

Integrated Performance Report



September 2017

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for September 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. As outlined in last month's report, the transformation and priority programme sections are now being reported as a combined section. This report includes matching each metric against the updated Trust objectives.

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 | 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 | 2 | 2 | | | | | | | 1 |
| CQC Quality Regulations (compliance breach) | | Green | Green | Green | Green | Green | Green | Green | | | | | | | Green |
| Improve people's health and reduce inequalities | | Target | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Year End Forecast |
| Total number of children & young people in adult inpatient wards ⁵ | | 0 | 0 | 1 | 1 | 2 | 3 | 2 | | | | | | | 1 |
| % service users followed up within 7 days of discharge | | 95% | 98.3% | 97.5% | 97.3% | 93.3% | 97.2% | 96.1% | | | | | | | 1 |
| % clients in settled accommodation | | 60% | 82.2% | 82.5% | 82.2% | 81.8% | 81.7% | 80.8% | | | | | | | 1 |
| % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks ¹ | | TBA | 80.3% | | | 87.5% | | | | | | | | | |
| Out of area beds ² | | <=100 Green, 101 -199 Amber, >=200 Red | 282 | 348 | 254 | 357 | 391 | 429 | | | | | | | 3 |
| IAPT –proportion of people completing treatment and moving to recovery | | 50% | 45.6% | 49.4% | 56.4% | 52.4% | 49.0% | 46.1% | | | | | | | 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 | | 85% | 85% | 82% | 86% | 89% | 79% | 85% | | | | | | | 85% |
| Friends and Family Test - Community | | 98% | 97% | 99% | 98% | 95% | 99% | 99% | | | | | | | 98% |
| Patient safety incidents involving moderate or severe harm or death | | | 4 | 6 | 5 | 9 | 7 | 15 | | | | | | | |
| Safer staff fill rates | | 90% | 110% | 111% | 103% | 112.6% | 109% | 111.8% | | | | | | | 100% |
| Number of records with up-to-date risk assessment (MH) ³ | | | KPI under development | | | | | | | | | | | | |
| IG confidentiality breaches | | <=8 Green, 9 -10 Amber, | 9 | 12 | 12 | 6 | 10 | 6 | | | | | | | |
| % people dying in a place of their choosing ⁴ | | | Reporting established from Sept 17 | | | | | | 82.6% | | | | | | |
| Improve the use of resources | | Target | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Year End Forecast |
| Projected CQUIN Shortfall | | £4.2m | £346k | £664k | £842k | £869k | £856k | £856k | | | | | | | £136k |
| Surplus | | In line with Plan | £26k | £53k | £95k | £204k | £226k | £232k | | | | | | | £1020k |
| Agency spend | | In line with Plan | £501k | £426k | £500k | £457k | £446k | £435k | | | | | | | £7m |
| CIP delivery | | £1074k | £472k | £1024k | £1643k | £2306k | £2950k | £3452k | | | | | | | £7.3m |
| Sickness absence | | 4.5% | 4.8% | 4.7% | 4.7% | 4.8% | 4.9% | 4.9% | | | | | | | 4.50% |
| Mental Health Act training | | >=80% | 51.2% | 56.9% | 70.5% | 75.0% | 80.3% | 81.6% | | | | | | | 80% |
| Mental Capacity Act Training | | >=80% | 64.9% | 69.6% | 78.0% | 82.5% | 86.1% | 87.6% | | | | | | | 80% |

NHSI Ratings Key:

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

Notes:

1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This is a new KPI and is still under discussion with commissioner so may see further developments to this in future months. Recent development of this indicator has taken place in conjunction with commissioners. When first reported in Q1, reporting was against second contact, following review, it is felt that service delivery starts at the first contact and as a result the Q1 figure has been amended to reflect this.

2 - Out of area beds - this identifies the number of out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for Adult Acute and PICU Mental Health Services only. Whilst there has been improvements the number of days used remains above plan.

3 - data for this indicator is currently being identified and will be reviewed internally before being included in this report. It is anticipated we will be able to flow this data from October data which will be included in the November report.

4 - Data is now available for this indicator.

5 - further detail regarding this indicator can be seen in the National Metrics section of this report.

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 relates to our 16/17 agency expenditure performance and our financial risk.

Areas to Note:**Finance**

- Pre STF deficit of £232k in September). Cumulative position is now a deficit of £6k, which is in line with plan, but a significant deterioration compared to the first five months of the year
- Out of area beds £904k overspent year-to-date. Reduction in overspend given additional bed capacity has not yet materialised
- Other variances include CQUIN risk reserve and reductions in income
- Agency staffing costs improved to £435k in-month. Agency spend in the first half of this year is 46% below the same period last year
- Use of resources risk rating remains at 1
- CIP delivery is £3.5m, which is £357k below plan
- Cash balance improved to £21m in month with a high focus on aged debt
- Achievement of the year-end control total of is at risk

Quality

- In 2015/16 – there were 8 children admitted to adult wards, with a total number of 177 occupied bed days. The number of children admitted in 2016/17 increased to 11 with a total of 227 bed days and to date we have had 6 children admitted in 2017/18, with a total number of 152 occupied bed days.
- Tier 4 capacity is being addressed at a regional and national level, however the benefits from this will inevitably take time. In the immediate period representations have been made to our commissioners and nationally.
- Safer staffing levels have been maintained, however pressures remain on some areas with skill mix dilution to maintain safety and ratios.
- Positive progress on falls continues
- Complaints improvement plan in place.

NHSI Indicators

- The Trust is performing well against the vast majority of NHSI metrics.
- Performance has dropped against the IAPT moving to recovery indicator - the final August position is lower than provisionally reported last month and as such was below the 50% threshold. Similarly the September position, whilst also estimated is again below target. Further detail regarding this underperformance can be seen in the National Metrics section of the report.

- Data Completeness Priority metrics for mental health remains below threshold and is linked to recording of employment and accommodation for all service users. Focus has previously been on collecting this information for patients on the care

Locality

- Recruitment to the perinatal mental health workforce is almost complete
- The Adult Eating Disorders new community model is being developed across the West Yorkshire STP footprint.
- Yorkshire wide capacity issue for FY1 and FY2 CORE training grades which means some places in the Trust are unfilled
- Forensic CAMHs services are working hard to develop the partnership agreements with other providers and supply an implementation plan to NHSE. Service due to commence November 2017.
- Further difficulties have been experienced in accessing Tier 4 beds, leading to use of beds on generic adult mental health wards (over 16 years only). Ward and CAMHs staff have worked closely to ensure the service offer is as safe and responsive as possible but the pressure on staffing levels and out of area placements must be highlighted
- The Learning Disability “At Risk of Admission” Risk Register has now been integrated within core management processes and is proving to be of significant benefit in ensuring a more coordinated response in meeting the needs of the most vulnerable service users.

Priority Programmes

- A new integrated performance report framework for reporting progress on the Trust priorities has commenced this month.
- The new reporting framework reports progress monthly for the priorities considered to be major transformation or significant improvements.
- Priorities that fall into other categories are reported bi-monthly on the IPR
- A schedule for reporting of the bi-monthly priorities is in place
- All projects now have defined scope

Specific actions undertaken this month relate to

- Older Peoples Services : workforce modelling workshops have been held and draft standard operating procedures have been produced, ongoing engagement with commissioners in relation to the new model of care
- Flow and Out of area beds: Two wards at Fieldhead now open with subsequent increase in capacity. PICU is now mixed gender.
- Clinical record system: 12 out of 15 positions have been filled. Second system demos held with a good attendance by staff
- Digital Health: Pilot with Orcha being planned with CAMHS services. We have 50 licenses available as part of the pilot which will enable people to have Apps 'prescribed' to support their mental health

Workforce

- Mental Health Act and Mental Capacity training continue to remain above the 80% threshold.
- Sickness absence decreased to 4.9% in September (4.9% year to date).
- Appraisal compliance for Band 6 and above is at 91%, just short of the 95% target.
- Appraisals completed for Band 5 and below has increased to 75.8% as at the end of September (was 46% at end of August 2017). The target is 95% by the end of September 2017.

Summary

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Quality Headlines

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

| Section | KPI | Objective | CQC Domain | Owner | Target | Q1 16/17 | Q2 16/17 | Q3 16/17 | Q4 16/17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Q1 17/18 | Q2 17/18 | Year End Forecast Position * | |
|-------------------------|--|------------------|---------------|----------|--------|------------------------------------|--------------|----------------|---------------|-----------------------|-------------|--------------|--------------|-------------|--------------|-----------------|------------------------|------------------------------|-----|
| Infection Prevention | Infection Prevention (MRSA & C.Diff) All Cases | Improving Care | Safe | TB | 6 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | |
| C-Diff | C Diff avoidable cases | Improving Care | Safe | TB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | |
| Complaints | % of feedback with staff attitude as an issue | Improving Health | Caring | AD | < 20% | 14% 23/168 | 7% 12/162 | 18% 28/158 | 12% 23/195 | 20% 13/63 | 14% 11/77 | 24% 19/77 | 24% 18/73 | 16% 9/58 | 22% 11/50 | 19.8% 43/217 | 18.2% 38/208 | 4 | |
| Service User Experience | Friends and Family Test - Mental Health | Improving Health | Caring | TB | 85% | 72% | 71% | 71% | | 85% | 82% | 86% | 89% | 79% | 85% | 84% | 84% | 2 | |
| | Friends and Family Test - Community | Improving Health | Caring | TB | 98% | 98% | 98% | 98% | 99% | 97% | 99% | 98% | 95% | 99% | 99% | 98% | 98% | 4 | |
| Quality | Total number of reported incidents | Improving Care | Safety Domain | TB | N/A | 3509 | 3405 | 3293 | 2946 | 847 | 1022 | 978 | 1081 | 1081 | 867 | 2847 | 3029 | N/A | |
| | Total number of patient safety incidents resulting in severe harm and death | Improving Care | Safety Domain | TB | N/A | 10 | 19 | 19 | 20 | 4 | 6 | 5 | 9 | 7 | 15 | 15 | 31 | N/A | |
| | Total number of patient safety incidents resulting in moderate or severe harm and death | Improving Care | Safety Domain | TB | N/A | 73 | 79 | 73 | 84 | 20 | 23 | 31 | 32 | 31 | 29 | 74 | 92 | N/A | |
| | MH Safety thermometer - Medicine Omissions | Improving Care | Safety Domain | TB | 17.7% | 16.8% | 17.7% | Data not avail | 18.70% | 15.8% | 13.0% | 25.7% | 24.2% | 23.3% | 25.3% | 18.2% | 24.3% | 3 | |
| | Safer staff fill rates | Improving Care | Safety Domain | TB | 90% | | | | | 110% | 111% | 103% | 112.6% | 109% | 111.8% | 109% | 111.1% | 4 | |
| | Safer Staffing % Fill Rate Registered Nurses | Improving Care | Safety Domain | TB | 80% | | | | | 109.7% | 109.7% | 100% | 96.5% | 91.2% | 94.5% | 107% | 94.1% | 4 | |
| | Number of pressure ulcers (attributable) ¹ | Improving Care | Safety Domain | TB | N/A | 98 | 95 | 78 | 86 | 27 | 25 | 30 | 32 | 31 | 29 | 82 | 92 | N/A | |
| | Number of pressure ulcers (avoidable) ² | Improving Care | Safety Domain | TB | 0 | 1 | 4 | 3 | 2 | 0 | 1 | 1 | 0 | 1 | 0 | 2 | 1 | 3 | |
| | Complaints closed within 40 days | Improving Health | Responsive | TB | 80% | | | | | 28% 11/39 | 10% 2/20 | 24% 6/25 | 0% 0/18 | 10% 2/20 | 11% 2/18 | 17% 2/12 | 12.7% 8/63 | 12% 6/50 | 1 |
| | Referral to treatment times | Improving Health | Responsive | KT/SR/CH | TBC | KPI under development | | | | | | | | | | | | | |
| | Un-outcomed appointments ³ | Improving Health | Effective | KT/SR/CH | TBC | | 2.2% | 2.9% | 2.6% | 5.0% | 4.6% | 4.3% | 3.8% | 3.5% | 3.3% | 4.3% | 3.3% | | |
| | Number of Information Governance breaches ³ | Improving Health | Effective | MB | <=8 | 36 | 25 | 29 | 36 | 9 | 12 | 12 | 6 | 10 | 6 | 33 | 22 | | |
| | Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment | Improving Health | Caring | AD | 80% | N/A | 79.26% | N/A | 80% | N/A | | | | | | | 74% | 75% | N/A |
| | Staff FFT survey - % staff recommending the Trust as a place to work | Improving Health | Caring | AD | N/A | N/A | 65.19% | N/A | 66% | N/A | | | | | | | 60% | 64% | N/A |
| | Number of compliments received | Improving Health | Caring | TB | N/A | Data not avail until Oct 16. | | 141 | 81 | 19 | 44 | 18 | 33 | 45 | 35 | 81 | 113 | N/A | |
| | Eliminating Mixed Sex Accommodation Breaches | Improving Care | Safety Domain | TB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | |
| | Number of Duty of Candour applicable incidents ⁴ | Improving Health | Caring | TB | N/A | 73 | 86 | 83 | 86 | 136 | | | | | | | 136 | N/A | |
| | Duty of Candour - Number of Stage One exceptions ⁴ | Improving Health | Caring | TB | N/A | Reporting established from Oct 16 | | 0 | 2 | 7 | | | | | | | Data available Nov 17. | 7 | N/A |
| | Duty of Candour - Number of Stage One breaches ⁴ | Improving Health | Caring | TB | 0 | Reporting established from Oct 16 | | 0 | 1 | 2 | | | | | | | 2 | 3 | |
| | % Service users on CPA given or offered a copy of their care plan | Improving Care | Caring | KT/SR/CH | 80% | 85.6% | 85.0% | 83.0% | 85.2% | 85.2% | 85.0% | 85.5% | 85.0% | 85.3% | 85.6% | 85.2% | 85.6% | 4 | |
| | % of prone restraint with duration of 3 minutes or less | Improving Care | Safety Domain | KT/SR/CH | 80% | Reporting Established from July 16 | 79.7% | 75.6% | 66.3% | 68.40% | 75.70% | 80% | 75.8% | 86.2% | 76% | 75% | 80% | 4 | |
| | Delayed Transfers of Care | Improving Care | Effective | KT/SR/CH | 7.5% | 2.2% | 2.6% | 3.1% | 2.7% | 1.9% | 1.7% | 1.1% | 1.7% | 2.8% | 2.8% | 1.6% | 2.3% | 4 | |
| | Number of records with up to date risk assessment | Improving Care | Effective | KT/SR/CH | TBC | | | | | KPI under development | | | | | | | | | |
| | No of staff receiving supervision within policy guidance ⁷ | Improving Care | Well Led | KT/SR/CH | TBC | 39.5% (March 17) | | | | | 48.1% | | | | | 48.1% | | | |
| | Number of Falls (inpatients) | Improving Care | Safety Domain | TB | TBC | 162 | 158 | 136 | 95 | 38 | 52 | 49 | 41 | 54 | 45 | 139 | 140 | | |
| | Number of restraint incidents | Improving Care | Safety Domain | TB | N/A | Data not avail | | | | | 104 | 140 | 101 | 144 | 159 | 121 | 345 | 424 | |

* 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. The number of breaches in August has increased to 10 (was 9) this is due to further review and re-categorisation of the incidents that were originally reported at the end of September 2017.

4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. The data reported is a refreshed April – August position in this report. September data will be available in the next report. Data correct at 03/10/17. The two breaches relate to one in Kirklees Duty of Candour was not completed as the patient was not well enough at the time (self harm), and we were unable to ascertain next of kin details, the second was in Barnsley where it was agreed that at the time (due to the incident) it would not be suitable to offer Duty of Candour and it was discussed whether someone from the team would be the best person to do this. Duty of Candour was subsequently completed with the husband.

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

7- This shows the clinical staff who were employed during Q1 and of these, how many have received supervision in the last 12 months. Please note that services only been fully using the system since December 2016.

Summary

Quality

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Quality Headlines

During 2017/17 the Trust undertook some work to develop the key quality measures. There are a small number that require additional development, particularly relating to CAMHS Referral to Treatment waiting times. For which some national guidance is awaited.

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

- **Number of records with up to date risk assessment** - the data for this is being identified using Sainsbury's level 1 risk assessment. This metric will also allow the Trust to track improvement required within data quality plan. It is anticipated reporting will commence from Oct 17.
- **Complaints closed within 40 days** - Work is underway to reviews the complaints investigation and sign off process to make sure that the Trust always responds in ways that ensure learning and to ensure response times improve. This work is being led by the Director of Nursing and Quality and progressed through the Operational Management Group. The new process will secure greater involvement of clinical leads in complaints resolution, putting the person first and centre and using feedback to support service improvement. Paper-light processes will be introduced to expedite sign off of complaints.
- **% of feedback with staff attitude as an issue** - 11 out of 50 complaints reported during September 17 related to staff attitude - this information is shared with BDUs and is reviewed during the investigation process.
- **Number of restraint incidents** - August has seen an increase in the number of reported incidents compared to previous months which is attributed to a small number of individuals across Barnsley, Calderdale and specialist service BDUs that were admitted in a very acute state and the treatment area changed as appropriate to meet service user needs - the position for September has now reduced back to expected levels.
- **% of prone restraint with duration of 3 minutes or less** - The number of restraint incidents occurring over 3 minutes during September 17 has increased. This relates to 5 incidents out of 21 being for 3 minutes or more. Training is provided giving alternatives to the use of prone restraint and why they are preferable. If prone restraint is used, staff must clearly identify why alternatives could not be used. This allows for staff reflection on the potential use of alternatives and provides information for supervision. Length of time in prone restraint can be accurately measured in Datix against the target of less than 3 minutes duration. The range of actual prone restraints over 3 minutes has been 4 – 8 in any one month in last 6 months. Because the overall numbers of prone restraints are usually relatively small, the percentage is always liable to be affected greatly by 1 or 2 extra as, for example, August recorded only 4 restraints above 3 minutes, giving a total 86.2% below 3 minutes, September had one more (5) but because there were actually 9 less prone restraints in total – the figure less than 3 minutes drops by 10% to 76%. One of the MAV specialist advisors conducted a “deep dive” review of 10 prone restraints over 3 minutes and this was presented at this month's MAVtag. It demonstrated that staff on every occasion had a justifiable cogent clinical reason for the restraint to last beyond 3 minutes.
- **NHS Safety Thermometer - Medicines Omissions** – This only relates to Inpatient areas in Calderdale, Kirklees and Wakefield. The overall inpatient medicines omissions has fallen from 25.7% in June to 24.2% in July to 23.3% for August and then to 25.3% in September. However the average for Q4 last year was 18.7% under the CQUIN. Work from last year has focussed on improving the medication omissions particularly “patient refusals” on Older People's Services (OPS) wards. The trusts average figure for medication omissions is slightly over 20% compared to the national average of 14%. Historically there have been difficulties with patient refusals on the OPS and Working Age Adults (WAA) have always had lower medication omissions. Over the past couple of months the OPS areas have reduced their medicines omissions significantly and are below the national average and for an unknown reason the WAA area have worsened. The focused effort on OPS areas has paid off and the dispensing at the patient interface has improved. We will focus our efforts on WAA and develop a strategy with the aim to get the figures nearer to the national average.
- **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. For the month of August, there was an increase in the number of falls reported. On review of the data, this appeared to be linked to Calderdale BDU whereby a number of fall incidents linked to 3 complex cases - all cases have relevant packages of care in place and daily safety huddles are in place to assist with the prevention and reduction of fall incidents. The number of falls reported in September has now reduced back to expected levels.
- Supervision – the figure does not include some staff within integrated teams at present. Once the baseline is finalise an improvement trajectory will be applied.

Summary

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Safety First

Summary of incidents during Q1 17/18, September 2017

| Summary of Incidents | Q1 17/18 | Q2 17/18 | Apr 2017 | May 2017 | Jun 2017 | Jul 2017 | Aug 2017 | Sep-17 |
|---------------------------------------|-------------|-------------|------------|-------------|------------|-------------|-------------|------------|
| Green no harm | 1762 | 1863 | 535 | 623 | 604 | 659 | 666 | 538 |
| Green | 780 | 849 | 228 | 286 | 266 | 320 | 294 | 235 |
| Yellow | 228 | 228 | 66 | 87 | 75 | 76 | 89 | 63 |
| Amber | 57 | 56 | 14 | 18 | 25 | 17 | 25 | 14 |
| Red (should not be compared with SIs) | 20 | 33 | 4 | 8 | 8 | 9 | 7 | 17 |
| Total | 2847 | 3029 | 847 | 1022 | 978 | 1081 | 1081 | 867 |

- 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 Sept 2017

| | Q1 17/18 | Q2 17/18 | Apr 2017 | May 2017 | Jun 2017 | Jul 2017 | Aug 2017 | Sep-17 |
|---|-----------|-----------|----------|----------|----------|----------|----------|----------|
| Suicide (incl apparent) - community team care - current episode | 4 | 9 | 1 | 1 | 2 | 5 | 1 | 3 |
| Information disclosed in error | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| Pressure Ulcer - grade 3 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| Suicide (incl apparent) - community team care - discharged | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 |
| Physical violence (contact made) against other by patient | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 |
| Death - cause of death unknown/ unexplained/ awaiting confirmation | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Fire / Fire alarm related incidents | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 |
| Self harm (actual harm) with suicidal intent | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Death - confirmed related to substance misuse (drug and/or alcohol) | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Self harm (actual harm) | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| Administration/supply of medication from a clinical area | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Illegal Acts | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Vehicle Incident | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Homicide by patient | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Physical/sexual violence by other | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Total | 16 | 18 | 3 | 3 | 9 | 9 | 2 | 7 |

The information comes off a live system run 3rd October so is accurate at that time but is subject to changes following review by managers. This data set cannot be replicated at a future date as it will change.

• Red incidents are potential harm and /or actual harm, they cover a range of incidents in September including a patient fall, self harm and a number of deaths. The deaths may be subject to change in severity once the cause is identified. To date 5 have been confirmed as serious incidents and reported on STEIS -4 apparent suicides and one unexpected death through a fire.

Mortality Update

- A new Trust policy on 'Learning from Healthcare deaths – the right thing to do' was approved by Trust Board on 3 October 2017. The Policy sets out the Trust's approach to reporting and learning from deaths from 1 October 2017 in line with national guidance.
- Staff should ensure they understand their roles, responsibilities and which deaths should be reported on Datix, to ensure we do the right thing for service users who have died.
- An intranet page has been developed with further information and information on bereavement support. <http://nww.swyt.nhs.uk/learning-from-deaths/Pages/default.aspx>
- The policy was developed following work regionally with Mazars to agree common scope, improve mortality reporting and review arrangements.
- The scope of what is reportable on Datix as an incident has changed in the policy. All reportable deaths will require the manager to review and update both the 'Death of a service user' and 'Managers 48 hour review' sections on Datix to ensure timely processing of mortality data.
- Work continues to further develop the governance processes and ensuring our internal action plan progresses.

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Safer Staffing

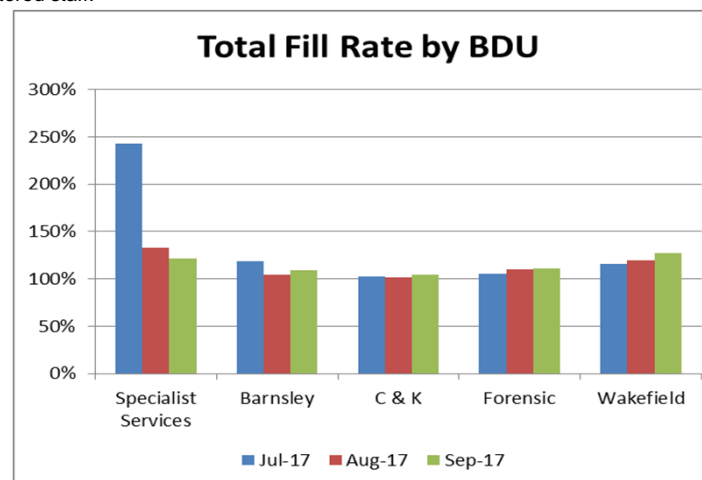
Overall Fill Rates: 111.8%

Registered fill rate: (day + night) 94.5%

Non Registered fill rate: (day + night) 128.4%

Overall fill rates for the majority of Trust inpatient areas remain above 90% for both registered and non-registered staff.

| Fill Rate | | | |
|---------------------|-------------|-------------|-------------|
| BDU | Jul-17 | Aug-17 | Sep-17 |
| Specialist Services | 242% | 133% | 121% |
| Barnsley | 119% | 105% | 109% |
| C & K | 103% | 102% | 105% |
| Forensic | 106% | 111% | 111% |
| Wakefield | 115% | 119% | 127% |
| Grand Total | 113% | 109% | 112% |



Overall

Following 2 wards dropping below a 90% overall fill rate in August there were no wards falling below this in September. Of the 32 inpatient areas 28 (87.5%) achieved greater than 100%, which is an increase of 2 wards from the previous month.

Registered On Days (Trust Total 89.4%)

The number of wards which are achieving 100% and above fill rate has remained constant at 5 in September. There has been a decrease in the number of wards that have failed to achieve 80%, 6 wards in all (18.75%) compared to 11 in August. These remain mainly focused in the Forensic BDU (Medium Secure Unit)

Registered On Nights (Trust Total 99.6%)

The number of wards who are achieving 100% and above fill rate on nights increased by 1 ward to 65.6% (increased from 60%). Thornhill, Women's service and Hepworth within the Forensic BDU fell below the 80% threshold.

Average Fill Rates for Barnsley BDU were 109%, an increase of 2%. Calderdale and Kirklees BDU were 105%, with an increase of 4%. Forensic BDU were 111% with an increase of 1%. Wakefield BDU were 127% with an increase of 8%. Specialist services were 121% with a decrease of 12% which has to be considered along with the agreed reduction in their staffing template.

Safer staffing was maintained through the application of the professional guidance tool.

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Infection Prevention & Control

Incidents:

- There have been no MRSA bacteraemia cases reported anywhere in the Trust during Q2, a total of zero to date.
- Annual action plan for 2017/18 has been approved at IPC TAG – Q2 has progressed well with no areas at risk.
- There have been 5 IPC incidents reported on DATIX during Q2. Area of incidents = Wakefield - 0, Barnsley - 1, Forensics - 3, Calderdale/Kirklees - 1, Specialist Services - 0 and Corporate Support Services - 0.
- Severity rating – All incidents were risk rated green.
- Incident breakdown – 1 sharps related incident (no injury), 1 exposure to infection, 1 faeces related, 1 outbreak and 1 cleanliness issue. All incidents are appropriately investigated and supported by IP&C staff.

Surveillance:

- Q2 there has been 1 case of unavoidable C difficile at MVH Barnsley. This is a total of 2 C diff cases so far in 17/18. Barnsley BDU has a locally agreed C difficile Toxin Positive Target of 6.
- There has been an outbreak of Norovirus Ward 35 BHNFT (ward 5). 19 patients and 25 staff affected. The ward was closed and had outbreak precaution restrictions in place for 7 days.
- There have been a total of 3 cases of E.coli bacteraemia.

Training:

- The Trust remains compliant with all Infection prevention control standards.
- Annual Programme inclusive of audit programme 2017/18 is progressing well; all objectives scheduled for Q2 are in progress

Information Governance

The number of breaches during the month was 6. This is a reduction on previous months, with misdirected correspondence the most notable issue.

One of these incidents has been reported to the Information Commissioner's Office (ICO). The incident involved a letter being sent to a service user's home address where they had specifically requested no correspondence be sent. The incident resulted in the disclosure of personal sensitive data and has resulted in a formal complaint.

The other breaches involved confidential information being disclosed in error due to incorrect attachments being sent with letters and incorrect postal and email addresses being used.

The Trust continues to treat all IG incidents very seriously and continues to reinforce the importance of training and maintaining high information governance standards through regular communication.

Commissioning for Quality and Innovation (CQUIN)

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

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

A Trust lead for each of these indicators has been identified, work continues to review the indicators in conjunction with the commissioner and work streams have been established with representation from commissioner and acute trust partner organisations where indicators span across providers requiring joint working. Progress on this is being monitored via the Trust 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 are currently set aside as part of an STP risk reserve

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.

The Trust is currently forecasting a year end position of £856k shortfall, of which £720k relates to the STP indicator. NHSI have written to all trusts confirming further information will follow in relation to this Indicator, the Trust continues to rate this element of the scheme Red until further guidance is issued from NHSI.

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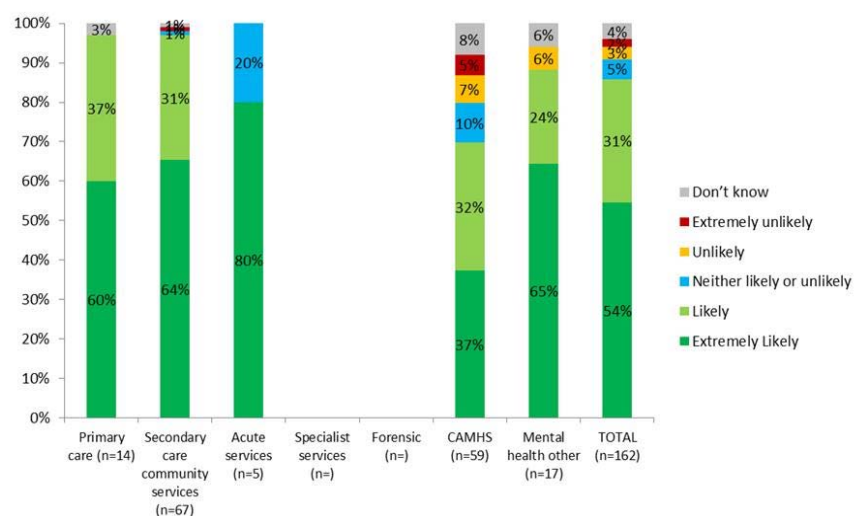
Workforce

Patient Experience

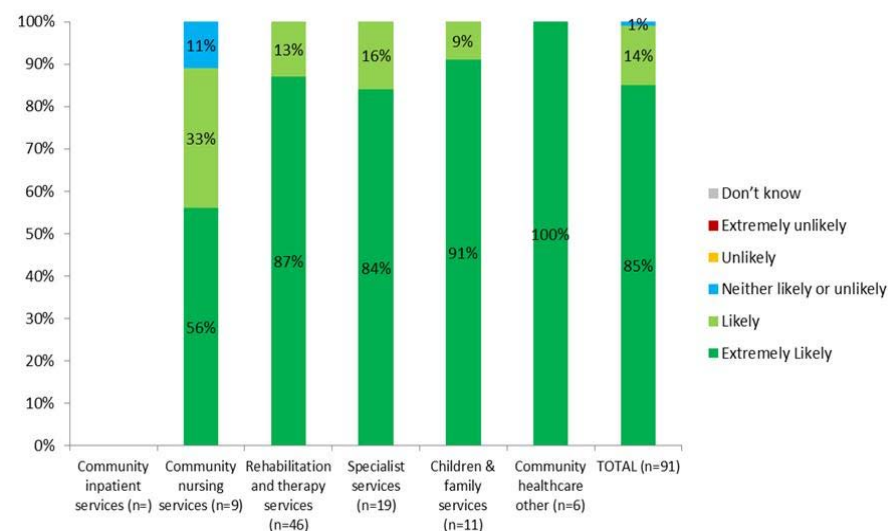
Friends and family test shows

- Community Services – 99% would recommend community services.
- All service lines achieved 56% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 80% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 37% (CAMH services) and 80% (Acute services)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



NICE

At end of September 2017 there were 171 pieces of NICE Guidance and Technology Appraisals assessed as applicable to Trust services. There are currently no 'significant' internal risk grading's recorded against any relevant guidance.

Compliance and Risk Assurance of NICE guidance - There are currently 80 applicable published quality standards that will be used by the Trust to provide assurance of the quality of care within SWYPFT, of these 11 are registered on the audit programme for 2017/18.

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Safeguarding Children

Datix:

- Total of 33 Child Protection Incidents were reported in Q2, with the highest number of incidents (11) reported from CAMHS. This is an increase of 6% on Quarter 1.
- 8 cases were reported for concerns re: the parental mental health, all of which were referred to Children's Social Care for an assessment of the home environment, parenting capacity and possible risks of physical abuse.
- The other incidents involved physical abuse, allegations of historical sexual abuse (where the parent of a child disclosed that they have been sexually abused and that they were concerned that they may become the perpetrator of abuse or that the perpetrator of the abuse may abuse their own child), domestic abuse, emotional abuse, self-harm, verbal aggression and admission of a child to an adult mental health inpatient ward.
- 82% of the Child Protection incidents resulted in a Request for Service into Social Care.

Training:

- Safeguarding Children level 1 remains above the Trust's mandatory 80%, levels 2 and 3 remain slightly below at 79% (specific areas have been contacted to ensure compliance with the 80% target for Q3). Hotspot areas include Inpatient Rehabilitation, Primary Care and Preventative Services, Forensic CAMHS, Barnsley CAMHS, Calderdale and Kirklees BDU and Wakefield BDU.
- Additional training has been provided to Adult Learning Disability Services and Forensic Services.
- The Safeguarding Children team have provided information to all four Safeguarding Children Boards in a timely manner, including information for a number of Serious Case Reviews and Lessons Learnt Reviews.
- Prevent training continues to be well attended and a workforce plan has been completed to ensure that the Trust achieves the NHS England's mandated target of 85% by March 2017.

Safeguarding Adults

Datix:

- Total of 66 Safeguarding Adults Incidents reported in Q2, 45 in Q1. Highest proportion in Q2 were from Specialist Services. Majority of the incidents, (50) were graded as green, (15) yellow and (1) recorded as amber. Specialist Services have been supported by the safeguarding team and the increase in incidents is a reflection of the support / advice.
- Q2 14 incidents of physical abuse reported, 10 of these incidents were 'domestic abuse incidents', allegations against either family members or intimate partners or ex partners. Of the other 3 incidents, 2 occurred in Care Homes and it was SWYPFT staff who raised the concern and the remaining incident was in relation to vigilante exposure of service user alleged to have been grooming an underage female on line.
- 13 incidents were neglect concerns, 11 domestic abuse, 9 financial abuse, 8 psychological, 7 sexual abuse, 2 self-neglect and 1 of human trafficking. The human trafficking was a historical incident and the lady is currently safe. 1 radicalisation concern, which was investigated by the Prevent officer and support offered and case closed.
- 1 amber incident in Q2 occurred in Kirklees. The case involved a serious sexual assault from an ex-partner and there were risks identified to the children due to exposure to domestic abuse. The staff member contacted the safeguarding team and due to the high risk factors, such as: controlling ex-partner, separation, pregnancy, and serious sexual assault, it was felt by the clinician that she was unable to protect herself, or the children, as there was frequent access to children and risks due to the ex-partners past history. Staff were advised to make a referral to MARAC and to children's social services.

Training:

- Safeguarding Adults levels 1 and 2 remain above the Trust's mandatory 80% requirement. Level 1 is 89% an increase from Q1 (87%) and level 2 has decreased from 87% in Q1 to 85% in Q2.
 - Joint Safeguarding adults and Safeguarding children training delivered to level 3 for Forensic services.
 - Team training delivered to District Nurses in Thurscoe and Barnsley to address previous hotspots.
 - Current Hotspots - several red areas: Newhaven level 1 - reception staff. CAMHS (C&K) – level 2. Occupational health and Pharmacy level 2.
- Emails sent to staff to prompt access to course, e learning or workbook dependent upon level required.

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CQC

Following the January 2017 re inspection the CQC issued the Trust with 7 MUST Do and 15 SHOULD Do actions across 4 core service lines including 6 SHOULD do actions trust wide. We also have an outstanding regulatory breach from the March 2016 CQC visit which has been added to the 7 MUST Do actions from the March 2017 re-visit, therefore we now have 8 MUST Do actions. The RAG ratings on the action plan were agreed on 19th October with the Clinical Governance Group.

| | | October 2017 | |
|-------|-------|---------------|------------------|
| | | MUST (n=8) | SHOULD (n=15) |
| Blue | | 1 (12.5%) | 4 (26.5%) |
| Green | | 3 (37.5%) | 6 (40%) |
| Green | Amber | 1 (12.5%) | 2 (13.5%) |
| Amber | Red | 2 (25%) | 3 (20%) |
| Red | | 1 (12.5%) | 0 |

CQC action plan headlines

- Services continue to actively monitor their progress with their action plans.
- The majority of the 'must do' actions (92.5%) are either on course to deliver actions within agreed timeframes or are off trajectory but have confidence these can be delivered within agreed time frames.
- The majority of 'should do' actions (92.5%) have either been completed or are on track to be done within the given timescales.
- The amber/red rated 'must do' is in relation to completion and accessibility of clinical risk assessments onto the electronic care record system in community services for people with a learning disability or autism. Whilst improvements have been made and are ongoing, it is unlikely that the timescale for completion of these actions will be met.
- The amber/red 'should do' relates to staff having annual appraisals within our Forensics service. Whilst improvements remain ongoing, again there is concern that the actions will not be delivered within the agreed timeframes.
- The red 'must do' relates to psychology wait times in Barnsley and Kirklees locality - this is a regulation breach from the March 2016 inspection.

Monitoring of actions against our CQC action plan by the CQC

- We continue to submit our monthly action plan progress updates to CQC.
- These are also discussed within our regular engagement meetings when we meet directly with CQC and update them on our progress and improvements and about any areas where improvements are still needed.

CQC Staff Listening Event Feedback - Jo White, CQC

"During September I visited Trust sites in Barnsley, Calderdale and Huddersfield. The listening events gave me the opportunity to meet staff and see both hospital and community bases. Staff from a variety of services and disciplines attended, including nurses, social work, psychology, speech and language therapy, CAMHS, safeguarding, learning disabilities, customer service and the quality team.

The overall feeling I gained from staff was a sense of positivity and commitment to good patient care. It was evident that staff were proud of their work and felt supported. Staff also told me of the challenges they are experiencing in relation to transformation, particularly regarding the pace of change. Nevertheless, it was good to hear from services that were further into their transformation journey and were beginning to feel positive regarding the process, their own experiences and that of patients."

Jo White, CQC

A further listening event is scheduled for 6th December 2017 in Wakefield.

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

- NHS Improvement Single Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The below table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold.
- 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 | Jul-17 | Aug-17 | Sep-17 | Q1 17/18 | Q2 17/18 | Year End Forecast Position * | Trend |
| Max time of 18 weeks from point of referral to treatment - incomplete pathway | Improving Care | Responsive | SR | 92% | 98.2% | 97.0% | 97.5% | 98.7% | 98.9% | 97.8% | 98.20% | 98.8% | 96.0% | 95.7% | 98.3% | 96.8% | 4 | |
| Maximum 6-week wait for diagnostic procedures | Improving Care | Responsive | SR | 99% | 99.6% | 100% | 100% | 100% | 99% | 100% | 100.0% | 100.0% | 100.0% | 100% | 99.7% | 100.0% | 4 | |
| % Admissions Gate kept by CRS Teams | Improving Care | Responsive | SR/CH | 95% | 96.9% | 99.3% | 99.2% | | 95.6% | 98.3% | 100.0% | 97.8% | 96.9% | 95.2% | 98.5% | 96.6% | 4 | |
| % SU on CPA Followed up Within 7 Days of Discharge | Improving Care | Safe | SR/CH | 95% | 96.7% | 97.8% | 97.3% | 97.5% | 98.3% | 97.5% | 97.3% | 93.3% | 97.2% | 96.1% | 97.6% | 95.5% | 4 | |
| Data completeness: Identifiers (mental health) | Improving Health | Responsive | SR/CH | 95% | 98.1% | 99.7% | 99.8% | 99.7% | Data Not avail | 99.7% | 99.8% | 99.8% | 99.8% | 99.7% | 99.8% | 99.7% | 4 | |
| Data completeness: Priority Metrics (mental health) | Improving Health | Responsive | SR/CH | 85% (by end March 17) | Reporting developed from Oct 16 | | 42.3% | 61.1% | 58.9% | 60.4% | 59.6% | 59.8% | 60.1% | 60.1% | 59.6% | 60.1% | 2 * | |
| IAPT - proportion of people completing treatment who move to recovery | Improving Health | Responsive | SR/CH | 50% | 50.1% | 52.5% | 48.0% | 50.5% | 45.6% | 49.4% | 56.4% | 52.4% | 49.0% | 46.1% | 50.1% | 49.2% | 3 | |
| IAPT - Treatment within 6 Weeks of referral | Improving Health | Responsive | SR/CH | 75% | 76.1% | 83.6% | 88.9% | 86.0% | 80.3% | 84.2% | 81.2% | 79.4% | 80.9% | 82.9% | 81.9% | 81.1% | 4 | |
| IAPT - Treatment within 18 weeks of referral | Improving Health | Responsive | SR/CH | 95% | 98.9% | 99.3% | 97.9% | 99.9% | 99.6% | 99.4% | 99.6% | 99.6% | 99.3% | 99.3% | 99.5% | 99.4% | 4 | |
| Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops | Improving Care | Responsive | SR/CH | 50% | 77.5% | 82.0% | 82.2% | 73.6% | 86.1% | 88.9% | 89.2% | 76.3% | 96.1% | 80.9% | 89.2% | 84.4% | 4 | |
| % clients in settled accommodation | Improving Health | Responsive | SR/CH | 60% | Reporting developed from Sept 16 | | 82.7% | 82.9% | 82.2% | 82.5% | 82.2% | 81.8% | 81.8% | 80.8% | 82.2% | 80.8% | 4 | |
| % clients in employment | Improving Health | Responsive | SR/CH | 10% | Reporting developed from Sept 16 | | 8.3% | 8.8% | 9.3% | 8.8% | 9.0% | 9.3% | 9.3% | 8.7% | 9.0% | 8.7% | 1 | |
| Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach) | Improving Care | Responsive | SR/CH | | | | | | | | Due Q4 | | | | | Due Q4 | 2 | |

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

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

The Trust is typically performing well against national metrics.

% Service Users on Care Programme Approach (CPA) Followed up Within 7 Days of Discharge - Data currently being finalised.

IAPT - proportion of people completing treatment who move to recovery – August figure is the final position taken from the IAPT MDS refresh and has dropped from the provisional estimate and is now showing the Trust to be under performing against the 50% threshold. The September figure is a provisional figure as at 23rd October

Within both Barnsley and Kirklees IAPT services some local performance issues have been identified. In Barnsley, a piece of work undertaken with the national IAPT intensive support team (IST), the full report from this is awaited from the national team. In the interim the service have developed an action plan which has been shared with commissioner. Additional issues from the work with the IST will be picked up and added to the action plan as appropriate. The service do see a seasonal dip in the numbers of referrals received - this has been consistent in Aug and Dec and around Easter for the past few years. However in December last year the service saw significant spike which contributed to the breach of 6 week access threshold due to demand. A number of groups and workshops are undertaken every month so they don't tend to impact on into treatment as there is a steady flow. August and September has seen an increase to reach above 50% in Barnsley.

In July, the Senior IAPT leads for Kirklees met with the CCG to discuss concerns regarding elements of the IAPT services performance. As a result of this Kirklees IAPT and the Kirklees CCGs have agreed to develop an action / recovery plan to ensure Kirklees IAPT meets nationally agreed KPIs and locally agreed areas for improvement over the next three months of 2017. The agreed areas for improvement are access, Did Not Attend (DNAs) and Attrition rates as well as improving access for older people. Kirklees IAPT have not achieved the moving to recovery threshold in August (44.4%) or September (39.2%). Waiting times thresholds are being achieved in Kirklees. The action plan covered a wide range of actions including those for the Long Term Conditions pilot but in particular focussed on those areas where concerns had been expressed.

Max time of 18 weeks from point of referral to treatment - incomplete pathway - the Trust continues to remain above the threshold, however, from 1st June the implementation of the Diabetes SPA in Barnsley, which is hosted by SWYPFT, has meant that additional data now flows into this line as the service aligns to the Referral to Treatment (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, it is anticipated that we will start to see the impact of this from next month.

Data Completeness Priority metrics for mental health remains below threshold and is linked to the recording of employment and accommodation for all service users. Focus has previously been on collecting this information for patients on the care programme approach in line with the public sector agreement indicator - the collection for all service users is now an area of focus.

Total bed days of Children and Younger People aged under 18 in adult inpatient wards has decreased to 21 days during the month of September which is a reduction on the spike in August (45 days). Septembers data relates to the admissions of 2 patients - both aged 17. One of which one was admitted in September and discharged in September; one was admitted at the end of August and was discharged in September. The Trust has robust governance arrangements in place to safeguard young people when they are admitted to our adult wards; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. Work is taking place as part of the new models of care programme to address this issue. The Trust have 2 beds that can be made available (1 male, 1 female) in the event of national unavailability. We routinely notify the CQC of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request.

MHSDS - Ethnicity coding - the August refresh figure has increased to above the threshold and the September primary submission indicates further improvement against the 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:

- Although internally, the service is making good progress in relation to CQUIN 4 (Improving services for people attending A&E) we are experiencing some challenges in meeting all requirements of the CQUIN for quarter 2 for areas that are outside the Trusts control. The local CQUIN working group are monitoring this position and this includes links with the lead commissioner.
- The service continues to experience challenges in meeting the 14 day access target. An increase in the number of referrals into the Single Point of Access (SPA) is a major factor and an additional post has been identified to support the team. The Trio is undertaking a full review of the under performance and formulating plans to address this in conjunction with colleagues from the Performance & Information team.
- Trajectories have been agreed to address the under performance in the IAPT service, these have been shared with the CCG and are being closely monitored by the Trio and at BDU Business meetings. Improvement has been seen against the 6 weeks access indicator, increasing from 67% (August) to 73% (September).
- The current plan for moving to the new model of care for Intermediate Care is December 4th. The Trust continues to work with all partners to ensure a smooth and safe transition

Calderdale & Kirklees BDU:

- Young person admissions to adult beds continue, with admissions in September and October. Specific additional capacity has been put in place to support a young person with Learning Disabilities. Male admissions have increased significantly. (The profile is of males with housing and substance misuse issues.) This has been raised with commissioners.
- Delayed Transfers of Care (DToC) in older adults in Calderdale and in adults have been subject to a great deal of activity and focus and has reduced as a result of the focus. Suitable onward accommodation remains a current pressure point in some areas.
- Sickness absence for the BDU has improved in 3 service lines. In the Rehab service line it has deteriorated slightly and is fully monitored but is mainly long term absence due to serious ill health.
- Perinatal Mental Health service continues to recruit to remaining vacancies. The workforce is nearly complete with the process of recruiting to the final positions underway.
- IAPT Kirklees/G Huddersfield. An NHS England (NHSE) review of the IAPT service commissioned for North Kirklees and Greater Huddersfield has been agreed in order to look at support needed in the system. The teams are undertaking weekly reviews of performance based on an agreed action plan with commissioners concerning access targets to treatment.
- The Adult Eating Disorders new community model is being developed across an STP footprint. SWYPT are actively engaged in developing the vision and Hub and Spoke model. A number of engagement and information meetings were held in Leeds, in October for staff to participate in and to contribute to the plans. A meeting with Trust clinicians and the Leeds project team is planned for 06/11/17.
- The BDU clinical leads are working to resolve medical staffing gaps for training grades. This is a Yorkshire wide capacity issue which means places are unfilled. We have had a number of Staff Grade and Consultant vacancies due to retirements and moves to other Trust posts. Recruitment is underway as well as creating acting up roles and increased sessions to fill in critical gaps.

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Forensics BDU:

- Service Review – this work is continuing nationally. Further stakeholder event organised for mid-November. Our proposal for and LD Community Team across West Yorkshire was submitted. Further meeting arranged to pursue implementation by April 2018.
- Forensic CAMH services are working hard to develop the partnership agreements with other providers and supply an implementation plan to NHSE. Service due to commence November 2017. We have also been approached by NHSE to work with other Youth Offending Institute (YOI) providers (there are 4 nationally) to roll out Secure Stairs in the secure estate. This will involve potentially exploring a Lead provider or alliance contracting model to deliver this service which has attracted national funding.
- 25 Hours Activity-Significant improvements have been made in the delivery of 25hours meaningful activity. The service will continue to monitor this to ensure that improvements are embedded.
- Recruitment –The BDU has a robust and proactive recruitment programme and has successfully recruited 21 registered nurses recently. This has significantly reduced registered nurse vacancies to 7 across the BDU.
- The situation continues with regard to the graded response to request for leave from the Ministry of Justice (MOJ). This continues to remain a concern from clinicians regarding the impact on service user progress and satisfaction.
- Appraisal Figures and Cardio Pulmonary Resuscitation (CPR) training are key hotspots for the BDU. Requests for more training to be put in place to close the gap in CPR training have been submitted.
- Occupancy – currently at 85%.

Specialist BDU:

- Year to date (YTD) sickness rates are within target levels with the exception of Calderdale/Kirklees CAMHs and Horizon Unit. These exceptions are largely attributable to a small number of staff on long term sickness with all being proactively managed in accordance with sickness procedures.
- Whilst appraisal completion is currently shown as being below target assurance has been provided at a service level the target has now been met.

CAMHS

- Further difficulties have been experienced in accessing Tier 4 beds, leading to use of beds on generic adult mental health wards (over 16 years only). Ward and CAMHS staff have worked closely to ensure the service offer is as safe and responsive as possible but the pressure on staffing levels and out of area placements must be noted.
- The business case progressed as part of the West Yorkshire STP has been approved subject to agreement of robust governance and risk sharing arrangements and pump-priming finance has now been released by NHSE. This will enable early (by Jan 2018) recruitment of 3 care navigators across the STP area. The role will facilitate more effective planning at the point of admission to, and discharge from, T4 beds.
- A proposal is being developed to establish all-age psychiatric liaison teams in Barnsley, Calderdale, Kirklees and Wakefield. The aim being to reduce the need for CAMHS on-call practitioner arrangements and improve responsiveness to crisis presentations of children and young people in A&E. The intention is to have a detailed proposal available for consideration/approval by end December 2017.

Learning Disability (LD)

- The 'At Risk of Admission Risk Register' has now been integrated within core management processes and is proving to be of significant benefit in ensuring a more coordinated response (including other providers, commissioners etc.) in meeting the needs of the most vulnerable service users.
- Service KPI reports as agreed through the LD transformation are now being flowed to commissioners. In 2017/18 these will be issued primarily to assure data quality and establish baseline performance standards.

Wakefield BDU:

- Issues have been identified in relation to flow through of cases from Single Point of Access (SPA) to Core teams and how these are being recorded. This is impacting on the treatment within the 6 week target. This will be corrected and performance is expected to improve next month
- There has been an increase in medical waiting times in Core East team. A new post holder is commencing next week and this position is expected to improve
- A dip in the Care Programme Approach (CPA) review performance has been identified. Work is on going to look at breaches and any data quality issues as this is an unusual variance. Performance against this indicator is usually particularly strong in the BDU.

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Summary:

- New framework for reporting has commenced this month
- Major transformation and significant improvement priorities reported monthly. Other improvements are reported in this IPR bi-monthly
- All projects have defined scope
- Schedule for reporting of all priorities are in place

| Priority | Scope | Update | Area | RAG | |
|--|--|---|-----------------------|------------------------------|-----|
| IMPROVING HEALTH | | | | | |
| Strategic Priority One: People First | | | | | |
| Enhancing Liaison Services | Transition to a new framework for liaison services. Identification of where current gaps in provision are and support development of plans for appropriate liaison services to support commissioner intentions to work towards CORE 24 compliance by 2020. Establishment of a benefits realisation framework to support the 3 year evaluation of the project. | <ul style="list-style-type: none">• Each BDU has completed the submission of the NHSE liaison mental health assessment tool 2017, updating the Trusts position against key elements relating to liaison mental health and Core 24.• In Wakefield, recruitment to clinical posts continues and the new service is on target to commence from September 2017. Wakefield CCG have commissioned a review of Psychiatric Liaison Service and a task and finish group has been established. Work is ongoing to get the review data requirements finalised and data-sharing agreements organised.• In Calderdale steps have been taken to recruit workforce.• In all BDUs, steps will be taken to develop action plans. | Progress Against Plan | | |
| | | Risks are being managed and mitigated within the services | Management of Risk | | |
| | | | | | |
| Improving People's Experience and Equalities | A structured approach to ensuring that we collect and act on patient experience feedback building upon our current strong foundations. We have identified five objectives for improvement during 2017/2018, including a programme to formally connect with other priority objectives. | This priority is updated in the quality section of this integrated performance report | | | |
| Recovery based approaches | Further develop a range of innovative initiatives which promote recovery focused approaches in order to meet the Trust mission, including: Co-produce an integrated recovery development plan Test new approaches to recovery, developing from what we learn in order to maximise effectiveness and impact Continue to build, support and sustain recovery work which has already been undertaken or is already planned | Progress on this priority is reported bi-monthly in the integrated performance report. The next scheduled update will be in December 2017. | | Overall Priority Performance | N/A |
| Physical /Mental Health | Improve the physical health of people with mental health difficulties and the mental health of people with physical health difficulties | Progress on this priority is reported bi-monthly on the integrated performance report. The next scheduled update will be in December 2017. | | Overall Priority Performance | N/A |

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Strategic Priority Two: Joining up Care

| | | | | |
|---|---|---|------------------------------|-----|
| Supporting place-based plans | Develop place based plans for each district which are part of the Trust Strategy | Discussed quarterly at Strategic Board and monthly updates to executive management team | Overall Priority Performance | N/A |
| Accountable Care in Barnsley and Wakefield | Work with partners as part of the development of accountable care systems. Influence the SWYPFT role in each ACO | Discussed quarterly at Strategic Board and monthly updates to executive management team | Overall Priority Performance | N/A |
| New models of care and vanguards Barnsley Intermediate Care, Respiratory, Diabetes and MSK | Work with partners to introduce new models of Care across SWYPFT footprint Barnsley Intermediate Care, Respiratory, Diabetes and MSK | <ul style="list-style-type: none"> Barnsley CCG have stated their intention to re-procure Diabetes services in Barnsley with completion of the tender being November 2017. Musculo-skeletal service tender has now been published with deadline of 1st November 2017. Alliance contract for respiratory services commenced on 1st September 2017. The service, called Breathe, is managed on behalf of the Alliance by Barnsley Hospitals NHS Foundation Trust (BHNFT). Respiratory nursing staff from SWYPFT have TUPE transferred into the new service. SWYPFT continue to provide Pulmonary Rehabilitation services and work is on going to refresh KPIs as part of the new contract. Intermediate Care - governance structure is in place to manage the partnership project. Move of the two wards from Mount Vernon to BHNFT wards 35 and 36 has now taken place as an interim stepped approach towards implementation of the agreed new model of care prior to winter. Formal staff consultation has taken place. Owing to staff shortages and acuity of patients, the transition to one ward is taking longer than expected, placing greater pressure on the service. Daily reporting is in place to manage the situation. The procurement of independent sector intermediate care bed provision has been halted. Spot purchase beds are in place as an interim measure. Within SWYPFT, work has commenced on mobilising the Neighbourhood Rehabilitation Team and Crisis Response Team elements of the Intermediate Care Service and formal staff consultation has taken place. Registered Therapy investment is required in order to work towards seven day working in line with the rest of the service. SWYPFT is working with partners to fill workforce gaps. | Progress Against Plan | |
| | | The Intermediate Care Service Partnership project team manages the risks and has produced a risk log on behalf of the Alliance which reports to the new models of care (NMOC) implementation group (and Alliance management team as appropriate) on a monthly basis. | Management of Risk | |
| | | | | |

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|---|---|--|-----------------------|--|
| <p>New models of care and vanguards</p> <p>Wakefield - care home vanguard and public health</p> | <p>Work with partners to introduce new models of Care across SWYPFT footprint</p> <p>Wakefield - care home vanguard and public health</p> | <ul style="list-style-type: none"> Vanguards being rolled out for NMoC and for Portrait of a Life (POAL) - training and support session on life story work and person centred care interventions have been provided to 6 of the care homes and the project is on track to meet KPIs Wakefield connecting care Vanguard: Work is being undertaken to identify Wakefield governance structure and alignment of SWYPFT involvement. | Progress Against Plan | |
| | | <p>Risks are managed by the project which reports into the Holistic Assessment Team meeting as part of the Vanguard PMO on a monthly basis - there are no significant risks to date.</p> | Management of Risk | |
| | | | | |

IMPROVING CARE
Strategic Priority Three: Quality Counts, Safety First

| | | | | |
|--------------------------------------|--|--|-----------------------|--|
| Patient Safety | <p>Continue to implement the patient safety strategy including: Measuring and monitoring patient safety framework awareness & use in practice Establish a sustainable resource to support the roll out and continuing support for safety huddles. Develop a process and resources for considering human factors within incident review 'So what'... acting on learning from feedback</p> | <p>This priority is updated in the quality section of this integrated performance report</p> | | |
| <p>Older People's transformation</p> | <p>Co-produce, develop and agree a new model of care for Older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.</p> | <ul style="list-style-type: none"> A meeting is scheduled for 20 October to continue discussions and engagement with commissioners about proposed model including inpatient models. The business case will then be complete and shared with EMT and partnership groups. Workforce modelling workshops have been held. A first draft community workforce will be shared in October, then refined to support the community business case. 1st draft standard operating procedures for the community model have now been received and work is ongoing to review and update. Work to commence shortly on inpatient SOPs. Community Workforce model will be a key piece of work to enable the Trust to deliver the business case on time | Progress Against Plan | |
| | | <p>There is an ongoing risk of slippage in the project timescale due to limited capacity across the project and across the BDUs</p> | Management of Risk | |
| | | | | |

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|---------------------------------------|---|---|-----------------------|-----|
| Improving autism and ADHD | Address issues in relation to access and equity across these services. Work is occurring operationally internal to the Trust that will reflect developments through the West Yorkshire STP- yet to be developed | <ul style="list-style-type: none"> • Work is ongoing to finalise the detail for this priority • The integrated change team are supporting this work | Progress Against Plan | |
| | | No known risks at this time | Management of Risk | |
| | | Implementation plan in development | | |
| Perinatal mental health | To implement the new service within the Trust. To evaluate the impact in terms of outcomes, experience and use of resources | <ul style="list-style-type: none"> • Service launched 01-09-17 (soft launch) • Full launch planned for December 2017 • Recruitment of remaining posts continues (2nd Psychiatrist, peer worker, Occupational Therapist) • Hub established at Fox view, Dewsbury • Trust-wide standard operating procedure now at final draft • Comms (internal) and development of service materials (leaflets etc.) • Multi-agency PMH Networks now established in all localities • Post-natal care plan developed • 17/18 spending plan reviewed with commissioners • Quality Standard Accreditation - Accreditation review visit in December 2017 • Commissioner review to be planned for 2018 to agree ongoing service funding | Progress Against Plan | |
| | | Long term funding isn't received at the end of the NHS England funded phase. That we don't achieve performance targets – especially as performance targets are likely to evolve. | Management of Risk | |
| | | <p>Timeline chart showing key milestones from September 2017 to Summer 2018. Milestones include: Soft launch (September 2017), Benefits framework established (October 2017), Full Launch 1st December 2017, Quality Standard Accreditation review visit (December 2017), and Post implementation review (March 2018).</p> | | |
| West Yorkshire work - CAMHS Tier 4 | Work in this priority is focused on supporting Leeds Community Healthcare NHS Trust (LCH) as lead provider in the provision of Tier 4 CAMHS beds, led by Leeds Community Healthcare. Aim of the project is to improve access times. SWYPFT is a Partner in this contract together with Leeds and York Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust. <u>Funding has been secured through STP NMoC workstream</u> | <ul style="list-style-type: none"> • Initial draft business case to NHSE was produced on 4 August 2017. • Production of the final business case was scheduled for submission by 30 September 2017 but this has been delayed pending a review of NHSE funding for this new model of care. • Work continues in scoping the extent and role of Trust | Progress Against Plan | n/a |
| | | Risk management has yet to commence for this priority as part of the planning phase for this new model of care | Management of Risk | n/a |
| | | Implementation planning will be an integral part of the planning phase of this priority | | |
| West Yorkshire work – Secure Adult MH | Forensics – Leading the work with other providers across Yorkshire and Humber | <ul style="list-style-type: none"> • A bid was submitted through the West Yorkshire STP for NMoC was unsuccessful, however the Trust is continuing in defining a review of forensics services through specialist community work. • Planning work is underway | Progress Against Plan | n/a |
| | | Risk management has yet to commence for this priority as part of the planning phase for this new service | Management of Risk | n/a |
| | | Implementation planning will be an integral part of the planning phase of this priority | | |

Summary

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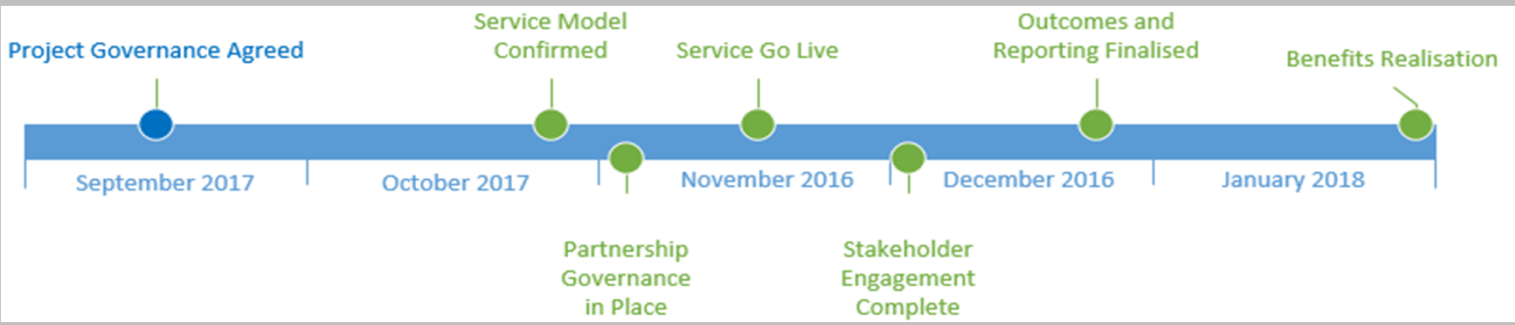
NHS Improvement

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|---|--|---|-----------------------|------------------------------|-----|
| West Yorkshire work – Suicide prevention | Leading West Yorkshire STP wide work on zero suicides | This priority is updated in the Quality section of this integrated performance report | | | |
| West Yorkshire work Eating Disorders* (* added in year) | Eating Disorders- Provision of community treatment services for eating disorders across West Yorkshire lead by Leeds and York Partnership NHS Foundation | <ul style="list-style-type: none">• Funding has been secured though STP NMoC workstream• Work near completion on the role of SWYPFT in the service• Governance arrangements now complete• Planning sessions timetabled to commence towards end of October | Progress Against Plan | | |
| | | No known risks at this time | Management of Risk | | |
| | | Implementation plan in development | | | |
| Quality priorities | Delivery of the quality priorities as set out in the Quality account | This priority is updated in the Quality section of this integrated performance report | | | |
| Community Forensic CAMHS | SWYPFT, as lead provider, to provide forensic CAMHS services across Yorkshire and Humberside in partnership with: Sheffield Children's Hospital; Tees, Esk and Wear Valleys FT and; Humber FT. | <p>Work on the Community Forensic CAMHS project progresses well since award of the contract as lead provider was made by NHS England and the initial meeting with the national leads on 4th August 2017.</p> <p>Specific achievements in line with plan include:</p> <ul style="list-style-type: none">• Positive steering group meeting held with partners and commissioner on 15th September. Discussions conducted on the proposed model and how implementation of the model will be managed.• Implementation plan and supportive narrative finalised and submitted to NHSE.• Draft Memorandum of Upstanding (MoU) between partners drawn up• Workforce for initiation of project agreed. Interviews are planned for the 16th October for the Mental Health Practitioners.• Finances re-calculated with regard to changes in geographical coverage in North Lincolnshire and North East Lincolnshire• Implementation plan is still on track to commence accepting referrals into SPA by November 2017 with service fully in place by New year 2018. | Progress Against Plan | | |
| | | <ul style="list-style-type: none">• There are currently no high level risks identified in this project.• Risk sharing agreements are being developed for the partnership | Management of Risk | | |
| | |  | | | |
| Strategic Priority Four: Compassionate Leadership | | | | | |
| Leadership development | Leadership and management strategy which includes development of an integrated change network | Progress on this priority is reported bi-monthly in the integrated performance report. The next scheduled update will be in November 2017. | | Overall Priority Performance | N/A |
| Change and quality improvement | Develop and agree Quality Strategy which includes the Integrated Change Framework | Progress on this priority is reported bi-monthly in the integrated performance report. The next scheduled update will be in November 2017. | | Overall Priority Performance | N/A |
| Membership | Develop an approach to membership which maximises the impact of members in key activities | Progress on this priority is reported bi-monthly in the integrated performance report. The next scheduled update will be in December 2017. | | Overall Priority Performance | N/A |

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IMPROVING USE OF RESOURCES

Strategic Priority Five: Operational Excellence

| | | | | |
|---|---|--|------------------------------|-----|
| Flow and out of area beds | Improve flow and reduce/eliminate use of out of area beds so that everyone is in the right bed including their own. This is part of the West Yorkshire STP workstream for acute inpatient shared bed base and development of PICUs. By March 2018 the Trust will have a shared bed base across West Yorkshire | <ul style="list-style-type: none">• The two wards at Fieldhead are now open, increasing our capacity by eight acute male beds and four PICU beds. The PICU is now mixed gender.• In Calderdale the YHAHSN flow event has been postponed to January 2018 to support collection and analysis of data. A project team has met with a second meeting due mid-November 2017• Outputs from the Out of Area bed summit are in progress: key areas for actions are reviewing service users with a long length of stay and people with repeat readmissions. P&I are producing data to support this work• An IHBT benchmarking exercise has taken place for Wakefield and Barnsley - some additional information is required to complete the data gathering so a report can be produced.• An STP wide acute mental health group has met, looking at acute services across West Yorkshire and how these can be developed to support an STP wide bed base. A priority area is PICU.• Performance & Information team have published a BETA version of an online trust wide bed use report, which is updated daily and shows total bed use by CCG, and where this use is. | Progress Against Plan | |
| | | Current risk is that we continue to overspend on Out of Area Beds and people have to travel far for their care unless pressures on the system are reduced. | Management of Risk | |
| | | A graphical timeline of the key milestones identified to end of March 2018 is being worked up. Planned activity for future reporting will include <ul style="list-style-type: none">• Undertaking the IHBT benchmarking in Kirklees and Calderdale• Identifying key activities for the Intensive Home Based Treatment (IHBT) related work stream led by District Director for Barnsley and Wakefield. A meeting is scheduled for November 2017 to progress this.• Plan for addressing long lengths of stay and repeat admissions. A meeting is planned for 11 October to progress this.• Undertake an IHBT workforce analysis• Review senior medical decision-making around out of hours admissions• Review out of hours bed management functions | | |
| Workforce – sickness, rostering, skill mix and agency | Effective management of workforce to increase effectiveness and efficiency. These are operational excellence projects to develop standards ways of working and increase efficiencies in areas of sickness, rostering and agency spend | This priority is updated in the Workforce section of this integrated performance report (IPR). Sickness absence performance is in the Summary section of the IPR under the heading 'Improve the use of Resources' and within the workforce section of the report performance is summarised for sickness absence; turnover and stability; and on the workforce performance wall. | | |
| Effective use of supplies and resources | Effective use of non-pay money to support high quality care through effective use of resources | Progress on this priority is reported bi-monthly on the IPR. The next scheduled update will be in December 2017. | Overall Priority Performance | N/A |
| CQUIN | Deliver Trust CQUINS | This priority is updated in the Quality section of this integrated performance report | | |
| Financial sustainability and CIP | Develop and deliver CIP | This priority is updated in the Finance and Contracts section of this integrated performance report | | |
| Strategic Priority Six: Digital by Default | | | | |
| | Plan and deliver a new clinical record system which supports high quality care | <ul style="list-style-type: none">• Second supplier led system demonstration delivered at Laura Mitchell Centre, Two other demonstrations scheduled for Barnsley and Dewsbury• 12 out of 15 team positions filled with five in post and a number awaiting imminent start dates• Contract detail being finalised, anticipate end of October 2017 to conclude• Engagement with individuals, management teams and groups continues | Progress Against Plan | |

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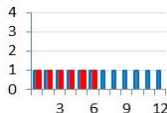
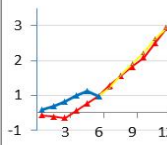
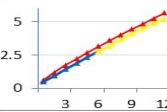
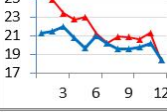
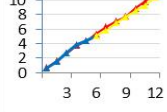
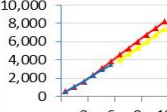
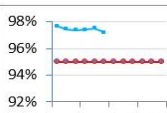
Workforce

| | | | | |
|---|---|--|--|-----|
| Clinical record system | | <p>High level risks being captured for analysis, reporting and management in project risk register and Datix</p> | Management of Risk | |
| Digital health | <p>Improve access to digital health opportunities. Identify our approach to supporting digital health developments. Increase digital clinical practice.</p> | <p>Digital health programme plan in place - several key actions and five discrete objectives identified including:</p> <ul style="list-style-type: none"> the i-hub challenge that has been launched development of an horizon scanning framework which is in progress the development of a digital change programme within our ICF which is in progress development of a digital skills programme building capability in the ICT - in progress ORCHA UK pilot with CAMHS and clinical services as identified. This ORCHA project is identified as a change project (the other four are serviced delivery initiatives) and as such has implementation plan in place and a milestones chart. We are in the process of co-designing the App Library/microsite and engaging with staff across CAMHS Trust wide. Whilst also exploring additional services who could test the license and prescribing functions of the website as there are 50 licenses available to pilot. There are no financial costs associated with the three month pilot which will launch by 1st December. A scale up plan and PID will need to be developed to extend beyond the initial three month period, including our strategy for spread. <p>ORCHA pilot - Limited capacity to engage with the extent of the App Library opportunity from Calderdale & Kirklees CAMHS (50 licenses available) Mitigation- extend Trust-wide and explore other prescribers who may use the 50 licenses alongside CAMHS e.g. YSF who have expressed an interest.</p> | <p>Progress Against Plan</p> <p>Management of Risk</p> | |
| Data driven improvements and innovation | <p>Increase the accessibility of good quality, easy to use data which informs improvement.</p> | <p>Progress on this priority is reported bi-monthly on the IPR. The next scheduled update will be in December 2017.</p> | Overall Priority Performance | N/A |

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

Overall Financial Performance 2017 / 2018

Executive Summary / Key Performance Indicators

| Performance Indicator | | Year to Date | Forecast | Narrative | Trend |
|-----------------------|------------------------------|--------------|----------|--|---|
| 1 | NHS Improvement Risk Rating | 1 | 1 | The NHS Improvement financial and use of resources risk rating is maintained at 1 for the 6 months to the end of September 2017. The individual I & E margin rating remains at 2 with an additional surplus of £620k required to achieve a rating of 1. |  |
| 2 | Normalised Surplus (inc STF) | £0.5m | £2.4m | September 2017 finance performance excluding STF is a deficit of £232k. Including STF this is a deficit of £139k. This is below plan due to ongoing out of area bed costs and reduced income. Achievement of the full year control total represents a significant challenge. |  |
| 3 | Agency Cap | £2.8m | £5.2m | Agency expenditure in September 2017 is broadly in line with previous months at £435k. This remains under the agency cap. Staffing pressures continue in a number of areas which may result in agency use to support activity and access. |  |
| 4 | Cash | £21m | £18.4m | The cash position has improved in month bringing the Trust close to its plan (£0.2m below plan). Outstanding debts continue to be chased as part of Working Capital Management. |  |
| 5 | Capital | £5m | £10.4m | During September the first phase of new Non Secure wards opened on the Fieldhead site and work is commencing on the next phase. Overall expenditure is slightly behind plan and schemes continue to be assessed against changing requirements. |  |
| 6 | Delivery of CIP | £3.5m | £7.3m | Year to date CIP delivery is £357k behind plan. The forecast position is £0.9m below plan. Task and Finish groups are progressing cost reduction opportunities through effective rostering, sickness absence reduction and non pay 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 | — |

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Contracting

Contracting - Trust Board

Contracting Issues - General

A meeting was held in October with North Kirklees and Greater Huddersfield CCGs regarding Mental Health Five Year Forward View Investment. The new contract for Smoke Free Services in Sheffield commenced on 1 October 2017. SWYFT has been awarded the new contract for the provision of Smoke Free Services in Doncaster commencing 1 April 2018. The Integrated Health & Wellbeing Services contract for Rotherham, which includes Smoke Free Services currently provided by SWYPFT, has been awarded to Park Healthcare to commence 1 April 2018. Following a successful bid SWYPFT has been awarded the contract for Lead Provider of a Regional Community Forensic CAMHS Services and is working towards the mobilisation of the service for early November 2017. Work continues with the transition of the new model of service delivery for Intermediate Care Services in Barnsley. Contracts for MSK and Diabetes Services in Barnsley are being competitively re-procured for new services to commence 1 April 2018. A bid to NHSE to support the implementation of Secure Stairs within the Forensics Secure Estate has been confirmed as successful.

CQUIN

CQUIN for Quarter 1 was achieved across all main contracts.

Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across Intermediate care, MSK and Diabetes services. Future contracts for community MSK and Diabetes Services will be competitively re-procured with new services/contracts commencing from 1 April 2018. Formal notice was received from Barnsley CCG decommissioning Care Navigation Services in Barnsley from 31st January 2018.

Contracting Issues - 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 workstreams include the mobilisation and implementation of the expansion of IAPT services to Long Term Conditions and full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Development of the THRIVE model of delivery for CAMHS services in Calderdale continues between commissioners and providers.

Contracting Issues - Kirklees

A meeting with Greater Huddersfield and North Kirklees CCGs was held in October 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. Commissioning of sustainable specialist ASD Services for Adults remains a

Contracting Issues - Wakefield

A key ongoing workstream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Transformation of CAMHS services remains a key priority and workstream with commissioners. The procurement for community TB services provision in Wakefield closed on 16 October 2017. Contract Award expected December 2017.

Contracting Issues - Forensics

The key area of monitoring continues to relate to the occupancy target. The sub contract for advocacy services has been awarded to Cloverleaf commencing 1st September 2017. SWYPFT has been successfully awarded the Lead Provider role for the Yorkshire & Humber delivery of Community Forensic CAMHS services. A bid to NHSE to support the implementation of Secure Stairs within the Forensics Secure Estate has been confirmed as successful and work has commenced with NHSE regarding mobilisation and contracting arrangements.

Contracting Issues - Other

The new contract for Smoke Free Services in Sheffield commenced on 1 October 2017. SWYPFT has been awarded the new contract for provision of Smoke Free services in Doncaster from April 2018. The Integrated Health & Wellbeing Services contract for Rotherham, which includes Smoke Free Services currently provided by SWYPFT, has been awarded to Parkwood Healthcare Ltd to commence 1 April 2018.

Summary

Quality

National Metrics

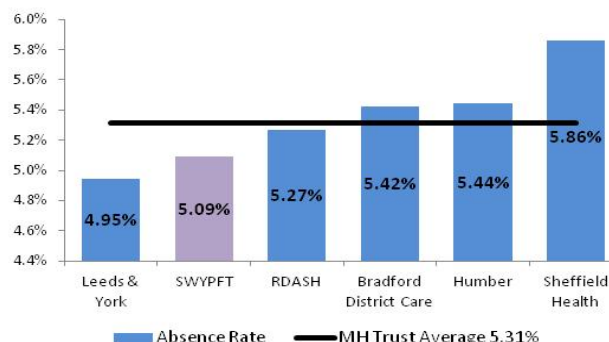
Locality

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Workforce

Sickness Absence



Current Absence Position - September 2017

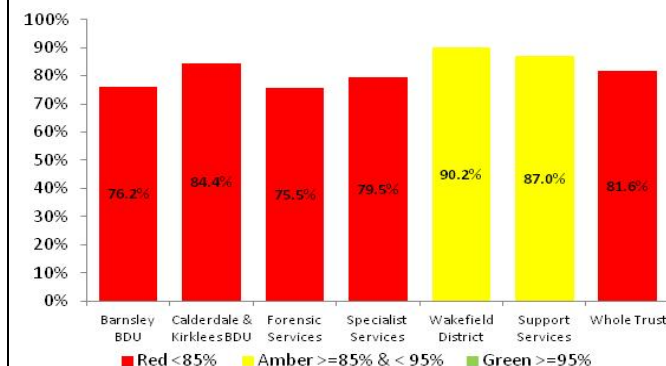
| | Barn | Cal/Kir | Fore | Spec | Wake | Supp | SWYPFT |
|-------|------|---------|------|------|------|------|--------|
| Rate | 5.3% | 4.6% | 5.7% | 6.2% | 4.3% | 3.5% | 4.9% |
| Trend | ↑ | ↓ | ↑ | ↑ | ↑ | ↓ | ↔ |

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

The YTD cost of sickness absence is £2,919,313. If the Trust had met its target this would have been £2,697,517 saving £221,796.

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%.

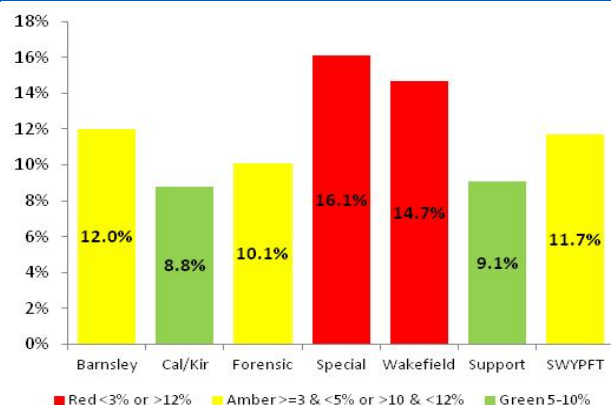
Appraisal Data - All Staff



The above chart shows the appraisal rates for all staff for the Trust to the end of September 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 and Band 5 and below, by end of September in each financial year.

Turnover and Stability Rate Benchmark

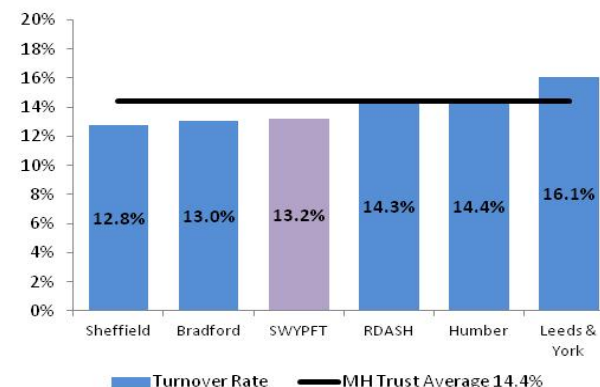


This chart shows the YTD turnover levels up to the end of September 2017.

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.

*Specialist Services figure excludes the transfer out of Supported Living (Barnsley)

Wakefield BDU have experienced some retirements.

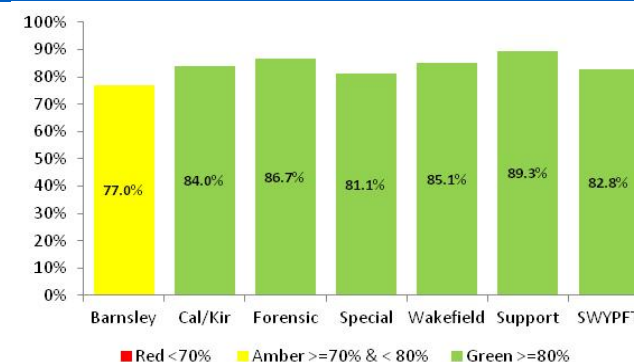


This chart shows turnover rates in MH Trusts in the region for the 12 months ending in March 2017. The turnover rate shows the percentage of staff leaving the organisation during the period.

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 September 2017. The Trust continues to achieve its 80% target for fire lecture training and only one area has dropped below the 80% target in September.

Summary

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Workforce - Performance Wall

| Trust Performance Wall | | | | | | | | | | | | | | | | |
|--|----------------------|------------|-------|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| Sickness (YTD) | Improving Resources | Well Led | AD | <=4.4% | 4.7% | 4.8% | 4.9% | 5.0% | 5.1% | 5.1% | 4.8% | 4.7% | 4.7% | 4.8% | 4.9% | 4.9% |
| Sickness (Monthly) | Improving Resources | Well Led | AD | <=4.4% | 4.6% | 5.2% | 5.8% | 6.1% | 5.8% | 5.3% | 4.8% | 4.6% | 4.8% | 5.0% | 5.2% | 4.9% |
| Appraisals (Band 6 and above) | Improving Resources | Well Led | AD | >=95% | 84.8% | 89.8% | 93.2% | 93.7% | 94.4% | 94.9% | 5.2% | 17.6% | 61.3% | 80.9% | 89.0% | 91.0% |
| Appraisals (Band 5 and below) | Improving Resources | Well Led | AD | >=95% | 76.8% | 84.9% | 89.0% | 91.4% | 92.8% | 93.6% | 1.9% | 5.3% | 18.4% | 31.1% | 46.2% | 75.8% |
| Aggression Management | Improving Care | Well Led | AD | >=80% | 80.0% | 78.8% | 78.4% | 77.6% | 77.2% | 76.6% | 76.4% | 75.6% | 78.1% | 76.6% | 77.0% | 77.6% |
| Cardiopulmonary Resuscitation | Improving Care | Well Led | AD | >=80% by 31/3/17 | 65.0% | 66.9% | 69.7% | 72.8% | 73.8% | 73.9% | 75.2% | 75.3% | 74.7% | 73.1% | 71.9% | 73.4% |
| Clinical Risk | Improving Care | Well Led | AD | >=80% by 31/3/17 | 39.9% | 45.1% | 53.5% | 55.3% | 60.4% | 62.2% | 64.8% | 65.3% | 69.1% | 74.6% | 77.3% | 79.2% |
| Equality and Diversity | Improving Health | Well Led | AD | >=80% | 90.3% | 89.4% | 90.1% | 89.0% | 89.4% | 88.2% | 87.3% | 86.6% | 86.0% | 86.6% | 87.1% | 85.7% |
| Fire Safety | Improving Care | Well Led | AD | >=80% | 83.7% | 82.9% | 85.5% | 84.0% | 82.9% | 82.7% | 81.5% | 82.0% | 81.5% | 81.8% | 82.6% | 82.8% |
| Food Safety | Improving Care | Well Led | AD | >=80% | 82.6% | 82.9% | 83.9% | 82.9% | 82.6% | 82.1% | 82.6% | 81.2% | 80.3% | 79.1% | 79.2% | 77.0% |
| Infection Control and Hand Hygiene | Improving Care | Well Led | AD | >=80% | 81.3% | 81.9% | 83.8% | 83.6% | 83.6% | 83.4% | 83.0% | 83.5% | 84.0% | 83.7% | 83.6% | 82.3% |
| Information Governance | Improving Care | Well Led | AD | >=95% | 86.5% | 85.9% | 86.5% | 91.9% | 95.2% | 96.1% | 92.0% | 91.7% | 91.3% | 90.4% | 89.1% | 88.3% |
| Moving and Handling | Improving Resources | Well Led | AD | >=80% | 77.0% | 78.1% | 78.8% | 80.5% | 81.9% | 81.7% | 81.1% | 77.3% | 78.8% | 79.3% | 79.3% | 79.3% |
| Mental Capacity Act/DOLS | Improving Care | Well Led | AD | >=80% by 31/3/17 | | 12.9% | 46.0% | 48.2% | 53.1% | 64.1% | 64.9% | 69.6% | 78.0% | 82.5% | 86.1% | 87.6% |
| Mental Health Act | Improving Care | Well Led | AD | >=80% by 31/3/17 | | 11.0% | 20.9% | 23.2% | 30.5% | 47.9% | 51.2% | 56.9% | 70.5% | 75.0% | 80.3% | 81.6% |
| No of staff receiving supervision within policy guidance | Quality & Experience | Well Led | | TBC | | | | | | 39.5% | | | | | | |
| Safeguarding Adults | Improving Care | Well Led | AD | >=80% | 89.0% | 88.6% | 89.5% | 89.7% | 89.4% | 89.1% | 88.5% | 88.0% | 86.7% | 86.2% | 86.0% | 86.3% |
| Safeguarding Children | Improving Care | Well Led | AD | >=80% | 86.7% | 87.0% | 87.8% | 87.6% | 87.0% | 85.6% | 85.5% | 84.8% | 83.6% | 84.3% | 84.7% | 84.8% |
| Sainsbury's clinical risk assessment tool | Improving Care | Well Led | AD | >=80% | 93.2% | 93.8% | 94.8% | 95.1% | 94.7% | 93.7% | 93.3% | 91.2% | 91.7% | 93.2% | 94.2% | 94.2% |
| Bank Cost | Improving Resources | Well Led | AD | - | £486k | £458k | £477k | £505k | £493k | £722k | £398k | £457k | £579k | £576k | £518k | £614k |
| Agency Cost | Improving Resources | Effective | AD | - | £833k | £753k | £885k | £662k | £729k | £833k | £501k | £426k | £500k | £457k | £446k | £435k |
| Overtime Costs | Improving Resources | Effective | AD | - | £16k | £14k | £26k | £19k | £15k | £12k | £16k | £13k | £9k | £9k | £12k | £12k |
| Additional Hours Costs | Improving Resources | Effective | AD | - | £40k | £41k | £47k | £41k | £48k | £53k | £56k | £36k | £48k | £44k | £38k | £45k |
| Sickness Cost (Monthly) | Improving Resources | Effective | AD | - | £447k | £511k | £565k | £592k | £527k | £561k | £476k | £504k | £487k | £511k | £527k | £485k |
| Business Miles | Improving Resources | Effective | AD | - | 328k | 330k | 316k | 284k | 287k | 273k | 289k | 245k | 285k | £299k | 267k | 283k |

Summary

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Workforce - Performance Wall cont...

Notes:

Mandatory Training

Green Compliance Status:

- Mental Health Act - 81.6% an increase on last month. Trust is currently developing eLearning refresher courses for MCA training. This will provide the resource for the refresher compliance requirement in the coming years
- Mental Capacity Act - 87.6%, this continues to increase each month. The Trust is currently developing eLearning refresher courses for MHA training. This will provide the resource for the refresher compliance requirement in the coming years
- Equality and Diversity - 85.7%%
- Fire Safety - 82.8% a slight increase on last month. There is now a 95% attendance requirement for ward staff that are likely to be involved in the direct evacuation of service users in the event of fire. This includes both clinical and non-clinical staff that are frequently based on wards
- Infection Control and Hand Hygiene - 82.3%
- Safeguarding Adults - 86.3%
- Safeguarding Children - 84.8%
- Sainsbury's Tool - 94.2%

Amber Compliance Status:

- Food Safety - 77% slight decline on last month. The Food Safety team are currently reviewing staff groups for Food Safety training and methods of training, which will aim to target training at staff groups according to their role
- Clinical Risk - 79.2% a further 2% increase on last month and continues on an upward monthly trajectory. As well as the eLearning provision, bespoke face to face training has been facilitated for a number of services, giving the opportunity for a collective learning experience through sharing knowledge and exploring scenarios
- Data Security Awareness Level 1 (formally IG) - 88.3% a 1% decline from last month.
- Aggression Management - 77.6% a slight increase from last month. The MAV team continue to put on extra training sessions to the ones already scheduled to meet demand. The Aggression Management/Physical Interventions (for in-patient services) is at 87.15% compliance
- Moving and Handling - 79.3% no change from last month
- Cardio Pulmonary Resuscitation - 73.4% a 1½% increase from last month.

The Team have considered how to address issues of low compliance and have introduced flexible start times. Training will continue to be provided in Barnsley, Halifax, Wakefield and Dewsbury. The Team are working with OMG and managers to train teams rather than individuals. They are also working with colleagues in the Managing Aggression and Violence (MAV) Team to combine training, so lessening the number of times that employees are required to leave their clinical areas to attend training.

Red Compliance Status:

There was no red compliance for any mandatory training subjects during September 2017

Workforce - Performance Wall cont...

Sickness

- The Trusts year to date position is 4.9%, which continues to be above the Trusts threshold.
- All BDUs with the exception of Barnsley and Support Services saw a decrease in the monthly sickness position during September 17. Specialist BDU reported the highest level of sickness during the month (6.2%), which increases their year to date position to 5.7%. Forensic and Specialist Service (5.7%) BDUs continue to report the highest year to date sickness levels.
- Hotspots can be seen in Wakefield acute and specialist services. All episodes are in a process of review.
- BDUs continue to focus on long term sickness and the recent staffing summit identified some further potential areas which are being explored that may assist with reducing sickness absence.
- Inpatient areas sickness rates are an area for focus and a Health and Wellbeing Trainer has been appointed to focus on supporting staff in these areas.
- A system of immediate referral into Occupational Health using ERostering has been developed for absence due to MSK and Stress.
- A coordinated system for reasonable adjustments or redeployment for staff is being finalised to support people to remain at work
- Further training support is being rolled for managers on wellbeing and effective absence management.
- The Trust has introduced a fast track facility for episodes of sickness related to musculoskeletal and stress management.
- Pilots are taking place in Wakefield and Forensic BDUs to deep dive into the absences.

Publication Summary

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

National Institute for Health and Care Excellence (NICE)

Intermediate care including reablement

This guideline sets out how health and social care staff can support people to be independent following a hospital stay or when daily life at home becomes too difficult. It covers how to assess intermediate care needs, including setting goals with the person so that they can overcome the problems they are experiencing.

[Guidance](#)

National Institute for Health and Care Excellence (NICE)

Smoking cessation interventions and services: guideline consultation

This draft guideline covers stop smoking interventions and services delivered in primary care and community settings. The recommendations focus on vulnerable groups who find it hard to quit or are heavy smokers. Feedback and comments are now being invited on this draft guideline and the accompanying documentation. The consultation closes on 1 November 2017.

[Draft guideline](#)

National Institute for Health and Care Excellence (NICE)

Transition between inpatient mental health settings and community or care home settings

This quality standard covers transitions for children, young people and adults between mental health hospitals and their own homes, care homes or other community settings. It includes the period before, [Standard](#)

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

[Childhood vaccination coverage statistics, England: 2016-17](#)

[NHS sickness absence rates: May 2017](#)

[Mixed sex accommodation breaches: August 2017](#)

[Direct access audiology waiting times: July 2017](#)

[NHS workforce provisional statistics: June 2017](#)

[NHS Improvement provider bulletin: 20 September 2017](#)

[Use of psychological therapies services](#), including reports on the integrated services pilot, England: June 2017

[Psychological therapies](#): reports on the use of IAPT services, England, June 2017 final, including reports on the integrated services pilot

Provider bulletin: 27 September 2017 - includes application for NHS Leadership Academy's clinical executive fast track scheme

[NHS Improvement provider bulletin: 4 October 2017](#) - includes consultation for oversight of NHS controlled providers, launch of improvement directors' network and six monthly data on reported patient safety incidents

[Hospital admitted patient care activity, 2016-17](#)

[Estates Return Information Collection 2016/17](#)

[Mental Health Act statistics: annual figures 2016/17](#)

[Children and young people's health services monthly experimental statistics, England: May 2017](#)

Publication Summary

[Referral-to-treatment waiting times statistics for consultant-led elective care: August 2017](#)

[Monthly hospital activity data: August 2017](#)

[Early intervention in psychosis access and waiting time experimental statistics: August 2017](#)

[Diagnostics waiting times and activity: August 2017](#)

[Delayed transfers of care: August 2017](#)

[Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data: April to August 2017](#)

[NHS Improvement provider bulletin: 11 October 2017](#)



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

Month 6 (2017/2018)

Appendix 1

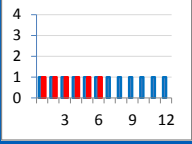
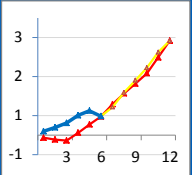
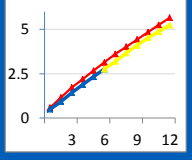
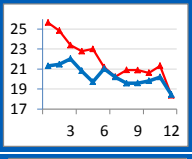
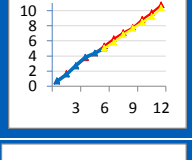
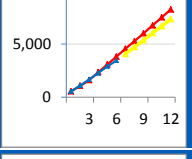
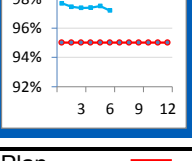


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With **all of us** in mind.

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| 1.0 | | Executive Summary / Key Performance Indicators | | | |
|-----------------------|--------------------------------|--|----------|--|---|
| Performance Indicator | | Year to Date | Forecast | Narrative | Trend |
| 1 | NHS Improvement Finance Rating | 1 | 1 | The NHS Improvement financial and use of resources risk rating is maintained at 1 for the 6 months to the end of September 2017. The individual I & E margin rating remains at 2 with an additional surplus of £620k required to achieve a rating of 1. |  |
| 2 | Normalised Surplus (inc STF) | £0.5m | £2.4m | September 2017 finance performance excluding STF is a deficit of £232k. Including STF this is a deficit of £139k. This is below plan due to ongoing out of area bed costs and reduced income. Achievement of the full year control total represents a significant challenge. |  |
| 3 | Agency Cap | £2.8m | £5.2m | Agency expenditure in September 2017 is broadly in line with previous months at £435k. This remains under the agency cap. Staffing pressures continue in a number of areas which may result in agency use to support activity and access. |  |
| 4 | Cash | £21m | £18.4m | The cash position has improved in month bringing the Trust close to its plan (£0.2m below plan). Outstanding debts continue to be chased as part of Working Capital Management. |  |
| 5 | Capital | £5m | £10.4m | During September the first phase of new Non Secure wards opened on the Fieldhead site and work is commencing on the next phase. Overall expenditure is slightly behind plan and schemes continue to be assessed against changing requirements. |  |
| 6 | Delivery of CIP | £3.5m | £7.3m | Year to date CIP delivery is £357k behind plan. The forecast position is £0.9m below plan. Task and Finish groups are progressing cost reduction opportunities through effective rostering, sickness absense reduction and non pay 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 |

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

NHS Improvement are currently consulting on the Single Oversight Framework for 2017 / 2018 and beyond. It is proposed that the metrics on Use of Resources will be expanded to include metrics such as staff retention, sickness absence, Finance cost when compared against turnover and Estates cost per square metre.

| Area | Weight | Metric | Actual Performance | | Plan - Month 6 | |
|---|--------|------------------------------|--------------------|-------------|----------------|-------------|
| | | | Score | Risk Rating | Score | Risk Rating |
| Financial Sustainability | 20% | Capital Service Capacity | 3.0 | 1 | 3.1 | 1 |
| | 20% | Liquidity (Days) | 16.9 | 1 | 13.0 | 1 |
| Financial Efficiency | 20% | I & E Margin | 0.4% | 2 | 0.4% | 2 |
| Financial Controls | 20% | Distance from Financial Plan | 0.0% | 1 | 0.0% | 1 |
| | 20% | Agency Spend | -11.9% | 1 | -12.1% | 1 |
| Weighted Average - Financial Sustainability Risk Rating | | | | 1 | | 1 |

Impact

The current risk rating 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.

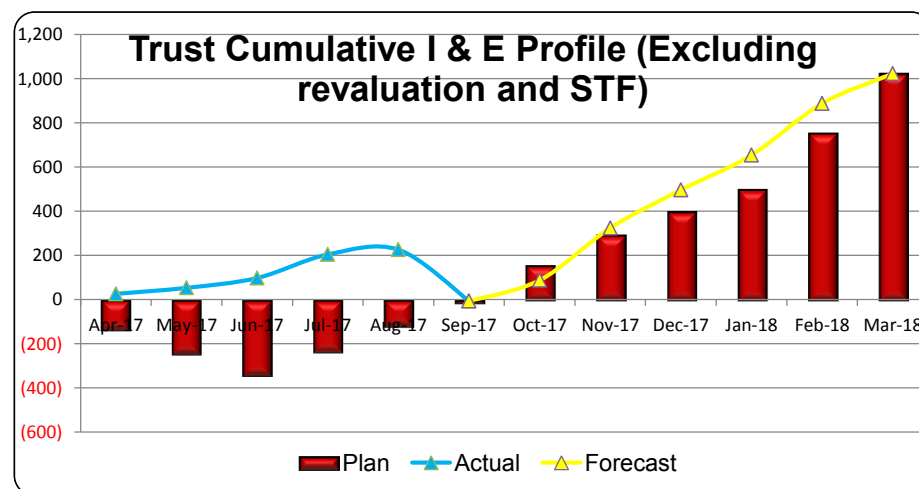
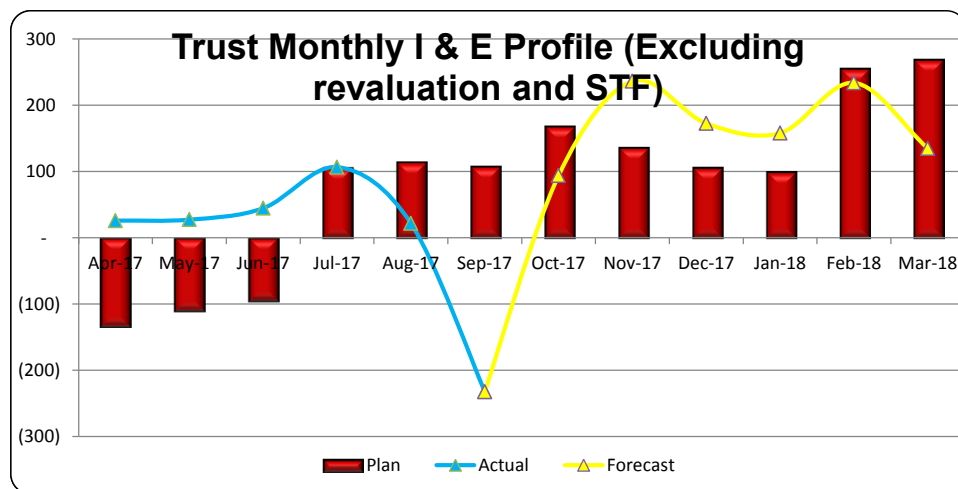
Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

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.

| 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 |
| | | | | 16,799 | 16,553 | (246) | Clinical Revenue | 103,040 | 102,415 | (625) | 205,515 | 202,382 | (3,133) |
| | | | | 16,799 | 16,553 | (246) | Total Clinical Revenue | 103,040 | 102,415 | (625) | 205,515 | 202,382 | (3,133) |
| | | | | 1,152 | 1,152 | (1) | Other Operating Revenue | 6,824 | 6,861 | 37 | 13,303 | 13,245 | (58) |
| | | | | 17,951 | 17,705 | (246) | Total Revenue | 109,864 | 109,276 | (588) | 218,818 | 215,627 | (3,191) |
| 4,255 | 4,141 | (114) | 2.7% | (13,906) | (13,645) | 261 | Pay Costs | (85,250) | (83,208) | 2,042 | (169,843) | (167,088) | 2,755 |
| | | | | (3,423) | (3,570) | (147) | Non Pay Costs | (20,278) | (21,117) | (840) | (40,412) | (42,612) | (2,201) |
| | | | | 255 | 76 | (179) | Provisions | 269 | (182) | (451) | 1,311 | 4,233 | 2,921 |
| 4,255 | 4,141 | (114) | 2.7% | (17,075) | (17,139) | (64) | Total Operating Expenses | (105,258) | (104,507) | 751 | (208,943) | (205,467) | 3,476 |
| 4,255 | 4,141 | (114) | 2.7% | 877 | 566 | (311) | EBITDA | 4,606 | 4,768 | 162 | 9,875 | 10,160 | 284 |
| | | | | (489) | (522) | (33) | Depreciation | (2,941) | (3,090) | (149) | (5,500) | (5,766) | (266) |
| | | | | (283) | (279) | 4 | PDC Paid | (1,699) | (1,704) | (5) | (3,397) | (3,407) | (10) |
| | | | | 4 | 3 | (1) | Interest Received | 23 | 19 | (4) | 45 | 37 | (8) |
| 4,255 | 4,141 | (114) | 2.7% | 108 | (232) | (340) | Normalised Surplus / (Deficit) Excl.STF | (11) | (6) | 5 | 1,023 | 1,023 | 0 |
| | | | | 93 | 93 | 0 | STF | 488 | 488 | 0 | 1,394 | 1,394 | 0 |
| 4,255 | 4,141 | (114) | 2.7% | 201 | (139) | (340) | Normalised Surplus / (Deficit) Incl SFT | 477 | 482 | 5 | 2,417 | 2,417 | 0 |
| | | | | 0 | 0 | 0 | Revaluation of Assets | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,255 | 4,141 | (114) | 2.7% | 201 | (139) | (340) | Surplus / (Deficit) | 477 | 482 | 5 | 2,417 | 2,417 | 0 |



Income & Expenditure Position 2017 / 2018

Month 6 represents the first in month deficit of the financial year and results in an overall pre STF deficit for the period April to September 2017. Under these conditions delivery of the Trust financial control total remains extremely challenging.

Month 6

The September performance was disappointing with a deficit of £232k. Following five months of surplus the normalised year to date position is now a deficit of £6k excluding STF and a surplus of £482k including STF funding. This is £5k ahead of plan. The key headlines are below:

In month financial performance has seen the continuation of previous trends with underspends in pay offset by non pay overspends (out of area beds and drug costs). Combined with a reduction in income this has led to the in-month deficit. STF has still been achieved however, as the year to date position remains marginally higher than plan.

Income

Provision continues to be made for under achievement of CQUIN income of £360k. A reduction in income in relation to Intermediate Care has been reflected in month 6. However the Trust is still incurring costs which exceed this level of income.

Pay Expenditure

The Trust continues to run with a number of vacancies and utilises temporary (both internal bank and external agency) staff to meet clinical and service requirements. The most significant pay savings year to date are within Nursing, Medical and Psychology. Agency expenditure continues at a broadly consistent average spend of £461k a month. Expenditure maintained at this level would ensure that the Trust remains within the NHS Improvement cap. Bank expenditure has increased by £143k in September to £701k due to high acuity, sickness and cover during ward moves. The increased bank spend is not forecast to continue.

Non Pay Expenditure

September out of area bed spend was the highest of the year at £359k, taking the cumulative overspend to £904k. Drugs expenditure and clinical supplies such as dressings also remain pressures. These are currently being partly offset by non clinical spend areas such as travel or office costs and property.

Forecast

Full year forecast currently remains in line with plan, but there are a number of significant risks identified. These include out of area bed usage, CIP delivery, reduced service provision and CQUIN delivery. Mitigations are constantly considered and Accelerated depreciation of RiO to bring it in line with the transfer to the new Clinical Information System has created a pressure within depreciation. This has been partly offset by impairing inpatient wards at Mount Vernon.

Income Information

The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position. (page 5) The majority of Trust income is secured through block contracts and therefore there is traditionally little variation to plan.

The budget values are reconciled against signed and agreed contracts with any movement highlighted. Budgets have been amended in month 6 for cessation of a pass through cost (both income and expenditure are no longer recognised within the Trust financial position) and a decommissioned service from February 2018.

The biggest income reduction and risk relates to changes in commissioned services with the largest linked to Intermediate Care in Barnsley. At this point in time the income for August and September for this service has not been fully agreed.

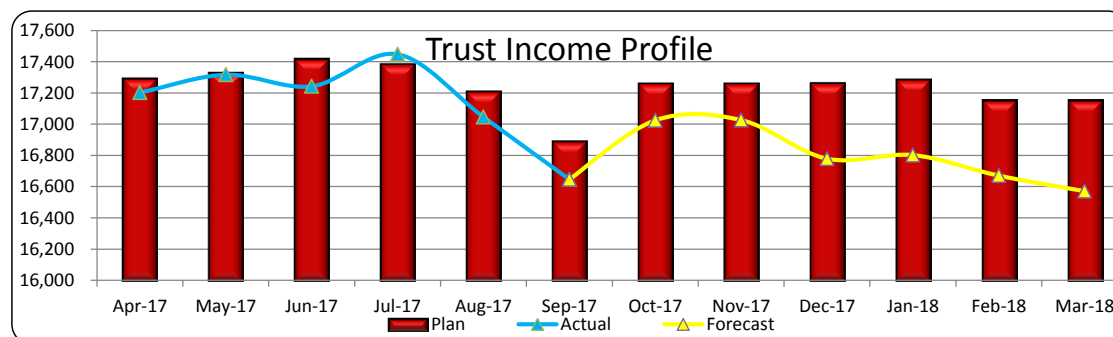
The income reduction in September is mainly a result of a one off adjustment to reflect changes to Barnsley social worker funding arrangements, income and costs will now sit within BMBC.

Further income risk relates to CQUIN as highlighted below. CQUIN is reviewed internally within the Trust and agreed with commissioners on a quarterly basis. 0.5% of the 2.5% CQUIN income relates to STP risk reserve.

Movements in sources of funding are broken down below including the movement from traditional CCG contracts into Alliance agreements.

| Commissioner | Year to Date | | | Variance Headlines | | |
|--------------------------------|----------------|----------------|----------------|--------------------|--------------|--------------|
| | Budget £k | Actual £k | Variance £k | CQUIN £k | Other £k | Total £k |
| CCG | 64,206 | 63,823 | (382) | (360) | (22) | (382) |
| Specialist Commissioner | 9,722 | 9,722 | (0) | 0 | (0) | (0) |
| Alliance | 4,393 | 4,211 | (182) | 0 | (182) | (182) |
| Local Authority Partnership | 2,306 | 2,306 | 0 | 0 | 0 | 0 |
| Other | 19,535 | 19,474 | (61) | 0 | (61) | (61) |
| Total | 103,040 | 102,415 | (625) | 0 | (265) | (625) |

| Budget £k | Forecast | | Variance Headlines | | |
|----------------|----------------|----------------|--------------------|----------------|----------------|
| | Actual £k | Variance £k | CQUIN £k | Other £k | Total £k |
| 150,381 | 149,402 | (979) | (856) | (123) | (979) |
| 23,333 | 23,333 | (0) | 0 | (0) | (0) |
| 13,712 | 11,270 | (2,442) | 0 | (2,442) | (2,442) |
| 4,732 | 4,732 | 0 | 0 | 0 | 0 |
| 6,909 | 6,909 | (0) | 0 | (0) | (0) |
| 6,448 | 6,736 | 288 | 0 | 288 | 288 |
| 205,515 | 202,382 | (3,133) | (856) | (2,277) | (3,133) |



| CQUIN Risk | | |
|-----------------------|------------|------------|
| | YTD | Forecast |
| Wellbeing Improvement | 0 | 136 |
| STP Reserve | 360 | 720 |
| Total | 360 | 856 |

The income position is based upon currently known facts and a number of key assumptions. These include:

Trusts have been asked to confirm that the CQUIN relating to STPs and reserves remains uncommitted until further guidance is provided. This is the case here which does create a pressure within the overall income forecast.

The Income forecast has been updated to reflect changes in funding allocations in respect of the new model of care for Intermediate Care in Barnsley.

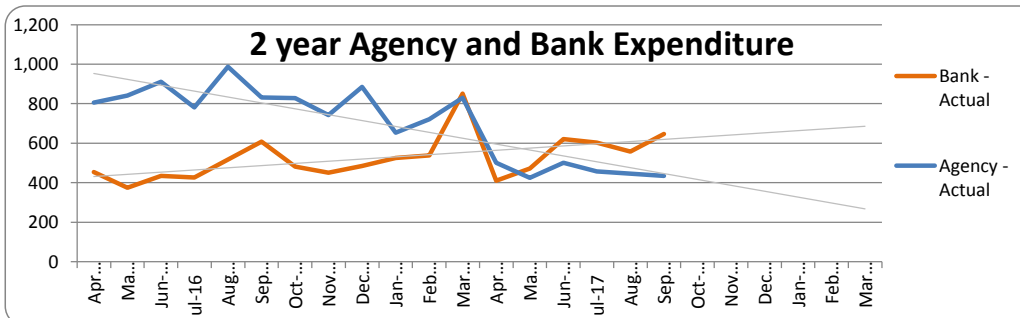
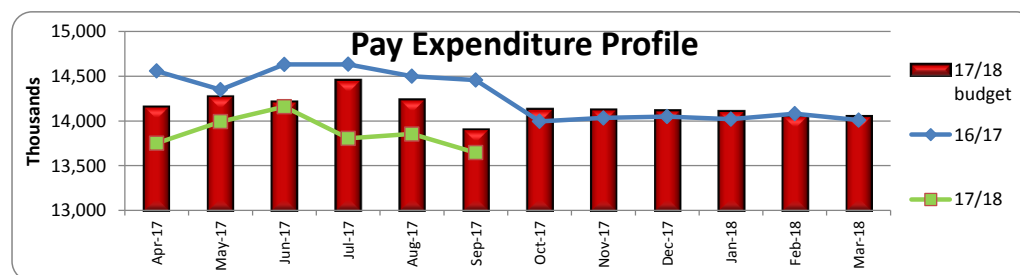
Our workforce is our greatest asset and one in which we continue to invest in ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for circa 75% of total Trust expenditure.

The Trust workforce strategy continues to be developed but current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

| | Apr-17 £k | May-17 £k | Jun-17 £k | Jul-17 £k | Aug-17 £k | Sep-17 £k | Oct-17 £k | Nov-17 £k | Dec-17 £k | Jan-18 £k | Feb-18 £k | Mar-18 £k | Total £k |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Substantive | 12,841 | 13,094 | 13,040 | 12,842 | 12,850 | 12,509 | | | | | | | 77,176 |
| Bank & Locum | 411 | 472 | 620 | 505 | 558 | 701 | | | | | | | 3,267 |
| Agency | 501 | 426 | 500 | 457 | 446 | 435 | | | | | | | 2,765 |
| Total | 13,752 | 13,992 | 14,161 | 13,804 | 13,854 | 13,645 | 0 | 0 | 0 | 0 | 0 | 0 | 83,208 |
| 16/17 | 14,559 | 14,350 | 14,633 | 14,634 | 14,502 | 14,456 | 13,994 | 14,034 | 14,050 | 14,020 | 14,081 | 14,008 | 171,321 |
| Bank as % | 3.0% | 3.4% | 4.4% | 3.7% | 4.0% | 5.1% | | | | | | | 3.9% |
| Agency as % | 3.6% | 3.0% | 3.5% | 3.3% | 3.2% | 3.2% | | | | | | | 3.3% |

| Year to Date expenditure - by staff group | | | | |
|---|-------------------|--------------|--------------|---------------|
| | Substantive £k | Temp £k | Agency £k | Total £k |
| Medical | 9,009 | 173 | 1,293 | 10,475 |
| Nursing Registered | 27,058 | 1,184 | 298 | 28,540 |
| Nursing | 8,927 | 1,378 | 635 | 10,939 |
| Other | 19,325 | 191 | 506 | 20,022 |
| Admin | 12,857 | 342 | 33 | 13,232 |
| Total | 77,176 | 3,267 | 2,765 | 83,208 |

| Sept WTE Analysis | | | | | |
|----------------------|--------------|--------------|------------|-----------|------------|
| | Budgeted | Contracted | Bank | Agency | Variance |
| Medical | 212 | 177 | 2 | 14 | (19) |
| Qualified Nursing | 1,439 | 1,278 | 66 | 12 | (84) |
| Unqualified Nursing | 681 | 656 | 116 | 43 | 134 |
| Other Clinical | 847 | 772 | 7 | 6 | (62) |
| A & C | 846 | 754 | 32 | 0 | (61) |
| Other | 337 | 304 | 7 | 2 | (24) |
| Staff Vacancy Factor | (107) | 0 | 0 | 0 | 107 |
| Total | 4,255 | 3,940 | 229 | 78 | (9) |



Key Messages

Both 2016/17 and 2017/18 have seen a focus on reducing agency staffing. The graph above shows the 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. The WTE Analysis table above presents the budgeted WTE across staffing categories and demonstrates that whilst overall agency and bank usage are covering gaps in services the actual staffing profile is currently altered from plan with the use of temporary staff. The increase in September's bank costs is due to increased bed utilisation, acuity, higher sickness and additional staffing required to facilitate ward moves. It is worth noting that total pay costs of £13.6m in September were the lowest of the year so far. In part this is due to no longer recognising pay costs transferred to Barnsley Council.

Agency Spend is currently within the NHS Improvement agency cap.

Spend in September is £35k lower than cap

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

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

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

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

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

- * Reduction in the number of agency staff used - this is especially evident within the Admin & Clerical category where the Trust currently has none. Overall medical staff numbers remain broadly the same although there has been a number of starters and leavers.

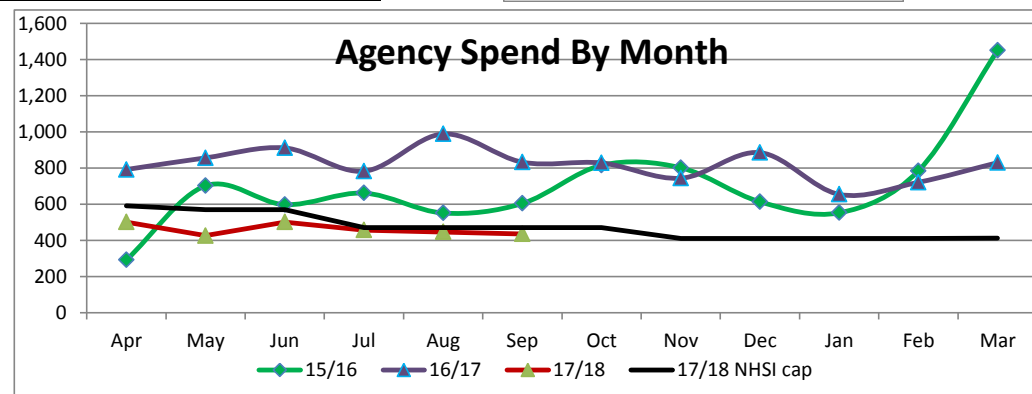
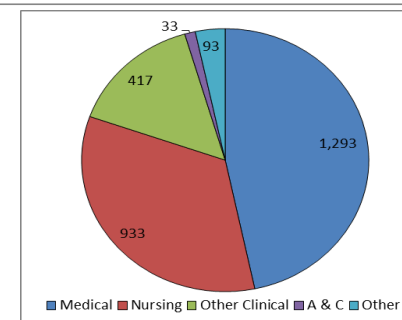
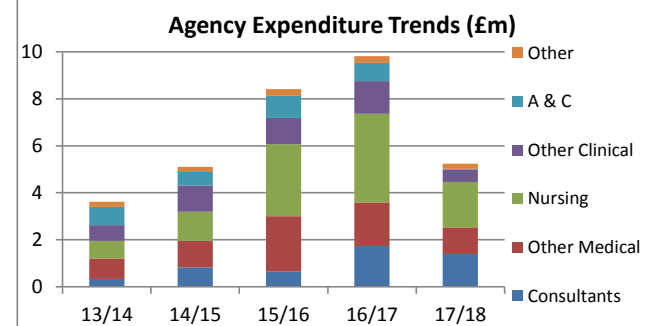
- * Reduction in the hourly rate paid. In particular this relates to qualified nursing staff who are now all paid within the NHS Improvement capped rates. 11 out of 15 medical locums continue to be paid higher than the NHSI caps. These have been individually approved by the Trust Medical Director and are reported weekly to NHSI.

The weekly NHSI agency return is being expanded in October to also include collection of bank information.

Across all agency categories spend has reduced on 2016 / 2017. YTD has reduced by £2.4m (46%).

The zero reliance on Admin & Clerical agency usage continues to be achieved.

When the agency cap reduces to £410k a month in November the month on month expenditure is forecast to exceed the cap. The YTD and forecast spend will remain below the cap. The forecast outturn at September is £0.4m below the full year cap.

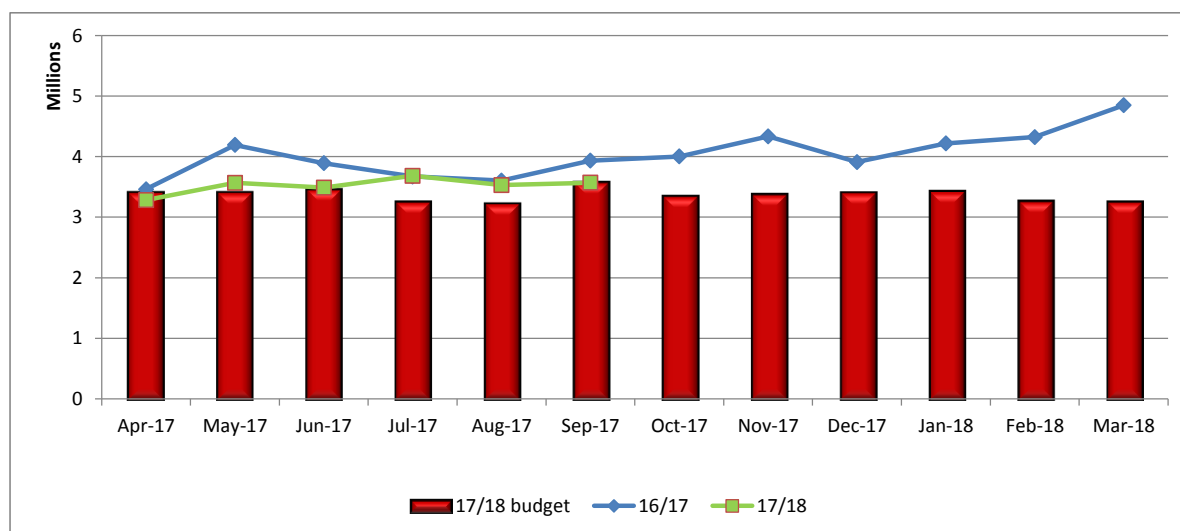


Whilst pay expenditure represents approximately 75% of all Trust spend non pay expenditure presents a number of key financial challenges. This analysis focusses on non pay expenditure within the BDUs and Corporate Services and therefore excludes provisions and capital charges (depreciation and PDC).

The Trust is forecasting to spend considerably less on non pay compared to last year. For the year to date this is £1.6m less than the same period in 2016 / 2017. This is driven by a number of key areas which are highlighted below. Excluding the impact of out of area and drugs a saving against plan of £615k has been achieved to date.

| | Apr-17 £k | May-17 £k | Jun-17 £k | Jul-17 £k | Aug-17 £k | Sep-17 £k | Oct-17 £k | Nov-17 £k | Dec-17 £k | Jan-18 £k | Feb-18 £k | Mar-18 £k | Total £k |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| 2017 / 2018 | 3,281 | 3,568 | 3,488 | 3,681 | 3,529 | 3,570 | | | | | | | 21,118 |
| 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 |

| | Budget YTD £k | Actual YTD £k | Variance £k |
|---------------------------------|---------------------|---------------------|----------------|
| Non Pay Category | £k | £k | £k |
| Clinical Supplies | 1,521 | 1,717 | (196) |
| Drugs | 1,502 | 2,052 | (551) |
| Healthcare subcontracting | 1,756 | 2,660 | (904) |
| Hotel Services | 1,052 | 886 | 166 |
| Office Supplies | 2,102 | 2,038 | 64 |
| Other Costs | 2,296 | 2,042 | 254 |
| Property Costs | 3,112 | 3,007 | 105 |
| Service Level Agreements | 3,039 | 3,055 | (16) |
| Training & Education | 359 | 357 | 2 |
| Travel & Subsistence | 2,200 | 1,961 | 240 |
| Utilities | 567 | 557 | 10 |
| Vehicle Costs | 772 | 786 | (14) |
| Total | 20,278 | 21,118 | (840) |
| Total Excl OOA and Drugs | 17,020 | 16,405 | 615 |



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.

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

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

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 (£)

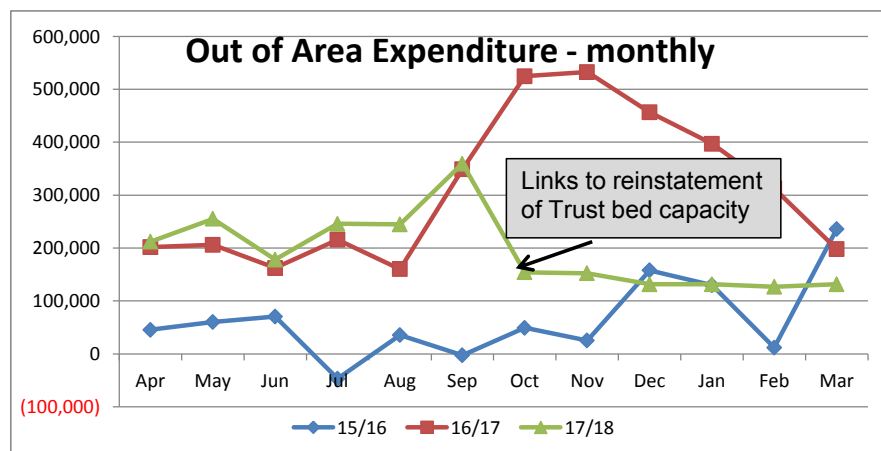
| | Apr £000 | May £000 | Jun £000 | Jul £000 | Aug £000 | Sep £000 | Oct £000 | Nov £000 | Dec £000 | Jan £000 | Feb £000 | Mar £000 | Total £000 |
|-------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| 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 | 255 | 178 | 246 | 245 | 359 | | | | | | | 1,496 |

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 | 351 | 391 | 429 | | | | | | | 2,055 |

Bed Day Information 2017 / 2018 (by category)

| | | | | | | | | | | | | | |
|--------|-----|-----|-----|-----|-----|-----|--|--|--|--|--|--|-------|
| PICU | 198 | 176 | 168 | 169 | 213 | 217 | | | | | | | 1,141 |
| Acute | 84 | 170 | 85 | 178 | 148 | 182 | | | | | | | 847 |
| Gender | 0 | 0 | 0 | 0 | 30 | 30 | | | | | | | 60 |



Expenditure on Out of Area placements increased significantly during 2016 / 2017 but through continued action usage did reduce in Quarter 4. This trend continued in Quarter 1 2017 / 2018 but has increased in Quarter 2. High demand is being observed across the Trust and also nationally.

Demand, and expenditure has increased again and September is the highest month for the year to date. Work continues through the Project Board to ensure that this is minimised. Future costs are forecast to be reduced from Quarter 3 as the Trust bed capacity is reinstated with the opening of the first unit in the Unity Centre, Fieldhead.

The year to date overspend is £904k.

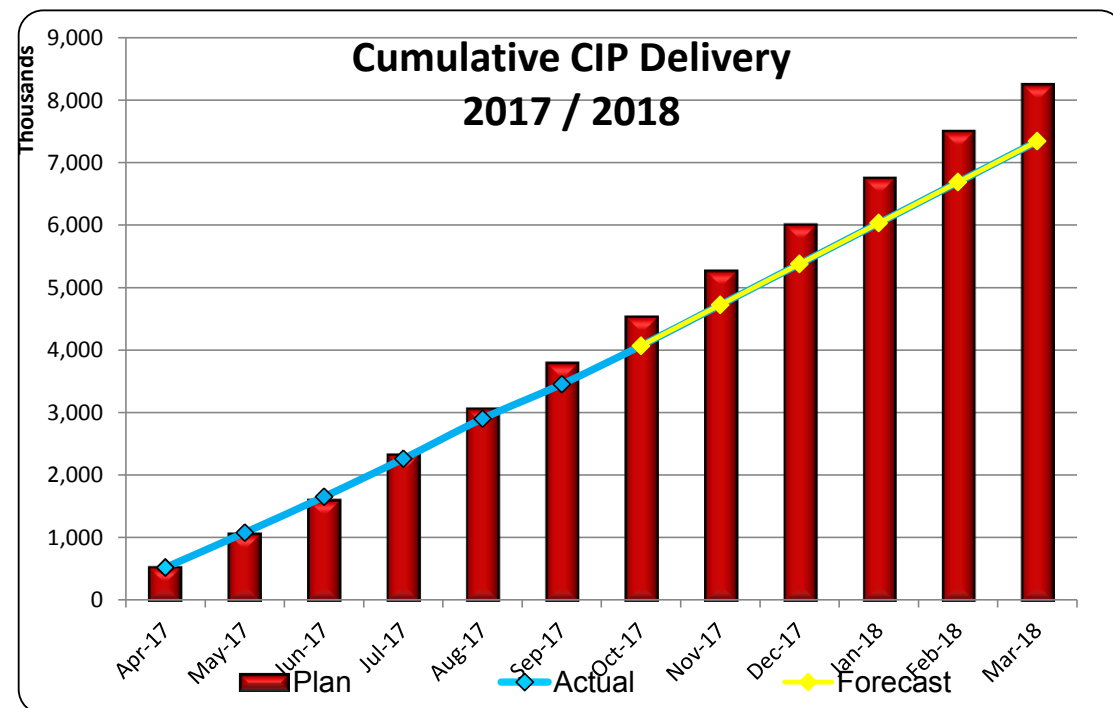
The Trust is still awaiting final settlement of the insurance claim relating to the fire at Fieldhead. This has now been agreed and payment is expected imminently.

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 | 3,809 | 8,262 |

| | | | | | | | | | | | | | | |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Delivery as originally planned | 401 | 809 | 1,272 | 1,769 | 2,261 | 2,744 | 3,239 | 3,753 | 4,266 | 4,780 | 5,294 | 5,808 | 2,744 | 5,808 |
| Mitigations - Recurrent & Non-Recurrent | 116 | 266 | 378 | 490 | 639 | 708 | 829 | 971 | 1,112 | 1,253 | 1,394 | 1,535 | 708 | 1,535 |
| Total Delivery | 516 | 1,075 | 1,650 | 2,259 | 2,900 | 3,452 | 4,068 | 4,723 | 5,378 | 6,033 | 6,688 | 7,343 | 3,452 | 7,343 |

| | | | | | | | | | | | | | | |
|----------|------|---|----|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Variance | (20) | 1 | 40 | (82) | (172) | (357) | (478) | (560) | (642) | (735) | (827) | (919) | (357) | (919) |
|----------|------|---|----|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|



The Trust identified a CIP programme for 2017 / 2018 which totals £8.3m. This included £1.6m of unidentified savings for which specific schemes need to be defined and delivered.

Savings identified against the Cost Improvement Programme total £3.5m to date. This is £357k behind plan. The majority (79%) has been delivered in line with original savings plans.

Schemes relating to income are forecast to fully achieve the plan, BDU workforce changes are forecast to deliver 92% of plan, admin and management schemes are forecast to deliver 89% of plan.

Task and Finish groups, including e-rostering and non pay review, continue and as new savings are identified they will be captured in this report.

| | 2016 / 2017 Plan (YTD) Actual (YTD) | | | Note |
|--|-------------------------------------|-----------------|-----------------|------|
| | £k | £k | £k | |
| Non-Current (Fixed) Assets | 111,199 | 114,217 | 113,165 | 1 |
| Current Assets | | | | |
| Inventories & Work in Progress | 166 | 215 | 166 | |
| NHS Trade Receivables (Debtors) | 2,138 | 2,299 | 1,894 | 2 |
| Other Receivables (Debtors) | 8,289 | 7,457 | 7,839 | 3 |
| Cash and Cash Equivalents | 26,373 | 21,193 | 21,031 | 4 |
| Total Current Assets | 36,966 | 31,164 | 30,930 | |
| Current Liabilities | | | | |
| Trade Payables (Creditors) | (7,213) | (6,634) | (4,172) | 5 |
| Capital Payables (Creditors) | (1,157) | (752) | (459) | 5 |
| Accruals | (9,912) | (10,757) | (11,013) | 6 |
| Deferred Income | (754) | (950) | (710) | |
| Total Current Liabilities | (19,036) | (19,093) | (16,355) | |
| Net Current Assets/Liabilities | 17,929 | 12,071 | 14,575 | |
| Total Assets less Current Liabilities | 129,128 | 126,288 | 127,740 | |
| Provisions for Liabilities | (7,550) | (6,763) | (7,207) | |
| Total Net Assets/(Liabilities) | 121,578 | 119,525 | 120,533 | |
| Taxpayers' Equity | | | | |
| Public Dividend Capital | 43,665 | 43,665 | 43,665 | |
| Revaluation Reserve | 18,766 | 18,413 | 17,239 | |
| Other Reserves | 5,220 | 5,220 | 5,220 | |
| Income & Expenditure Reserve | 53,928 | 52,227 | 54,410 | 7 |
| Total Taxpayers' Equity | 121,578 | 119,525 | 120,533 | |

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

1. Capital expenditure is detailed on page 14. In September the service provided from 2 Mount Vernon wards was transferred to another Trust. As such these wards are now vacant and were impaired resulting in a reduction in value of the Trust asset base.

2. There has been some success in-month reducing the level of aged debtors.

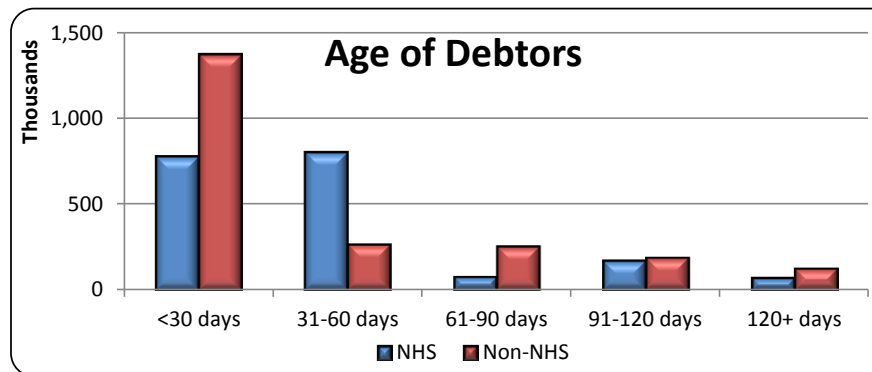
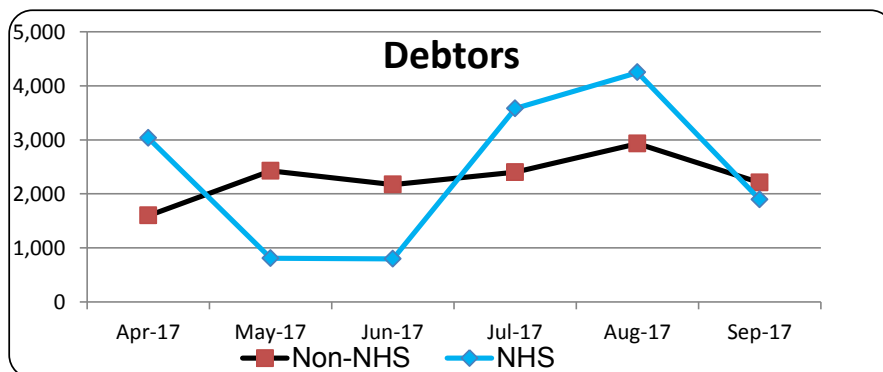
3. Other debtors remain slightly higher than planned, including £1.0m from Locala(reduced by £0.6m), £0.1m from PSS. Further payments have been received in October 2017 and all debts continue to be chased by the team.

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

6. Accruals are higher than planned.

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



3.1

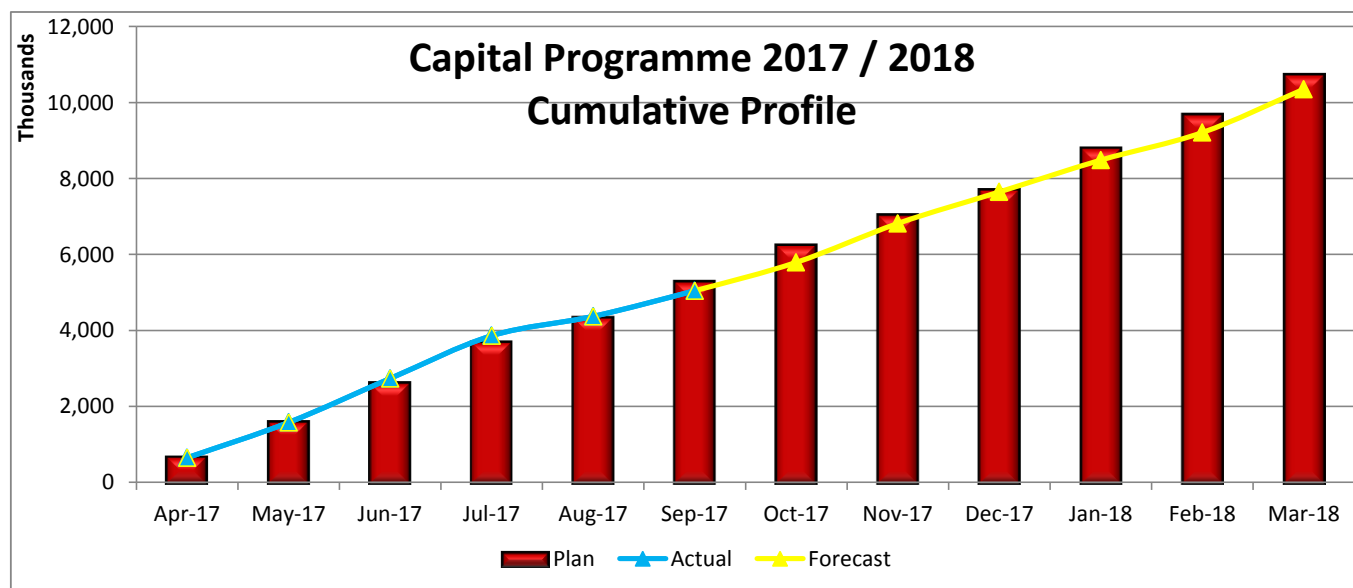
Capital Programme 2017 / 2018

| | 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 | 838 | 391 | (447) | 1,597 | 39 | 3 |
| Equipment Replacement | 44 | 44 | 35 | (9) | 44 | (1) | |
| IM&T | 2,121 | 791 | 400 | (391) | 1,992 | (129) | |
| Major Capital Schemes | | | | | | | |
| Fieldhead Non Secure | 7,030 | 3,654 | 4,256 | 602 | 6,757 | (273) | 2 |
| VAT Refunds | 0 | 0 | (37) | (37) | (37) | (37) | |
| TOTALS | 10,753 | 5,327 | 5,044 | (282) | 10,352 | (401) | 1 |

Spend remains marginally behind plan for the year to date. Schemes are continually reviewed to ensure value for money.

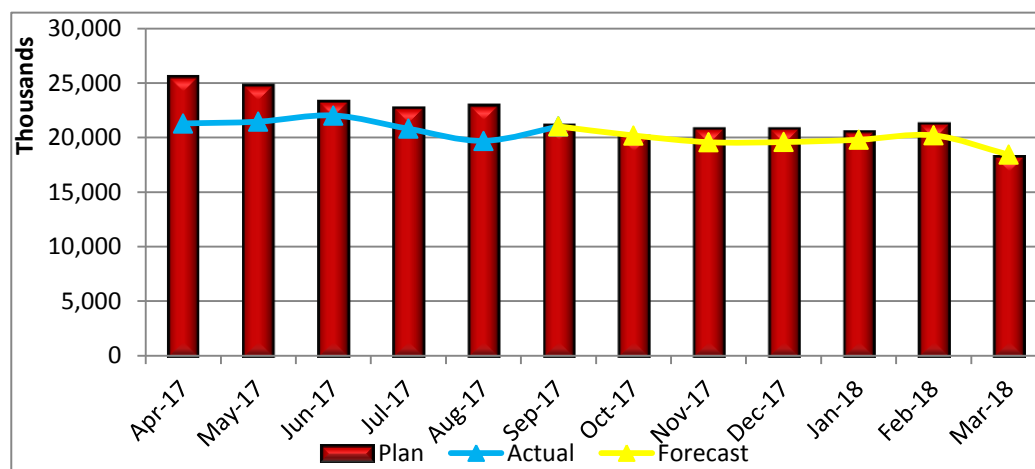
Capital Expenditure 2017 / 2018

1. The year to date position is £282k lower than plan (5%). Excluding the benefit arising from successful VAT recovery agreed with HMRC this is £320k lower than plan.
2. Phase 1 is complete and the new wards operational. Demolition of Trinity will be completed by the end of November 2017.
3. Minor works are being reviewed to take account of new works needed to vacate Mount Vernon.
4. The forecast capital expenditure for the full year is currently being reviewed.

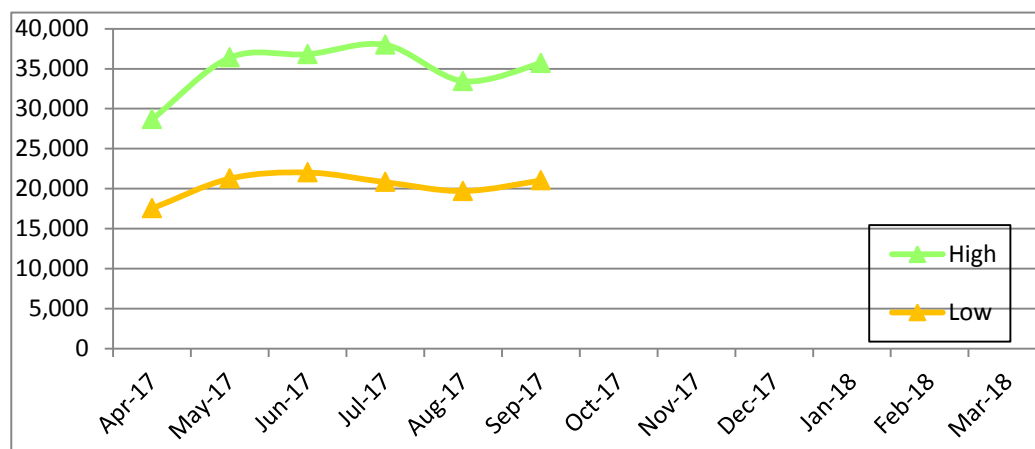


3.2

Cash Flow & Cash Flow Forecast 2017 / 2018



| | Plan £k | Actual £k | Variance £k |
|-----------------|------------|--------------|----------------|
| Opening Balance | 25,495 | 26,373 | |
| Closing Balance | 21,193 | 21,031 | (162) |



Actions in September 2017 have brought the cash position back in line with plan. These continue so as to improve the position further. Cash improved by £3m from last month.

In month the team have proactively reduced the value of debtors ensuring that the cash position is maximised.

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

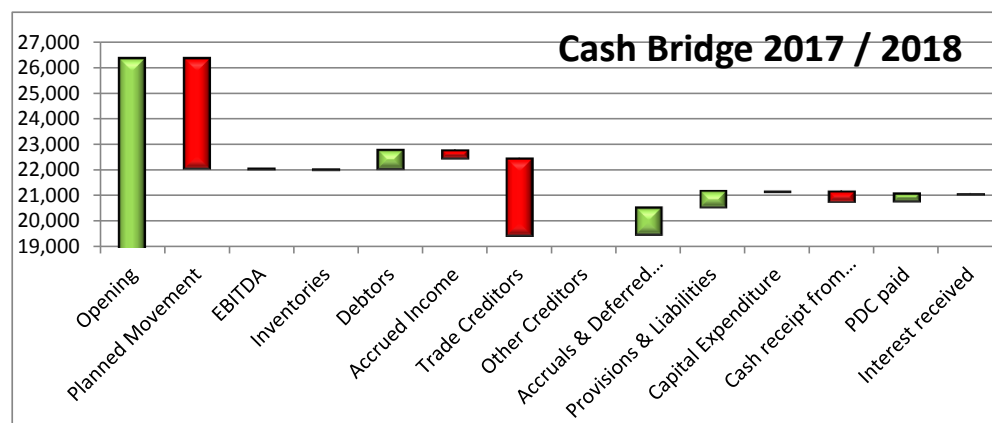
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £35.7m
The lowest balance is: £21m

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) | 5,201 | 5,175 | (26) | 5 |
| <i>Movement in working capital:</i> | | | | |
| Inventories & Work in Progress | 0 | 0 | 0 | |
| Receivables (Debtors) | (500) | 252 | 752 | 2 |
| Accrued Income / Prepayments | (1,002) | (1,326) | (324) | 6 |
| Trade Payables (Creditors) | 0 | (2,993) | (2,993) | 7 |
| Other Payables (Creditors) | 0 | 0 | 0 | |
| Accruals & Deferred income | 0 | 1,058 | 1,058 | 3 |
| Provisions & Liabilities | (1,000) | (343) | 657 | |
| <i>Movement in LT Receivables:</i> | | | | |
| Capital expenditure & capital creditors | (5,327) | (5,743) | (416) | |
| Cash receipts from asset sales | 0 | 310 | 310 | 4 |
| PDC Dividends paid | (1,698) | (1,751) | (53) | |
| PDC Dividends received | | 0 | 0 | |
| Interest (paid)/ received | 24 | 19 | (5) | |
| Closing Balances | 21,193 | 21,031 | (162) | |



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

Factors which increase the cash position against plan:

1. Brought forward cash position was higher than planned.
2. Debtors are lower than plan. Successful action was taken in month to collect old and high debt.
3. Accruals are being reviewed with key suppliers chased for invoices. This helps provide assurance over the year to date position.
4. Trust assets (South Kirby and Darfield Health Centres) have been sold in June and August 2017 which were originally planned to be sold in Quarter 4 2017 / 2018. These disposals form part of the overall Trust Estates Strategy.

Factors which decrease the cash position against plan:

5. Surplus position, and that specifically related to cash, is marginally lower than planned.
6. Accrued income continues to be higher than plan. The majority of this relates to CQUIN payments (200k) still to be agreed.
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

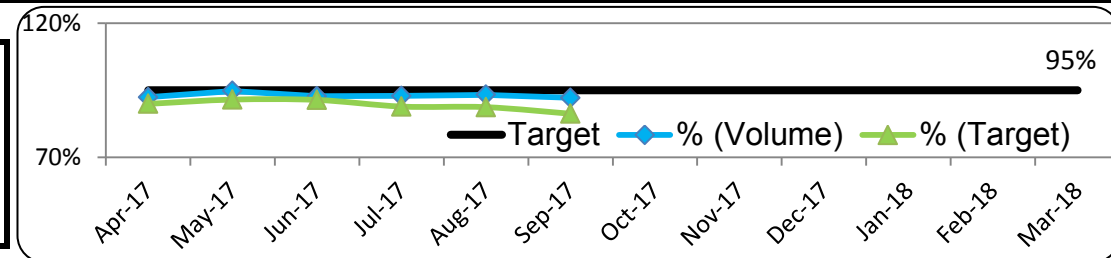
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

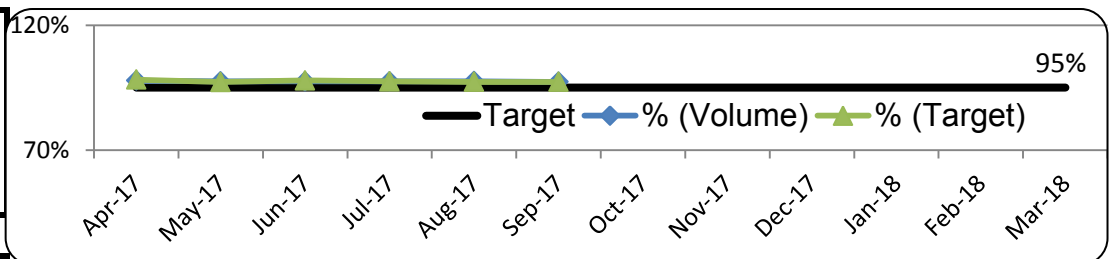
This is not mandatory for the NHS.

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.

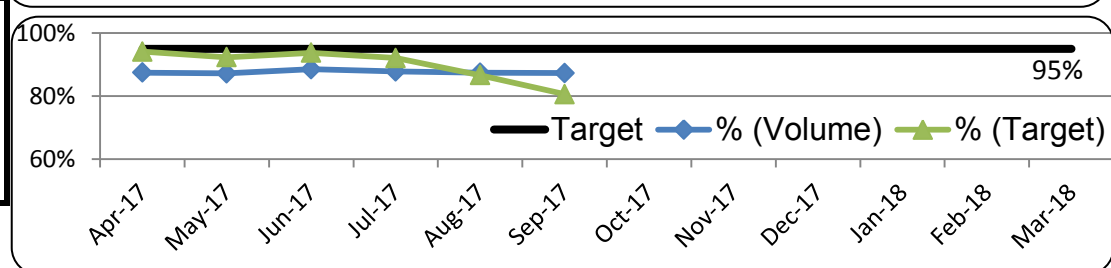
| NHS | | |
|------------------------|--------|-------|
| | Number | Value |
| | % | % |
| Year to August 2017 | 93% | 89% |
| Year to September 2017 | 92% | 86% |



| Non NHS | | |
|------------------------|--------|-------|
| | Number | Value |
| | % | % |
| Year to August 2017 | 98% | 97% |
| Year to September 2017 | 97% | 97% |



| Local Suppliers (10 days) | | |
|---------------------------|--------|-------|
| | Number | Value |
| | % | % |
| Year to August 2017 | 87% | 87% |
| Year to September 2017 | 87% | 81% |



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 (£) |
|-----------|--------------------|--------------|--|--------------------|------------|
| 04-Sep-17 | Property Rental | Calderdale | Calderdale and Huddersfield NHS Foundation Trust | 3045694 | 212,219 |
| 11-Jul-17 | Pharmacy SLA | Wakefield | Mid Yorkshire Hospitals NHS Trust | 3040980 | 182,666 |
| 21-Aug-17 | Property Rental | Barnsley | Barnsley Metropolitan Borough Council | 3044703 | 147,662 |
| 28-Jul-17 | Pharmacy SLA | Wakefield | Mid Yorkshire Hospitals NHS Trust | 3042606 | 105,558 |
| 21-Aug-17 | Drugs FP10's | Trustwide | NHSBSA Prescription Pricing Division | 3044593 | 67,380 |
| 25-Jul-17 | Drugs FP10's | Trustwide | NHSBSA Prescription Pricing Division | 3042223 | 52,573 |
| 14-Sep-17 | CNST contributions | Trustwide | NHS Litigation Authority | 3047106 | 47,581 |
| 01-Aug-17 | Staff Recharge | Trustwide | Leeds and York Partnership NHS FT | 3042790 | 36,878 |
| 17-Jul-17 | Staff Recharge | Trustwide | Leeds and York Partnership NHS FT | 3041570 | 36,454 |
| 05-Sep-17 | Property Costs | Trustwide | Mid Yorkshire Hospitals NHS Trust | 3045904 | 31,010 |
| 04-Sep-17 | Staff Recharge | Trustwide | Leeds and York Partnership NHS FT | 3045711 | 25,341 |

- * 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 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| Sickness (YTD) | Resources | Well Led | AD | <= 4.5% | 4.20% | 4.20% | 4.30% | 4.60% | 4.70% | 4.80% |
| Sickness (Monthly) | Resources | Well Led | AD | <= 4.5% | 4.20% | 4.20% | 4.60% | 5.00% | 5.20% | 5.30% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 7.00% | 24.00% | 70.30% | 82.70% | 84.60% | 86.10% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 3.20% | 8.20% | 25.00% | 39.90% | 50.30% | 70.70% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 77.50% | 71.90% | 81.70% | 78.40% | 80.00% | 78.40% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 81.90% | 79.10% | 78.20% | 78.00% | 74.70% | 76.40% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 76.00% | 74.70% | 79.10% | 82.70% | 84.30% | 86.60% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 88.20% | 88.50% | 89.00% | 89.70% | 89.70% | 88.90% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 78.80% | 80.80% | 79.80% | 78.30% | 77.20% | 77.00% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 77.50% | 76.10% | 73.30% | 69.30% | 67.10% | 63.30% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 86.40% | 87.10% | 87.10% | 85.50% | 84.50% | 81.60% |
| Information Governance | Resources | Well Led | AD | >=95% | 91.30% | 89.80% | 89.60% | 88.00% | 85.40% | 84.30% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 83.10% | 81.90% | 82.30% | 82.70% | 82.60% | 82.50% |
| Safeguarding Adults | Health & Wellbeing | Well Led | AD | >=80% | 89.50% | 89.30% | 86.50% | 86.90% | 85.60% | 85.80% |
| Safeguarding Children | Health & Wellbeing | Well Led | AD | >=80% | 88.00% | 86.50% | 86.50% | 86.10% | 85.80% | 85.60% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 94.70% | 94.60% | 93.90% | 94.90% | 96.00% | 95.50% |
| Mental Capacity Act/DOLS | Quality & Experience | Well Led | AD | >=80% | 54.60% | 56.90% | 64.30% | 73.60% | 76.50% | 79.40% |
| Mental Health Act | Quality & Experience | Well Led | AD | >=80% | 44.60% | 41.20% | 55.60% | 64.10% | 68.00% | 71.80% |
| Agency Cost | Resources | Effective | AD | | £92k | £109k | £118k | £109k | £84k | £71k |
| Overtime Costs | Resources | Effective | AD | | £7k | £3k | £4k | £2k | £3k | £3k |
| Additional Hours Costs | Resources | Effective | AD | | £32k | £20k | £21k | £22k | £21k | £21k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £124k | £136k | £136k | £159k | £164k | £167k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 111.33 | 108 | 113.58 | 111.16 | 110.21 | 108.86 |
| Business Miles | Resources | Effective | AD | | 108k | 91k | 97k | 104k | 96k | 98k |

| Calderdale and Kirklees District | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| Sickness (YTD) | Resources | Well Led | AD | <= 4.5% | 4.20% | 4.20% | 4.30% | 4.40% | 4.50% | 4.50% |
| Sickness (Monthly) | Resources | Well Led | AD | <= 4.5% | 4.20% | 4.20% | 4.50% | 4.50% | 5.10% | 4.60% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 3.00% | 14.90% | 52.80% | 81.20% | 89.10% | 92.60% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 0.80% | 2.50% | 8.60% | 21.70% | 40.50% | 78.00% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 74.30% | 72.30% | 73.90% | 74.20% | 75.90% | 77.40% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 75.20% | 75.40% | 77.30% | 72.80% | 70.10% | 70.90% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 72.40% | 71.30% | 73.10% | 79.20% | 80.60% | 81.30% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 86.20% | 84.50% | 82.00% | 82.50% | 83.00% | 82.00% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 81.10% | 80.50% | 79.40% | 82.70% | 84.40% | 84.00% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 79.60% | 78.30% | 79.20% | 77.70% | 80.90% | 79.60% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | | >=80% | 78.00% | 78.80% | 80.20% | 79.90% | 80.50% | 80.50% |
| Information Governance | Resources | Well Led | AD | >=95% | 92.80% | 92.60% | 90.70% | 91.00% | 90.80% | 90.40% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 79.30% | 76.10% | 76.00% | 75.40% | 74.00% | 76.00% |
| Safeguarding Adults | Health & Wellbeing | Well Led | AD | >=80% | 87.40% | 86.80% | 85.40% | 83.00% | 82.80% | 82.90% |
| Safeguarding Children | Health & Wellbeing | Well Led | AD | >=80% | 83.00% | 82.80% | 80.60% | 78.90% | 78.00% | 79.00% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 95.50% | 93.30% | 93.30% | 95.60% | 95.40% | 95.70% |
| Mental Capacity Act/DOLS | Quality & Experience | Well Led | AD | >=80% | 61.10% | 75.40% | 83.30% | 88.10% | 89.50% | 90.60% |
| Mental Health Act | Quality & Experience | Well Led | AD | >=80% | 52.30% | 67.10% | 77.60% | 84.00% | 85.00% | 86.30% |
| Agency Cost | Resources | Effective | AD | | £76k | £61k | £79k | £58k | £84k | £65k |
| Overtime Costs | Resources | Effective | AD | | £3k | £3k | £1k | £2k | £2k | £6k |
| Additional Hours Costs | Resources | Effective | AD | | £1k | £2k | £2k | £3k | £0k | £1k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £91k | £91k | £97k | £98k | £117k | £103k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 85.41 | 75.52 | 71.45 | 80.1 | 88 | 89.58 |
| Business Miles | Resources | Effective | AD | | 62k | 58k | 68k | 69k | 54k | 68k |

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

| Forensic Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| Sickness (YTD) | Resources | Well Led | AD | <=5.4% | 7.00% | 6.20% | 5.90% | 5.70% | 5.80% | 5.80% |
| Sickness (Monthly) | Resources | Well Led | AD | <=5.4% | 7.00% | 5.50% | 5.10% | 5.40% | 6.20% | 5.70% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 10.30% | 21.20% | 63.30% | 93.20% | 93.50% | 93.50% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 1.70% | 7.40% | 29.60% | 39.30% | 45.00% | 70.40% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 85.80% | 85.30% | 87.40% | 84.30% | 82.30% | 84.10% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 68.30% | 74.00% | 73.30% | 75.10% | 77.60% | 77.40% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 54.70% | 65.00% | 71.00% | 73.50% | 75.60% | 75.30% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 89.20% | 86.60% | 85.90% | 87.70% | 87.70% | 84.20% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 85.90% | 83.40% | 86.20% | 86.20% | 84.20% | 86.70% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 89.20% | 88.30% | 88.80% | 90.00% | 90.00% | 87.20% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 81.70% | 84.90% | 86.70% | 87.70% | 86.70% | 85.70% |
| Information Governance | Resources | Well Led | AD | >=95% | 91.50% | 92.70% | 92.30% | 91.40% | 88.40% | 88.80% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 84.90% | 82.90% | 84.10% | 85.20% | 85.20% | 85.00% |
| Safeguarding Adults | Health & Wellbeing | Well Led | AD | >=80% | 92.30% | 91.70% | 90.50% | 90.60% | 89.90% | 88.80% |
| Safeguarding Children | Health & Wellbeing | Well Led | AD | >=80% | 88.40% | 87.90% | 85.70% | 84.00% | 86.20% | 84.50% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 75.00% | 51.70% | 64.50% | 70.00% | 70.00% | 69.00% |
| Mental Capacity Act/DOLS | Quality & Experience | Well Led | AD | >=80% | 65.70% | 70.70% | 84.10% | 85.40% | 90.40% | 89.30% |
| Mental Health Act | Quality & Experience | Well Led | AD | >=80% | 56.00% | 61.90% | 77.50% | 79.30% | 86.00% | 82.50% |
| Agency Cost | Resources | Effective | AD | | £58k | £54k | £46k | £43k | £51k | £68k |
| Overtime Costs | Resources | Effective | AD | | £0k | £0k | | £0k | £6k | £0k |
| Additional Hours Costs | Resources | Effective | AD | | £2k | £2k | £4k | £3k | £3k | £5k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £63k | £51k | £47k | £48k | £55k | £50k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 49.29 | 47.49 | 48.04 | 55.16 | 48.61 | 40.43 |
| Business Miles | Resources | Effective | AD | | 8k | 5k | 5k | 5k | 6k | 9k |

| Specialist Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 5.80% | 5.90% | 5.70% | 5.60% | 5.60% | 5.70% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 5.80% | 6.10% | 5.30% | 5.50% | 5.50% | 6.20% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 3.80% | 9.40% | 36.30% | 57.70% | 82.70% | 87.80% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 0.60% | 1.80% | 15.60% | 26.30% | 46.20% | 66.40% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 72.70% | 75.20% | 77.40% | 75.60% | 75.60% | 74.20% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 70.70% | 69.20% | 68.20% | 64.60% | 68.10% | 74.60% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 43.50% | 46.50% | 52.40% | 63.20% | 72.50% | 78.80% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 85.70% | 84.80% | 83.20% | 84.40% | 87.30% | 85.60% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 78.60% | 80.20% | 80.00% | 83.40% | 81.10% | 81.10% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 59.10% | 56.50% | 56.50% | 56.50% | 58.30% | 66.70% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 84.40% | 83.30% | 82.10% | 83.80% | 83.90% | 83.30% |
| Information Governance | Resources | Well Led | AD | >=95% | 92.80% | 91.50% | 92.30% | 90.80% | 91.30% | 91.30% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 75.70% | 75.80% | 76.50% | 80.10% | 80.90% | 78.90% |
| Safeguarding Adults | Health & Wellbeing | Well Led | AD | >=80% | 82.10% | 82.40% | 83.60% | 82.30% | 83.30% | 86.20% |
| Safeguarding Children | Health & Wellbeing | Well Led | AD | >=80% | 86.80% | 85.20% | 86.30% | 85.70% | 86.10% | 87.00% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 87.80% | 86.90% | 88.90% | 88.50% | 92.10% | 92.80% |
| Mental Capacity Act/DOLS | Quality & Experience | Well Led | AD | >=80% | 58.30% | 62.70% | 75.90% | 79.60% | 86.50% | 90.10% |
| Mental Health Act | Quality & Experience | Well Led | AD | >=80% | 54.70% | 57.80% | 71.40% | 73.00% | 81.40% | 83.70% |
| Agency Cost | Resources | Effective | AD | | £178k | £167k | £169k | £163k | £156k | £147k |
| Overtime Costs | Resources | Effective | AD | | £2k | £3k | £1k | £2k | | £0k |
| Additional Hours Costs | Resources | Effective | AD | | £5k | £4k | £4k | £4k | £2k | £2k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £60k | £75k | £58k | £60k | £63k | £70k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 53.47 | 51.56 | 52.4 | 55.96 | 41.72 | 44.58 |
| Business Miles | Resources | Effective | AD | | 39k | 33k | 38k | 47k | 39k | 43k |

Glossary

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

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

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

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