e.g. diabetes		
2.3.2 Vanguard	✓	Salma Yasmeen	✓	EMT	✓	As per individual project	✓	As per individual project	✓	Sharon Carter		✓	01/04/17	✓	01/04/17	✓	12/07/17		<ul style="list-style-type: none">• Vanguards being rolled out for NMoC and for Portrait of a Life (POAL)• Wakefield connecting care Vanguard: Work is being undertaken to identify Wakefield governance structure and alignment of SWYPFT involvement.		

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IMPROVING CARE																			
Strategic Priority Three: Quality Counts, Safety First																			
3.1 Patient Safety	Please see the Quality section of this report for an update on progress with this priority.																		
3.2 Older People's MH transformation	Please see the Transformation section of this report for an update on progress with this priority.																		
3.3 Improving autism and ADHD	✓	Carol Harris	✓	OMG	✓	Marios Adamou	✓	Marios Adamou	✓	Richard Norman		–	04/08/17	–	04/08/17	–	04/08/17		Scope to reduce waiting times agreed, governance route through OMG and governance roles finalised. Final scoping phase yet to be completed
3.4 Perinatal mental health	✓	Carol Harris	✓	Transformation Board	✓	Stephen McGowan	✓	Stephen McGowan	✓	Ryan Hunter		✓	–	✓	–	✓	–		Expanding new service in development and transition to new framework and documentation at pace for launch in Sept
3.5.1 West Yorkshire work – CAMHS	✓	Carol Harris	✓	Transformation Board	✓	Dave Ramsay	✓	Dave Ramsay	✓	Richard Norman		✓	–	✓	–	✓	–		<ul style="list-style-type: none"> • Work is focussed on provision of tier 4 CAMHS beds and improved access times lead by Leeds Community Healthcare • Funding has been secured though STP NMoC workstream • Work ongoing to scope extent and role of Trust
3.5.2 West Yorkshire work – Forensic	✓	Carol Harris	✓	Transformation Board	✓	Abdullah Kraam	✓	Sue Threadgold	✓	Richard Norman		–	04/08/17	–	04/07/17	–	04/07/17		Bid submitted through STP for NMoC was unsuccessful however the Trust is continuing defining a review of forensics services through specialist community work
3.5.3 West Yorkshire work – Suicide prevention	✓	Tim Breedon	✓	EMT	✓	Mike Doyle	✓	Mike Doyle	✓	Paula Rylatt		–	26/07/17	–	26/07/17	–	26/07/17		Governance arrangements are developing and progress commenced for integrated change team to document scope. Meeting with SRO booked 26/7/17.
3.6 Quality priorities	✓	Tim Breedon	✓	EMT		N/A	✓	Karen Batty	✓	Sue Barton		–	04/08/17	N/A	N/A	✓	–		<ul style="list-style-type: none"> • Quality priorities agreed in Quality account • Scoping phase is ongoing to develop an action plan for improvement initiatives • Governance arrangements are developing and progress commenced for integrated change team to document scope
Strategic Priority Four: Compassionate Leadership																			
4.1 Leadership development	✓	Alan Davis	✓	EMT		N/A	✓	Andrew Cribbis	✓	Paula Rylatt		–	04/08/17	–	04/08/17	–	04/08/17		<ul style="list-style-type: none"> • Integrated change network being agreed following approval at EMT • Values in to behaviours framework developed • Collaborative working with Bradford and Leeds
4.2 Change and quality improvement - Strategic Approach	✓	Salma Yasmeen / Tim Breedon	✓	EMT		N/A	✓	Karen Batty	✓	Sue Barton		N/A	✓	Ongoing	✓	01/06/17			<ul style="list-style-type: none"> • Quality Strategy, which includes the integrated change framework, to be presented to Trust Board in Sept • Links being made to leadership development programme, currently being scoped • Network plans approved by EMT
4.3 Membership	✓	Kate Henry	✓	EMT		N/A	–	04/08/17	✓	Richard Norman		–	–	–	–	–	–		Scope to be delivered within the new structural arrangements



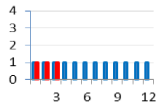
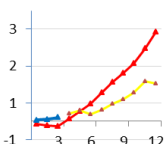
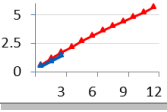
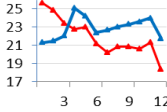
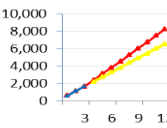
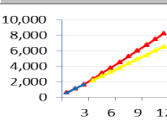
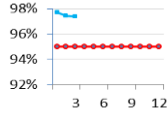
IMPROVING USE OF RESOURCES																			
Strategic Priority Five: Operational Excellence																			
5.1 Flow and out of area beds	✓	Karen Taylor	✓	OMG	✓	Dr Nusair	✓	Roland Miller	✓	Ryan Hunter / Sarah Foreman		–	04/08/17	–	04/08/17	–	04/08/17		<ul style="list-style-type: none">• Priority ongoing through out of area project group• Governance and clear project plan are in place• Scope is in place for the ongoing the operational aspects of this priority. Scope is in development for future transformation aspects of this priority• Summit planned for 7 August• Priority links to STP work on bed management and new arrangements for out of area beds using West Yorkshire as a local place
5.2 Workforce – sickness, rostering, skill mix and agency	✓	Karen Taylor	✓	OMG		N/A	✓	Various	✓	Sarah Foreman		✓	15/06/17	✓	15/06/17	✓	15/06/17		<ul style="list-style-type: none">• Task and finish groups for these priorities areas in place• Work is currently taking place on implementation planning• Paper on reducing sickness and effective rostering agreed by executive management team.
5.3 Effective use of supplies and resources	✓	Mark Brookes	✓	OMG		N/A	✓	Rob Adamson	✓	Sarah Foreman		✓	16/06/17	✓	16/06/17	✓	16/06/17		Priority being delivered through non-pay group with significant support from finance
5.4 CQUIN	Please see the Quality section of this report for an update on progress with this priority.																		
5.5 Financial sustainability and CIP	Please see the Finance section of this report for an update on progress with this priority.																		
Strategic Priority Six: Digital by Default																			
6.1 Clinical record system	✓	Salma Yasmeen	✓	Transformation Board	✓	Adrian Berry / Tim Breedon	✓	Ed Reid	–	TBC		✓	16/06/17	✓	16/06/17	✓	16/06/17		<ul style="list-style-type: none">• Scope and governance agreed, programme manager in place and recruitment to project team ongoing.• Work ongoing to determine scale of integrated change team involvement.• Procurement process ongoing• Change Manager nomination yet to be agreed
6.2 Digital health	✓	Kate Henry	✓	Transformation Board	✓	Jacob Agoro	✓	Jacob Agoro	✓	Paula Rylatt		–	31/07/17	–	31/07/17	–	31/07/17		<ul style="list-style-type: none">• Digital strategy is defined and action plan developed.• Dates for presentation of scope to steering group and EMT arranged for July.• Not all actions are clinical, however the clinical work on the action plan has an agreed clinical/operational lead from CAMHS and a pilot with ORCHA has been scoped to launch from August.• Scope still being developed for actual projects within this priority
6.3 Data driven improvements and innovation	✓	Mark Brooks	✓	EMT		N/A	✓	Nikki Cooper	✓	Sharon Carter		✓	04/08/17	✓	16/06/17	✓	16/06/17		This change project has agreed governance through EMT and EMT approval gained. Work ongoing to determine scale of integrated change team involvement

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

Key	
✓	Complete
–	In progress and date for delivery if known

Overall Financial Performance 2016 / 2017

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Risk Rating	1	1	The NHS Improvement financial risk rating is 1 for the year to June 2017. All metrics, with the exception of the I & E margin, are 1. I & E margin needs to be increased to greater than 1% to score 1. (approximately a £100k increase in surplus to date).	
2	Normalised Surplus (inc STF)	£0.3m	£2.4m	June 2017 finance performance excluding STF is a surplus of £45k. Including STF this is a surplus of £114k. The forecast, whilst currently in line with plan, remains challenging and delivery will require mitigation of income risks, continued control of cost pressures such as agency and out of area placements, and further cost reductions.	
3	Agency Cap	£1.4m	£7m	Agency expenditure in June 2017 is £0.5m which is line with expenditure trends in April and May 2017. The agency cap for 2017 / 2018 is £5.7m and current trajectories suggest this could be achievable.	
4	Cash	£22m	£21.8m	The month 3 cash position is lower than planned primarily due to 2016 / 2017 STF receipts and other timing issues. These are forecast to be resolved in July 2017.	
5	Capital	£2.7m	£10.5m	Capital expenditure is ahead of plan at the end of Quarter 1. This is primarily due to costs relating to the Fieldhead Non Secure scheme which is offset by delays on 3 minor capital schemes and the Data Centre IM & T scheme.	
6	Delivery of CIP	£1.6m	£6.6m	Year to date CIP delivery is £33k ahead of plan. Overall the forecast position is £1.7m below plan. Themes are being developed to close this gap with specific schemes in progress with executive director leads. e.g. effective rostering, temporary staffing review.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

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

Plan	—
Actual	—
Forecast	—

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Contracting Issues - General

Following the production of the Joint assurance letters with CCGs providing preliminary assurances in relation to growth in Mental Health investment in line with the Five Year Forward View, meetings are being arranged with individual CCGs. A meeting was held in July with Calderdale CCG. North Kirklees and Greater Huddersfield CCGs are arranging to hold a combined meeting.

CQUIN

Work continues internally and with commissioners to ensure clarity on definitions and required data sets in relation to 17/18 CQUINs. Work continues on implementation of systems and processes for 17/18 CQUINs.

QIPP

There are no specific Cash releasing QIPP targets for 17/18. The Trust continues to work with commissioners on wider systems contribution to support continued transformation and efficiency.

Contracting Issues – Barnsley

Barnsley Intermediate Care Services provision transfers from the main contract to the Alliance Contract with wider Barnsley providers in July 2017. During July to October there will be a transition period with the new model of service delivery planned to commence from 1 October 2017. A new model of integrated delivery for respiratory services 'Breath' has been agreed in Barnsley for provision delivered by BHNFT and SWYPFT and will be provided as part of the Alliance Contract commencing July. Mobilisation is in place to implement the new service model. Other key strategic work areas currently in Barnsley relate to MSK and Diabetes Services.

Contracting Issues – Calderdale

A meeting was held in July to discuss the Five Year Forward View Investment in Calderdale. Key priorities relate to a sustainable 24/7 crisis resolution service, pressures within Psychology services and the provision of specialist ASD Services for Adults. 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. Confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Greater Huddersfield.

Contracting Issues – Kirklees

A joint meeting with Greater Huddersfield and North Kirklees CCGs is being arranged to discuss Five Year Forward View investment and plans. The current priority areas of work related to Kirklees CCG's contracts include IAPT services and expansion to Long Term Conditions and the reconfiguration of adult mental health rehabilitation services. Discussions continue regarding the commissioning of sustainable specialist ASD Services for Adults. For Greater Huddersfield confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Calderdale. For North Kirklees, confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with Wakefield. It has been confirmed that SWYPFT has been awarded funding in relation to the IAPT Employment Advisors project. This is to fund data analysis and reporting support to the project. The advisors will be directly employed by the Richmond Fellowship and embedded into the SWYPFT Kirklees IAPT Service. The national project start date moved from June to August.

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Contracting Issues- Wakefield

The commissioning of an Adult ASD assessment, diagnostics and treatment service commenced from 1 April 2017. The new contract for the provision of the Social Wellbeing Service jointly between SWYPFT and Nova commenced from 1 April 2017. The Street Triage service commenced at the end of April. The extension of 2 Admiral Nursing posts until January 2019 has been agreed with Dementia UK. A key ongoing work stream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with North Kirklees. Transformation of CAMHs services remains a key priority.

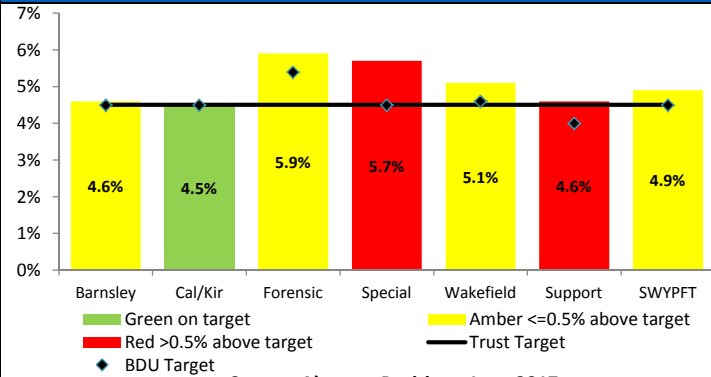
Contracting Issues - Forensics

The key area of monitoring continues to relate to the occupancy target. The sub contract for advocacy services has been extended until 1st August 2017 whilst the new Provider is chosen.

Contracting Issues – Other

Following a successful bid SWYPFT has been awarded the contract for the provision of a new model of service delivery for Smoke Free Services in Sheffield. The contract is for 3 years with a 2 year extension option commencing on 1 October 2017. A mobilisation team has been established to oversee implementation of the new model for 1 October 2017. The procurement processes for Doncaster & Rotherham Smoke Free services are currently live.

Sickness Absence

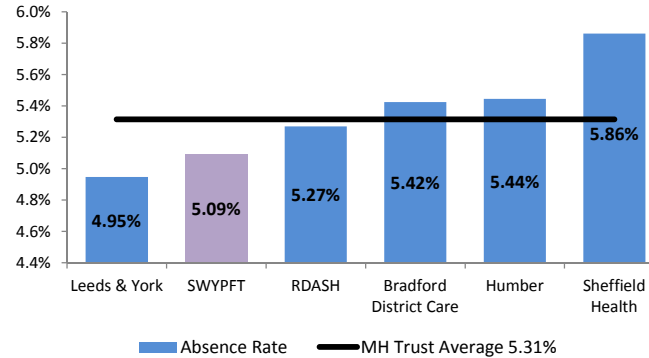


Current Absence Position - June 2017

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.7%	4.7%	5.0%	5.0%	5.6%	4.8%	4.9%
Trend	↓	↔	↓	↑	↓	↑	↓

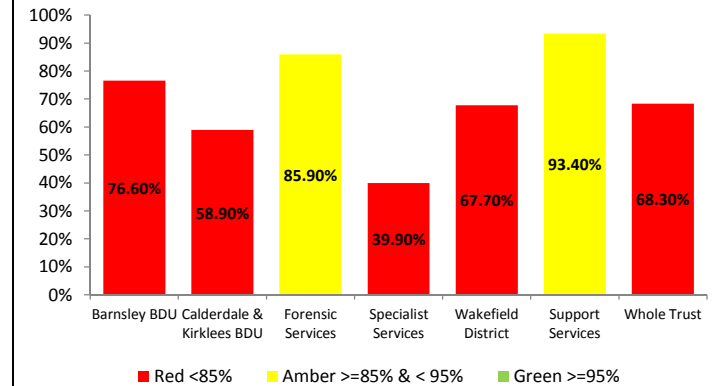
The Trust YTD absence levels in June 2017 (chart above) were above the overall 4.5% target at 4.9%.

The YTD cost of sickness absence is £1,466,593, if the Trust had met its target this would have been £1,355,168, saving £111,425.



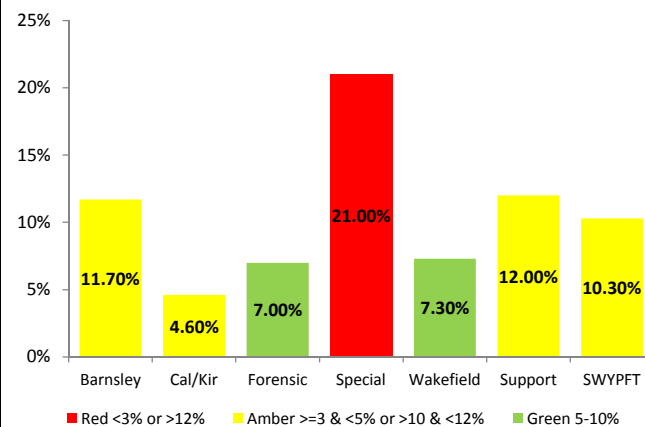
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 12 months from March 2016 to April 2017. During this time the Trust's absence rate was 5.09% which is below the regional average of 5.31%.

Appraisal Data - Band 6 and Above

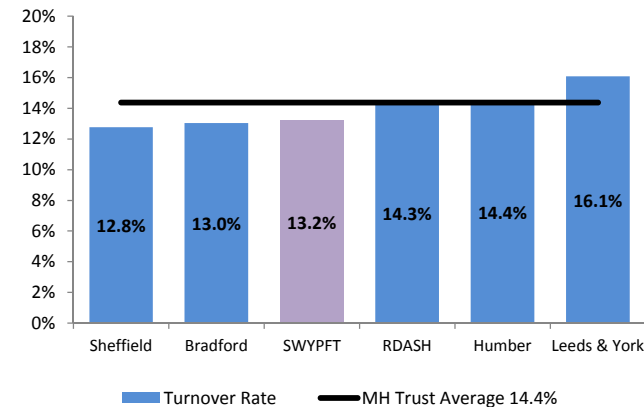


The above chart shows the appraisal rates for staff at Band 6 and above to the end of June 2017. The appraisal target is 95% and over. For staff at Band 6 and above, all appraisals should be completed by the end of June in each financial year.

Turnover and Stability Rate Benchmark

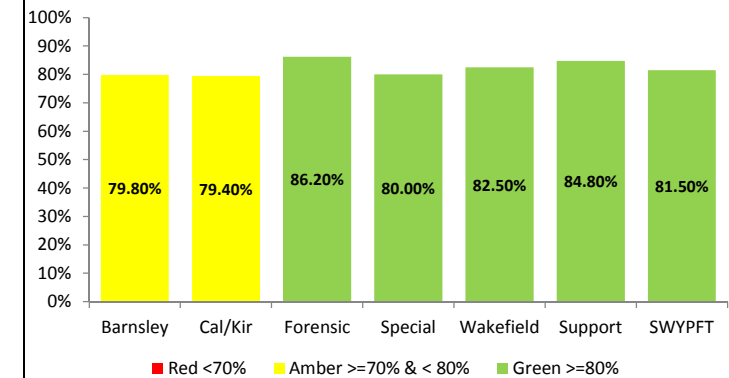


This chart shows the YTD turnover levels up to the end of June 2017. Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.



This chart shows turnover rates in MH Trusts in the region for the 12 months ending in March 2017. The turnover rate shows the percentage of staff leaving the organisation during the period. This is calculated as: leavers/average headcount. SWYPFT figures exclude decommissioned service changes.

Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of June 2017. While the Trust continues to achieve its 80% target for fire lecture training, two of the areas have dropped below the 80% target in June.

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Workforce - Performance Wall

Trust Performance Wall															
Month	Objective	CQC Domain	Owner	Threshold	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.7%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.1%	4.8%	4.9%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.0%	4.7%	4.6%	5.2%	5.8%	6.1%	5.8%	5.3%	4.9%	4.9%	4.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	71.0%	81.4%	84.8%	89.8%	93.2%	93.7%	94.4%	94.9%	5.2%	17.6%	68.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	44.3%	68.5%	76.8%	84.9%	89.0%	91.4%	92.8%	93.6%	1.9%	5.3%	18.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.0%	82.4%	80.0%	78.8%	78.4%	77.6%	77.2%	76.6%	76.4%	75.6%	78.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80% by 31/3/17	60.6%	63.2%	65.0%	66.9%	69.7%	72.8%	73.8%	73.9%	75.2%	75.3%	74.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80% by 31/3/17	39.0%	41.0%	39.9%	45.1%	53.5%	55.3%	60.4%	62.2%	64.8%	65.3%	69.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.7%	90.9%	90.3%	89.4%	90.1%	89.0%	89.4%	88.2%	87.3%	86.6%	86.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.1%	84.6%	83.7%	82.9%	85.5%	84.0%	82.9%	82.7%	81.5%	82.0%	81.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.2%	81.8%	82.6%	82.9%	83.9%	82.9%	82.6%	82.1%	82.6%	81.2%	80.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.4%	82.5%	81.3%	81.9%	83.8%	83.6%	83.6%	83.4%	83.0%	83.5%	84.0%
Information Governance	Resources	Well Led	AD	>=95%	89.2%	88.2%	86.5%	85.9%	86.5%	91.9%	95.2%	96.1%	92.0%	91.7%	91.3%
Moving and Handling	Resources	Well Led	AD	>=80%	79.4%	78.2%	77.0%	78.1%	78.8%	80.5%	81.9%	81.7%	81.1%	77.3%	78.8%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80% by 31/3/17				12.9%	46.0%	48.2%	53.1%	64.1%	64.9%	69.6%	78.0%
Mental Health Act	Quality & Experience	Well Led	AD	>=80% by 31/3/17				11.0%	20.9%	23.2%	30.5%	47.9%	51.2%	56.9%	70.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.7%	89.2%	89.0%	88.6%	89.5%	89.7%	89.4%	89.1%	88.5%	88.0%	86.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.2%	88.0%	86.7%	87.0%	87.8%	87.6%	87.0%	85.6%	85.5%	84.8%	83.6%
Sainsbury's clinical risk assessment tool	Health & Wellbeing	Well Led	AD	>=80%	96.9%	96.6%	93.2%	93.8%	94.8%	95.1%	94.7%	93.7%	93.3%	91.2%	91.7%
Bank Cost	Resources	Well Led	AD	-	£512k	£605k	£486k	£458k	£477k	£505k	£493k	£722k	£398k	£457k	£579k
Agency Cost	Resources	Effective	AD	-	£989k	£833k	£833k	£753k	£885k	£662k	£729k	£833k	£501k	£426k	£500k
Overtime Costs	Resources	Effective	AD	-	£17k	£9k	£16k	£14k	£26k	£19k	£15k	£12k	£16k	£13k	£9k
Additional Hours Costs	Resources	Effective	AD	-	£52k	£48k	£40k	£41k	£47k	£41k	£48k	£53k	£56k	£36k	£48k
Sickness Cost (Monthly)	Resources	Effective	AD	-	£504k	£501k	£447k	£511k	£565k	£592k	£527k	£561k	£476k	£504k	£487k
Business Miles	Resources	Effective	AD	-	300k	273k	328k	330k	316k	284k	287k	273k	289k	245k	285k

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Workforce - Performance Wall cont...

Notes:

Mandatory Training

- Information Governance – 91.3% which is a 0.5% decline from last month. The majority of services are between 90% and 100%. The new Information Governance training from NHS Digital will be available from the end of July. Plans are being made to roll this out.
- Aggression Management – 78.1%, this is a 2.5% increase compliance rate from last month, which is likely due to the managing aggression and violence team (MAV) putting on extra training sessions to the ones already scheduled. All Clinical Mental Health In-patient Services are achieving their compliance target.
- Cardio Pulmonary Resuscitation - 0.5% decline from last month
- Clinical Risk – 69%, an increase of 3.75% from last month and continues on an upward trajectory
- Moving and Handling – 78.7%, which is a 1.5% increase on last month
- Mental Capacity Act/DOLS – 78%, a 10% increase on last month and now only 2% off reaching the 80% requirement. Training options will continue to be offered and encouraged to continue on this upward trajectory
- Mental Health Act – 70.5%, a 19.5% increase on last month. Mental Health Inpatient Registered Clinical Staff are now just 3% off reaching the 80% requirement. Training options will continue to be offered and encouraged to continue on this upward trajectory

Attendance registers and competencies for MCA and MHA training are being double-checked to assure accuracy of recorded attendance with the correct level of training required

The Trust has a training schedule for MCA/MHA throughout 2017/18 to increase the compliance percentage

Sickness

- The Trusts YTD position remains at 4.9%, which continues to be above the Trusts threshold.
- Forensic (5.9%), Specialist Services (5.7%) BDUs continue to report the highest sickness levels although there continues to be an improvement in reported levels during June 17 in the Forensic BDU which reduces the year to date position from 6.2% to 5.9%.
- 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 set a target of 95% of agenda for change band 6 and above to be appraised by the end of June. The latest appraisal figures show across the trust currently we are significantly short of this target.

A breakdown of the latest performance by BDU is shown below:

Barnsley	75.20%
Calderdale & Kirklees	57.60%
Forensic	69.20%
Specialist Services	38.20%
Wakefield	67.20%
Support Services	86.50%

Trajectories for achievement of the target are being agreed with directors.

Publication Summary

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

Department of Health group accounting manual 2017 to 2018

This guidance is aimed at DH group bodies (including CCGs, NHS trusts, NHS foundation trusts and arm's length bodies) to help them complete their statutory annual reports and accounts for 2017 to 2018.

[Click here for link to guidance.](#)

The following section of the report identifies publications that may be of interest to the Trust and it's members.

- Combined performance summary: April 2017 - This publication summarises the data around NHS performance for April 2017. It finds that the long-term trend of increased demand on urgent and emergency care and elective activity continues and that waiting times were not met.
- Children and young people's health services monthly statistics: February 2017
- Consultant-led referral to treatment waiting times: April 2017
- Monthly hospital activity: April 2017
- Early intervention in psychosis waiting times: April 2017
- Early intervention in psychosis waiting times: April 2017
- Data on written complaints in the NHS: Q4 2016/17
- Direct access audiology waiting times: April 2017
- Mixed sex accommodation breaches: May 2017
- NHS Improvement provider bulletin: 14 June 2017
- Direct access audiology data: April 2017
- Mental health services monthly statistics: March 2017
- NHS workforce statistics: March 2017
- NHS sickness absence rates: February 2017
- Psychological therapies: reports on the use of IAPT services, England, March 2017 final, including reports on the integrated services pilot
- NHS Improvement provider bulletin: 21 June 2017
- Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data: April 2016 to March 2017
- Mental health out of area placements: 2016/17
- Learning disability services monthly statistics – England commissioner census (assuring transformation), provisional statistics : May 2017

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- NHS Improvement provider bulletin: 28 June 2017 - this included notification of data collection relating to executive board members pay.
- Cover of vaccination evaluated rapidly (COVER) programme 2016 to 2017: quarterly data
- Out of area placements in mental health services: May 2017
- NHS Improvement provider bulletin: 5 July 2017
- Children and young people's health services monthly statistics, experimental statistics, England: March 2017
- Referral-to-treatment waiting times for consultant-led elective care: May 2017
- Diagnostics waiting times and activity: May 2017
- Early intervention in psychosis, access and waiting times, experimental statistics: May 2017
- Monthly hospital activity data: May 2017
- Delayed transfers of care: May 2017
- NHS Improvement provider bulletin: 12 July 2017



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

Month 3 (2017/2018)

Appendix 1

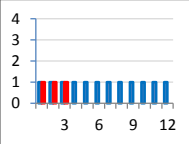
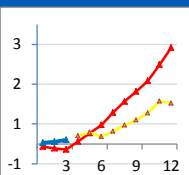
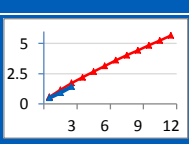
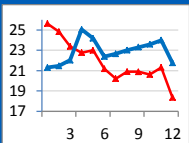
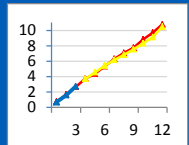
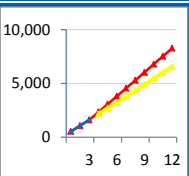
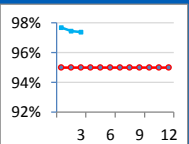





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With **all of us** in mind.

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1.0		Executive Summary / Key Performance Indicators			
Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Risk Rating	1	1	The NHS Improvement financial risk rating is 1 for the year to June 2017. All metrics, with the exception of the I & E margin, are 1. I & E margin needs to be increased to greater than 1% to score 1. (approximately a £100k increase in surplus to date).	
2	Normalised Surplus (inc STF)	£0.3m	£2.4m	June 2017 finance performance excluding STF is a surplus of £45k. Including STF this is a surplus of £114k. The forecast, whilst currently in line with plan, remains challenging and delivery will require mitigation of income risks, continued control of cost pressures such as agency and out of area placements, and further cost reductions.	
3	Agency Cap	£1.4m	£7m	Agency expenditure in June 2017 is £0.5m which is line with expenditure trends in April and May 2017. The agency cap for 2017 / 2018 is £5.7m and current trajectories suggest this could be achievable.	
4	Cash	£22m	£21.8m	The month 3 cash position is lower than planned primarily due to 2016 / 2017 STF receipts and other timing issues. These are forecast to be resolved in July 2017.	
5	Capital	£2.7m	£10.5m	Capital expenditure is ahead of plan at the end of Quarter 1. This is primarily due to costs relating to the Fieldhead Non Secure scheme which is offset by delays on 3 minor capital schemes and the Data Centre IM & T scheme.	
6	Delivery of CIP	£1.6m	£6.6m	Year to date CIP delivery is £33k ahead of plan. Overall the forecast position is £1.7m below plan. Themes are being developed to close this gap with specific schemes in progress with executive director leads. e.g. effective rostering, temporary staffing review.	
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 

1.1

NHS Improvement Risk Rating - Use of Resources

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

Area	Weight	Metric	Actual Performance		Plan - Month 3	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.1	1	2.6	1
	20%	Liquidity (Days)	17.6	1	13.7	1
Financial Efficiency	20%	I & E Margin	0.6%	2	-0.2%	3
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	-17.5%	1	-20.2%	1
Weighted Average - Financial Sustainability Risk Rating				1		1

Impact

The risk rating in month 3 is rated as 1 which is the highest possible score. All metrics are currently at 1 with the exception of I & E margin. This needs to be greater than 1% to achieve a rating of 1.

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.

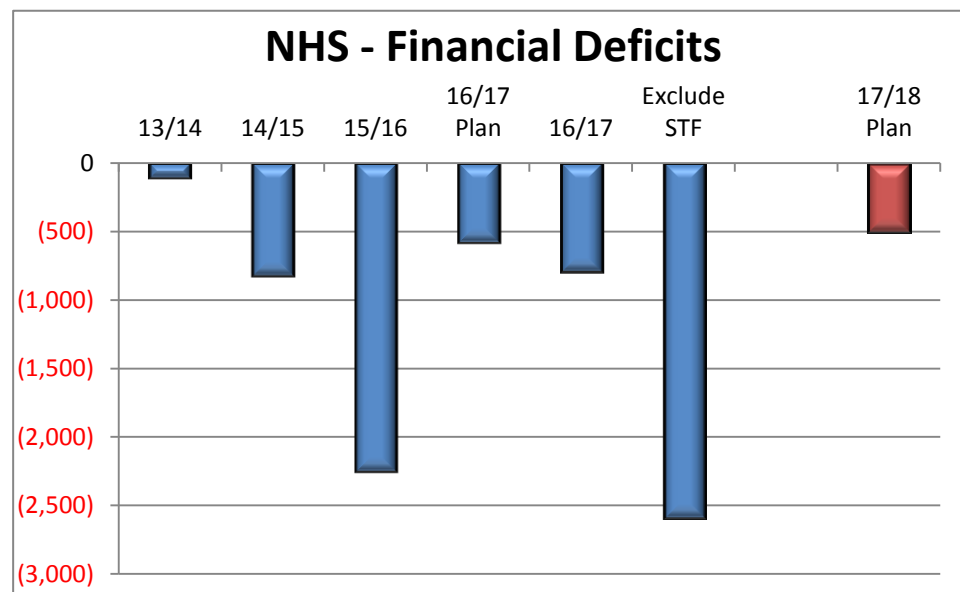
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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.

1.2

NHS Financial Context



NHS Improvement have now published the year end NHS financial position for 2016 / 2107. This highlights a deficit of £791m which is £211m adverse to plan. This includes the £1.8bn investment provided through the Sustainability and Transformation Fund (STF). Overall this is an improvement from the Q3 position of £886m deficit.

It is worth noting that most Trusts have flagged that delivery of this position relied upon significant one off actions and as such does not solve the long term financial sustainability question.

Taking this into account the 2017 / 2018 financial outlook remains challenging. Plans submitted by the sector do not achieve the desired break-even position but consolidate to a deficit position of £496m.

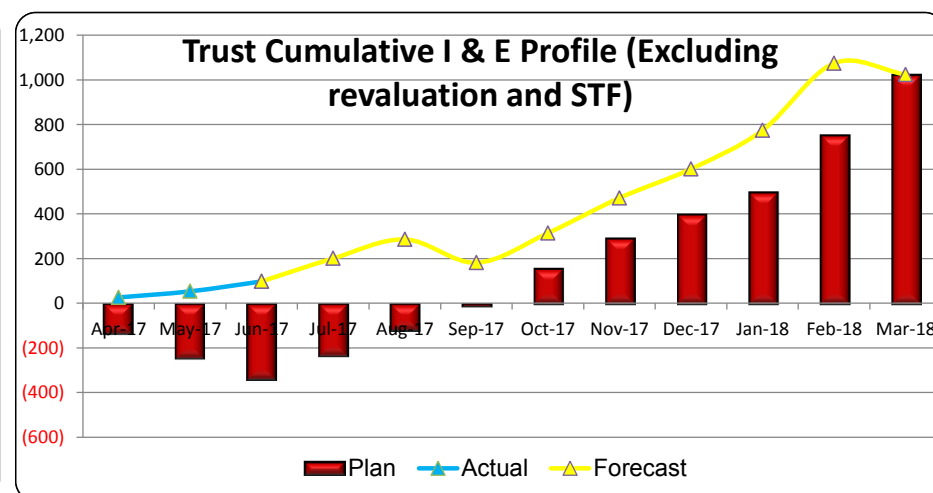
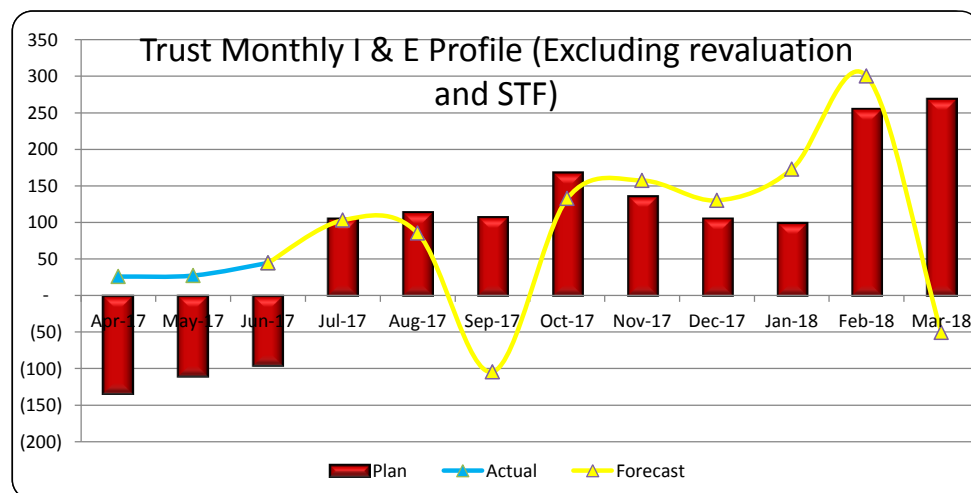
In June 2017 the HFMA's Mental Health Faculty produced a paper entitled Mental health investment standard which consolidated results from 3 surveys on the parity of esteem agenda between mental and physical health.

All surveys reached broadly the same conclusions in relation to implementation of the Five Year Forward View (FYFV):

- * commitment from commissioners to increase real term investment in mental health is a significant challenge.
 - * continued lack of alignment between commissioners and providers over what it means to implement the mental health investment standard
 - * local visibility and transparency is critical. STPs should be able to see where mental health money is spent and priorities realised.
- This has been supported by a letter jointly signed by the Trust and CCGs on the level of investment being provided.

Meetings are taking place with each of our commissioners in respect of mental health five year forward view investments and priorities.

Budget Staff in Post	Actual Staff in Post	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
				17,349	17,174	(175)	Clinical Revenue	51,833	51,554	(279)	206,731	205,617	(1,115)
				17,349	17,174	(175)	Total Clinical Revenue	51,833	51,554	(279)	206,731	205,617	(1,115)
				1,182	1,196	14	Other Operating Revenue	3,395	3,427	32	13,081	13,219	138
				18,532	18,370	(162)	Total Revenue	55,228	54,981	(247)	219,812	218,836	(977)
4,268	4,190	(78)	1.8%	(14,215)	(14,163)	53	Pay Costs	(42,649)	(41,906)	743	(169,874)	(169,217)	657
				(3,468)	(3,488)	(20)	Non Pay Costs	(10,307)	(10,337)	(30)	(40,908)	(41,537)	(629)
				(205)	121	327	Provisions	(299)	(256)	44	845	2,102	1,257
4,268	4,190	(78)	1.8%	(17,889)	(17,529)	360	Total Operating Expenses	(53,256)	(52,499)	757	(209,937)	(208,652)	1,285
4,268	4,190	(78)	1.8%	643	841	198	EBITDA	1,972	2,481	509	9,875	10,184	309
				(459)	(514)	(55)	Depreciation	(1,473)	(1,541)	(68)	(5,500)	(5,754)	(254)
				(283)	(286)	(3)	PDC Paid	(849)	(852)	(3)	(3,397)	(3,443)	(46)
				4	3	(1)	Interest Received	11	9	(2)	45	37	(8)
4,268	4,190	(78)	1.8%	(95)	45	140	Normalised Surplus / (Deficit) Excl.STF	(339)	98	437	1,023	1,024	1
				69	69	0	STF	209	209	0	1,394	1,394	0
4,268	4,190	(78)	1.8%	(26)	114	140	Normalised Surplus / (Deficit) Incl SFT	(130)	307	437	2,417	2,418	1
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,268	4,190	(78)	1.8%	(26)	114	140	Surplus / (Deficit)	(130)	307	437	2,417	2,418	1



Income & Expenditure Position 2017 / 2018

The year to date position, pre STF, is a surplus of £98k. Increased expenditure is highlighted within the forecast, which alongside income risk, means delivery of the financial control total remains challenging.

Month 3

The normalised year to date position is a surplus of £98k excluding STF and £307k including STF funding. This is £437k ahead of plan, the key headlines are below:

In month there have been favourable movements in the financial position resulting in a normalised surplus position for June of £45k pre STF. This is £140k better than planned, the key headlines behind this are:

	£k Mth 3	£k YTD	
Income	(162)	(247)	Provision has been made for under-achievement of CQUIN of £180k year to date. This has been partly offset by additional non-contract activity.
Pay	500	1,427	Agency and Bank staff continue to be employed by the Trust to meet clinical and service requirements. Actions continue to ensure that the clinical and financial consequences are minimised. These include ongoing recruitment and expansion of the peripatetic staffing model.
	(448)	(684)	There are a number of vacancies within the Trust that have resulted in year to date pay savings. These are partly offset by temporary staffing costs.
Non Pay	(20)	(30)	Overspends are in Drugs (M3 £27k, YTD £173k), Clinical Supplies (M3 £11k, YTD £90k) and out of area beds (M3 £90k, YTD £366k), offset by underspends on non clinical areas such as Travel and Office supplies.
	327	44	Provisions, and budgets held centrally.
	(56)	(73)	Depreciation and PDC are in line with planned expenditure
	<u>142</u>	<u>437</u>	

Forecast

The full year STF income is currently forecast to achieve plan but there remains significant risk attached with its delivery. These risks, and also any opportunities, are to be assessed to ensure actions are taken to improve the chance of delivery of the control

The CQUIN performance risk is £0.9m, of which £0.7m relates to achievement of STP control total

A full review of year-end forecast, risks and opportunities has taken place in early July in time for reporting to the July Trust Board.

Income Information

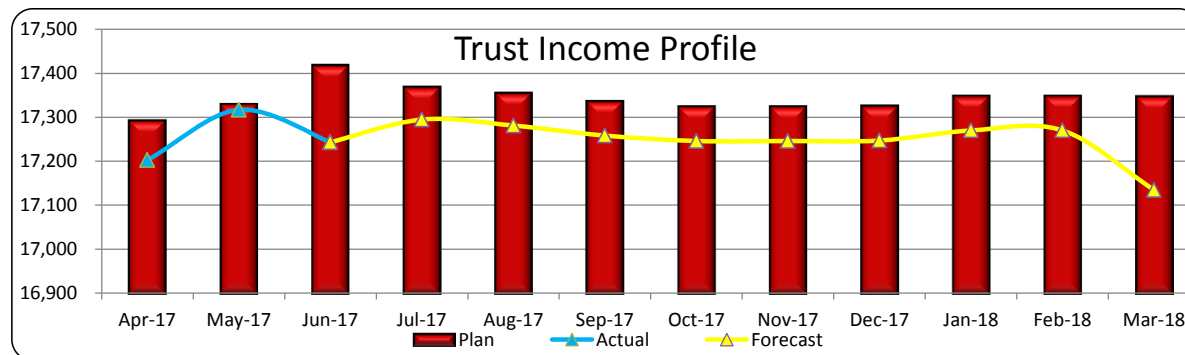
The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position. (page 5)

The majority of Trust income is secured through block contract arrangements and therefore there is traditionally little variation to plan. The budget values are reconciled against signed and agreed contracts with any movement highlighted. The headlines for these are outlined below with CQUIN highlighted as the biggest risk. CQUIN is reviewed internally within the Trust and agreed with commissioners on a quarterly basis.

The source of Trust income continues to change. Historically the majority was provided by CCGs and Local Authorities but this is reducing. To show the trend and movements these are broken down below.

Commissioner	Year to Date			Variance Headlines		
	Budget	Actual	Variance	CQUIN / LIS	Other	Total
	£k	£k	£k	£k	£k	£k
CCG	39,480	39,182	(298)	(180)	(118)	(298)
Specialist Commissioner	5,833	5,833	0	0	0	0
Alliance	1,760	1,760	(0)	0	(0)	(0)
Local Authority	1,384	1,384	(0)	0	(0)	(0)
Partnership	1,727	1,726	(2)	0	(2)	(2)
Other	1,649	1,669	20	0	20	20
Total	51,833	51,554	(279)	0	(99)	(279)

Commissioner	Forecast			Variance Headlines		
	Budget	Actual	Variance	CQUIN / LIS	Other	Total
	£k	£k	£k	£k	£k	£k
CCG	150,876	149,740	(1,136)	(856)	(280)	(1,136)
Specialist Commissioner	23,333	23,333	0	0	0	0
Alliance	13,961	13,961	(0)	0	(0)	(0)
Local Authority	5,535	5,535	0	0	0	0
Partnership	6,909	6,900	(9)	0	(9)	(9)
Other	6,118	6,149	30	0	30	30
Total	206,731	205,617	(1,115)	(856)	(259)	(1,115)



CQUIN Risk		
	YTD	Forecast
Wellbeing Improvement	0	136
STP Reserve	180	720
Total	180	856

Whilst comprehensive the income position currently excludes a number of key factors: (these will be included as the financial impact is reviewed and agreed)

Income Risk - Income forecast will be updated to reflect changes in funding allocations in respect of the new model of care for Intermediate Care in Barnsley.

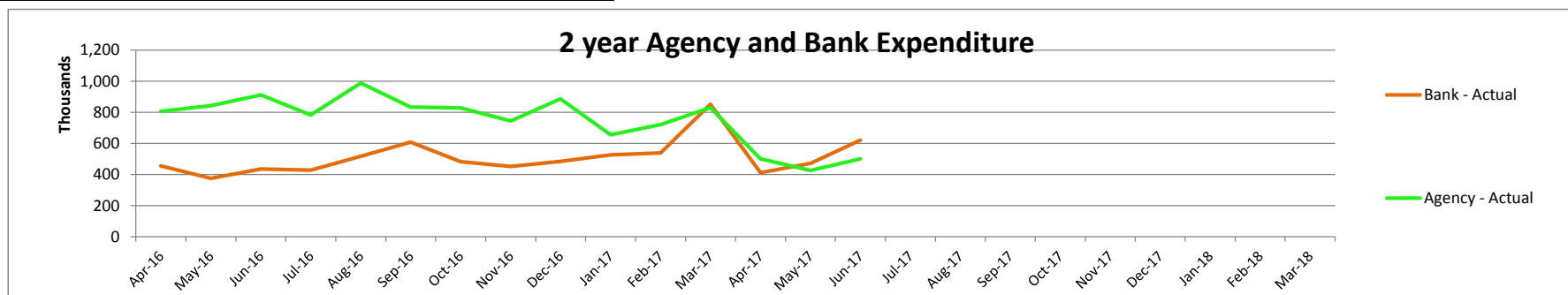
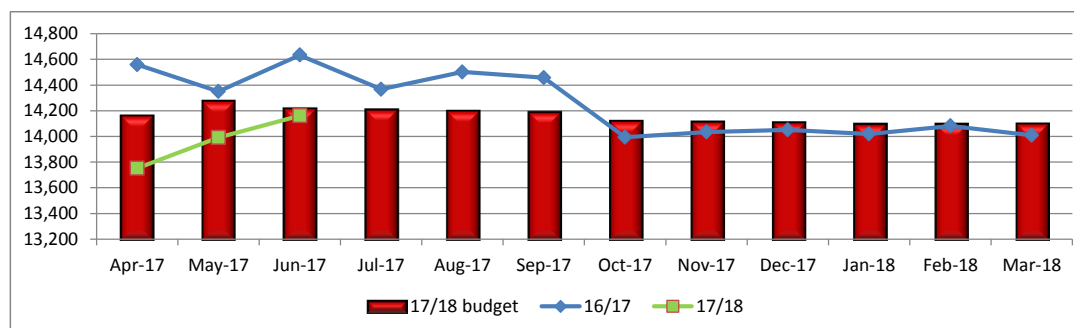
Income Opportunity - It has been confirmed that the Trust, again in partnership, has been successful in a number of new opportunities. This are due to commence later in the year and the forecast will be updated accordingly.

Our workforce is our greatest asset and one in which we continue to invest in ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 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
Substantive	12,841	13,094	13,040										38,975
Bank & Locum	411	472	620										1,503
Agency	501	426	500										1,427
Total	13,752	13,992	14,161	0	0	0	0	0	0	0	0	0	41,904
16/17	14,559	14,350	14,633	14,367	14,502	14,456	13,994	14,034	14,050	14,020	14,081	14,008	171,053
Bank as %	3.0%	3.4%	4.4%										3.6%
Agency as %	3.6%	3.0%	3.5%										3.4%

Year to Date expenditure - by staff group				
	Substantive £k	Temp £k	Agency £k	Total £k
Medical	4,506	71	658	5,235
Nursing Registered	13,599	529	131	14,259
Nursing Unregistered	4,526	638	252	5,416
Other	9,772	100	351	10,223
Admin	6,572	166	35	6,772
Total	38,975	1,503	1,427	41,904



Key Messages

Both 2016/17 and 2017/18 have seen a focus on reducing agency staffing, the graph above shows the actual downward trend in the use of Agency staffing by month. Some agency staff have moved to Bank posts and a more moderate increase in month on month bank usage can be seen. Agency use is forecast to continue to decline at a slower pace and bank usage to marginally increase.

Agency Spend is currently within the NHS Improvement agency cap.

Quarter 1 spend is £1.4m. This is a £1.1m reduction (44%) compared to last year.

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

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

The 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.

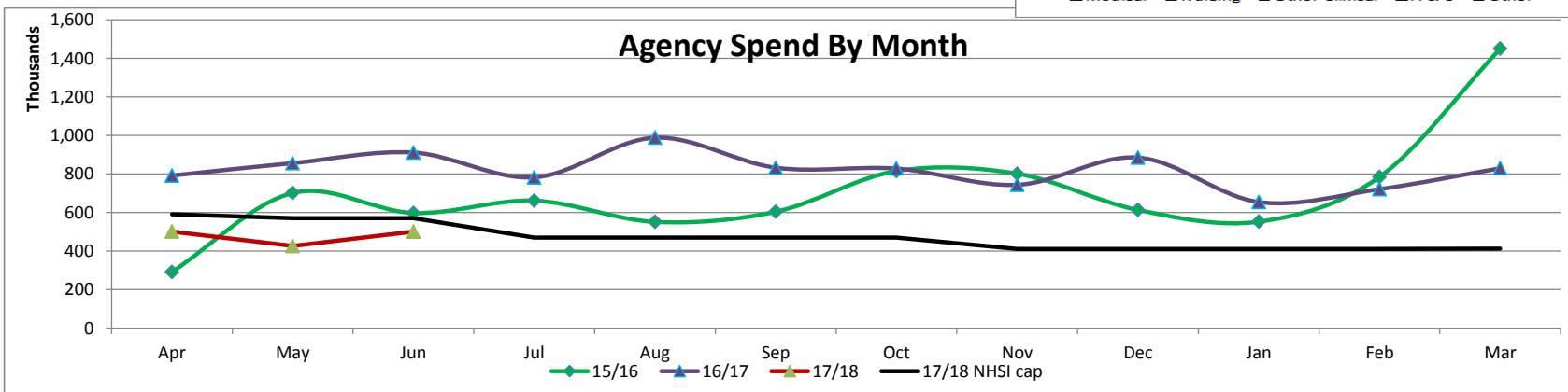
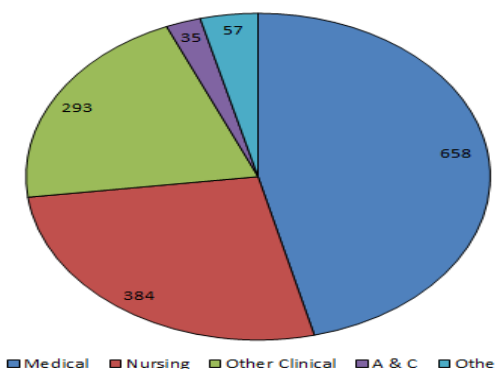
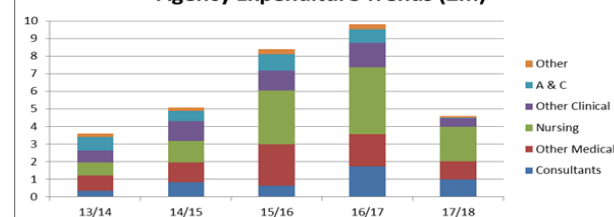
These trends were being experienced nationally within the NHS and as a result NHS Improvement introduced a number of metrics and guidance designed to support Trusts reducing their reliance and spend on agency staff. One of these measures was the introduction of a maximum agency cap (as monitored within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

Work streams and actions undertaken throughout 2016/17 are now being realised in reduced agency spend during 2017 / 2018. These actions can be allocated to 2 main themes :

* Reduction in the number of agency staff required - this is evident within the Admin & Clerical category where the Trust currently has none and there has also been a continued reduction in agency medical staff.

* Reduction in the hourly rate paid. In particular qualified nursing staff who are now all paid within the NHS Improvement capped rates. A number of 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 Trends (£m)



2.1

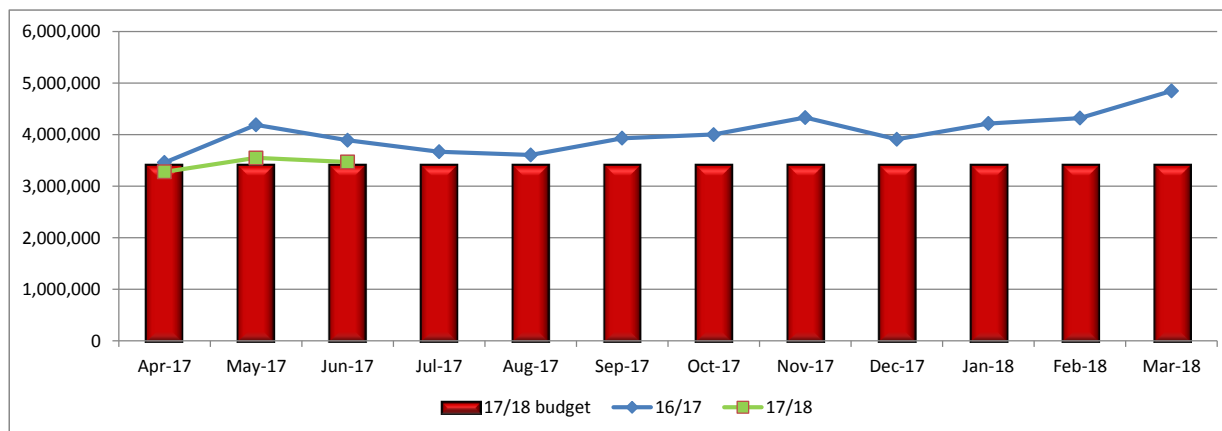
Non Pay Expenditure

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 therefore excludes provisions and capital charges (depreciation and PDC).

The Trust is forecasting to spend considerably less on non pay compared to last year. This is driven by a number of key areas which are highlighted below.

	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
2017 / 2018	3,278	3,548	3,469										10,295
2016 / 2017	3,459	4,193	3,890	3,671	3,604	3,931	4,002	4,331	3,909	4,217	4,322	4,849	48,379

Non Pay Category	Budget £k	Actual £k	Variance £k
Clinical Supplies	702	791	90
Drugs	771	944	173
Healthcare subcontracting	859	1,226	366
Hotel Services	541	440	(101)
Office Supplies	1,051	933	(118)
Other Costs	1,208	1,064	(144)
Property Costs	1,525	1,464	(62)
Service Level Agreements	1,546	1,552	6
Training & Education	190	177	(12)
Travel & Subsistence	1,192	987	(204)
Utilities	320	336	16
Vehicle Costs	402	422	21
Total	10,307	10,337	30



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 financial pressure. The Trust has recently changed pharmacy system and it is expected that this will help drive through future cost reductions and efficiencies.

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. Where ever possible service users are placed within the Trust footprint.

This analysis excluded activity relating to Locked Rehab in Barnsley.

Out of Area Expenditure Trend (£)

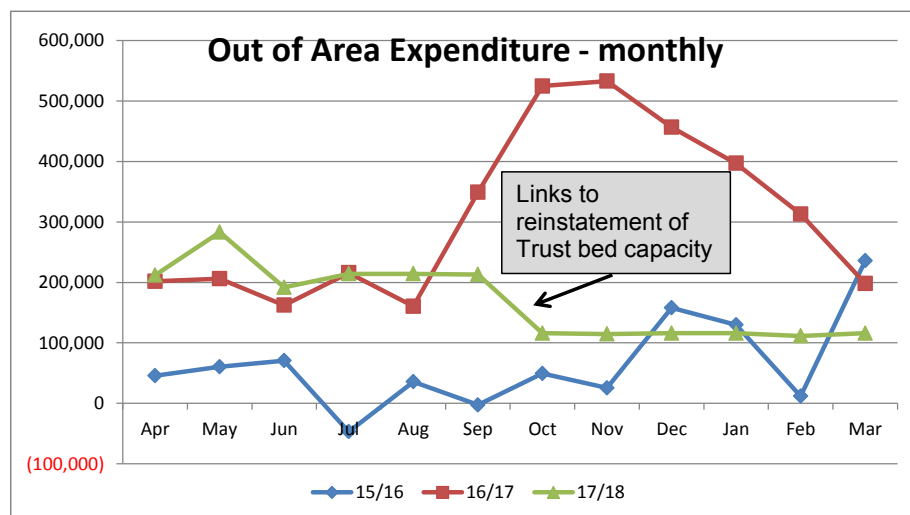
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	283	192	214	214	213	116	115	116	116	111	116	2,019

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	348	254										884

Bed Day Information 2017 / 2018 (by category)

PICU	198	176	168										542
Acute	84	172	86										342
Gender	0	0	0										0



Expenditure on Out of Area placements increased significantly during 2016 / 2017 but through continued action usage reduced throughout Quarter 3 and 4. This trend has continued in Quarter 1 2017 / 2018.

Current spend is comparable to Quarter 1 in the previous year (16/17 - £909k compared to £884k in 17/18) however no further spike is forecast in year. Indeed expenditure is forecast to reduce from Quarter 3 as the Trust bed capacity is reinstatement with the opening of phase 1 Fieldhead Non Secure project.

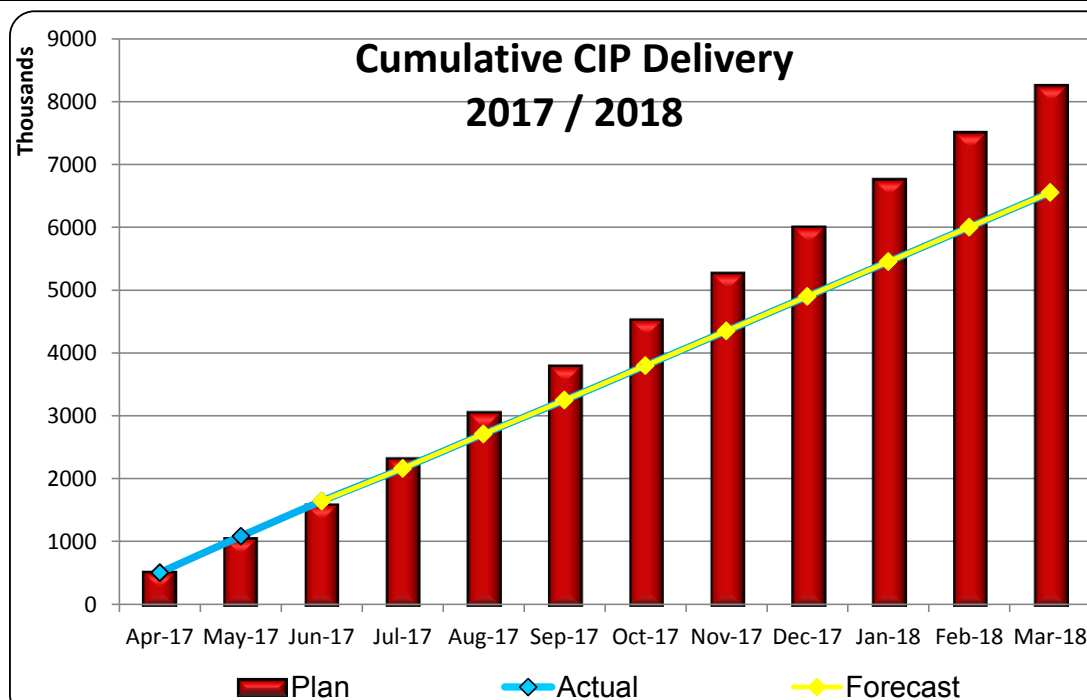
This replaces capacity reduced as a result of the fire in November 2016. To date an interim payment of £500k has been received against the insurance claim. A further payment is currently being pursued. These payments help to offset the cost pressure associated with additional out of area bed usage. Overall costs incurred will exceed the insurance payment leaving a cost pressure with the Trust.

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	1,610	8,262

Delivery as originally planned	405	850	1,315	1,770	2,254	2,747	3,255	3,763	4,272	4,780	5,288	5,796	1,315	5,796
Mitigations - Recurrent & Non-Recurrent	99	233	328	393	458	501	544	587	630	673	716	758	328	758
Total Delivery	504	1,083	1,643	2,163	2,712	3,248	3,799	4,350	4,901	5,452	6,003	6,555	1,643	6,555

Variance	(33)	10	33	(178)	(361)	(561)	(747)	(933)	(1,119)	(1,315)	(1,511)	(1,707)	33	(1,707)
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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

The year to date position is marginally ahead (£33k) of plan. This is due to the profile of substitutions being achieved earlier in the year when compared against the original schemes.

Operational BDU schemes are delivering against original targets however an unidentified CIP gap remains. Specific projects are progressing, such as effective rostering and non pay review groups but additional new cost reductions and cost avoidance need to be identified.

The value of these schemes will be included within both the CIP position and overall Trust financial forecast once available.

3.0

Balance Sheet 2017 / 2018

	2016 / 2017 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	111,199	113,069	113,992	1
Current Assets				
Inventories & Work in Progress	166	215	166	
NHS Trade Receivables (Debtors)	2,138	2,299	795	2
Other Receivables (Debtors)	8,289	7,506	10,783	3
Cash and Cash Equivalents	26,373	23,382	22,031	4
Total Current Assets	36,966	33,402	33,774	
Current Liabilities				
Trade Payables (Creditors)	(7,213)	(6,834)	(5,058)	5
Capital Payables (Creditors)	(1,157)	(752)	(1,275)	5
Accruals	(9,912)	(12,256)	(11,319)	6
Deferred Income	(754)	(950)	(861)	
Total Current Liabilities	(19,036)	(20,792)	(18,512)	
Net Current Assets/Liabilities	17,929	12,610	15,262	
Total Assets less Current Liabilities	129,128	125,679	129,254	
Provisions for Liabilities	(7,550)	(6,763)	(7,369)	
Total Net Assets/(Liabilities)	121,578	118,916	121,885	
Taxpayers' Equity				
Public Dividend Capital	43,665	43,665	43,665	
Revaluation Reserve	18,766	18,413	18,766	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,928	51,618	54,234	7
Total Taxpayers' Equity	121,578	118,916	121,885	

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 15. The value of fixed assets is the broughtforward value of assets adjusted for the value of additions, disposals and depreciation

2. NHS debtors are lower than plan, this is expected at the quarter end as debts are settled.

3. Other debtors are higher than planned which includes STF income relating to 2016 / 2017 (c. £2m). This is expected to be received in July 2017.

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 17.

5. Creditors are lower than plan. Steps are taken to pay valid invoices within the Better Payment Policy timescales and to date £306k is older than 30 days. These continue to be targeted for resolution.

6. Accruals are lower than planned.

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

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
Maintenance (Minor) Capital							
Facilities & Small Schemes	1,558	376	187	(189)	1,577	20	3
Equipment Replacement	44	44	27	(18)	57	12	
IM&T	2,121	211	83	(128)	2,120	(1)	4
Major Capital Schemes							
Fieldhead Non Secure	7,030	2,027	2,475	448	6,757	(273)	5
VAT Refunds	0	0	(37)	(37)	(37)	(37)	
TOTALS	10,753	2,659	2,735	76	10,474	(279)	2

Capital Expenditure 2017 / 2018

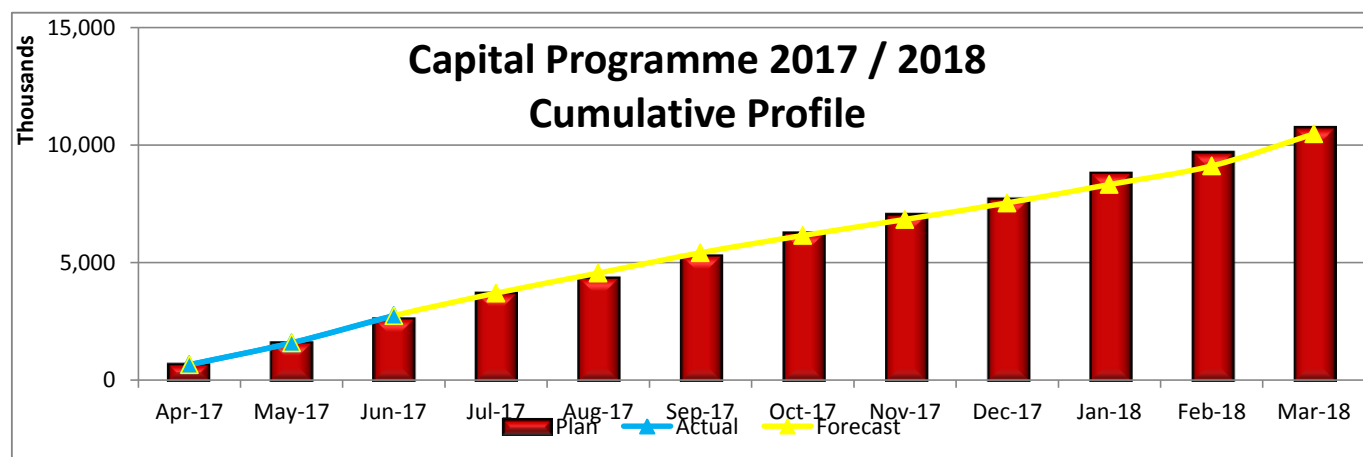
1. The Trust capital programme for 2016 / 2017 is £10.8m and schemes are guided by the current Trust Estates Strategy.

2. The year to date position is £76k ahead of plan (3%). Excluding the benefit from arising from successful VAT recovery agreed with HMRC this is £113k ahead of plan.

3. Three minor capital schemes have been delayed but remain forecast to be delivered in year.

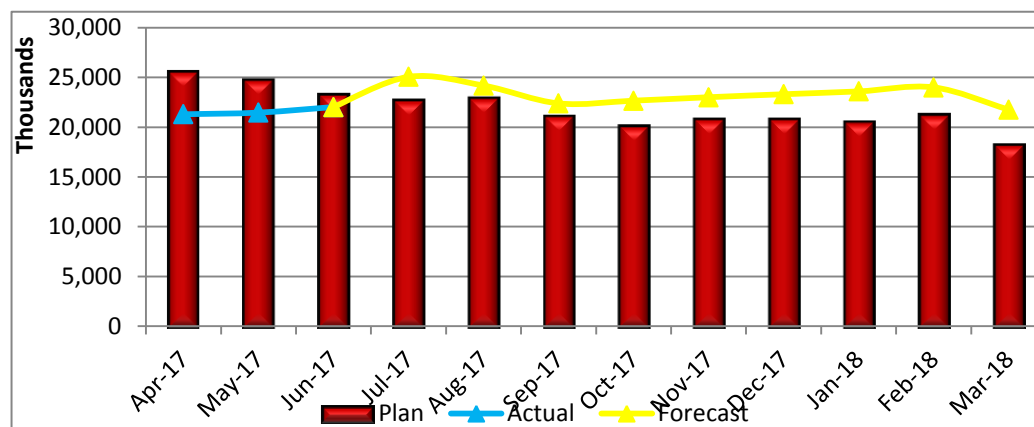
4. The IM & T data centre scheme is currently £91k behind plan. This plan has now been approved.

5. Expenditure valuations received on the Fieldhead Non secure scheme are currently under review.

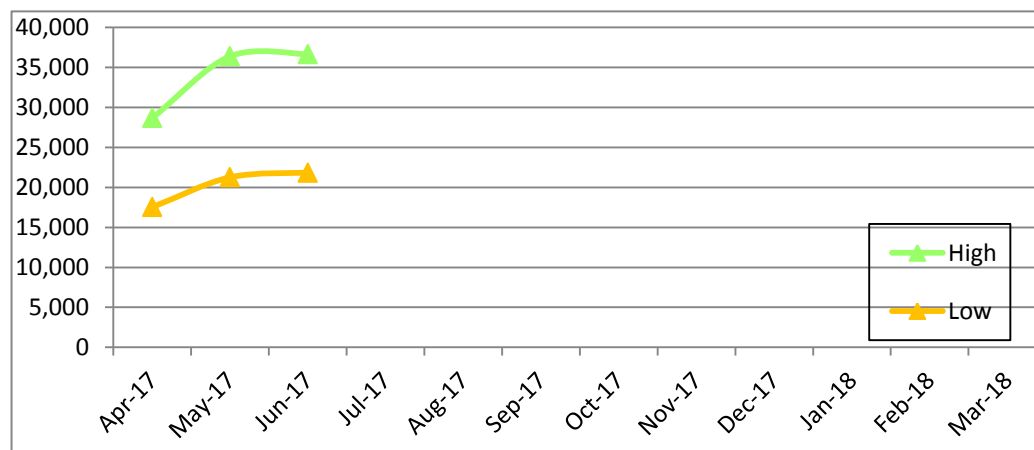


3.2

Cash Flow & Cash Flow Forecast 2017 / 2018



	Plan £k	Actual £k	Variance £k
Opening Balance	25,495	26,373	
Closing Balance	23,382	22,031	(1,351)



Cash is behind plan to date. STF income relating to 2016 / 2017 is expected to be received in July 2017.

The team continue to focus on maximising the Trust cash position. This currently remains focussed on ensuring that invoices are raised and any outstanding debtors are resolved.

A detailed reconciliation of working capital compared to plan is presented on page 17.

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.

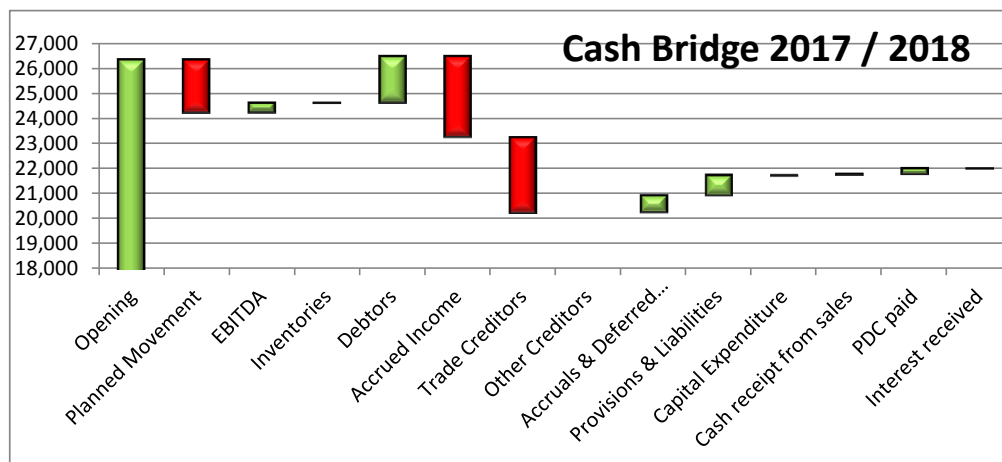
The highest balance is: £36.6m

The lowest balance is: £21.8m

This reflects cash balances built up from historical surpluses that are available to finance capital expenditure in the future.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	25,495	26,373	878	1
Surplus (Exc. non-cash items & revaluation)	2,234	2,628	394	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(500)	1,355	1,855	4
Accrued Income / Prepayments	(1,050)	(4,274)	(3,224)	6
Trade Payables (Creditors)	0	(3,007)	(3,007)	7
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	850	1,514	664	3
Provisions & Liabilities	(1,000)	(181)	819	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(2,658)	(2,617)	41	
Cash receipts from asset sales	0	231	231	5
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	12	9	(3)	
Closing Balances	23,383	22,031	(1,352)	



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. Surplus position is higher than planned.
3. Accruals are being reviewed with key suppliers chased for invoices. This helps provide assurance over the year to date position.
4. Debtors are higher than plan. These continue to be actively chased with emphasis on older and largest debt.
5. A Trust asset has been sold in June 2017 which was originally planned to be sold in Quarter 4 2017 / 2018. This disposal forms part of the overall Trust Estates Strategy.

Factors which decrease the cash position against plan:

6. Accrued income continues to be higher than plan, this includes the 2016/17 STF funding which is expected to be paid in July 2017. Additionally Quarter 4 2016 / 2017 CQUIN remains to be agreed with commissioners
7. 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

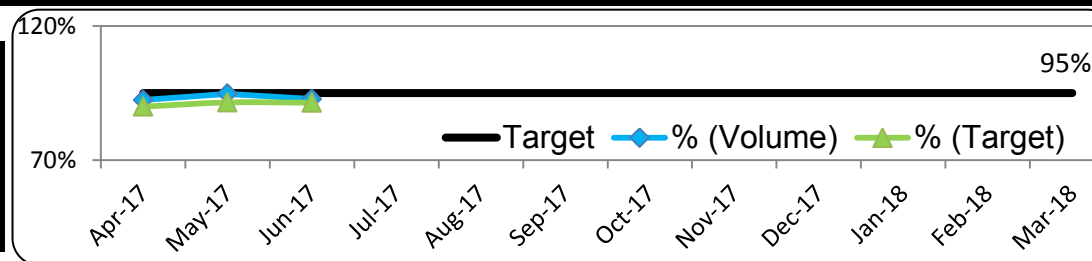
Better Payment Practice Code

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.

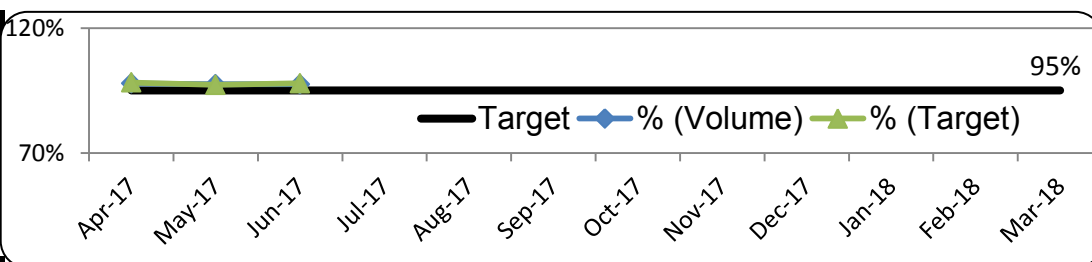
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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.

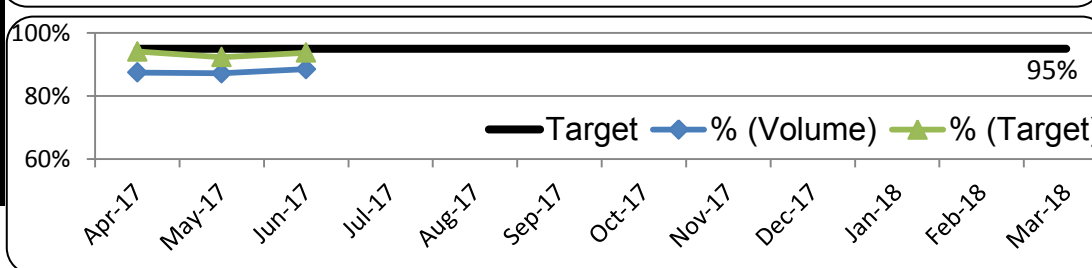
NHS		
	Number	Value
	%	%
Year to May 2017	95%	91%
Year to June 2017	93%	91%



Non NHS		
	Number	Value
	%	%
Year to May 2017	97%	97%
Year to June 2017	97%	98%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to May 2017	87%	92%
Year to June 2017	88%	94%



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 (£)
20-Apr-17	Membership	Trustwide	Care Quality Commission	3032798	245,652
26-May-17	Lease Rent	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3036308	212,218
23-May-17	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3035906	100,302
15-Jun-17	CNST contributions	Trustwide	NHS Litigation Authority	3038249	47,581
03-May-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3033966	43,401
23-May-17	Other	Forensics	Leeds Community Healthcare NHS Trust	3035902	36,500
08-Jun-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3037468	32,420
06-Apr-17	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3031503	29,211

- * 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	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.80%	4.90%	4.90%	4.50%	4.60%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.90%	5.70%	5.20%	4.50%	4.70%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.00%	95.50%	96.60%	7.00%	24.00%	76.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.60%	95.30%	96.00%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.30%	77.60%	76.20%	77.50%	71.90%	81.70%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.40%	82.50%	81.30%	81.90%	79.10%	78.20%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	75.50%	78.20%	77.90%	76.00%	74.70%	79.10%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.60%	89.40%	89.00%	88.20%	88.50%	89.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.20%	82.60%	81.50%	78.80%	80.80%	79.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.70%	80.30%	79.60%	77.50%	76.10%	73.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.80%	87.80%	86.70%	86.40%	87.10%	87.10%
Information Governance	Resources	Well Led	AD	>=95%	91.80%	94.90%	95.40%	91.30%	89.80%	89.60%
Moving and Handling	Resources	Well Led	AD	>=80%	82.20%	83.70%	82.80%	83.10%	81.90%	82.30%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.60%	90.40%	89.90%	89.50%	89.30%	86.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.90%	88.40%	88.20%	88.00%	86.50%	86.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.20%	97.40%	95.70%	94.70%	94.60%	93.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	47.10%	51.50%	55.90%	54.60%	56.90%	64.30%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	34.40%	38.30%	42.90%	44.60%	41.20%	55.60%
Agency Cost	Resources	Effective	AD		£148k	£143k	£115k	£92k	£109k	£118k
Overtime Costs	Resources	Effective	AD		£6k	£4k	£4k	£7k	£3k	£4k
Additional Hours Costs	Resources	Effective	AD		£18k	£23k	£25k	£32k	£20k	£21k
Sickness Cost (Monthly)	Resources	Effective	AD		£172k	£163k	£167k	£130k	£144k	£139k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		133.8	136.67	131.92	111.33	108	113.58
Business Miles	Resources	Effective	AD		107k	101k	102k	108k	91k	97k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.90%	5.00%	5.00%	4.30%	4.50%	4.50%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.30%	5.20%	4.90%	4.30%	4.60%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.50%	98.20%	98.50%	3.00%	14.90%	58.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.30%	95.80%	96.50%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.40%	77.40%	75.80%	74.30%	72.30%	73.90%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	70.10%	72.10%	72.80%	75.20%	75.40%	77.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	63.80%	65.80%	69.40%	72.40%	71.30%	73.10%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.00%	89.70%	86.50%	86.20%	84.50%	82.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.20%	81.70%	80.90%	81.10%	80.50%	79.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.20%	79.10%	78.70%	79.60%	78.30%	79.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.20%	78.30%	78.90%	78.00%	78.80%	80.20%
Information Governance	Resources	Well Led	AD	>=95%	94.50%	96.70%	97.50%	92.80%	92.60%	90.70%
Moving and Handling	Resources	Well Led	AD	>=80%	77.40%	79.50%	79.80%	79.30%	76.10%	76.00%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.40%	89.60%	88.60%	87.40%	86.80%	85.40%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.30%	84.20%	83.70%	83.00%	82.80%	80.60%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.40%	95.90%	95.80%	95.50%	93.30%	93.30%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	33.30%	39.60%	58.00%	61.10%	75.40%	83.30%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	22.70%	30.30%	49.40%	52.30%	67.10%	77.60%
Agency Cost	Resources	Effective	AD		£173k	£177k	£165k	£76k	£61k	£79k
Overtime Costs	Resources	Effective	AD		£9k	£5k	£3k	£3k	£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£100k	£112k	£93k	£101k	£103k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		50.69	47.64	40.79	85.41	75.52	71.45
Business Miles	Resources	Effective	AD		58k	54k	57k	62k	58k	68k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	6.40%	6.40%	6.40%	7.10%	6.30%	5.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	8.00%	6.80%	6.20%	7.10%	5.60%	5.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.20%	93.70%	93.70%	10.30%	21.20%	85.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	82.50%	88.50%	90.00%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.40%	83.40%	84.50%	85.80%	85.30%	87.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	60.50%	62.60%	66.60%	68.30%	74.00%	73.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	26.70%	45.10%	50.80%	54.70%	65.00%	71.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.90%	92.30%	92.00%	89.20%	86.60%	85.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.60%	85.40%	86.70%	85.90%	83.40%	86.20%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	87.10%	86.70%	88.00%	89.20%	88.30%	88.80%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.50%	82.70%	82.20%	81.70%	84.90%	86.70%
Information Governance	Resources	Well Led	AD	>=95%	90.90%	95.50%	97.60%	91.50%	92.70%	92.30%
Moving and Handling	Resources	Well Led	AD	>=80%	85.50%	85.40%	87.20%	84.90%	82.90%	84.10%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.90%	92.10%	92.30%	92.30%	91.70%	90.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.90%	87.60%	87.80%	88.40%	87.90%	85.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.40%	93.80%	80.00%	75.00%	51.70%	64.50%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	33.80%	42.40%	65.40%	65.70%	70.70%	84.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	18.50%	30.10%	55.80%	56.00%	61.90%	77.50%
Agency Cost	Resources	Effective	AD		£114k	£128k	£95k	£58k	£54k	£46k
Overtime Costs	Resources	Effective	AD		£-1k	£0k	£3k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£5k	£2k	£2k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£78k	£53k	£54k	£62k	£51k	£45k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		46.25	49.44	50.2	49.29	47.49	48.04
Business Miles	Resources	Effective	AD		5k	15k	9k	8k	5k	5k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.90%	5.00%	5.00%	5.90%	6.00%	5.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.80%	6.00%	5.70%	5.90%	6.00%	5.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	84.30%	87.40%	87.50%	3.80%	9.40%	39.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	66.70%	70.30%	71.20%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	73.10%	72.00%	72.30%	72.70%	75.20%	77.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	71.50%	71.80%	70.40%	70.70%	69.20%	68.20%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	33.20%	38.10%	39.70%	43.50%	46.50%	52.40%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.10%	88.30%	87.40%	85.70%	84.80%	83.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.40%	79.50%	80.10%	78.60%	80.20%	80.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	58.30%	62.50%	60.00%	59.10%	56.50%	56.50%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	86.30%	86.50%	85.90%	84.40%	83.30%	82.10%
Information Governance	Resources	Well Led	AD	>=95%	92.70%	96.00%	97.30%	92.80%	91.50%	92.30%
Moving and Handling	Resources	Well Led	AD	>=80%	80.90%	80.90%	77.00%	75.70%	75.80%	76.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	85.20%	83.80%	83.00%	82.10%	82.40%	83.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.10%	87.30%	84.70%	86.80%	85.20%	86.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	89.30%	87.80%	87.90%	87.80%	86.90%	88.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	31.60%	37.50%	55.60%	58.30%	62.70%	75.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	11.70%	17.50%	42.70%	54.70%	57.80%	71.40%
Agency Cost	Resources	Effective	AD		£88k	£165k	£261k	£178k	£167k	£169k
Overtime Costs	Resources	Effective	AD		£2k	£3k	£2k	£2k	£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£5k	£5k	£4k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£71k	£68k	£74k	£70k	£82k	£63k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		71.96	64.87	57.42	53.47	51.56	52.4
Business Miles	Resources	Effective	AD		38k	38k	31k	39k	33k	38k

Appendix 2 - Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.70%	4.70%	4.80%	4.20%	4.40%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.60%	5.50%	4.80%	4.20%	4.70%	4.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.10%	92.20%	93.70%	7.10%	17.40%	93.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.30%	95.30%	95.50%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	64.80%	68.70%	71.10%	68.60%	73.00%	71.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.80%	90.90%	86.50%	86.10%	86.80%	82.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	20.00%	100.00%	16.70%	28.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.10%	87.90%	87.80%	87.50%	86.40%	86.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.90%	84.90%	85.90%	87.70%	87.10%	84.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	98.40%	98.40%	96.80%	99.20%	98.30%	96.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.20%	83.90%	84.80%	85.50%	86.00%	85.70%
Information Governance	Resources	Well Led	AD	>=95%	89.10%	93.00%	93.40%	92.20%	93.40%	92.90%
Moving and Handling	Resources	Well Led	AD	>=80%	82.60%	85.90%	85.80%	85.80%	72.60%	78.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.70%	89.70%	90.90%	90.90%	89.80%	89.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	90.80%	91.00%	86.40%	86.10%	86.60%	82.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	20.00%	33.30%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	91.00%	91.60%	92.90%	93.70%	94.80%	97.40%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	19.10%	29.80%	33.30%	38.80%	53.10%	64.40%
Agency Cost	Resources	Effective	AD		£32k	£26k	£33k	£8k	£5k	£10k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£0k	£5k		£3k
Additional Hours Costs	Resources	Effective	AD		£18k	£16k	£13k	£14k	£8k	£13k
Sickness Cost (Monthly)	Resources	Effective	AD		£86k	£75k	£84k	£68k	£79k	£79k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		60.89	55.36	52.39	23.23	43.12	40.07
Business Miles	Resources	Effective	AD		40k	47k	39k	40k	29k	39k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.20%	5.30%	5.40%	5.00%	4.80%	5.10%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	7.30%	6.90%	6.00%	5.00%	4.60%	5.60%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.60%	95.20%	94.60%	2.10%	16.10%	67.70%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	89.00%	88.80%	91.00%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.80%	82.60%	80.40%	81.10%	80.40%	80.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	60.40%	61.30%	62.60%	65.00%	69.70%	66.00%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	57.10%	60.60%	59.70%	63.40%	61.50%	65.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.00%	89.60%	87.10%	86.00%	86.80%	86.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.00%	84.10%	83.10%	78.90%	80.90%	82.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.90%	76.50%	75.20%	76.70%	75.00%	72.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.70%	78.50%	78.40%	77.80%	77.10%	79.30%
Information Governance	Resources	Well Led	AD	>=95%	92.30%	95.50%	97.20%	91.80%	92.30%	93.50%
Moving and Handling	Resources	Well Led	AD	>=80%	73.10%	72.20%	75.00%	72.60%	71.30%	71.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.70%	88.40%	87.50%	86.40%	85.30%	85.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	82.30%	80.70%	79.40%	77.90%	77.40%	78.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.90%	95.20%	93.10%	93.50%	92.50%	93.40%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	34.00%	40.90%	57.60%	59.30%	59.10%	73.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	26.50%	33.40%	49.30%	50.30%	49.70%	66.90%
Agency Cost	Resources	Effective	AD		£107k	£91k	£164k	£88k	£31k	£77k
Additional Hours Costs	Resources	Effective	AD		£2k	£3k	£3k	£2k	£4k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£75k	£67k	£69k	£52k	£47k	£58k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		68.48	69.36	64.28	50.56	48.56	43.91
Business Miles	Resources	Effective	AD		36k	32k	34k	32k	29k	38k

Glossary

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

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

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