NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

May 2018

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Table of Contents

	Page No
Introduction	4
Summary	5 - 6
Quality	7 - 16
National Metrics	17 - 18
Locality	19 - 21
Priorities	22 - 28
Finance/Contracts	29 - 30
Workforce	31 - 33
Publication Summary	34
Appendix 1 - Finance Report	35 - 54
Appendix 2 - Workforce Wall	55 - 57
Glossary	58

Introduction

Please find the Trust's Integrated Performance Report (IPR) for May 2018. An owner is identified for each key metric and the report aligns metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. This single report plots a clear line between our objectives, priorities and activities. The intention is to continue to develop the report such that it can showcase the breadth of the organisation and its achievements, meet the requirements of our regulators and provide an early indication of any potential hotspots and how these can be mitigated. An executive summary of performance against key measures is included in the report which identifies how well the Trust is performing in achieving its objectives. During May 18, the Trust has undertaken work to review and refresh the summary dashboard for 2018/19 to ensure it is fit for purpose and aligns to the Trusts new objectives for the coming year. At the Board development session the inclusion of suitable training metrics in the summary dashboard were discussed. It is recommended that progress against managing violence and aggression training and also moving and handling training are the measures included for 2018/19. Subject to full Board agreement these will be used in the next report. This report includes matching each metric against the updated Trust objectives. It is recognised that for future development, stronger focus on outcomes would be beneficial.

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

The Trust's three strategic objectives are:
• Improving health
• Improving care
• Improving resources

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:
• Strategic Summary
• Quality
• National metrics (NHS Improvement, Mental Health Five Year Forward View, NHS Standard Contract National Quality Standards)
• Locality
• Priority Programmes
• Finance
• Contracts
• Workforce

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

This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and refreshed for 2018/19.

KPI	Target	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	**Target**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Year End Forecast**
Total number of children & young people in adult inpatient wards 5	0	1	2	3	2	3	1	2	2	1	3	1	0	1
% service users followed up within 7 days of discharge	95%	97.3%	93.3%	97.2%	96.1%	94.7%	98.2%	98.2%	97.2%	98.0%	95.8%	94.3%	99.2%	4
% clients in settled accommodation	*60%*	82.2%	81.8%	81.8%	80.8%	80.7%	80.4%	80.4%	80.1%	79.7%	79.1%	78.9%	*78.4%*	4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	95%	80.3%		87.5%			86.8%			87.8%		Due July 18		N/A
Out of area beds 2	Q1 940, Q2 846, Q3 752, Q4 658	242	341	362	424	467	412	407	268	613	730	555	310	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community	Inpatient 90% Community 75%												89.1%	4
Inpatient 9													79.8%	4
Smoking Cessation 8												KPI Under Development		
Improve the quality and experience of care	**Target**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	86%	89%	79%	85%	86%	86%	85%	85%	85%	87%	86%	75%	85%
Friends and Family Test - Community	98%	98%	95%	99%	99%	97%	98%	100%	97%	97%	99%	97%	100%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 4	trend monitor	32	29	28	25	28	34	26	33	37	20	29	27	N/A
Safer staff fill rates	90%	103%	112.6%	109%	111.8%	112.9%	115.7%	113.4%	117.1%	117.5%	115.7%	118%	120%	100%
IG confidentiality breaches	<=8 Green, 9 -10 Amber,	12	6	10	6	5	12	7	7	10	4	8	11	
% people dying in a place of their choosing	80%	Reporting established from Sept 17			83%	91%	89%	88%	94%	84%	87%	83%	89%	N/A
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic 7	TBC			13.6%			15.1%			9.0%		Due July 18		N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3		Reporting Established from April 2018										36.3%	37.1%	
Improve the use of resources	**Target**	**Jun-17**	**Jul-17**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Year End Forecast**
Projected CQUIN Shortfall	£4.2m	£842k	£369k	£856k	£856k	£856k	£856k	£136k	£136k	£136k	£203k	-	£160k	£160k
Surplus/(Deficit)	In line with Plan	£95k	£204k	£226k	£6k	£158k	£235k	£551k	£635k	£1186K	£1139K	(£292k)	(£204k)	(£2626k)
Agency spend	In line with Plan	£500k	£457k	£446k	£435k	£515k	£531k	£430k	£465k	£563K	£555K	£444k	£538k	£5.3m
CIP delivery	£1074k	£1643k	£2306k	£2950k	£3452k	£4117k	£4815k	£5442k	£6157k	£6816k	£7475k	£619k	£1308k	£9.7m
Sickness absence	4.5%	4.7%	4.8%	4.9%	4.9%	4.9%	5.0%	5.1%	5.2%	5.3%	5.3%	4.6%	4.5%	4.9%
Staff Turnover 6		10.3%	10.3%	10.7%	11.7%	11.4%	12.1%	12.3%	12.4%	12.5%	12.6%	9.7%	8.5%	

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 introduced during 17/18 and counts first contact with service post referral.
2 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to Adult Acute and PICU Mental Health Services only.
3 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date.
4 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed..
5 - further detail regarding this indicator can be seen in the National Metrics section of this report.
6 - Introduced into the summary for reporting from 18/19.
7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
8 - Work taking place to identify a suitable metric across all Trust smoking cessation services. Further update to be provided in next month's report.
9 - The figure shown is the proportion of eligible clients with a cardiometabolic assessment. This may not necessarily align to the CQUIN which focuses on the quality of the assessment.

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

The performance information above shows the performance rating metrics for the 2017 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 relates to our 16/17 agency expenditure performance and our financial risk.

Areas to Note:
Quality
• Safer staffing fill rates continue to be maintained overall, pressures remain in terms of recruitment and acuity.
• Number of restraints have increased and is subject to in depth review.
• Physical health metric position is positive
• Friends and family test position for mental health shows pressure in child and adolescent services

NHSI Indicators
• The Trust met the 7 day follow up target in May following a slight dip in performance in April
• Proportion of people completing treatment and moving to recovery within Improving Access to Psychological Therapies (IAPT) remains above target
• No children or younger people placed in adult inpatient wards in May
• The Trust continues to achieve the vast majority of national metrics

Locality
• Pressure on adult acute wards remains high across West Yorkshire
• Discussions continue with the commissioner in Barnsley to identify how the waiting lists for psychology can best be addressed within financial resources available
• Discussions taking place with the specialist commissioner to agree initial funding for the introduction of the learning disability forensics outreach service
• Average length of stay for Wakefield acute services remains in excess of target and has been identified as part of the trust-wide programme of improvement in addressing demand and capacity.

Priority Programmes
• SystmOne for mental health co-design workshops have been completed
• Initial data migration testing to commence week commencing June 25th
• Local change plans to reduce out of area bed usage have now been agreed
• Older people's transformation proposals being discussed with commissioners

Finance
• Net deficit of £204k in month which was favourable to plan
• Cumulative deficit is now £496k. The run rate is adverse to the full year plan
• Agency costs of £538k in month were 8% above the cap and increased by close to £0.1m compared to April
• Net pay savings of £0.3m year-to-date
• Out of area bed expenditure amounted to £363k. Cumulatively expenditure is adverse to plan by £161k and is 58% higher than the corresponding period for 2017/18.
• Year-to-date CIP delivery of £1.3m is £0.1m lower than plan
• Cash balance of £23.m is £0.6m lower than plan and as expected is circa £3m below the 2017/18 year-end position
• Financial risk rating of 2 given the deficit position

Workforce
• Sickness absence improved to 4.5% in May, which is in line with the Trust's target
• Staff turnover is currently reported at being 8.5% year-to-date

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	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Year End Forecast Position *
Quality	Referral to treatment times	Improving Health	Responsive	KT/SR/CH	TBC	KPI under development										N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%				28% 11/39	12.7% 8/63	12% 6/50	9.3% 4/43	29% 2/7	20% 2/10	21% 6/28	1
	% 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	19.8% 43/217	18.2% 38/208	7.7% 13/168	16% 10/64	5% 3/57	10% 5/50	4
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	72%	71%	71%		84%	84%	86%	86%	86%	75%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	99%	98%	98%	98%	98%	97%	100%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	79.26%	N/A	80%	74%	75%	N/A	76%	N/A		N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	N/A	65.19%	N/A	66%	60%	64%	N/A	67%	N/A		N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	Data not avail until Oct 16.		141	81	81	113	148	64	26	109	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	N/A	73	86	83	86	337				21	Data due July 18	N/A
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	N/A	Reporting established from Oct 16		0	2	26				0		N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	Reporting established from Oct 16		0	1	1		2	1	0		
	% 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%	85.6%	85.0%	84.9%	86.3%	85.8%	4
	Un-outcomed appointments 6	Improving Health	Effective	KT/SR/CH	TBC		2.2%	2.9%	2.6%	4.3%	3.3%	2.5%	2.5%	5.4%	4.3%	N/A
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=8	36	25	29	36	33	22	24	21	8	11	
	Delayed Transfers of Care 10	Improving Care	Effective	KT/SR/CH	7.5% 3.5% from Sept 17	2.2%	2.6%	3.1%	2.7%	1.6%	2.3%	2.7%	3.7%	2.7%	2.1%	4
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/CH	TBC	KPI under development										N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	3509	3405	3293	2946	2849	3064	2961	3435	1072	1062	N/A
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more	Improving Care	Safety Domain	TB	trend monitor					57	58	56	72	24	16	N/A
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more	Improving Care	Safety Domain	TB	trend monitor	10	19	19	20	3	8	9	7	2	1	N/A
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	73	79	73	84	12	16	23	11	3	10	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	*17.7%*	16.8%	17.7%	Data not avail	18.70%	18.2%	24.3%	16.5%	20.5%	19.9%	20.6%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%					109%	111.1%	114%	116.8%	118%	120%	4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%					107%	94.1%	99%	98.4%	99.2%	100%	4
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	N/A	98	95	78	86	82	92	71	98	30	29	N/A
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	1	4	3	2	2	1	2	2	0	0	3
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	4
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16	79.7%	75.6%	66.3%	75%	80%	77%	76%	80%	61%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	162	158	136	95	139	139	150	181	39	40	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	Data not avail				345	424	442	589	173	211	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	1	2	1	0	0	0	0	0	4
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	4
Quality	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	KT/SR/CH	80%	39.5% (March 17)				59.3%	61.0%	64.7%	86.5%	Due July 18		4

** See key included in glossary*

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The IG breach target is based on a year on year reduction of the number of breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches.
4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears.
6 - This is the year to date position for mental health direct unoutcomed appointments which is a snap shot position at a given point in time. The increase in unoutcomed appointments in April 17 is due to the report only including at 1 months worth of data.
7- This shows the clinical staff on bands 5 and above (excluding medics) who were employed during the reporting period and of these, how many have received supervision in the last 12 months. Please note that services only been fully using the system since December 2016.
8 - The threshold has been locally identified and it is recognised that this is a challenge. From June 17, the monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed.
10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trusts contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

Quality Headlines

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

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

• The total number of all restraints incidents reported has increased during the month and is above the mean number of restraints over the past 24 months which is 142.67. Further analysis of this data is being undertaken but it is anticipated this may be linked to the acuity. The incidents are spread across BDUs and a small number of individuals have multiple incidents reported.

• NHS Safety Thermometer - Medicines Omissions – This only relates to inpatient areas in Calderdale, Kirklees and Wakefield. SWYPFT has been focusing on reducing medication omissions on inpatient areas for the past 3.5 years. The Mental Health Safety Thermometer's national data has shown that the trust has been an outlier when benchmarked to other mental health/combined trusts. The national average for medication omissions on inpatient units is currently at 16%, SWYPFT has been around the 20% mark. Analysis of the data has been undertaken and it has been identified that the monthly figures presented on the national system are not always that month's data but can include the previous month's data if it has been input the following month. In order to assist with this the Trust will be tightening up the data entry process. Previous analysis of patient level data related to medicine omissions acuity levels on older people's wards and the response to winter pressures. The biggest reason for medicine omissions was refusal by the service user.

• Number of falls (inpatients) - February saw a spike in the number of reported falls and the detail around this was reported in last months report. March 18 has seen a decrease, however, the number of falls remains slightly over the monthly average with 61 falls being reported. The number of falls reported in April and May 18 has decreased further and is now below last years average with 40 falls being reported each month.

• Friends and Family Test - Community - the Trust have set a local stretch target of 98% for this indicator. This has been set based on historic performance. The Trust regularly reports above this level and benchmarks well with comparable organisations.

Safety First

Summary of Incidents during 2017/18 and 2018/19

	Q1 18/19	Q2 17/18	Q3 17/18	Q4 17/18	Jun-17	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May-18	Total
Green no harm	1320	1894	1777	2010	603	662	669	563	608	587	582	663	649	698	689	631	**7604**
Green	576	856	826	1051	268	317	297	242	272	264	290	338	357	356	271	305	**3577**
Yellow	174	226	261	282	73	77	87	62	84	102	75	86	95	101	76	98	**1016**
Amber	43	59	63	68	26	18	25	16	21	28	14	23	30	15	27	16	**259**
Red (should not be compared with SIs)	21	29	34	24	8	9	6	14	11	12	11	8	7	9	9	12	**116**
Total	**2134**	**3064**	**2961**	**3435**	**978**	**1083**	**1084**	**897**	**996**	**993**	**972**	**1118**	**1138**	**1179**	**1072**	**1062**	**12572**

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

Summary of Serious Incidents (SI) by category 2017/18 and 2018/19

	Q1 18/19	Q2 17/18	Q3 17/18	Q4 17/18	June 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Total
Administration/supply of medication from a clinical area	0	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0	2
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Fire / Fire alarm related incidents	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Formal patient absent without leave	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Information disclosed in error	0	1	2	0	0	0	0	1	0	2	0	0	0	0	0	0	3
Self harm (actual harm)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Self harm (actual harm) with suicidal intent	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1
Suicide (incl apparent) - community team care - current episode	4	10	14	6	2	5	2	3	4	5	5	2	3	1	1	3	36
Suicide (incl apparent) - community team care - discharged	0	2	2	0	0	1	0	1	1	0	1	0	0	0	0	0	4
Suicide (incl apparent) - inpatient care - current episode	0	0	2	2	0	0	0	0	0	1	1	1	0	1	0	0	4
Vehicle Incident	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Allegation of violence or aggression	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Homicide by patient	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Physical violence (contact made) against other by patient	0	1	1	1	1	0	0	1	1	0	0	0	0	1	0	0	4
Pressure Ulcer - grade 3	0	1	3	1	1	1	0	0	1	1	1	1	0	0	0	0	6
Physical/sexual violence by other	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	4	18	26	12	9	9	2	7	7	11	8	4	4	4	1	3	69

• Incident reporting levels have been checked and remain within the expected range.
• Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
• Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
• All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx
• Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report.
• No never events reported in May 2018.

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

Mortality

Assurance: 360 Assurance Internal audit report on Learning from Healthcare Deaths has been received giving Significant Assurance. Mortality review group workshop is being held at the end of June to plan implementation of the audit findings.
Reporting: The Trust's Learning from Healthcare Deaths information is now reported through the quarterly incident reporting process. Reports are available on the Trust website when approved by Trust Board. These include learning to date.
See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/
Learning: Mortality is being reviewed and learning identified through different processes:
-Serious incidents and service level investigations – learning will be shared in Our Learning Journey report for 2017/18 - currently being finalised
-Structured Judgement Record Reviews – 11 cases have been completed for reviews from Q1 - Q3. Due to small numbers to date, it is difficult to identify any themes. 55% of cases the overall care was rated good or excellent [good (4) or excellent (2)]. The learning from healthcare deaths report includes examples of areas for improving practice identified by the reviewers, and also good practice examples. These will be developed into themes as more reviews are completed.
Policy: A review of the Learning from Healthcare Deaths policy will take place to include feedback from the audit findings and learning from the first six months of policy implementation in consultation with Northern Alliance colleagues. A meeting of the Alliance was held in May.
Any comments on the policy are welcomed to feed into the review process via risk@swyt.nhs.uk

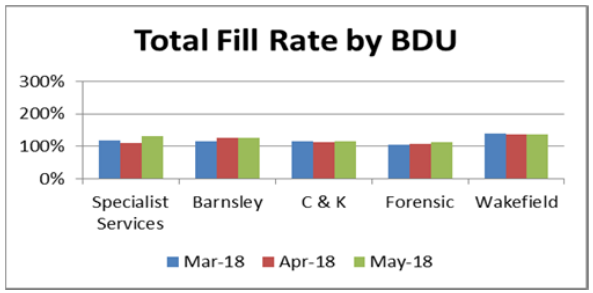
Safer Staffing

Overall Fill Rates: 120%
Registered fill rate: (day + night) 100%
Non Registered fill rate: (day + night) 138.3%

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

BDU Fill rates - Feb 18 - May 18

Overall Fill Rate	Month-Year		
Unit	Mar-18	Apr-18	May-18
Specialist Services	119%	111%	131%
Barnsley	116%	126%	127%
C & K	114%	112%	115%
Forensic	105%	108%	112%
Wakefield	138%	137%	136%
Overall	**116%**	**118%**	**120%**



Registered Staff:
Days - 93% (remained constant from April); Nights -107% (increase of 2% on April)
Registered average fill rate:
Days and nights - 100% (increase 0.8% on April)
Non Registered Staff:
Days -136.1% (increase of 3.8% on April); Nights 145.6% (increase of 5.4% on April)
Non Registered average fill rate:
Days and nights - 138.3% (increase of 2.0% on April)
Overall average fill rate all staff:
120% (increase of 2.0% on April)

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

Summary

For the ninth consecutive month, no ward fell below a 90% overall fill rate in May. Of the 31 inpatient areas listed 24 (707%) achieved greater than 100%. Indeed of these 24 areas, 13 achieved greater than 120%.
Registered On Days (Trust Total 93 %)
There has been a decrease in the number of wards that have failed to achieve 80%, two wards in all (6.4%) compared to 3 (9.6%) in April. Within the Forensic BDU Chippendale decreased by 1% to 68%, Appleton decreased by 9% to 71%.
Registered On Nights (Trust Total 107%)
No ward has fallen below the 80% threshold. The number of wards who are achieving 100% and above fill rate on nights increased to 74.2% (23 wards) for May.
Average Fill Rates for Barnsley BDU increased by 1% to 127%. Calderdale and Kirklees BDU increased by 3% to 115%. Forensic BDU were 112% an increase of 4%. Wakefield BDU were 136% with a decrease of 1%. Specialist services were 131% with an increase of 20%.
Despite the achievement and above of expected fill rates, significant pressures remain on inpatient wards due to demands arising from acuity of service user population. This is particularly apparent in the Wakefield BDU, Ward 18, Appleton, Johnson, Neuro and stroke rehab where additional duties such as special observations and 2 staff to 1 service user observations are being used. Measures have been taken to support the ward teams with bank, agency and off ward staff during this period.

Complaints closed within 40 days

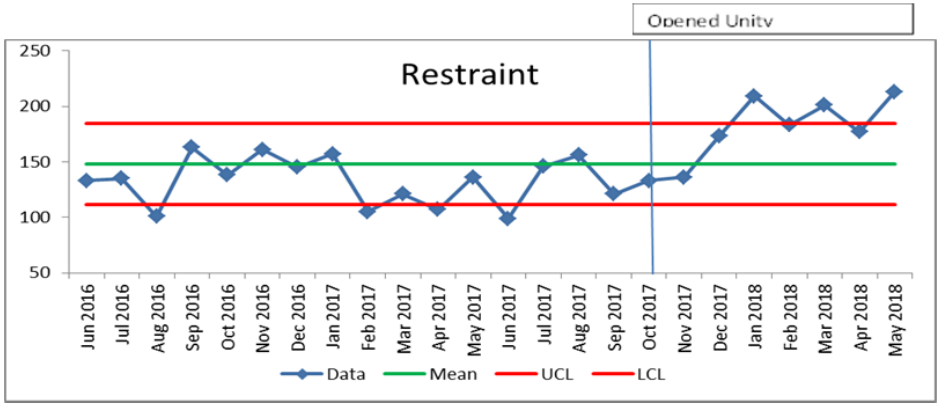
The Trust adopts an approach to complaints and feedback that promotes resolving issues at service line wherever and whenever this is possible.
The process to ensure robust investigation of issues and sign off of complaints is under review. The current process involves investigators, general managers, service directors, nursing and medical directors as appropriate and the Chief Executive. Given the number of people involved, this can result in delay in offering a response, often exceeding the internal 40 day target.
The purpose of the review is to increase ownership of issues at service line and promote a more timely response to the complainant. The Director of Nursing and Quality is leading on this work which is being taken forward through the Operational Management Group. The intention is to introduce steps to ensure service involvement as soon as possible when issues are raised and scrutiny of completed investigation toolkits by services before they are returned to Customer Services. Draft responses will then be prepared in Customer Services. Draft responses will be reviewed by services to ensure all clinical issues are identified and addressed and that the investigation has provided sufficient information to enable a full response. Deputy district directors will then review and sign off the draft response, with a final version shared with the Chief Executive for review and signature.
The initial aim of the process review is to ensure we respond to people's complaints within our internal target of 40 days, with a longer term view to be able to respond to complaints within 25 days by 2020.
We have set an internal trajectory to achieve the 40 day target by December 2018 and to achieve this there is significant work in progress, including:
• Mapping of existing customer services process, workloads and workforce skills
• Development of new pathways
• Partnership working with Business Delivery Units to ensure robust processes across the support and operational services
• Review of complaints investigation training (looking to combine with root cause analysis training)
Early findings indicate:
• As a result of the new approach to addressing concerns in a timely manner, the number of formal complaints are reducing
• We have overly bureaucratic processes
• There is considerable 'waste' in the customer service process which is causing delay in the process. We have plans to eliminate this.
• Significant paper processes are hindering timescales – early enquires indicate that the DATIX system will help reduce the workload
• Workforce skills require development
• Customer services' model (in addition to complaints process) requires review .

Restraint

IPR report for May 2018 identifies the raise in restraint figures in quarter 4 2018

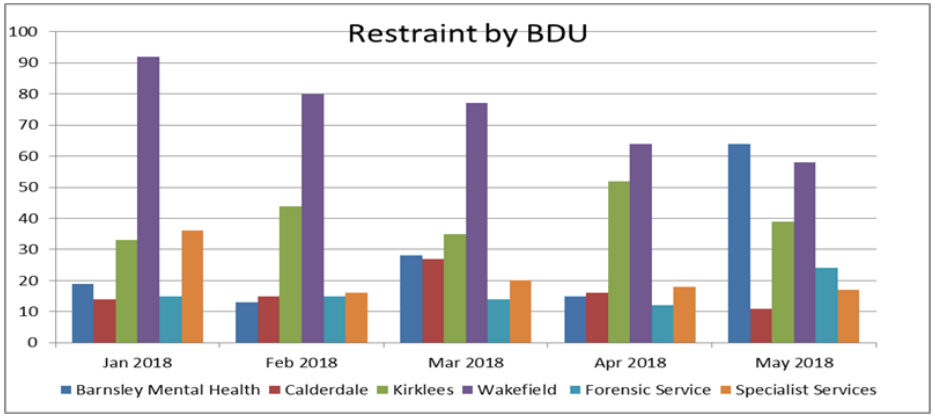
Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
345	424	442	589

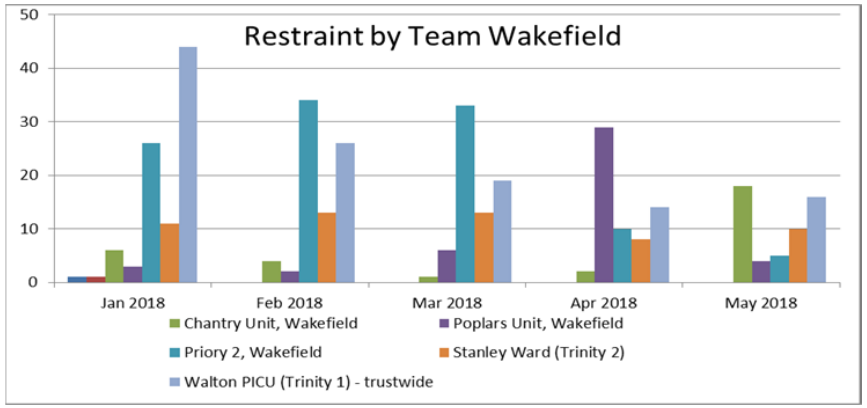
We can establish from the graph below that from the January 2018 restraint can clearly be seen to be high. Using simple statistical techniques we can define the limits of variation, an Upper Control Limit (UCL) and a Lower Control Limit (LCL). As the number of restraints is outside the Upper Control Limit we should locate the "special cause "for this.



Restraint cont…

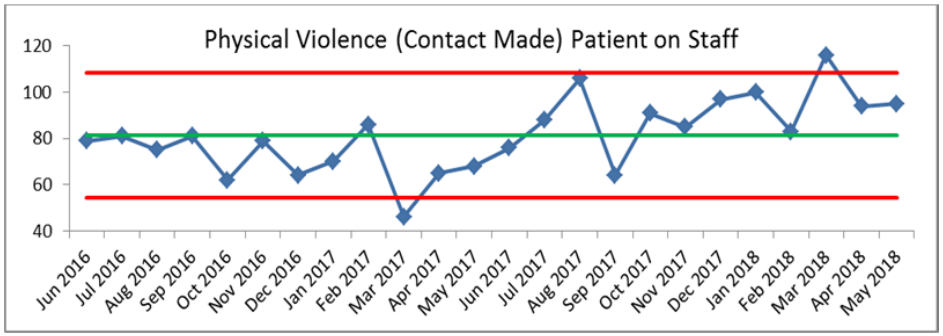
We must first locate where most restraint is being used since 1st January 2018

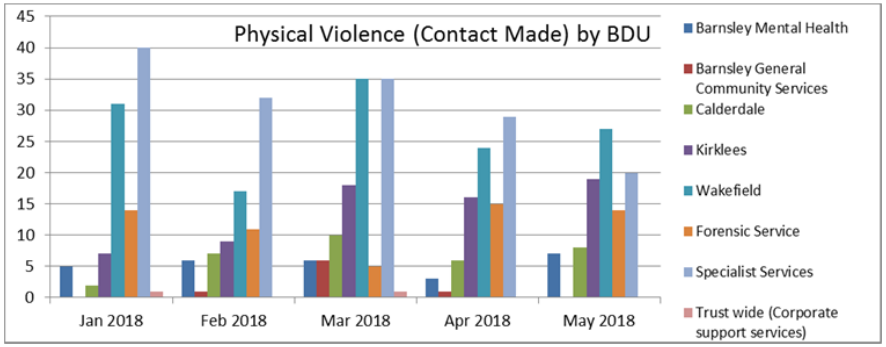




Stanley has remained constant throughout this time period. Each of the other wards has had a spike in the number of restraints most notably Priory 2 until March18. Poplars had a spike in April 18, and Chantry in May 18.
Priory 2 accounted for 108 (29%) restraints in this time period in Wakefield with 20 individuals restrained. 2 services user accounted for 57(53%) of the restraints on Priory 2.
There 44 restraints on Poplars 32 (66%) from 1 individual
In Barnsley in May18, 1 service user accounted for 52(81%) out 64 incidents

Small numbers of service users can make large differences to the number of restraints. Some have been recognised as having long term issues with challenging behaviours over a period of months, whilst others are short term acute crisis. Early recognition of these service users is important. Supporting staff, assisting with care planning, training and offering supervision to manage particular individuals has helped reduce the high levels of restraint in Wakefield in the above months.
It should also be noted that the beginning of the increases in restraint in Wakefield began in October 2017. This is also replicated in Physical Violence (Contact Made) Patient on Staff where the is a shift upwards (8 consecutive months all above the centreline from October 17 onwards)





Both Wakefield BDU and Specialist Services are notably high than other BDUs. There are a very small number of service users on Horizon who account for some of this.

The only “special cause” at that time in Wakefield was the opening of the Unity Centre. This involved changes in Bed numbers, transfers in patients and staff, unfamiliar environments, teething troubles, changes in working practices and the relative isolation of Priory 2. It may be that the opening and transfer of patients and staff to a new unit causes conditions where challenging behaviour can occur more frequently for a longer period than we might expect. We should review the evidence and plan accordingly.

Information Governance

There were 11 confidentiality breaches during May involving Information disclosed in error, patient healthcare record issues and data/information lost in transit. This is the highest number of incidents reported since November 2017.

No incidents were reported to the Information Commissioners Office (ICO).

Commissioning for Quality and Innovation (CQUIN)

CQUIN leads have been agreed for 2018/19. Services are now working towards the requirements for 18/19 and the first set of reports are due to be submitted at the end of quarter 1 (July 18).

A new set of indicators for the Barnsley alliance contract for 2018/19 have been negotiated and these include:
• NHS Staff Health and Wellbeing which aligns to the requirements across the other Trust contracts.
• Improving the assessment of wounds
• Personalised Care / support planning
The following indicators are applicable to the Intermediate Care pathway:
• Patient self-administering of medication
• Patients at risk of readmission
• #endpjparalysis
Work is taking place locally to review and create action plans relating to this new set of indicators.

All CQUINs for 2018/19 have a RAG rating of green with the exception of:
• NHS Staff Health and Wellbeing – risk in achievement linked to the improvement of staff health and wellbeing. To achieve would mean that the Trust would need to be in the top 6 of 200+ trusts nationally to achieve the required threshold.
• Cardio metabolic assessment and treatment for patients with psychoses - The early intervention in psychosis element of this indicator has been rated as amber until the results of the 17/18 have been finalised.
The total CQUIN value for 2018/19 is £4.4m. The Trust currently has a risk of £262k shortfall for 2018/19. CQUIN leads are working to mitigate this risk as far as possible.

Patient Experience

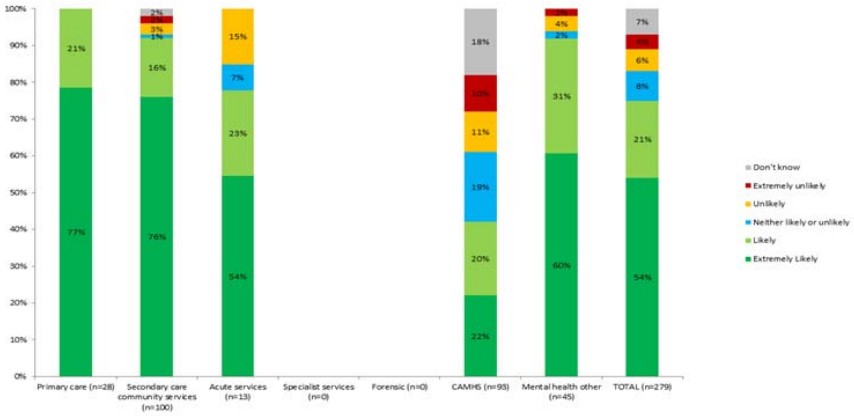
Friends and family test shows

- Community Services – 100% would recommend community services.
- Mental Health Services – 75% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 21% in Child and Adolescent Mental Health Services (CAMHS) and 77% in primary care mhh services

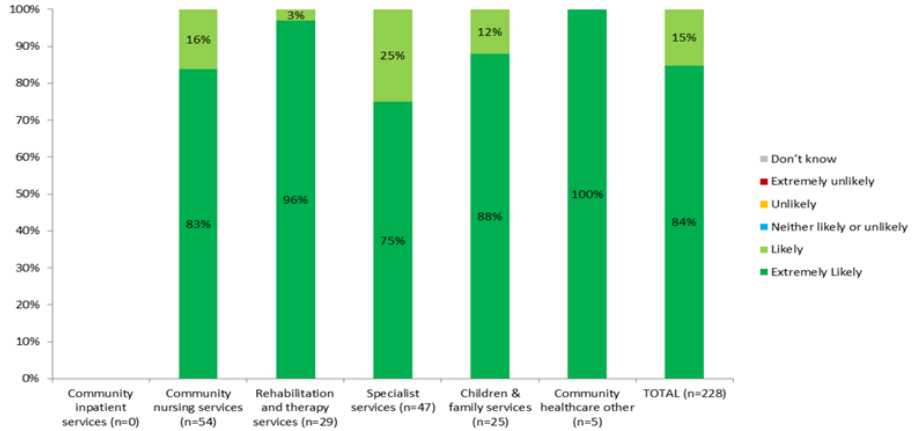
The % of people extremely likely/likely to recommend is low at 75% due to a high proportion of negative responses from CAMHS.
CAMHS contributed 93 responses in May from a Trust wide total (Mental Health) of 293. The CAMHS score breakdown:
• 41% extremely likely/likely to recommend
• 38% maybe/don't know
• 20% extremely unlikely/unlikely
The supplementary free text comments were negative and offered a number of suggestions. These have been sent to the service for action.
It is felt that the use of feedback kiosks in CAMHS waiting rooms is having a detrimental effect on the FFT % due to children using the machines unsupervised. Alternative methodologies are showing a more valid response. If CAMHS results were removed from the Trust mental health response, the percentage of respondents extremely likely/likely to recommend for May would be 92%.

- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Care Quality Commission (CQC)

Summary
The Trust was inspected by the Care Quality Commission (CQC) throughout March and April 2018. Six core services were inspected in March and a well led inspection was carried out between 9th – 11th April 2018. As a learning organisation, the Trust's values are at the heart of everything it does, and the CQC visit and its independent view of services was welcomed.

The Trust received its draft reports on 25th May 2018. There is a 10 day period for factual accuracy checking. We received an Evidence document (293 pages), which detailed the information the CQC has considered and the findings from the inspection, and a Quality Report which summarised the findings and ratings. The reports are in a different format from those received previously.

The draft reports were checked for factual accuracy by senior members of operational and corporate support services and any immediate remedial action required was taken. We focussed on the areas where we felt the CQC had not considered all the information we provided, had misinterpreted the data we submitted or misunderstood what had been told to them. We prioritised the SAFE domain for action, as we had strong evidence in a number of core services, that we were performing better in April 2018, than we were in Jan 2017 but this was not reflected in the report. We submitted a significant amount of evidence to challenge the mental health acute wards and PICU, CAMHS and community mental health teams inspection findings.

The factual accuracy reports were submitted within the required timeframe (11th June) and a scheduled engagement meeting was held with SWYPFT inspection manager, Joanne Walkinshaw, on 13th June, who confirmed that she will reconsider the evidence submitted. She also noted that there would need to be further Management Review Meetings for the three core services, noted above, to consider our evidence.

A letter detailing the areas the Trust wanted the CQC to consider was discussed with Joanne, by Director of Nursing, Tim Breedon

Timeline:
June 18th – 30th CQC to review the evidence submitted by SWYPFT
July 2018 – reports returned to trust for confirmation of ratings
July 2018 – reports published

There is no longer a requirement to have a quality summit.

Operational teams have started to take action against the findings of the report. A trust wide action plan is in development and will be monitored via the Clinical Governance Group and reported in the IPR and to the Clinical Governance & Clinical Safety Committee.

Safeguarding

Safeguarding Children
• Acting named nurse has delivered a training session "Parental mental health" this was part of the multi-agency programme through the local authority.
• Information for potential Serious Case Reviews (SCR's) and Learning Lessons Reviews (LLR's) has been provided to the Safeguarding Children Board's in a timely manner.
• Safeguarding children's nurse advisor is contributing to a SCR in Calderdale.
• Report from SWYPFT for SCR in Wakefield has been submitted and accepted with no extra information required.
• Staff have actively been accessing Safeguarding Children Supervision. Additional work has been completed to ensure equity across the Trust.
• The safeguarding children's team have accessed relevant training to maintain their Continued Professional Development and ensure that the workforce receives the most current up to date information, in particular Female Genital Mutilation, this will be added into safeguarding adults and children's training package.

Safeguarding Adults
• The Safeguarding Specialist Adviser has delivered 1:1 safeguarding supervision to practitioner in Forensic service, to practitioners with a complex case in the Learning Disability team following the LD Governance meeting and to the clinical team in Lyndhurst.
• The Safeguarding Specialist Adviser attended a ward round, following discussion with the Practice Governance Coach, to support practitioners with a service user from Chantry with complex physical and mental health needs who was being nursing in seclusion and discussion about future placement, care needs and risk management.
• The Safeguarding Specialist Adviser has been identified to undertake training for 'train the trainer' in Barnsley for new self-neglect and hoarding procedures.
• The Individual Management Review has been submitted following amendments to the Safeguarding Adults Review (SAR) panel.
• The Safeguarding team have provided information to inform Barnsley SAR panel of possible SAR's
• There is continued support to the Quality Intelligence Group (QIG) meeting in Wakefield and the Hoarding Panel in Kirklees.
• The Safeguarding Specialist Adviser attended the safeguarding practitioner's forum (Wakefield Safeguarding) to comment on the new safeguarding procedures and their implementation in Wakefield.

Adults and Children
• Week commencing 25th June 2018 is West Yorkshire Safeguarding Week; the safeguarding team are supporting this and delivering a presentation on "Perinatal mental health and Safeguarding".
• Trust wide training statistics are above the mandatory expected numbers.
• Section 11 audit completed for Calderdale for Safeguarding Adults and Children.

Infection Prevention Control (IPC)

- No infection prevention and control cases to report in May 18.
- Annual plan 2018-19 is progressing well.Q1 is all completed.
- Training levels for Trust being achieved- Hand Hygiene - 90.26%, Infection Prevention Control - 86.40%
- Policies and procedures are up to date.
- PLACE is taking place within the inpatient areas. Result for this will be released in August.
- There is still reduced capacity within the team, (there is 1 IPC nurse vacant), unfortunately the recruit expected for 30th April 2018 has given back word. The team have review current process and put contingency plans in place.

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

NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-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%	98.3%	96.8%	95.0%	97.4%	97.1%	97.3%	4	
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	SR	99%	99.6%	100%	100%	100%	99.7%	100%	100%	100%	100%	100%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	SR/CH	95%	96.9%	99.3%	99.2%		98.5%	96.6%	96.9%	99.6%	*95.5%*	98.3%	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%	97.6%	95.5%	96.9%	96.7%	94.3%	99.2%	4	
Data Quality Maturity Index 4	Improving Health	Responsive	SR/CH	95%	Reporting from Nov 17					98%	98.1%				4	
Out of area bed days 5					Reporting from April 17.				885	1127	1286	1608	555	310	1	
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	SR/CH	50%	50.1%	52.5%	48.0%	50.5%	50.1%	49.2%	53.8%	54.0%	52.9%	*55.6%*	3	
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	SR/CH	75%	76.1%	83.6%	88.9%	86.0%	81.9%	81.1%	89.8%	90.6%	91.6%	*87.7%*	4	
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	SR/CH	95%	98.9%	99.3%	97.9%	99.9%	99.5%	99.4%	99.6%	100%	100%	*98.7%*	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%	89.2%	84.4%	89.5%	89.8%	93.5%	80.9%	4	
% clients in settled accommodation 1	Improving Health	Responsive	SR/CH	*60%*	Reporting developed from Sept 16		82.7%	82.9%	82.2%	80.8%	80.2%	79.1%	78.9%	*78.4%*	4	
% clients in employment 1	Improving Health	Responsive	SR/CH	*10%*	Reporting developed from Sept 16		8.3%	8.8%	9.0%	8.7%	8.6%	9.1%	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 June 18		Due June 19		2	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-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	4	108	62	96	2	0	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	2	4	5	4	1	0	N/A	
Number of detentions under the Mental Health Act	Improving Care	Safe	SR/CH	*TBC*	167	174	156	168	212	221	186	180	Due July 18		N/A	
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	SR/CH	*TBC*	15.0%	10.3%	10.9%	19.6%	10.8%	13.6%	15.1%	9.0%			N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Year End Forecast Position *	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	SR/CH	90%	97.8%	97.9%	97.8%	98.0%	98.7%	97.1%	98.4%	98.1%	97.4%	*98.6%*	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 1	Improving Health	Responsive	SR/CH	99%	99.5%	99.6%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	99.8%	*99.8%*	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance 1	Improving Health	Responsive	SR/CH	90%	89.6%	91.1%	94.0%	90.2%	89.3%	90.3%	90.8%	90.6%	90.7%	*90.3%*	4	

** See key included in glossary.*
1 - In order to provide the board with timely data, data from the IAPT and mental health minimum datasets primary submissions are used to give an indication of performance and then refreshed the following month using the refreshed dataset's data.
2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
3 - There was no April Primary submission due to the transition to MHSDS v2. Data flow monthly from May 17 onwards.
4 - This indicator was introduced from November 2017 as part of the revised NHSI Single Oversight Framework operational metrics. It measure the proportion of valid and complete data items from the MHSDS:
- *ethnic category*
- *general medical practice code (patient registration)*
- *NHS number*
- *organisation code (code of commissioner)*
- *person stated gender code*
- *postcode of usual address*

As this is a revised indicator, the initial focus (until April 2018) will be ensuring providers understand their current score and, where the standard is not being reached, have a clear plan for improving data quality. During 2018/19, failure to meet the standard (95%) will trigger consideration of a provider's support needs in this area.
5 - Out of area bed days - The figure for 17/18 reflected the total number of out of area bed days in the Trust, for 18/19 this has been aligned to the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories. The January 2018 submission will be taken as an agreed baseline position.

Areas of concern/to note:

- The Trust continues to perform well against the vast majority of NHS Improvement metrics
- After a slight dip in performance against target in April, the percentage of service users followed up within 7 days of discharge reached 99.2% to be above target in May.
- Given the hard work and focus of our staff, we continue to meet the target for proportion of people complete ting treatment who move to recovery within Improving Access to Psychological Therapies (IAPT), although this continues to be a challenge.
- Out of area placements continues to be a significant pressure and currently the target for reduction in such usage is not being met
- May was the first time for some months that no children or younger people were placed in an adult inpatient ward. When this does occur the Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. The Trust has 2 beds that can be made available (1 male, 1 female) in the event of national unavailability. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- As identified above the Trust has submitted a reduction trajectory for the use of out of area bed placements. This trajectory has been agreed with commissioners and requires a 30% reduction in inappropriate admissions during the year. This target is currently not being met

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

Barnsley BDU:

Mental Health

• Improving Access to Psychological Therapies (IAPT) has sustained its improved performance against required key performance indicators.
• Acknowledged deficits in capacity in leadership in community services is impacting on data quality and in the ability to address areas of required service improvement. This is now being addressed through the implementation of an organisational change process.
• Performance around care programme approach (CPA) reviews remains below target for month end but is on track to improve by quarter end.
• Review of performance data is taking place between intensive home based treatment team (IHBT) and psychiatric liaison team (PLT) to consider performance and activity attribution.
• Food safety training figures in acute remain below required standards and are being addressed through skill-mixing on the wards and a review of staff training requirements.
• Average length of stay (ALOS) remains in excess of target and has been identified as part of the trustwide programme of improvement in addressing demand and capacity in acute services.
• Planning and implementation continues around the required changes to mental health community services required in the context of the agreed the dissolution of the S75 agreement between SWYFT and Barnsley metropolitan brought council August 2018. Human resources, finance, performance and caseload and clinical management issues are being addressed. Consultation with affected SWYFT staff has commenced regarding the consequent reduction of enhanced teams from three to two. Work is ongoing to understand the impact of the changes in terms of the standard operating procedures and coping with demand and capacity and ensuring operational effectiveness going forward.
• Negotiations continue with the clinical commissioning group (CCG) to address the waiting lists in psychology in the community service line. The CCG noted the improvements made through the implementation of a revised clinical pathway, skill mixing of the staff team and streamlining the service offer to maximise use of our resources which has resulted in minimal waits for new referrals. A meeting with the CCG is planned for July 2018 to look at options to address within financial resources available.

General Community

• CQUIN – 3 new local CQUINS have been applied to Alliance Contract (pj paralysis; self-medication; re-admissions). These currently apply to Intermediate care pathway. Q1 will be has been met and project plans submitted.
• Stroke services – we are progressing on development of virtual partnership team to deliver joint clinics and working on a business case in development for early supported discharge in stroke following hospital services review and the local stroke workshop held in 15th May.
• Musculo-Skeletal – data quality issues being reviewed and addressed.
• Formal notification received from CCG re rapid access clinic review.

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

Calderdale & Kirklees BDU:

Key Issues
• Delayed transfers of care improved better care fund (iBCF)- monthly figures continue to be scrutinised at Clinical Commissioning Group (CCG) level as a reduction target has been set against IBCF investment.
• Out of area (OOA) placements has increased for a period in May. This has been a fluctuating issue with no clear cause. Community and in-patient teams are working together to focus on admission prevention and flow. Our Calderdale Intensive home based treatment (IHBT) manager has been seconded into actively taking management of OOA discharge planning as from June.
• Adult acute ward pressures remained high on Ward 18 and in Ashdale due to a number of high risk male patients.
• 7 day follow ups in Kirklees and Calderdale achieved.

Strengths
• Strong performance on Mandatory training.
• Sickness levels below 3.5% in older adult service line.
• Supervision levels are green.
• Improvements in improving access to psychological therapies (IAPT) performance in spite of underfunded workforce.

Challenges
• Recruitment is underway in community consultant roles but gaps will remain for trainee posts until rotation in August. Alternative options such as Advanced Nurse Practitioners (ANP)/prescribers are being explored in the business delivery unit.
• Bed occupancy levels (high above 95%) and continue to be monitored closely.
• Sickness levels have improved but at 4.8% is an improvement on previous months.

Areas of Focus
• Admissions and discharge flow in acute adults
• Reduction of sickness in hotspots.
• Continue to improve performance in service area hotspots.
• Recruitment to posts in community especially Kirklees IAPT and early intervention in psychosis (EIP).

Forensic BDU:

Medium and Low Secure
• Low Secure – The external homicide review has commenced. Internal review and action plan have both been completed.
• Forensic outreach service learning disability – currently awaiting final confirmation of the pump priming figure. Leeds CCG will distribute the monies when agreed. Implementation plan being developed.
• National service review continues we have recently met with NHSE and discussed a way forward. It is likely we will explore the development of a male personality disorder service within the service.
• NHSE have signalled an intention to discuss under occupancy with us particularly in relation to learning disability wards in medium secure.
• Focus on reducing sickness continues.

Forensic Child and Adolescent Mental Health Services
• High number of vacancies leading to service pressures. Recruitment process in place.
• Sickness levels are reducing.
• Secure estate has seen an increase in admissions caused by rationalisation of the estate and an increase in violent crime. That has led to some pressure on the workload.
• Implementation of secure stairs (a more psychologically/multi disciplinary team way of working with young people in custody) has commenced in Adel Beck and Wetherby.

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

Specialist BDU:

Child and Adolescent Mental Health Services (CAMHs)

•

Learning Disability

•

Wakefield BDU:

• The acute service line continues to experience high demand and staffing pressures. Use of out of area beds (OOA) acute and psychiatric intensive care (PICU) for Wakefield service users has continued to present a challenge although intensive work is ongoing to explore all possible alternatives at the point of admission, and to reduce OOA episode duration once commenced. This usage has however increased significantly for this month and is having an adverse impact financially and on the quality of service user and carer experience.
• Average length of stay remains in excess of target and has been identified as part of the trustwide programme of improvement in addressing demand and capacity in acute services.
• Work to develop and refocus the intensive home based treatment offer is ongoing and recruitment to additional posts now completed, informed and focussed by the action plan from the core fidelity audit undertaken across Wakefield and Barnsley.
• Care Programme Approach (CPA) reviews for month end are below target but forecast to be within range by quarter end. Issues have been identified with sequencing of reviews and data quality.

Communications, Engagement and Involvement

• Our Year: Summary of 2017/18 achievements produced and disseminated
• Staff listening events: First two events held, two further planned for June
• External award entries: Submitted for Windrush awards, NHS70 Top Star awards and HSJ awards
• MP engagement: Meetings and visits held with Barry Sheerman and Holly Lynch, and system leaders and MPs meeting attended in Wakefield
• Volunteering: Recruitment process refined and roles now available via NHS jobs
• EyUp! charity communications: EyUp! registered with NHS Charities Together and set to benefit from a celebrity endorsed song for NHS70. Filming took place with ITV Calendar.
• New Trust website: Development in final stages before launch, 4250+ items migrated
• #NHS70superstars: 1,400 nominations received

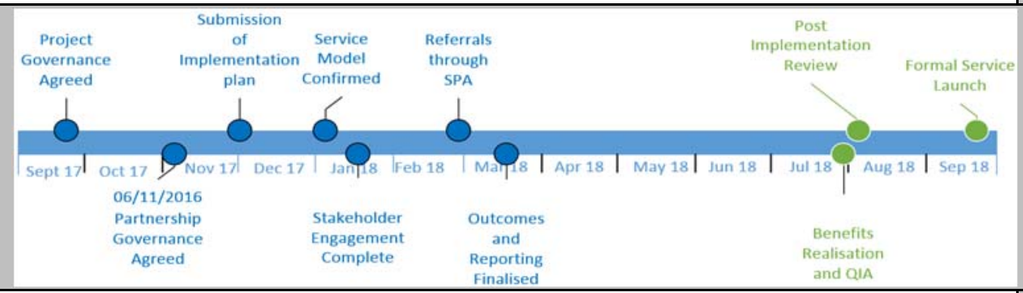
This is the latest update on the progress being made against the Trust priorities for 2018/2019.
To avoid duplication where the priority is already reported in other sections of the integrated performance report (IPR), for example patient safety, then updates will not be repeated in this priority page where they would normally be reported. Those that are reported on this priority page of the IPR are:
1. South Yorkshire Projects – for stroke services, neurological rehabilitation and autism and attention deficit and hypersensitivity disorder (ADHD)
2. West Yorkshire Projects – for forensics, community forensic child and adolescent mental health services (CAMHs), forensic Community learning disability (LD), autism and ADHD, learning disability, inpatient CAMHs and eating disorders.
3. Flow and out of area beds
4. Workforce productivity
5. Clinical Record System
Since the last update in May 2018 it has been agreed by the executive management team (EMT) that the older people's services transformation project is to be included as one of the priorities for 2018/19 and therefore this project is now included in the update.
Not all priorities are updated in the IPR monthly – some will be updated bi-monthly as determined by the inherent degree of cost, risk and complexity.
Given the majority of priorities are new for 2018/19 then scoping, establishment of governance and resources allocation is ongoing. However for those priorities that continue from 2017/18 there are the following updates:

Flow and out of area beds:
• Bed pressures remain in the system and the long term trend of high out of area OOA placements has continued through May.
• Local change plans have now been agreed. Key priority areas include reducing the number of admissions in Calderdale and Kirklees, reducing length of stay (LOS) elsewhere and a focus on higher longer term number of psychiatric intensive care unit (PICU) admissions from Wakefield.
• Learning visits with Bradford have been held and activity is now taking place to develop systems that focus on facilitating discharges as soon as it is clinically appropriate.
• Learning visit also held in Tyne, Esk and Weir Valley NHS Foundation Trust around their recent PICU changes.

Clinical Record System
• 100% of the co-design workshops have been completed, marking the end of the co-design phase.
• The initial data production has been completed successfully meaning that 300,000 patient records were successfully migrated from Rio and imported into SystmOne in readiness for initial testing.
• Testing of the migrated data by the Trust will commence w/c 25th June.
• The Training workstream have re-planned their approach to training to more closely align with Trust ways of working. They have co-produced a training proposal, including the schedule, as requested by the operational management group.

Older People's Services
Following an EMT decision on the proposed model for the older people's services transformation project permission has been granted to move into commissioner conversations.

Priority	Scope	Narrative Update	Area	RAG
IMPROVING CARE				
Safety First, Quality Counts				
South Yorkshire Projects: Stroke Service Review	Work with our South Yorkshire partners to deliver shared objectives as described in the Sustainability and Transformation plan. This includes work on: • Stroke service review	An initial meeting has been set up to drive forward the work necessary in agreeing and documenting the scope for this priority and determining the boundaries of the work involved, governance arrangements and resource implications.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation Plan is in development		
South Yorkshire Projects: Neurological rehabilitation	Work with our South Yorkshire partners to deliver shared objectives as described in the Sustainability and Transformation plan. This includes work on: • Neurological rehabilitation	• The governance route for this priority is via the Trusts operational management group (OMG) and is reported bi-monthly on the IPR. • Barnsley clinical commissioning group (CCG) has informed SWYPFT that from 1 October 2018 it will be reducing the number of neuro rehabilitation unit (NRU) beds it commissions from the current twelve to eight.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation Plan is in development		
South Yorkshire Projects: Autism and ADHD	Work with our South Yorkshire partners to deliver shared objectives as described in the Sustainability and Transformation plan. This includes work on: • Autism and ADHD	The governance route for this priority is via the transformation board and is reported bi-monthly on the IPR. There is no update this time but a report will be included in the July IPR.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation Plan is in development		
West Yorkshire Projects: Forensics	Work across the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) to deliver shared objectives with our partners in the area of: • Forensics: work with NHS and private sector partners in the region to develop and deliver a co-ordinated approach to forensic care.	This is a continuing priority from 2017/18 • Work had commenced with the Trust working with NHS and private sector partners in the region to develop and deliver a co-ordinated approach to forensic care however NHSE have formally paused this work whilst other changes take place and therefore this priority is currently paused.	Progress Against Plan	N/A
		None	Management of Risk	N/A
		Project Paused		
West Yorkshire Projects: Community Forensics CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&H HCP) to deliver shared objectives with our partners in the area of: • Community Forensic CAMHS	This is a continuing priority from 2017/18 • A variation to the secure estate contract is in place and partner sub-contracts are awaiting further information prior to final sign off. • Due diligence is ongoing by SWYPFT for all partners. • Forensic CAMHs (FCAMHs) partnership board and FCAMHs operational meetings are established and ongoing. • Acceptance of referrals continues through the single point of access (SPA). • Communication and promotion of the service to agencies across the region continues. • Monthly key performance indicators (KPI) reporting has commenced.	Progress Against Plan	

West Yorkshire Projects: Community Forensics CAMHS		• There are currently no high level risks identified in this project. • Risk sharing agreements are being developed for the partnership	Management of Risk	
				
West Yorkshire Projects: Forensic Community Mental Health	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&H HCP) to deliver shared objectives with our partners in the area of: • Forensic community mental health	In February 2018, NHSE approached SWYPFT regarding an opportunity to be one of three wave 1 trial sites for a specialist community forensic team. A bid was duly prepared for this opportunity and submitted. We have been informed that our bid was not successful and that SWYPFT have not been chosen as one of the three specialist community forensic team wave 1 trial sites. Following initial verbal feedback on the bid our forensic services team have been invited to take part in a learning network with those from the successful wave 1 specialist community forensic team sites and further formal feedback on the bid has been requested. Wave 2 will be open for applications in September/October this year.	Progress Against Plan	N/A
		Not applicable	Management of Risk	N/A
		Not applicable		
West Yorkshire Projects: Forensic Community LD	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&H HCP) to deliver shared objectives with our partners in the area of: • Forensic community learning disability	• NHSE requested a proposal from SWYPFT for provision of a community forensic learning disability Service to support individuals with learning disability and autism who display offending behaviour more effectively within the community, safely managing risk and avoiding contact with the criminal justice system or admission to secure hospital where possible. • This request was within the context of the planned closure of some secure learning disability inpatient beds across the Yorkshire and Humber region which is thought will deliver savings of £6.4 million, of which approximately £4 million is planned to be invested across the three sustainability and transformation plans (STP) regions into community services to support the learning disability (LD) population. • SWYPFT were asked to provide a proposal for provision of a Community Forensic Learning Disability Service to the West Yorkshire STP, which was submitted to NHSE in September. • Following this submission NHSE have invited all Trusts who expressed an interest in this provision to work together to ensure consistency of new service model. SWYPFT was asked to develop a proposal for West Yorkshire, building on our original bid. • NHSE have invited bids for £50k initial implementation funding for this service, which SWYPFT have submitted in March 2018. • We are currently awaiting confirmation of funding.	Progress Against Plan	

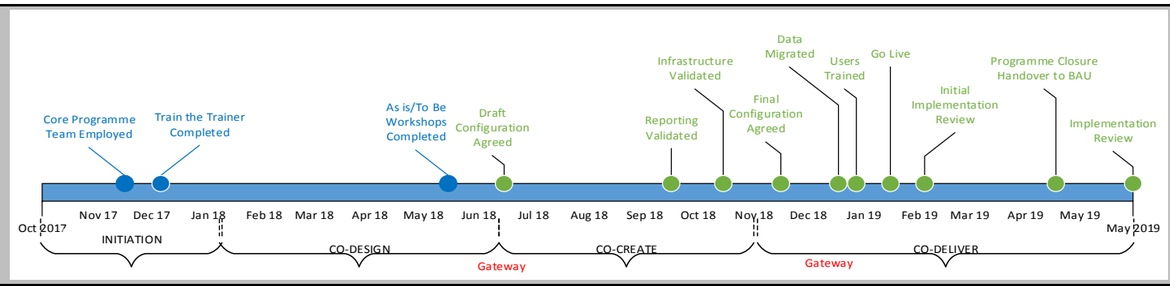
		No known risks identified at this time.	Management of Risk	
		An implementation plan will be developed once a successful bid is approved		
West Yorkshire Projects: Improving Autism and ADHD	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&H HCP) to deliver shared objectives with our partners in the areas of: • Improving autism and ADHD	The Trust is going to be lead provider for the adult pathways across the West Yorkshire Mental Health collaborative. Development of an implementation plan of key milestones are yet to be identified.	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Development of an implementation plan of key milestones is yet to be identified		
West Yorkshire Projects: Learning Disability ODN	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&H HCP) to deliver shared objectives with our partners in the area of: • Learning Disability ODN (Organisational Development Network)	The Trust was successful in being selected to host an Operational Delivery Network (ODN) for learning disabilities and autism in Yorkshire and Humberside from April 2018. Mobilisation of the ODN and initial scoping for the network and drafting of a plan for the network has commenced. • Work on agreeing and documenting the scope for this new priority and determining the boundaries of the work involved, governance arrangements and resource implications continues. • NHSE have asked that SWYPFT establishes an initial meeting with other ODN providers and focuses on how we will appoint clinical leadership for this priority • Priority is being supported by the integrated change team	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		An implementation plan is in development.		
West Yorkshire Projects: Inpatient CAMHS	Work across the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&H HCP: • Inpatient CAMHS	• Work in this project is focused on the delivery of services differently for children's admissions to prevent them from being miles away from home, trying to keep them local and out of hospital whenever possible. This is through use of locally placed beds and home based treatment teams in local areas. • The project is two-year pilot • SWYPFT contribution to the new care model continues.	Progress Against Plan	
		Risk management has yet to commence for this priority as part of the planning phase for this new model of care.	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		
West Yorkshire Projects: Eating Disorders	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&H HCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&H HCP: • Eating Disorders	• Work in this priority is focused on supporting the Leeds and York Partnership NHS Foundation Trust as lead provider in the provision of a West Yorkshire wide new model for community treatment services for adults with eating disorders. • The eating disorders West Yorkshire and Harrogate network includes SWYPFT as a partner. • Funding has been secured though STP new models of care (NMoC) work stream • SWYPFT are active on the new care models programme board and steering group	Progress Against Plan	
		Any implementation risks are with Leeds and do not transfer to SWYPFT	Management of Risk	
		Implementation plan in development		

IMPROVING RESOURCES

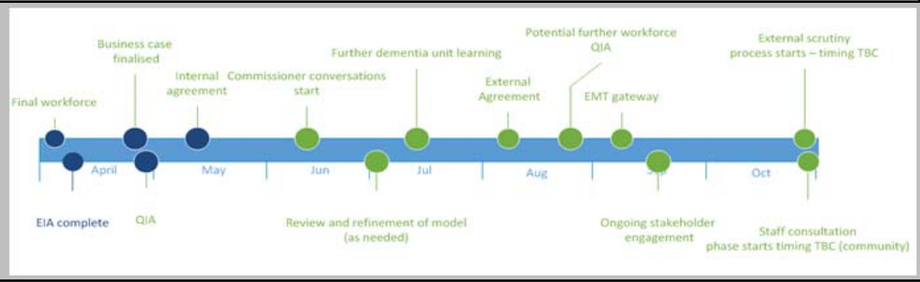
Operational Excellence

Flow and out of area beds	Stop people under the care of SWYPFT being placed out of area and ensure everyone is as near to their own home as possible. Work with others across West Yorkshire & Harrogate to help stop all of us placing people out of area. Implement Personality disorder pathway.	• Bed pressures remain in the system and the long term trend of high OOA placements has continued through May. • Local change plans have now been agreed. Key priority areas include reducing the number of admissions in Calderdale and Kirklees, reducing LOS elsewhere and a focus on higher longer term number of PICU admissions from Wakefield. • Learning visits with Bradford have been held and activity is now taking place to develop systems that focus on facilitating discharges as soon as it is clinically appropriate. • Learning visit also held in TEWV around their recent PICU changes. • The patient flow event in Calderdale, sponsored by the Academic Health Science Network, was held on 1 May 2018 with a range of stakeholders. It focussed on the issues that lead to hospital bed use in that locality. A write up has now been received and key issues themed so they can feed into local plans.	Progress Against Plan	
		Current risk is that we continue send people out of area, which has an adverse impact on their care. This risk remains off project trajectory with ongoing pressures across the system.	Management of Risk	
Workforce Productivity	Develop & deliver clinical support worker strategy. Develop new roles to improve rostering, reduce agency spend and enhance skill mix. Develop & deliver a retention strategy.	• Initial meeting held with Karen Taylor and Alan Davis to agree scope. • TAG group for workforce productivity to be set up. • The retention strategy for the Trust has been written and signed off at EMT, Board and with NHS Improvement as external support. • Lead identified for recruitment and retention strategy is workforce planning lead (Richard Butterfield) with support from integrated change team. • Initial scoping meeting conducted. • Further monthly steering group and task groups meetings being arranged. • Draft action plan is now in development for recruitment and retention strategy and a small project team in place. Activity is being led by workforce planning lead (Richard Butterfield) and the Integrated Change Team are supporting. Current focus is to ensure that activity required is well defined and that there are action owners in place for each strand of activity.	Progress Against Plan	

		A risk review will take place in June and initial risks will be identified on the next report.	Management of Risk	
		Implementation Plan is in development.		
People at the Centre				
Compassionate Leadership				
Digitally Enabled				
Clinical record system	Plan and deliver a new clinical record system which supports high quality care	• We've completed 100% of our co-design workshops which marks the end of our co-design phase. • The initial data production completed successfully meaning that ~300,000 patient records were successfully migrated from Rio and imported into SystmOne in readiness for initial testing by TPP. • The first phase of testing of the migrated data by the Trust has been postponed to w/c 25th June, making use of time from the planned contingency. This was due to problems TPP were experiencing in getting the data from the extract from RiO into SystmOne; these initial issues have been successfully resolved. The overall programme schedule remains on track. • The Training workstream have re-planned their approach to training to more closely align with Trust ways of working. They have co-produced a training proposal, including the schedule, as requested by the operational management group. This is due to go to OMG on the 6th June for approval. Work is now taking place with IM&T to standardise lesson plans and ensure these are fit for purpose and for transfer to BAU.	Progress Against Plan	
		Risks Identified: • Risk ID 1223: Change Management - In the event of staff not engaging there will be a risk of not capturing all processes/ways of working which will result in incorrect configuration of SystmOne for Mental Health • Risk ID 1224 Training - In the event of staff not being trained there will be a risk of staff unable to access the clinical records system which will result in lack of visibility of the shared record • Risk ID 1251 Cutover - during the transition (cut over) period before go live there is no clinical record system to use, there will be a risk of services have to revert to services business continuity plans and there will be no access to an electronic patient record which will result in delay and inconvenience to patients, services and staff followed up later by the need to re-enter data from paper and the inability to produce reports. • Risk ID 1261 Reporting server is not available in line with planned assumptions to commence report build. Linked to Infrastructure Risk ID 1293 • Risk ID 1281 Reporting - It is currently unclear whether data that will be migrated from RiO to SystmOne will be suitable for use for reporting. If not suitable, reporting will need to "stitch together" RiO and SystmOne data. • Risk ID 1285 Data Migration - Delays in organisational sign off of DM options appraisal - Timescale slippage; clinical staff feeling disengaged from the process - Data migration timetable is delayed causing risk to project timescale/go-live date • Risk ID 1293 Infrastructure – Following the assessment of the infrastructure to meet the suppliers warranted environment specification (WES), there may be insufficient funding available to comply • Risk ID 1305 Configuration - Insufficient time for system analysts to create required configuration from co-design workshop output • Risk ID 1316 Testing – It is not possible to replicate the live environment in full prior to system go-live, which might reveal poor technical performance, system user authentication issues, technical unit limits being exceeded, inadequate clinical data availability and reporting	Management of Risk	

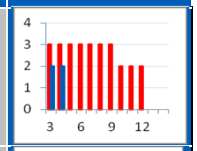
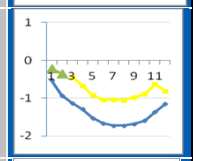
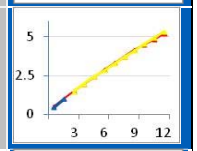
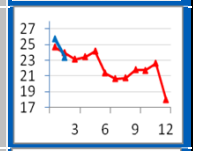
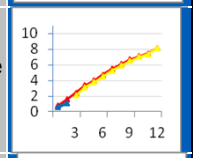
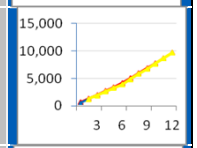
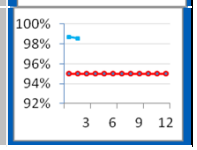


Older Peoples Services Transformation	Co-produce, develop and agree a new model of care for older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.	Since the last update: • The project team are moving into the next phase of the project, following the EMT discussions on 3 May, where there was full support for the proposed model and permission to move into commissioner conversations. • A paper has been drafted to EMT to establish and confirm that the project is now / remains a Trust priority. Initial conversations have been held with commissioners, a summary slide pack shared and further conversations are planned for late June.	Progress Against Plan	
		• We will need to receive wide external support from partners to take the inpatient options being considered through an external consultation process. • The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the business delivery units (BDU) remains, the project will need to ensure it is well resourced when moving on beyond commissioner conversations.	Management of Risk	



Overall Financial Performance 2017 / 2018

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The year to date deficit positon is currently favourable to plan and results in an I & E margin metric of 3. All other metrics were in line with plan or better. This is a deterioration from the rating of 1 achieved in 2017/18.	
2	Normalised Surplus (inc STF)	(£0.3m)	(£1.2m)	May 2018 finance performance excluding Provider Sustainability Fund (PSF) is ahead of plan at a deficit of £0.5m. Including PSF this is a deficit of £0.3m. The year end forecast is in line with plan with a deficit of £1.2m including PSF and £2.6m excluding PSF.	
3	Agency Cap	£1m	£5.3m	Agency expenditure in May 2018 is above the NHS Improvement cap at £0.5m. The year end forecast of £5.3m exceeds the NHSI Agency cap by £0.1m (2%).	
4	Cash	£23.4m	£18m	The Trust cash position is £0.6m below plan in May. Outstanding debts are being chased.	
5	Capital	£1.1m	£8.1m	Capital Expenditure is £0.5m lower than plan to date and is expected to be back in line with plan by the end of quarter 1.	
6	Delivery of CIP	£0.6m	£9.7m	Year to date CIP delivery is £0.1m behind plan (5%). At May 2018 the forecast position assumes delivery of the potential upside scenarios. There is currently £1.6m not confirmed.	
7	Better Payment	99%		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

Contracting - Trust Board

Contracting Issues - General

New contracts commenced from 1 April 2018 for the following services: Barnsley musculo skeletal (MSK), Doncaster smoke free, Wakefield tuberculosis (TB), regional community forensic child and adolescent mental health services (CAMHs) and secure stairs within the forensics secure estate. The contract variation with NHS England for forensic services remains to be agreed.

Commissioning for Quality and Innovation (CQUIN)

Q4 17/18 Forecast is £2,031k against a target of £2,067k, final position cannot be confirmed until end of June when national results of Centre for Quality Improvement (CCQI) audit for Early Intervention in Psychosis are published.
Q1 18/19 No delivery problems anticipated

Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across intermediate care, Respiratory, MSK and stroke services. The new MSK service was successfully mobilised and commenced 1 April 2018. Diabetes services transferred to BHNFT on 1 April 2018. Barnsley CCG has confirmed investment to increase capacity for police to access advice from mental health practitioners to inform section 136 admissions to meet requirements set out in the Police and Crime Act. Barnsley Clinical Commissioning Group has confirmed the intention for additional investment within adult attention deficit hyperactivity disorder (ADHD) / autism spectrum disorder (ASD) services.

Contracting Issues - Calderdale

An enhanced ASD service for adults commenced from 1 April 2018. Key ongoing work streams include the mobilisation and implementation of the expansion of IAPT services to long term conditions and continued 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. Ongoing in year priorities include early intervention in psychosis services, mental health liaison and 24/7 intensive home based treatment services.

Contracting Issues - Kirklees

The current priority areas of work related to Kirklees CCG's contracts include Improving Access to Psychological Therapies (IAPT) services and expansion to core IAPT services and long term conditions, expansion of early intervention In psychosis services and continued implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. An enhanced specialist ASD service for adults commenced on 1 April 2018.

Contracting Issues - Wakefield

A key ongoing work stream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Transformation of CAMHs services remains a key priority and work stream with commissioners. The new TB service was successfully mobilised and commenced 1 April 2018.

Contracting Issues - Forensics

Following successful award of the lead provider role for the Yorkshire & Humber delivery of community forensic CAMHs work continues on implementation. Implementation of secure stairs within the forensics secure estate is ongoing.

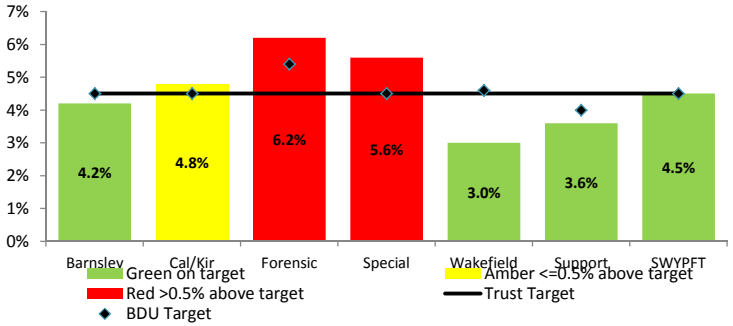
Contracting Issues - Other

The new smoke free services model for Doncaster commenced 1 April 2018.

Workforce

Human Resources Performance Dashboard - May 2018

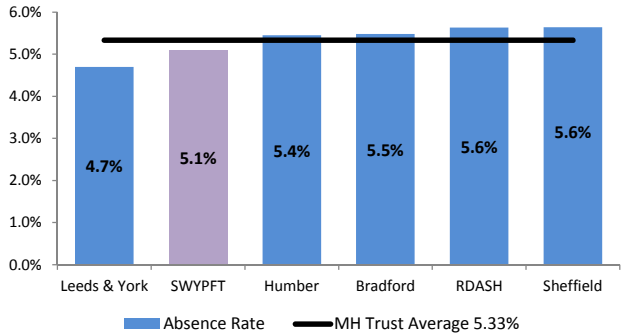
Sickness Absence



Current Absence Position and Change from Previous Month - May 2018

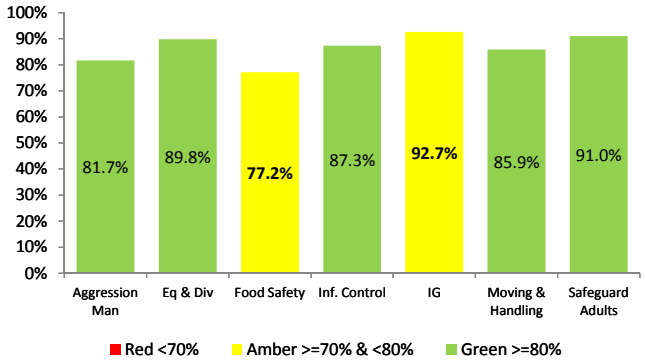
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.0%	4.8%	6.1%	5.8%	3.3%	3.7%	4.4%
Change	↓	↓	↓	↑	↑	↑	↓

The Trust YTD absence levels in May 2018 (chart above) were on target at 4.5%



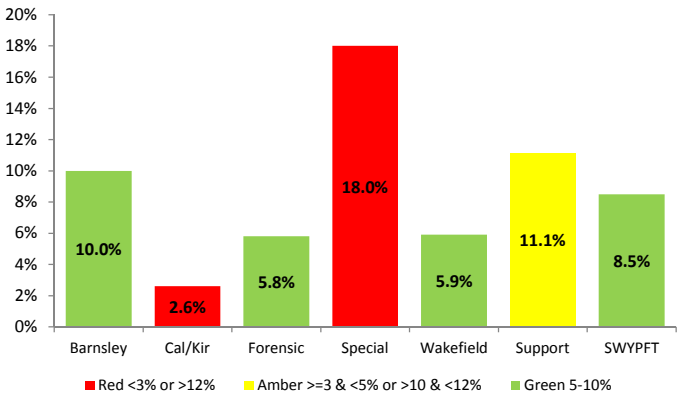
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2017 to December 2017.
During this time the Trust's absence rate was 5.10% which is below the regional average of 5.33%.

Mandatory Training - All Staff

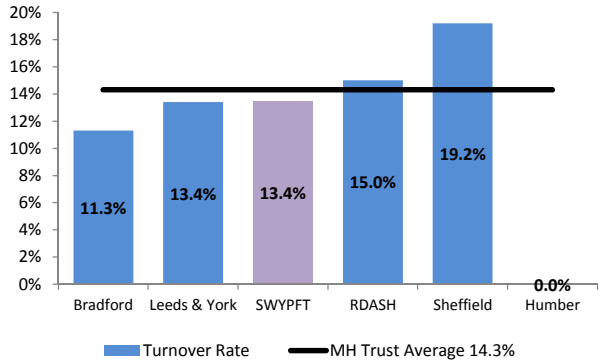


The above chart shows the mandatory training rates for the Trust to the end of May 2018.
The Trust target for all mandatory training is 80% apart from Information Governance (IG) which has a target of 95%. All are based on a rolling year.

Turnover and Stability Rate Benchmark

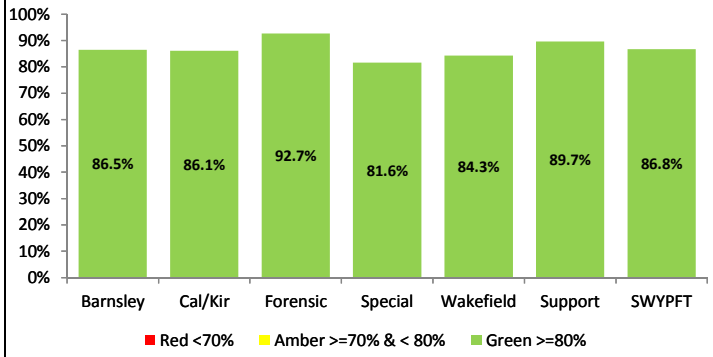


This chart shows the YTD turnover levels up to the end of May 2018.
Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.
*The turnover data excludes recently TUPE'd services



This chart shows turnover rates in MH Trusts in the region for the 12 months ending in February 2018. 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.
Figures for Humber are not available.

Fire Training Attendance



The chart shows the 12 month rolling year figure for fire lectures to the end of May 2018. The Trust continues to achieve the 80% target across all BDUs.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.7%	4.8%	4.9%	4.9%	5.0%	5.0%	5.1%	5.2%	5.3%	5.3%	4.5%	4.5%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.8%	5.0%	5.2%	5.0%	5.2%	5.6%	5.8%	6.2%	6.0%	4.9%	4.5%	4.4%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	61.3%	80.9%	89.0%	91.0%	92.7%	97.6%	98.1%	97.9%	97.8%	97.8%	7.3%	26.1%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	18.4%	31.1%	46.2%	75.8%	82.7%	95.5%	95.7%	95.9%	95.9%	96.0%	0.8%	2.8%
Aggression Management	Improving Care	Well Led	AD	>=80%	78.1%	76.6%	77.0%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	74.7%	73.1%	71.9%	73.4%	72.8%	75.4%	76.6%	77.0%	78.5%	81.4%	82.3%	84.0%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	69.1%	74.6%	77.3%	79.2%	80.7%	82.3%	82.5%	83.8%	85.3%	85.1%	85.6%	85.5%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	86.0%	86.6%	87.1%	85.7%	85.4%	87.0%	86.9%	88.3%	88.9%	88.5%	89.0%	89.8%
Fire Safety	Improving Care	Well Led	AD	>=80%	81.5%	81.8%	82.6%	82.8%	82.8%	83.3%	82.4%	83.8%	84.6%	85.4%	85.3%	86.8%
Food Safety	Improving Care	Well Led	AD	>=80%	80.3%	79.1%	79.2%	77.0%	76.2%	78.4%	78.6%	79.3%	77.8%	77.2%	76.2%	77.2%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	84.0%	83.7%	83.6%	82.3%	81.8%	83.2%	83.2%	85.0%	86.5%	86.8%	87.0%	87.3%
Information Governance	Improving Care	Well Led	AD	>=95%	91.3%	90.4%	89.1%	88.3%	86.2%	85.9%	83.8%	89.2%	95.7%	96.5%	92.4%	92.7%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	78.8%	79.3%	79.3%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	78.0%	82.5%	86.1%	87.6%	88.9%	90.3%	91.1%	91.0%	91.1%	90.7%	91.1%	91.4%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	70.5%	75.0%	80.3%	81.6%	83.4%	84.7%	86.6%	86.4%	86.0%	84.7%	85.7%	86.8%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%		61.0%				64.7%			86.5%		Due end of Q1	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	86.7%	86.2%	86.0%	86.3%	86.3%	87.4%	87.8%	89.0%	89.8%	89.9%	90.0%	91.0%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	83.6%	84.3%	84.7%	84.8%	84.1%	85.4%	85.1%	86.7%	87.5%	87.8%	88.4%	88.6%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	91.7%	93.2%	94.2%	94.2%	92.9%	93.4%	93.3%	93.8%	94.3%	93.4%	94.4%	95.1%
Bank Cost	Improving Resources	Well Led	AD	-	£579k	£576k	£518k	£614k	£545k	£534k	£534k	£604k	£655k	£907k	£557k	£603k
Agency Cost	Improving Resources	Effective	AD	-	£500k	£457k	£446k	£435k	£515k	£531k	£430k	£465k	£563k	£555k	£444k	£538k
Overtime Costs	Improving Resources	Effective	AD	-	£9k	£9k	£12k	£12k	£7k	£10k	£8k	£11k	£13k	£6k	£8k	£13k
Additional Hours Costs	Improving Resources	Effective	AD	-	£48k	£44k	£38k	£45k	£44k	£50k	£39k	£34k	£24k	£23k	£29k	£15k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£487k	£493k	£527k	£499k	£547k	£550k	£594k	£633k	£532k	£483k	£426k	£436k
Business Miles	Improving Resources	Effective	AD	-	285k	299k	267k	283k	291k	265k	305k	271k	275k	230k	274k	264k

1 - this does not include data for medical staffing.

Workforce - Performance Wall cont….

Notes:

Green Compliance Status:
• Aggression Management – 81.7% 2.4% increase on last month and the subject has moved from amber to green status.
The Aggression Management/Physical Interventions is at 89.4% compliance (Forensic services at 92.1%).
• Cardio Pulmonary Resuscitation – 84% 1.7% increase on last month. This is the 7th consecutive month that CPR compliance has increased.
• Clinical Risk – 85.5% no significant change on last month.
• Equality and Diversity – 88.8% no significant change on last month.
• Fire Safety – 86.8% 1.5% increase on last month. The 95% compliance requirement for ward based staff is monitored at service level and no particular 'hot spots' were highlighted this month.
• Infection Control and Hand Hygiene – 87.3% no significant change on last month.
• Mental Health Act – 86.9% 1.2% increase in compliance from last month.
• Mental Capacity Act – 91.4% no significant change in compliance from last month.
• Moving and Handling – 85.9% slight increase on last month. Training has resumed in the Barnsley BDU and is now based at Monk Bretton HC; dates remain as advertised in the training brochure.
• Safeguarding Adults – 91% 1% increase on last month
• Safeguarding Children – 88.6% no significant change in compliance from last month
• Sainsbury's Tool – 95% no significant change in compliance from last month

Amber Compliance Status:
• Data Security Awareness Level 1 (formally IG) – 92.7% no significant change on last month.
• Food Safety – 77.2% 1% increase on last month. The review of Food Safety training continues with regard to reviewing staff groups that require mandatory Food Safety training according to their role.

Red Compliance Status:
No mandatory training subjects were in red compliance for this period

Sickness
• The Trust sickness has shown a positive downward trend in both April and May and the year to date sickness rate is currently 4.5%. Whilst we would expect to see a lower sickness rate in April and May these are both lower than the figures for the same time last year.
• Wakefield BDU has shown a significant reduction in its sickness rate and at 3% is the lowest in the Trust. Barnsley BDU and Corporate Services are also below target levels with Calderdale and Kirklees BDU only slightly above. Specialist Services has seen a slight drop in sickness rate compared to the same period last year (Apr -May 17/18 5.8%, 18/19 5.6%) but is still above the target level. Forensic has the same sickness rate as at the same time last year and remains above target
• 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 E-Rostering has been developed for absence due to musculo-skeletal 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.
• Workshops have been established for managers to assist with the management and sickness review process with a focus on wellbeing and attendance.
• The Trust has launched the new middleground programme focused on creating healthy teams.
• Staff counselling is now fully recruited to and waiting times have reduced significantly.
• New valued based appraisal has a stronger focus on health and wellbeing
• Wellbeing group established in forensic services and plan to roll these out across all BDUs

Publication Summary

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

Direct access audiology waiting times: March 2018

NHS sickness absence rates: January 2018

NHS workforce statistics: February 2018

Bed availability and occupancy: Q4 2017/18

NHS Improvement provider bulletin: 23 May 2018

Quarterly hospital activity data: Q4 2017

NHS Improvement provider bulletin: 30 May 2018
- consultancy spending approvals and requirements
- innovative approaches to retention
- effective workforce planning

NHS Improvement update: May 2018

NHS Improvement provider bulletin: 6 June 2018
- provider sector performance
- corporate services toolkit

Psychological therapies: reports on the use of IAPT services, England: March 2018 final, including reports on the IAPT pilots and Q4 2017-18 data

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2017-March 2018

Out-of-area placements in mental health services: March 2018

Mental health services monthly statistics, final: March 2018

Monthly hospital activity data: April 2018

Mixed-sex accommodation breaches: April 2018

Mental health early intervention in psychosis: April 2018

Delayed transfers of care: April 2018

NHS Improvement provider bulletin: 13 June 2018
- analytical services and information teams
- reducing reliance on medical agency staff
- NHS pay deal

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 2
(2018 / 19)

Appendix 1

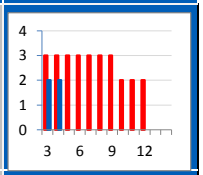
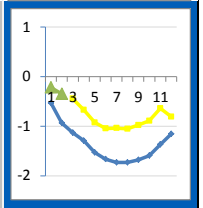
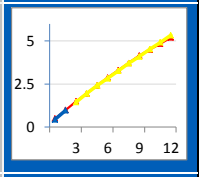
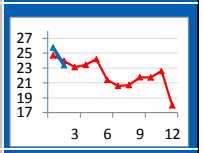
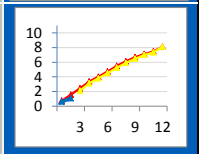
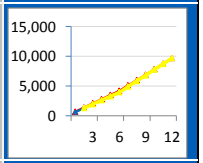
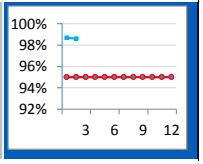
With **all of us** in mind.

www.southwestyorkshire.nhs.uk

Contents

1.0	Strategic Overview	1.0	Key Performance Indicators	3
		1.1	NHS Improvement Finance Rating	4
		1.2	NHS Financial Context	5
2.0	Statement of Comprehensive Income	2.0	Summary Statement of Income & Expenditure Position	6
		2.1	Cost Improvement Programme	13
3.0	Statement of Financial Position	3.0	Balance Sheet	14
		3.1	Capital Programme	15
		3.2	Cash and Working Capital	16
		3.3	Reconciliation of Cash Flow to Plan	17
4.0	Additional Information	4.0	Better Payment Practice Code	18
		4.1	Transparency Disclosure	19
		4.2	Glossary of Terms & Definitions	20

1.0 Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The year to date deficit positon is currently favourable to plan and results in an I & E margin metric of 3. All other metrics were in line with plan or better. This is a deterioration from the rating of 1 achieved in 2017/18.	
2	Normalised Deficit (inc PSF)	(£0.3m)	(£1.2m)	May 2018 finance performance excluding Provider Sustainability Fund (PSF) is ahead of plan at a deficit of £0.5m. Including PSF this is a deficit of £0.3m. The year end forecast is in line with plan with a deficit of £1.2m including PSF and £2.6m excluding PSF.	
3	Agency Cap	£1m	£5.3m	Agency expenditure in May 2018 is above the NHS Improvement cap at £0.5m. The year end forecast of £5.3m exceeds the NHSI Agency cap by £0.1m (2%).	
4	Cash	£23.4m	£18m	The Trust cash position is £0.6m below plan in May. Outstanding debts are being chased.	
5	Capital	£1.1m	£8.1m	Capital Expenditure is £0.5m lower than plan to date and is expected to be back in line with plan by the end of quarter 1.	
6	Delivery of CIP	£0.6m	£9.7m	Year to date CIP delivery is £0.1m behind plan (5%). At May 2018 the forecast position assumes delivery of the potential upside scenarios. There is currently £1.6m not confirmed.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value.	

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

1.1 NHS Improvement Finance Rating

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

			Actual Performance		Plan - Month 2	
Area	Weight	Metric	Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.0	2	1.0	4
	20%	Liquidity (Days)	23.4	1	21.1	1
Financial Efficiency	20%	I & E Margin	-1.0%	3	-2.6%	4
Financial Controls	20%	Distance from Financial Plan	1.7%	1	0.0%	1
	20%	Agency Spend	-1.8%	1	0.0%	1
Weighted Average - Financial Sustainability Risk Rating				2		3

Impact

The current finance risk rating is 2. The Trust's I & E Margin is less than a deficit of 1% at month 2, achieving a risk rating of 3 (this is ahead of the planned position). As no individual metric is 4 this means that the maximum threshold of 3 is not applied this month.

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 £5.2m has been set for the Trust in 2018 / 2019. This metric compares performance against this cap.

1.2 NHS Financial Context

Provider Type	Plan £m	Forecast £m	Variance £m	Deficit Providers	Variance - Q3 £m	Movement £m
Acute	(1,068)	(1,717)	(649)	89	(1,922)	205
Ambulance	(4)	36	40	0	9	27
Community	28	50	22	3	24	26
Mental Health	125	297	172	6	103	194
Specialist	19	248	229	4	92	156
Total - Deficit	**(900)**	**(1,086)**	**(186)**	**102**	**(1,694)**	**608**
Adjustments	(30)	116	146		(15)	131
Uncommitted STF	434	10	(424)		778	(768)
Adjusted Deficit	**(496)**	**(960)**	**(464)**		**(931)**	**(29)**

NHS Improvement published Quarter 4 draft unaudited performance of the NHS Provider Sector 31st May 2018.

This summarises operational and financial performance for the period of April 2017 to March 2018.

Overall financial performance is a deficit nearly double that originally planned. The consequence of this in the national picture is still to be finalised.

Operationally frontline NHS staff and managers have continually risen to the challenges which they are facing and cared for more patients than ever before. However this surge in demand has affected key NHS performance areas such as waiting times and its reliance on temporary workers. This reliance was already in existence with 93,000 vacancies being noted nationally; an overall vacancy rate of 8%.

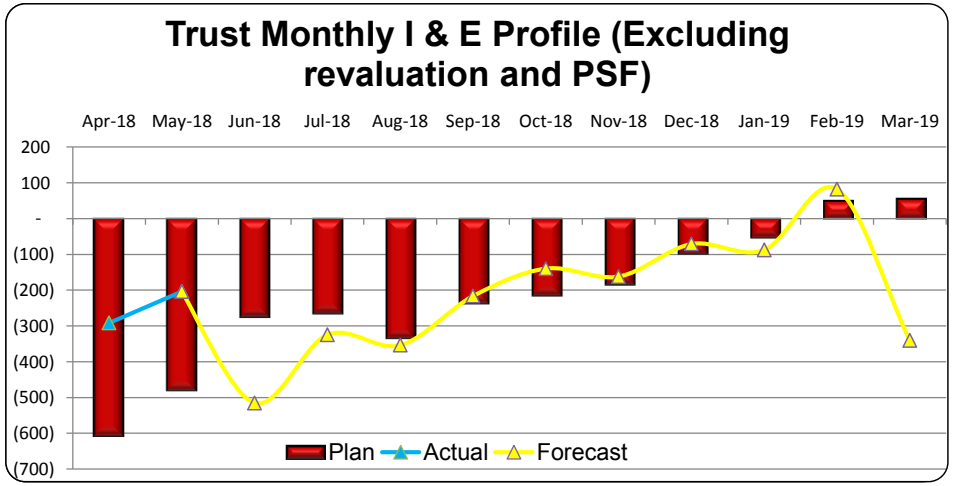
In financial terms the provider sector draft deficit of £960m is £464m higher than planned and a further £29m higher than anticipated in December 2017. However the NHS as a whole is broadly in balance with a draft underspend of £955m being reported by the healthcare commissioning sector. As in previous years a number of one off benefits and savings such as the sale of estate have helped to secure this position.

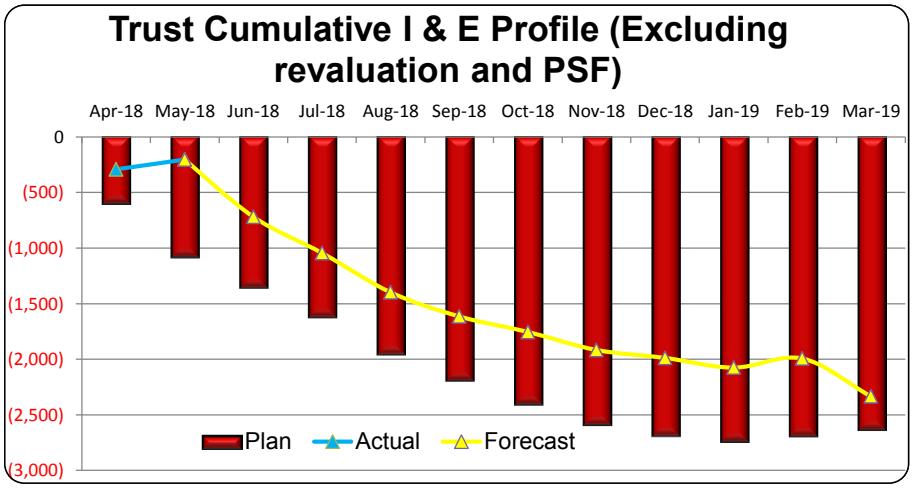
This provider position includes £1,793m of distributed Sustainability and Transformation Funding. (This implies that without this funding an underlying deficit of £2.8bn would have been recorded)

Whilst the majority of deficits are within acute providers (89 out of 136 - 65%) a total of 9 (out of 71 - 13%) Mental Health and Community providers also reported a deficit in 2017/18 although the sectors overall remain in surplus.

2.0 Income & Expenditure Position 2018 / 2019

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				16,688	16,620	(68)	Clinical Revenue	33,340	33,316	(24)	199,811	199,589	(222)
				16,688	**16,620**	**(68)**	**Total Clinical Revenue**	**33,340**	**33,316**	**(24)**	**199,811**	**199,589**	**(222)**
				1,072	1,148	76	Other Operating Revenue	2,152	2,247	95	12,395	12,342	(54)
				17,760	**17,768**	**8**	**Total Revenue**	**35,492**	**35,563**	**71**	**212,206**	**211,930**	**(276)**
4,075	4,009	(66)	1.6%	(13,873)	(13,789)	84	Pay Costs	(27,713)	(27,399)	314	(165,680)	(164,319)	1,361
				(3,443)	(3,588)	(145)	Non Pay Costs	(6,973)	(7,024)	(51)	(40,214)	(42,575)	(2,361)
				(141)	179	320	Provisions	(326)	(81)	245	414	1,692	1,278
4,075	**4,009**	**(66)**	**1.6%**	**(17,457)**	**(17,197)**	**260**	**Total Operating Expenses**	**(35,012)**	**(34,505)**	**507**	**(205,480)**	**(205,202)**	**278**
4,075	**4,009**	**(66)**	**1.6%**	**303**	**571**	**267**	**EBITDA**	**480**	**1,059**	**579**	**6,726**	**6,728**	**2**
				(474)	(474)	(0)	Depreciation	(948)	(948)	(0)	(5,671)	(5,673)	(1)
				(310)	(310)	0	PDC Paid	(621)	(620)	1	(3,726)	(3,725)	1
				4	9	6	Interest Received	8	13	6	45	43	(2)
4,075	**4,009**	**(66)**	**1.6%**	**(477)**	**(204)**	**273**	**Normalised Surplus / (Deficit) Excl PSF**	**(1,081)**	**(496)**	**585**	**(2,626)**	**(2,626)**	**0**
				74	74	0	PSF (Provider Sustainability Fund)	148	148	0	1,470	1,470	0
4,075	**4,009**	**(66)**	**1.6%**	**(403)**	**(130)**	**273**	**Normalised Surplus / (Deficit) Incl PSF**	**(933)**	**(348)**	**585**	**(1,156)**	**(1,156)**	**0**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,075	**4,009**	**(66)**	**1.6%**	**(403)**	**(130)**	**273**	**Surplus / (Deficit)**	**(933)**	**(348)**	**585**	**(1,156)**	**(1,156)**	**0**





Income & Expenditure Position 2018 / 2019

Whilst financial performance for the first two months of the year has been positive (in that it is better than planned) the monthly run rate remains at a deficit.

Month 2

The May position is a pre PSF deficit of £204k and a post PSF deficit of £130k, this is £273k ahead of plan. The normalised year to date position is a pre PSF deficit of £496k and a post PSF deficit of £348k, this is £585k ahead of plan. The key headlines are below. Whilst better than plan the recording of a deficit is a concern and the run rate must improve in order to achieve the year-end plan.

In month 2, underspending is on pay and non clinical non pay areas, such as travel and office costs, offset by an overspend on out of area bed placements, drug expenditure and clinical supplies.

Income

At month 2 income is £8k ahead of plan, a full breakdown of Income is shown on page 8.

2018/19 CQUIN income totals £4.3m, a full review of requirements has been undertaken and identified a risk of £0.2m. Actions have been identified to try to reduce this risk.

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 increased in May to £538k, in line with forecast (8% above cap), year to date agency expenditure is 2% below cap.

Non Pay Expenditure

Non pay is overspending by £145k. May 2018 out of area bed placements expenditure has reduced from the extremely high level reported in March 2018 and totalled £363k (£128k overspend). Drugs expenditure remains a pressure, some savings have been identified and will be implemented across the year.

Forecast

Delivery of the financial plan and control total is very challenging and will only be achieved if actions are taken to reduce overspends, deliver existing CIP plans, identify new CIP plans and mitigate risks.

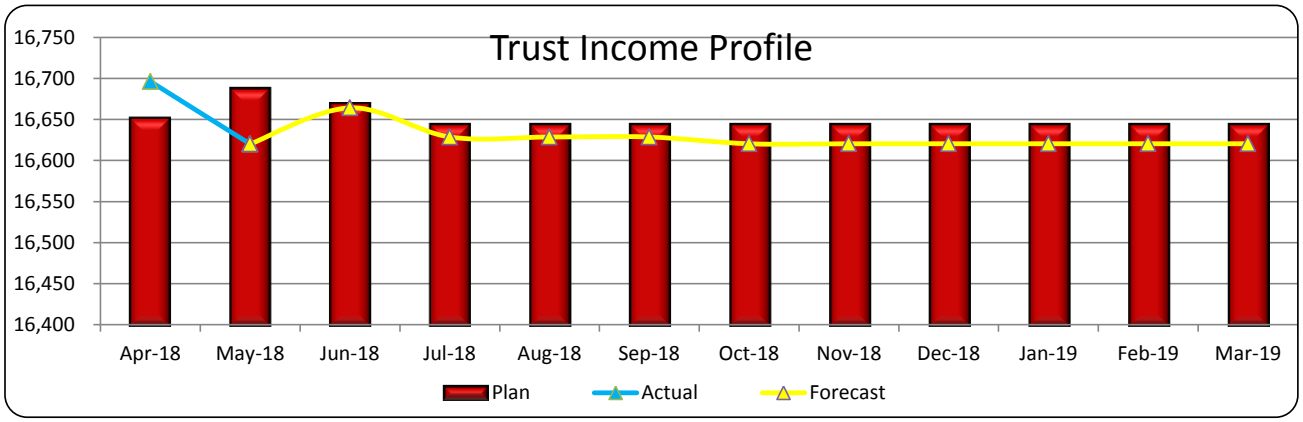
Income Information

The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position (page 6). The majority of Trust income is secured through block contracts and therefore there has traditionally been little variation to plan.

Income to date remains in line with agreed contracts and has been invoiced accordingly. A small number of commissioner contracts are unsigned, but are expected to be resolved during June 2018.

The May position includes the first assessment on CQUIN risk for 2018 / 2019 (information was not available for month 1). This has also been factored into the revised forecast position. As per guidance no risk for STP / ICS related CQUIN has been included in the position.

Commissioner	Year to Date			Variance Headlines			Forecast			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	24,265	24,144	(121)	(44)	(77)	(121)	145,147	144,885	(262)	(262)	0	(262)
Specialist Commissioner	3,893	3,893	0	0	0	0	23,356	23,356	0	0	0	0
Alliance	2,158	2,158	0	0	0	0	12,950	12,950	0	0	0	0
Local Authority	843	843	(0)		(0)	(0)	5,060	5,000	(60)		(60)	(60)
Partnerships	1,154	1,154	0	0	0	0	6,922	6,922	0	0	0	0
Other	1,028	1,124	97	0	97	97	6,377	6,477	100	0	100	100
Total	**33,340**	**33,316**	**(24)**	**0 (44)**	**19**	**(24)**	**199,811**	**199,589**	**(222)**	**(262)**	**40**	**(222)**



CQUIN Risk - Summary	YTD	Forecast
Wellbeing Improvement	27	161
Ill Health by Risky behaviour	17	101
Total	**44**	**262**

2.1 Pay Information

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

The Trust workforce strategy was approved by Trust board during 2017 / 2018 with the Strategic workforce plan approved in March 2018.

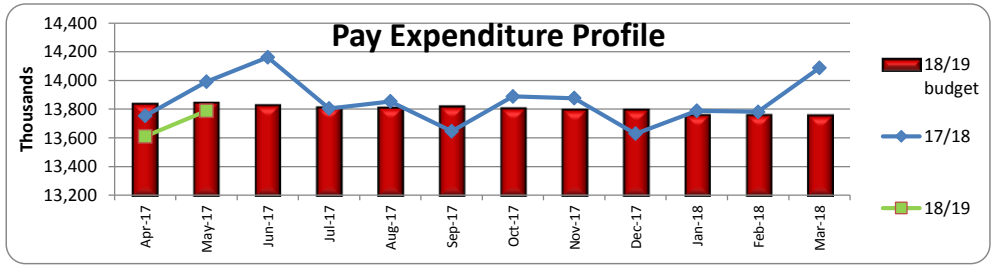
Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k
Substantive	12,595	12,598											**25,193**
Bank & Locum	571	652											**1,223**
Agency	444	538											**982**
Total	**13,610**	**13,789**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**27,399**
17/18	13,752	13,992	14,161	13,804	13,854	13,645	13,889	13,876	13,629	13,788	13,781	14,087	**166,257**

Bank as %	4.2%	4.7%											4.5%
Agency as %	3.3%	3.9%											3.6%

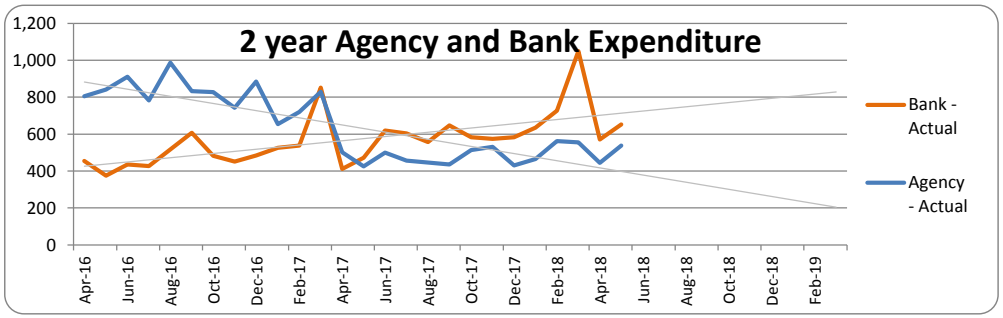
Year to Date expenditure - by staff group

	Substantive £k	Temp £k	Agency £k	Total £k
Medical	2,973	63	529	3,565
Nursing Registered	8,647	380	99	9,126
Nursing Unregistered	2,743	575	232	3,550
Other	6,717	102	123	6,942
Admin	4,113	102	0	4,216
Total	**25,193**	**1,223**	**982**	**27,399**



April WTE Analysis

	Budgeted	Contracted	Bank	Agency	Variance
Medical	211	164	3	18	(26)
Qualified Nursing	1,374	1,241	51	12	(71)
Unqualified Nursing	640	609	114	44	127
Other Clinical	852	766	8	9	(68)
A & C	802	731	24	0	(46)
Other	314	294	8	1	(11)
Staff Vacancy Factor	(118)	0	0	0	118
Total	**4,075**	**3,806**	**207**	**85**	**23**



Key Messages

The WTE Analysis table above presents the budgeted WTE across staffing categories and demonstrates that whilst overall agency and bank usage are covering a significant proportion of gaps in services particularly in nursing, the actual staffing profile is currently different from plan with the use of temporary staff. The majority of temporary nursing spend is incurred on unregistered nursing on inpatient wards. Demand remains for registered staff but these have been difficult to fill and have on occasions, been filled by unregistered staff. Overall usage is above current substantive workforce establishments in order to meets the demands of the ward.

Substantive pay in May remained at the same level as April however temporary staffing increased by £175k. May 2018 has seen increased usage of bank shifts whilst the agency increase is due to increased acuity on wards and backdated medical agency expenditure.

2.1 Agency Expenditure Focus

The NHS Improvement agency cap for 2018/19 is £5.2m

In May the agency cap was breached by 8%

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 has experienced increased levels of agency spend rising from £3.6m in 2013 / 2014 to £9.8m in 2016 / 2017. A reduction in the number of agency staff used and a reduction in hourly rate paid (in particular qualified nursing staff who are now paid within the NHS Improvement capped rates) resulted in a significantly lower level of agency spend in 2017/18 of £5.8m.

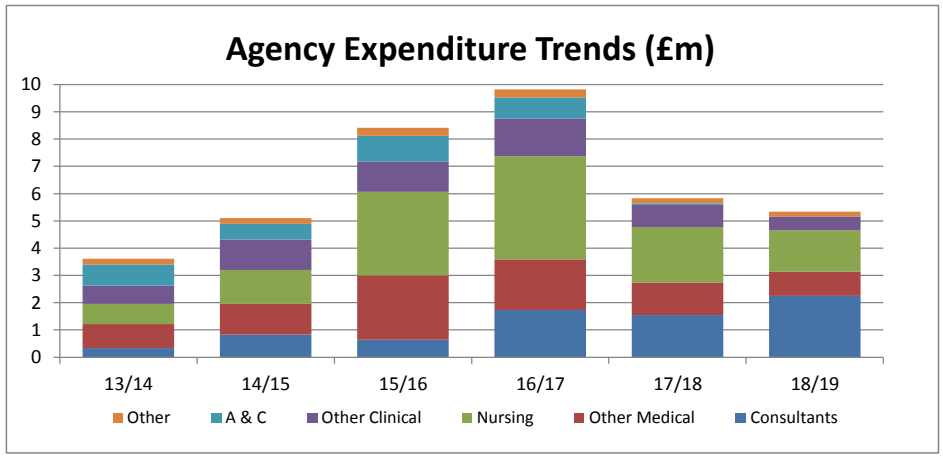
One of these measures was the introduced by NHSI is a maximum agency cap (as monitored within the Trusts risk rating). The Trust cap for 2018 / 2019 is £5.2m, £0.4m lower than the 2017/18 level of agency spend.

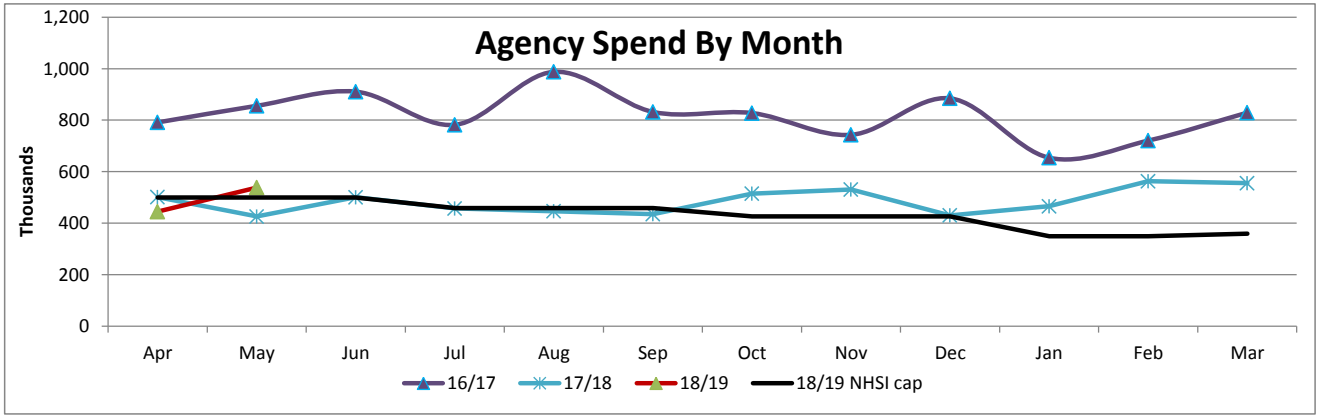
The NHS Improvement cap has been profiled to reduce spend across the year as actions have their desired impact. The cap profile reduces from 500k per month in April 2018 to £359k per month in March 2019. Actual expenditure needs to reduce to remain under this cap.

At month 2 agency spend is £538k, 8% above cap although year to date expenditure is 2% below cap.

This increase has been experienced with medical staff with gaps during April for turnover of staff (£43k) and increased nursing shift requirements to support the inpatient wards.

Agency expenditure is currently forecast at an average of £435k a month breaching the cap by 2%, an average monthly spend of £420k would result in expenditure within cap.



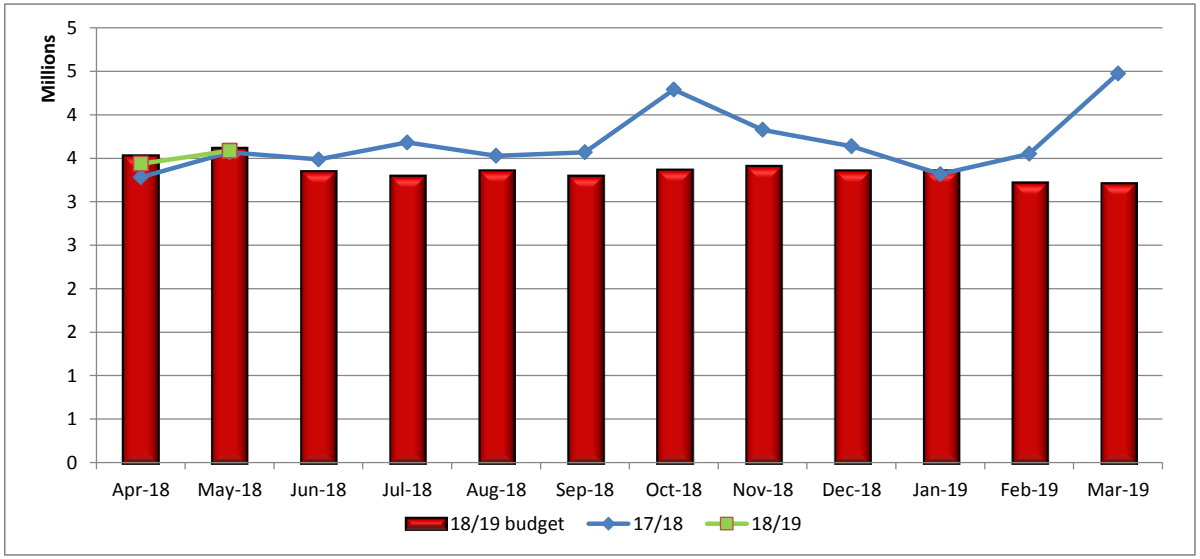


2.1 Non Pay Expenditure

Whilst pay expenditure represents approximately 75% of all Trust 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).

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k
2018 / 2019	3,437	3,588											**7,024**
2017 / 2018	3,281	3,568	3,488	3,681	3,529	3,570	4,292	3,829	3,637	3,318	3,552	4,474	**44,219**

Non Pay Category	Budget YTD £k	Actual YTD £k	Variance £k
Clinical Supplies	459	498	(39)
Drugs	492	562	(70)
Healthcare subcontracting	998	1,126	(128)
Hotel Services	305	302	3
Office Supplies	871	813	58
Other Costs	724	683	41
Property Costs	946	989	(43)
Service Level Agreements	1,017	992	25
Training & Education	102	67	35
Travel & Subsistence	641	538	103
Utilities	201	223	(22)
Vehicle Costs	218	233	(15)
Total	**6,973**	**7,024**	**(51)**
Total Excl OOA and Drugs	**5,483**	**5,337**	**146**



Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £128k. As a fluctuating pressure the Out of Area focus provides further details on this.

Drugs continue to present a significant financial pressure, savings are being identified using the new system implemented in 2017/18 and are being phased in across 2018/19. To date, savings have been identified with a recurrent full year effect of £263k. This includes the reviewing of prescribing practices, standardisation of drugs used and pricing changes. Drugs spend during 2017 / 2018 was £3.7m (£0.7m for April and May 2017) so the current projection is a reduction although it is important to remember that Trust service provision has also changed during this time.

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

2.1 Out of Area Expenditure Focus

In this context the term Out of Area expenditure refers to spend incurred in order to provide clinical care to service users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key trends are highlighted below.

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

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

This analysis excludes activity relating to locked rehab in Barnsley.

Out of Area Expenditure Trend (£)

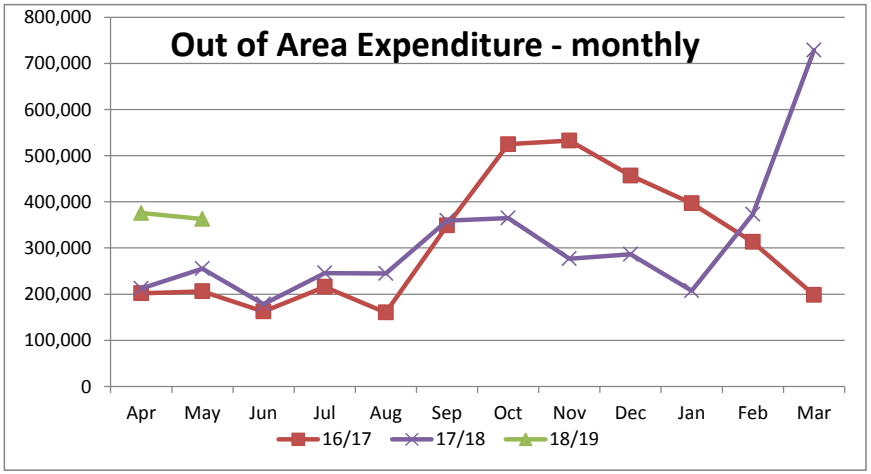
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
16/17	202	206	162	216	160	349	525	533	457	397	313	198	**3,718**
17/18	212	255	178	246	245	359	365	277	286	208	373	729	**3,733**
18/19	376	363	0	0	0	0	0	0	0	0	0	0	**739**

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
16/17	294	272	343	310	216	495	755	726	679	624	416	364	**5,494**
17/18	282	367	253	351	373	427	479	434	414	276	626	762	**5,044**
18/19	607	440	0	0	0	0	0	0	0	0	0	0	**1,047**

Bed Day Information 2018 / 2019 (by category)

PICU	316	267	**583**
Acute	278	120	**398**
Gender	13	53	**66**



Due to the increasing levels of high demand from January to March 2018 the out of area budget has been weighted to account for higher spend at the start of the year reducing significantly across the year as actions from the project board are implemented.

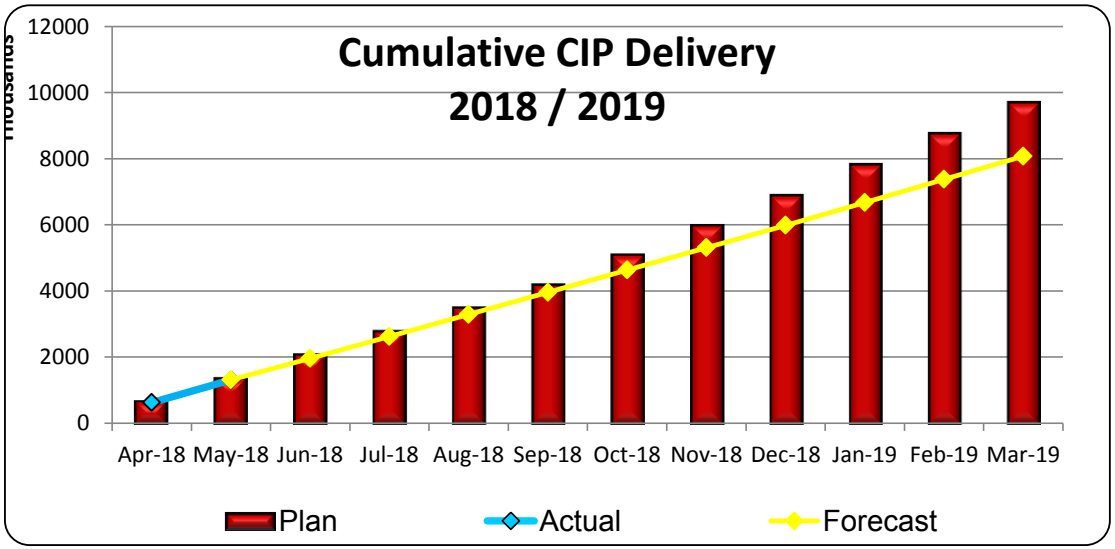
Even with this budget phasing, out of area has overspent by £161k year to date. Expenditure remains high despite a reduction in bed usage due to a higher ratio of PICU beds which are traditionally more expensive.

Both PICU and Acute demand are higher than commissioned levels. Work continues to focus on the reason for each admission and to take appropriate action to reduce. We are working collectively on an action plan to address with our commissioning colleagues.

These actions will include working closely with STP partners to gain an understanding of bed utilisation across the area.

2.1 Cost Improvement Programme 2018 / 2019

	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	691	1,382	2,091	2,798	3,501	4,203	5,100	5,997	6,894	7,823	8,762	9,701	691	9,701
Delivery as originally planned	582	1,188	1,780	2,381	2,989	3,597	4,205	4,816	5,426	6,059	6,701	7,343	582	7,343
Mitigations - Recurrent & Non-Recurrent	37	119	180	240	300	361	426	491	557	616	675	734	37	734
Mitigations - Upside schemes							271	542	813	1,084	1,355	1,624	0	1,624
Total Delivery	**619**	**1,308**	**1,960**	**2,622**	**3,289**	**3,957**	**4,902**	**5,849**	**6,796**	**7,759**	**8,731**	**9,701**	**619**	**9,701**
Variance	(72)	(74)	(132)	(177)	(211)	(246)	(198)	(148)	(99)	(64)	(31)	(0)	(72)	(0)



The Trust has CIP requirement for 2018 / 19 totalling £9.7m. This includes £1.6m of unidentified savings at the beginning of the year.

Identification of cost reduction opportunities remain challenging. A stock take of the Quality Impact Assessments (QIA) of these schemes has been undertaken with schemes actioned rated as green, amber or red.

To date the majority of schemes (94%) have delivered as planned. Additional saving opportunities are being assessed and delivery of these potential upsides is included within the forecast.

3.0 Balance Sheet 2018 / 2019

	2017 / 2018 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	123,810	124,153	123,924	1
Current Assets				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,007	2,036	
Non NHS Trade Receivables (Debtors)	1,867	2,977	803	2
Other Receivables (Debtors)	1,219	1,000	1,840	3
Accrued Income	3,660	4,900	5,639	4
Cash and Cash Equivalents	26,559	23,952	23,382	5
Total Current Assets	**34,925**	**35,068**	**33,931**	
Current Liabilities				
Trade Payables (Creditors)	(9,958)	(4,860)	(8,616)	6
Capital Payables (Creditors)	(1,142)	(1,442)	(688)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(6,105)	
Accruals	0	(6,000)	(902)	7
Deferred Income	(670)	(670)	(718)	
Total Current Liabilities	**(17,552)**	**(18,972)**	**(17,029)**	
Net Current Assets/Liabilities	**17,373**	**16,096**	**16,903**	
Total Assets less Current Liabilities	**141,183**	**140,249**	**140,826**	
Provisions for Liabilities	(6,490)	(6,490)	(6,481)	
Total Net Assets/(Liabilities)	**134,693**	**133,759**	**134,345**	
Taxpayers' Equity				
Public Dividend Capital	44,015	44,015	44,015	
Revaluation Reserve	24,938	24,938	24,938	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	60,520	59,586	60,172	8
Total Taxpayers' Equity	**134,693**	**133,759**	**134,345**	

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.

Additional levels of detail have been included when compared to 2017 / 2018 to highlight accrued income and payables due to tax, NI and pension arrangements.

1. Capital expenditure is detailed on page 15. Overall spend is below plan meaning that the value of Trust assets is lower than plan.

2. As far as possible physical invoices have been raised with the majority paid supporting a lower than planned level of Non-NHS debts, unraised invoices are reflected in accrued income.

3. Other Receivables includes Prepayments, this is currently higher than plan, the majority of this relates to licences.

4. Accrued income is currently higher than plan, this is expected to reduce in June when the Q1 invoices are raised. Outstanding Purchase Orders with commissioners have been chased.

5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 17.

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

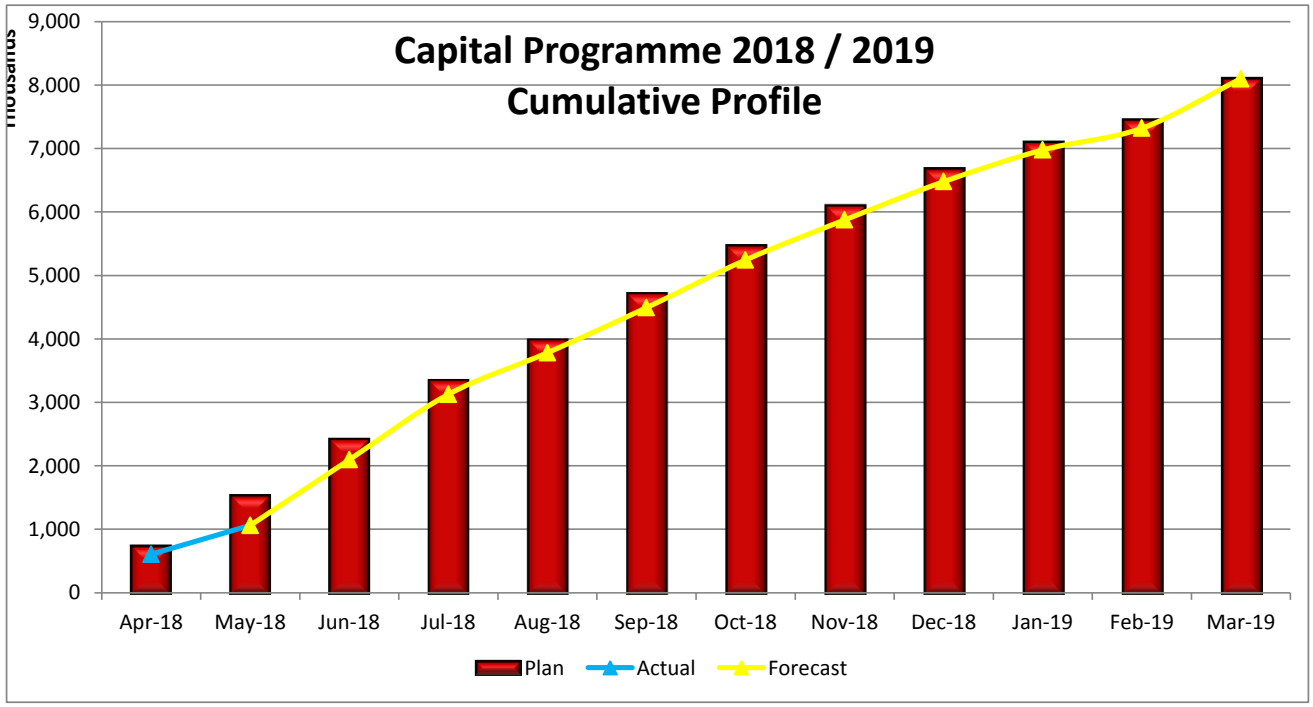
7. Accruals are higher than plan.

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

3.1 Capital Programme 2018 / 2019

	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	1,493	56	55	(1)	1,524	32	
Equipment Replacement	0	0	21	21	21	21	
IM&T	1,550	285	(16)	(301)	1,519	(31)	2
Major Capital Schemes							
Fieldhead Non Secure	4,229	1,051	926	(125)	4,229	(0)	
Clinical Record System	828	161	97	(64)	828	(0)	3
VAT Refunds	0	0	(22)	(22)	(22)	(22)	
TOTALS	**8,100**	**1,553**	**1,061**	**(492)**	**8,100**	**(0)**	1

Spend to date is being plan specifically within IM & T. Work schemes are being progressed to ensure value for money.



Capital Expenditure 2018 / 2019

1. The capital plan for 2018 / 2019 is £8.1m and schemes are guided by the current Estates Strategy.

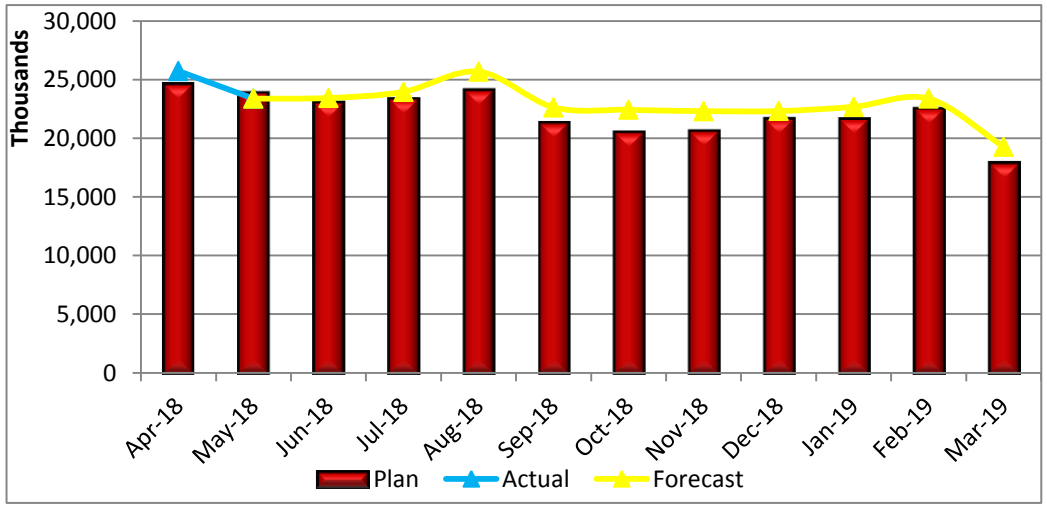
The year to date position is £470k (32%) lower than plan excluding VAT refunds.

2. There has been a timing delay in commencement of the IM & T schemes for 2018 / 2019. These are expected to be back in line with profile by the end of Quarter 1.

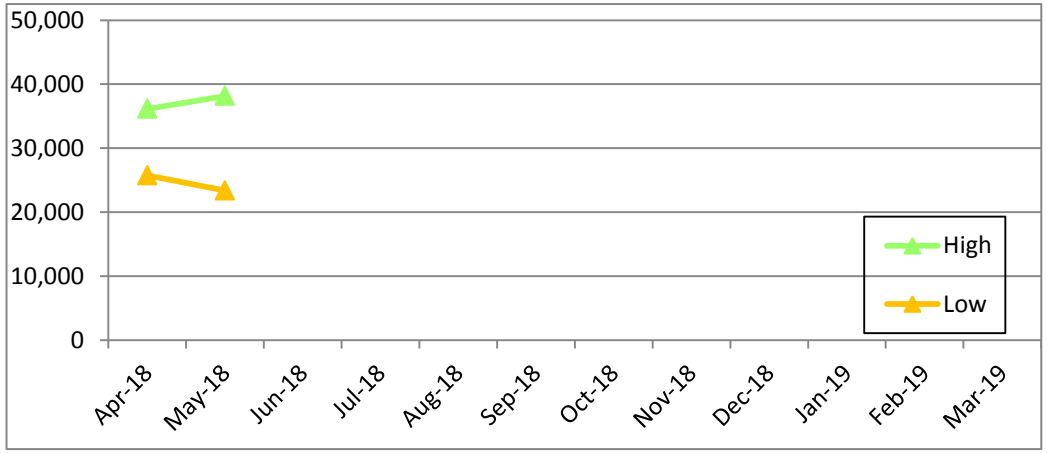
3. Additional cost pressures identified relating to the IM & T hardware requirements of the Clinical Record System are being validated and will be incorporated into the

4. An additional £0.5m capital expenditure is being considered for the demolition of vacant estate. This will consider both the health and safety aspects alongside ensuring best value for money and maximising potential sale proceeds.

3.2 Cash Flow & Cash Flow Forecast 2018 / 2019



	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	23,952	23,382	(570)



Cash is £0.6m behind plan. Outstanding debts will be chased in month so cash returns to plan in Month 3.

Cash is below plan mainly due to higher accrued income. Cash continues to be closely monitored. A review of recent HFMA guidance on cash management best practice has been undertaken.

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

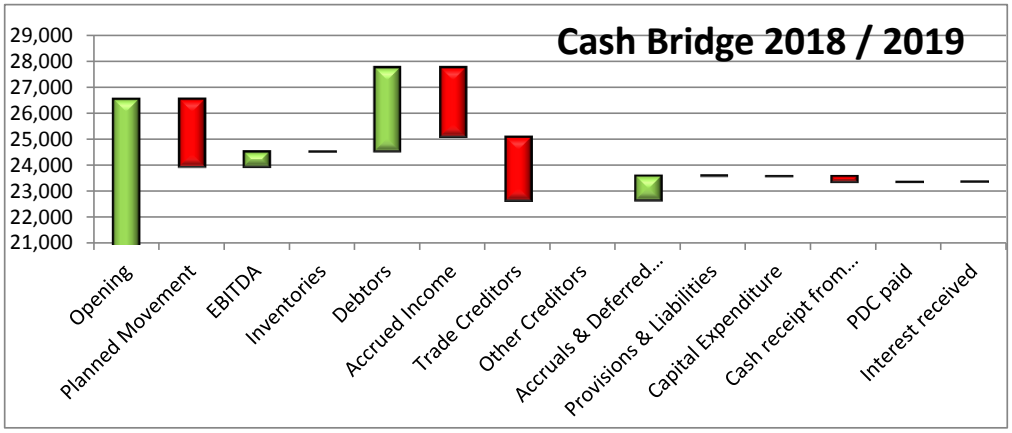
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £38.2m
The lowest balance is: £23.4m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**26,559**	**26,559**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	626	1,207	581	1
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(2,750)	482	3,232	2
Accrued Income / Prepayments	0	(2,665)	(2,665)	4
Trade Payables (Creditors)	800	(1,640)	(2,440)	5
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	0	950	950	3
Provisions & Liabilities	0	(9)	(9)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(1,291)	(1,515)	(224)	
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	8	13	5	
Closing Balances	**23,952**	**23,381**	**(570)**	



The plan value reflects the April 2018 submission to NHS Improvement.

Factors which increase the cash positon against plan:

1. In year deficit is favourable to plan which has a positive impact on cash.
2. Debtors remain lower than plan, NHS debt remains lower than plan following the year-end agreement of balances exercise. This does not include 2017/18 STF income as this is received as a direct payment (no invoices are raised).

3. Accruals and Deferred income are higher than plan, this is expected to reduce in June 2018.

Factors which decrease the cash position against plan:

4. Accrued income is higher than plan, purchase order numbers are still outstanding for £1.5m. These are been chased to ensure that they are reduced in Month 3.

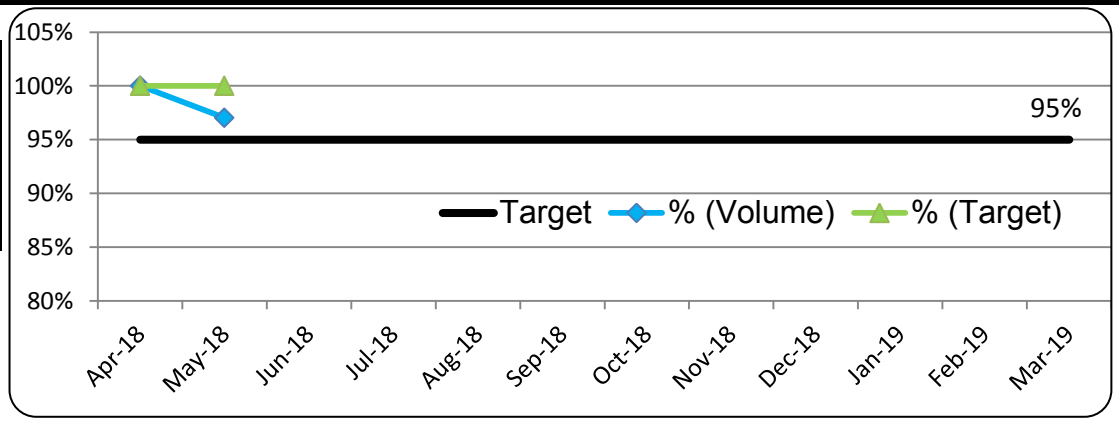
5. Creditors are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code.

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

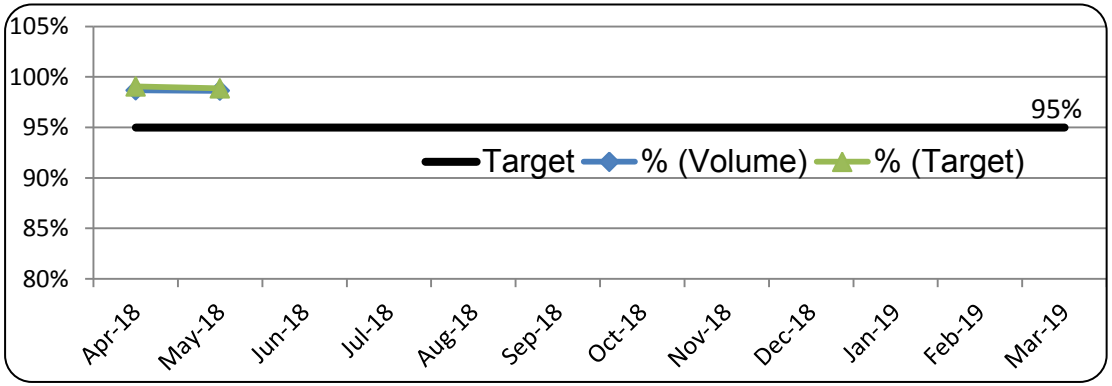
4.0 Better Payment Practice Code

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.
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 April 2018	100%	100%
Year to May 2018	97%	100%



Non NHS	Number %	Value %
Year to April 2018	99%	99%
Year to May 2018	99%	99%



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 (£)
11-May-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3071613	219,053
11-May-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3071614	219,053
15-May-18	Other Costs	Trustwide	Care Quality Commission	3071789	161,223
15-May-18	Legal/Prof fees	Trustwide	NHS Litigation Authority	3071796	61,855
08-May-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3071071	46,610
23-Apr-18	Drugs FP10´s	Trustwide	NHSBSA Prescription Pricing Division	3069538	42,886
10-May-18	Property maintenance	Kirklees	Mid Yorkshire Hospitals NHS Trust	3071391	39,500
04-Apr-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3031206	39,228

4.2 Glossary

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

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

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

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

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

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

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

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

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

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

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

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

Appendix 2 - Workforce - Performance Wall

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.0%	5.1%	5.2%	5.1%	4.4%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.9%	5.5%	5.9%	4.8%	4.5%	4.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	96.9%	96.6%	96.6%	96.7%	7.0%	25.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.5%	94.5%	94.3%	94.3%	1.0%	2.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.6%	77.4%	77.5%	77.9%	81.3%	81.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.8%	77.2%	78.7%	80.7%	80.2%	83.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.4%	87.4%	88.0%	88.9%	90.8%	90.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.3%	91.0%	92.4%	91.4%	91.3%	92.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	77.4%	81.0%	82.0%	84.1%	84.2%	86.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	62.5%	66.4%	62.9%	63.3%	60.7%	63.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.7%	84.4%	85.2%	85.6%	85.8%	86.4%
Information Governance	Resources	Well Led	AD	>=95%	82.3%	88.4%	95.9%	96.8%	91.6%	91.9%
Moving and Handling	Resources	Well Led	AD	>=80%	81.8%	84.0%	84.7%	83.9%	82.1%	81.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.5%	88.0%	88.7%	89.2%	89.9%	90.9%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	84.5%	85.8%	86.7%	87.9%	88.2%	88.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.5%	94.0%	94.3%	93.2%	95.6%	96.3%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	84.4%	84.3%	84.2%	83.3%	84.3%	84.7%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	78.1%	78.6%	77.8%	76.3%	78.9%	81.4%
Agency Cost	Resources	Effective	AD		£68k	£105k	£104k	£87k	£78k	£79k
Overtime Costs	Resources	Effective	AD		£3k	£4k	£3k	£1k	£3k	£5k
Additional Hours Costs	Resources	Effective	AD		£19k	£17k	£11k	£13k	£14k	£8k
Sickness Cost (Monthly)	Resources	Effective	AD		£182k	£163k	£151k	£132k	£114k	£118k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		158.63	191.9	166.28	166.52	79.14	92.5
Business Miles	Resources	Effective	AD		107k	101k	90k	90k	96k	93k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.9%	5.1%	5.3%	5.3%	4.9%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.9%	6.9%	6.5%	5.2%	4.9%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.9%	97.9%	97.9%	97.9%	6.1%	33.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.6%	95.8%	96.0%	95.9%	0.0%	1.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.8%	76.0%	77.6%	78.5%	78.4%	80.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	72.9%	73.1%	75.1%	78.7%	80.9%	84.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	82.4%	84.2%	87.5%	86.7%	86.9%	86.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	83.9%	86.9%	86.8%	87.8%	88.1%	89.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.7%	83.4%	84.3%	85.4%	84.7%	86.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.4%	83.3%	80.3%	79.6%	76.5%	78.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	82.7%	85.2%	86.5%	87.2%	87.3%	86.7%
Information Governance	Resources	Well Led	AD	>=95%	84.9%	94.1%	98.5%	98.3%	93.6%	93.1%
Moving and Handling	Resources	Well Led	AD	>=80%	79.3%	83.0%	84.1%	84.3%	85.8%	86.2%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	85.5%	86.8%	89.8%	89.6%	89.8%	89.9%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	78.5%	82.4%	84.5%	85.1%	85.3%	84.5%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	94.0%	95.1%	95.6%	95.1%	95.4%	95.9%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	92.9%	92.7%	93.1%	92.9%	93.1%	93.9%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	90.4%	90.2%	90.5%	89.8%	91.4%	91.9%
Agency Cost	Resources	Effective	AD		£92k	£108k	£131k	£133k	£98k	£143k
Overtime Costs	Resources	Effective	AD		£5k	£2k	£8k	£4k	£3k	£8k
Additional Hours Costs	Resources	Effective	AD		£2k	£1k	£1k	£1k	£3k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£138k	£167k	£139k	£118k	£109k	£108k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		62.96	62.78	67.83	62.79	58.91	62.81
Business Miles	Resources	Effective	AD		64k	65k	69k	53k	70k	53k

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

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.4%	6.6%	6.8%	6.8%	6.4%	6.2%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	7.4%	8.4%	8.4%	7.1%	6.4%	6.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.7%	98.7%	98.7%	98.7%	14.1%	32.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	97.7%	97.7%	97.7%	98.0%	3.1%	8.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.7%	86.3%	84.9%	84.9%	85.1%	88.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.4%	80.4%	82.1%	86.6%	88.0%	87.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	82.9%	86.0%	86.9%	85.8%	86.3%	86.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.1%	88.4%	88.8%	89.5%	90.2%	91.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.4%	91.8%	88.8%	90.7%	90.4%	92.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	86.0%	84.7%	87.3%	85.3%	85.4%	84.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.4%	86.5%	89.2%	91.4%	89.7%	90.5%
Information Governance	Resources	Well Led	AD	>=95%	87.2%	89.8%	95.6%	96.4%	91.9%	92.4%
Moving and Handling	Resources	Well Led	AD	>=80%	87.5%	88.9%	89.0%	90.9%	90.2%	91.2%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.0%	91.8%	89.7%	89.2%	89.0%	91.9%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.1%	87.4%	86.6%	86.3%	86.8%	87.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	77.8%	100.0%	94.7%	86.4%	87.5%	83.3%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	92.6%	92.0%	92.2%	91.9%	92.2%	92.9%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	86.5%	85.7%	85.5%	83.9%	83.4%	83.6%
Agency Cost	Resources	Effective	AD		£30k	£26k	£36k	£35k	£41k	£39k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£0k	£0k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£3k	£1k	£0k	£1k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£72k	£82k	£72k	£65k	£58k	£55k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		36.55	42.11	45.72	45.42	52.45	49.26
Business Miles	Resources	Effective	AD		12k	8k	6k	4k	7k	9k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.7%	5.7%	5.6%	5.6%	5.3%	5.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.9%	6.2%	4.7%	5.1%	5.3%	5.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.5%	99.4%	99.4%	99.4%	1.8%	14.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	100.0%	100.0%	100.0%	99.0%	0.0%	4.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	74.4%	71.9%	71.4%	75.9%	76.8%	80.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.1%	80.1%	83.8%	86.5%	87.9%	86.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	85.2%	85.6%	84.7%	86.0%	86.2%	90.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.5%	84.4%	85.6%	84.9%	86.0%	87.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.4%	79.7%	84.0%	83.0%	81.8%	81.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.9%	75.0%	69.2%	69.2%	68.0%	68.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.3%	84.7%	87.7%	87.3%	87.4%	88.2%
Information Governance	Resources	Well Led	AD	>=95%	82.7%	85.7%	95.3%	95.3%	92.4%	93.6%
Moving and Handling	Resources	Well Led	AD	>=80%	79.9%	81.1%	84.7%	86.1%	86.0%	86.8%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.2%	87.0%	88.9%	89.0%	89.6%	89.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.5%	87.5%	87.3%	87.3%	89.3%	89.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	91.6%	91.0%	91.6%	91.0%	92.3%	95.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	93.6%	92.9%	92.0%	92.5%	92.6%	92.9%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	88.4%	87.1%	85.5%	84.1%	84.6%	87.1%
Agency Cost	Resources	Effective	AD		£148k	£153k	£174k	£182k	£144k	£183k
Overtime Costs	Resources	Effective	AD			£5k	£0k			
Additional Hours Costs	Resources	Effective	AD		£1k	£3k	£1k	£1k	£3k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£66k	£67k	£42k	£64k	£63k	£62k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		52.42	54	50.8	53.28	43.32	41.54
Business Miles	Resources	Effective	AD		46k	37k	35k	35k	38k	39k

Appendix 2 - Workforce - Performance Wall cont….

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.4%	4.6%	4.6%	4.6%	3.5%	3.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	5.0%	5.7%	5.4%	4.1%	3.5%	3.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.0%	98.0%	98.0%	98.0%	8.9%	17.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.8%	96.6%	96.6%	96.8%	0.2%	1.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	69.8%	72.6%	74.9%	77.2%	76.6%	79.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.1%	96.3%	96.3%	92.3%	92.3%	92.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.0%	87.5%	88.1%	87.4%	87.9%	89.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.6%	87.0%	88.0%	87.4%	88.5%	89.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	98.1%	98.2%	97.3%	97.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.4%	85.6%	87.0%	87.3%	87.7%	88.6%
Information Governance	Resources	Well Led	AD	>=95%	81.4%	88.2%	93.3%	95.7%	92.9%	93.7%
Moving and Handling	Resources	Well Led	AD	>=80%	89.0%	90.4%	90.9%	90.6%	90.1%	92.9%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.4%	91.1%	91.8%	91.9%	92.3%	94.0%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	95.0%	96.1%	95.9%	94.6%	94.8%	95.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	98.6%	98.8%	98.9%	98.9%	99.1%	98.9%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	86.2%	92.3%	88.9%	85.7%	84.6%	85.2%
Agency Cost	Resources	Effective	AD		£4k	£1k	£5k	£1k		
Overtime Costs	Resources	Effective	AD		£1k	£1k	£1k	£0k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£13k	£8k	£9k	£6k	£8k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£78k	£90k	£76k	£65k	£53k	£50k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		62.71	57.42	60.97	64.78	30.78	35.33
Business Miles	Resources	Effective	AD		38k	26k	36k	19k	32k	35k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	5.0%	5.0%	5.0%	4.9%	2.7%	3.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.9%	5.6%	4.8%	3.3%	2.7%	3.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.4%	98.9%	98.3%	97.8%	11.7%	33.2%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.4%	94.4%	95.4%	95.2%	0.4%	2.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.5%	83.9%	82.5%	82.1%	77.7%	80.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.7%	77.4%	75.4%	78.9%	80.0%	80.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	75.6%	76.3%	77.6%	76.7%	76.8%	74.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	85.9%	88.0%	87.9%	86.6%	88.0%	87.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.6%	83.4%	84.3%	82.8%	82.9%	84.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.8%	70.9%	68.6%	67.4%	64.4%	64.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.4%	84.4%	85.3%	83.7%	85.7%	85.1%
Information Governance	Resources	Well Led	AD	>=95%	87.4%	86.7%	93.8%	94.5%	91.6%	91.4%
Moving and Handling	Resources	Well Led	AD	>=80%	73.1%	74.5%	78.1%	78.3%	79.1%	80.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.5%	91.8%	90.2%	90.4%	88.4%	88.9%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	80.6%	80.8%	83.2%	83.9%	85.9%	84.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.7%	92.9%	93.7%	92.9%	93.8%	93.4%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	90.5%	90.3%	91.5%	90.7%	90.3%	90.2%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	86.5%	86.5%	86.4%	84.5%	83.8%	85.1%
Agency Cost	Resources	Effective	AD		£90k	£73k	£114k	£116k	£83k	£95k
Overtime Costs	Resources	Effective	AD			£0k	£1k	£1k		£0k
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£1k	£1k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£57k	£64k	£52k	£39k	£29k	£43k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		45	55.2	62.34	60.66	56.33	53.65
Business Miles	Resources	Effective	AD		37k	33k	38k	29k	31k	35k

Glossary

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

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

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

KEY for dashboard Year End Forecast Position / RAG Ratings	
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