

# Integrated Performance Report Strategic Overview



**June 2018**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report (IPR) for June 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 undertook 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 2018/19. All updates are now incorporated. 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.

# Summary

# Quality

# National Metrics

# Locality

# Priority Programmes

# Finance/Contracts

# Workforce

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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-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	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year End Forecast	
Total number of children & young people in adult inpatient wards <sup>5</sup>	0	2	3	2	3	1	2	2	1	3	1	0	3	1	
% service users followed up within 7 days of discharge	95%	93.3%	97.2%	96.1%	94.7%	98.2%	98.2%	97.2%	98.0%	95.8%	94.3%	99.2%	100%	4	
% clients in settled accommodation	60%	81.8%	81.8%	80.8%	80.7%	80.4%	80.4%	80.1%	79.7%	79.1%	78.9%	78.5%	79.0%	4	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks <sup>1</sup>	95%	87.5%			86.8%			87.8%			86.7%			95%	
Out of area beds <sup>2</sup>	Q1 940, Q2 846, Q3 752, Q4 658	341	362	424	467	412	407	268	613	730	536	284	375	1	
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community Inpatient <sup>9</sup>	Inpatient 90% Community 75%											79.8%	81.1%	4	
												89.1%	90.6%	4	
Smoking Cessation <sup>8</sup>		KPI Under Development													
Improve the quality and experience of care	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year End Forecast	
Friends and Family Test - Mental Health	85%	89%	79%	85%	86%	86%	85%	85%	85%	87%	86%	75%	82%	85%	
Friends and Family Test - Community	98%	95%	99%	99%	97%	98%	100%	97%	97%	99%	97%	100%	98%	98%	
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) <sup>4</sup>	trend monitor	29	28	25	28	34	26	33	37	20	27	25	25	N/A	
Safer staff fill rates	90%	112.6%	109%	111.8%	112.9%	115.7%	113.4%	117.1%	117.5%	115.7%	118%	120%	118%	100%	
IG confidentiality breaches	<=8 Green, 9 -10 Amber,	6	10	6	5	12	7	7	10	4	8	11	14		
% people dying in a place of their choosing	80%				83%	91%	89%	88%	94%	84%	87%	83%	89%	80%	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic <sup>7</sup>	trend monitor	13.6%			15.1%			9.0%			15.1%			N/A	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>3</sup>	trend monitor	Reporting Established from April 2018										36.3%	37.1%	33.2%	N/A
Improve the use of resources	Target	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Year End Forecast	
Projected CQUIN Shortfall	£4.2m	£869k	£856k	£856k	£856k	£856k	£136k	£136k	£136k	£203k	-	£160k	£252k	£252k	
Surplus/(Deficit)	In line with Plan	£204k	£226k	£6k	£158k	£235k	£551k	£635k	£1186K	£1139K	(£292k)	(£204k)	(£464k)	(£2626k)	
Agency spend	In line with Plan	£457k	£446k	£435k	£515k	£531k	£430k	£465k	£563K	£555K	£444k	£538k	£484k	£5.3m	
CIP delivery	£1074k	£2306k	£2950k	£3452k	£4117k	£4815k	£5442k	£6157k	£6816k	£7475k	£619k	£1308k	£1981k	£9.7m	
Sickness absence	4.5%	4.8%	4.9%	4.9%	4.9%	5.0%	5.1%	5.2%	5.3%	5.3%	4.6%	4.5%	4.4%	4.9%	
Aggression Management training	>=80%	76.6%	77.0%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	80%	
Moving and Handling training	>=80%	79.3%	79.3%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	80%	
Staff Turnover <sup>6</sup>	10%	10.3%	10.7%	11.7%	11.4%	12.1%	12.3%	12.4%	12.5%	12.6%	9.7%	8.5%	11.6%	11.0%	

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

## Notes:

1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This is a new KPI introduced during 17/18 and counts first contact with service post referral. Under performance is generally due to waiting list issues. To mitigate this, the service have a management process in place for waiting lists across all our 4 community localities – generally, waits occur due to medium to long term absence within a specific locality discipline and as the member of staff returns to work the waits reduce. Specific issues are being addressed with locality commissioners where appropriate. The waiting lists are reviewed by leads regularly and allocated by clinical priority.

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.

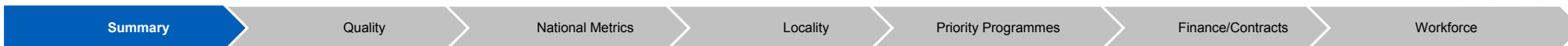
5 - further detail regarding this indicator can be seen in the National Metrics section of this report.

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 has taken place to identify a suitable metric across all Trust smoking cessation services. The metric will identify the 4 week quit rate. It is anticipated that Q1 data will be available in August18.

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 but significant pressures remain in terms of recruitment and patient acuity
- The 3 admissions of under 18's to acute mental health wards remains concerning. Appropriate safeguards are in place and we recognise the need for adoption of the least worst option
- Complaints closures times still require improvement. The reduction in the number of formal complaints as a result of the new system is positive.
- Important information is being realised as a result of our new structured judgement reviews in our mortality review process

##### NHS Indicators

- The Trust continues to meet the majority of national performance metrics
- Inappropriate out of area bed placement reduction target is currently not being achieved
- A notable reduction in IAPT proportion of people completing treatment and moving to recovery in-month, but remains slightly above target
- Total bed days of Children and Younger People in adult inpatient wards increased from 0 to 14 and covered 3 individuals

##### Locality

- New service model for IAPT in Barnsley due to commence from August 1st. Some staff transferring to Kirklees services
- Focus on length of stay in mental health services across Barnsley
- Pressure on inpatient wards remains high across all geographies
- Occupancy in forensic learning disability wards being discussed with commissioners
- High number of vacancies in Forensic CAMHs and Learning Disability inpatient services

##### Priority Programmes

- Work has commenced to implement criteria led discharge across all inpatient units
- SystmOne training sessions have taken place for medical and performance & innovation staff
- First phase of data migration testing has been completed and went well
- Discussions taking place with commissioner regarding older people's service transformation

##### Finance

- Net deficit of £464k in month which is a significant deterioration compared to April and May
- Cumulative deficit is now £959k. The run rate is adverse to the full year plan
- Agency costs of £484k in month were 3% below the cap and a 10% reduction compared to May
- Net pay savings of £0.2m year-to-date
- Out of area bed expenditure amounted to £349k. Cumulatively expenditure is now £1.1m which is 69% higher than the corresponding period for 2017/18.
- Year-to-date CIP delivery of £2.0m is £0.1m lower than plan
- Cash balance of £19.8m was adversely impacted by delayed payments by two commissioners
- Financial risk rating of 3 given the deficit margin

##### Workforce

- Sickness absence reduced to 4.4% in June.
- Staff turnover is currently reported at 11.6%
- Appraisal completion of band 6 and above is currently 84%

## 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	Jun-18	Year End Forecast Position *	
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>5</sup>	Improving Health	Responsive	KT/SR/CH	TBC	Reporting Established from April 2018								36.6%	37.7%	33.2%	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	21% 2/7	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	12% 11/88	4	
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	72%	71%	71%		84%	84%	86%	86%	86%	75%	82%	4	
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	99%	98%	98%	98%	98%	97%	100%	98%	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		75%	N/A	
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	N/A	65.19%	N/A	66%	60%	64%	N/A	67%	N/A		70%	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	44	N/A	
	Number of Duty of Candour applicable incidents <sup>4</sup>	Improving Health	Caring	TB	N/A	73	86	83	86	337				21	22		N/A	
	Duty of Candour - Number of Stage One exceptions <sup>4</sup>	Improving Health	Caring	TB	N/A	Reporting established from Oct 16		0	2	26				0	0	Due Aug 18	N/A	
	Duty of Candour - Number of Stage One breaches <sup>4</sup>	Improving Health	Caring	TB	0	Reporting established from Oct 16		0	1	1		2	1	0	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%	86.2%	4	
	Un-outcome appointments <sup>6</sup>	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%	4.1%	N/A	
	Number of Information Governance breaches <sup>3</sup>	Improving Health	Effective	MB	<=8	36	25	29	36	33	22	24	21	8	11	14		
	Delayed Transfers of Care <sup>10</sup>	Improving Care	Effective	KT/SR/CH	7.5% 3.5% from Sept 17	2.2%	2.6%	3.1%	2.7%	1.6%	2.3%	2.7%	3.7%	2.7%	2.1%	2.6%	4	
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/CH	TBC	KPI under development												
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	3509	3405	3293	2946	2849	3065	2962	3441	1074	1084	1016	N/A	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor					57	58	56	72	23	14	19	N/A	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	10	19	19	20	3	8	9	7	2	1	2	N/A	
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	73	79	73	84	12	17	24	11	2	10	4	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%	18.4%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%					109%	111.1%	114%	116.8%	118%	120%	118%	4	
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%					107%	94.1%	99%	98.4%	99.2%	100%	99.5%	4	
	Number of pressure ulcers (attributable) <sup>1</sup>	Improving Care	Safety Domain	TB	N/A	98	95	78	86	82	92	71	98	30	29	29	N/A	
	Number of pressure ulcers (avoidable) <sup>2</sup>	Improving Care	Safety Domain	TB	0	1	4	3	2	2	1	2	2	0	0	1	3	
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	4	
	% of prone restraint with duration of 3 minutes or less <sup>8</sup>	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%	75%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	162	158	136	95	139	139	150	181	40	40	44	N/A	
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	Data not avail				345	424	442	589	173	211	143	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	0	4	
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	4	
Quality	No of staff receiving supervision within policy guidance <sup>7</sup>	Improving Care	Well Led	KT/SR/CH	80%	39.5% (March 17)				59.3%	61.0%	64.7%	86.5%	78.4%			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.

5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date.

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

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

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

9 - 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.

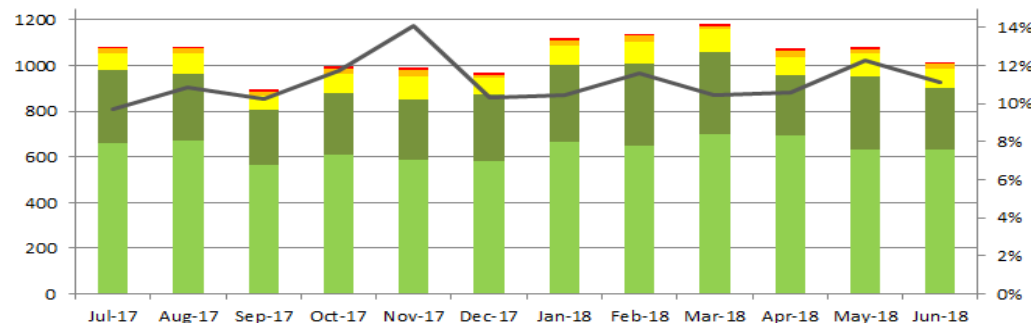
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- The total number of all restraints incidents reported has decreased by 71 during the month to 134 and is below the mean number of restraints over the past 24 months which is 147.96. 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 in-patient medicine omissions in Mental Health Trusts is just below 15%. At the end of quarter 1, SWYPFT average is 19.6%. Older Peoples services have made a concerted effort to improve their patient compliance as historically patient refusal was by far the biggest reason for medication omissions. Their combined Q1 rate is now 15.2% which is almost at the national average. Unfortunately working age adult services in the remains above the national average and their combined Q1 average is now 19.8%. Learning disability in-patient services have uncharacteristically been recording some medication omissions in the quarter. This is due to the low bed numbers, only have 6 beds and recorded 1 patient refusal for April and 1 absent from meds rounds for May. The two omissions record mathematically higher percentages but in reality only equate to 2 omissions in the quarter.
- Number of falls (inpatients) - Late 2017/18 saw a spike in the number of falls. The number of falls reported in April and May 18 had decreased, however June is showing a slight increase in month. On investigation, this relates to Calderdale older people wards who have seen an increase in agitated complex patients either having alterations or who are physically unwell. Wakefield BDU have also seen an increase in falls in the month due to an increase in patients with organic illness on Chantry ward, to mitigate along with the usual falls procedures, the service have increased the levels of within eyesight observations.
- 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

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



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Red (should not be compared with Sis)	10	6	14	12	12	11	8	7	9	8	11	7
Amber	18	25	16	21	28	14	23	30	15	27	18	21
Yellow	77	87	62	84	100	75	86	95	100	79	104	85
Green	317	297	242	272	263	290	337	357	360	268	316	271
Green no harm	662	669	563	608	590	582	665	650	699	692	635	632
Total	1084	1084	897	997	993	972	1119	1139	1183	1074	1084	1016
Percentage of total that are Red/Amber/Yellow *	9.7%	10.9%	10.3%	11.7%	14.1%	10.3%	10.5%	11.6%	10.5%	10.6%	12.3%	11.1%

\* A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety). The distribution of these incidents shows 89% are low or no harm incidents.



Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

## Safety First cont...

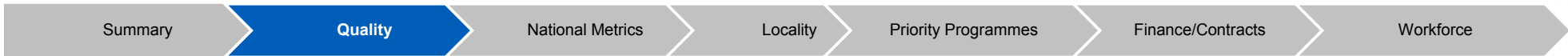
### Summary of Serious Incidents (SI) by category 2017/18 and 2018/19

	Q1 18/19	Q2 17/18	Q3 17/18	Q4 17/18	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May-18	Jun-18	Total
Administration/supply of medication from a clinical area	0	1	1	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Fire / Fire alarm related incidents	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Formal patient absent without leave	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Information disclosed in error	0	1	2	0	0	0	1	0	2	0	0	0	0	0	0	0	3
Self harm (actual harm) with suicidal intent	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1
Suicide (incl apparent) - community team care - current episode	4	10	14	6	5	2	3	4	5	5	2	3	1	1	3	0	34
Suicide (incl apparent) - community team care - discharged	2	2	2	0	1	0	1	1	0	1	0	0	0	0	0	2	6
Suicide (incl apparent) - inpatient care - current episode	0	0	2	2	0	0	0	0	1	1	1	0	1	0	0	0	4
Allegation of violence or aggression	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1
Physical violence (contact made) against staff by patient	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Physical violence (contact made) against other by patient	0	1	1	1	0	0	1	1	0	0	0	0	1	0	0	0	3
Pressure Ulcer - grade 3	1	1	3	1	1	0	0	1	1	1	1	0	0	0	0	1	6
<b>Total</b>	<b>8</b>	<b>18</b>	<b>26</b>	<b>12</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>11</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>64</b>

- 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 June 18.

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.

The number of SIs in Q1 (8) has reduced substantially since 2017/18 Q4 (18) and Q3 (26), especially for suicides Q1 (6), Q4 (8) and Q3 (18). This reduction is welcomed and we will continue to monitor. We are unable to confirm if this is part of a longer-term downward trend in response to prevention initiatives, as the frequency of incidents is sensitive to multiple factors and regular fluctuations up and down. Year on year comparison, ideally over a 3-year rolling period, would be required to confirm a long-term trend.



The Bluelight alert process has been reviewed - see <http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Bluelight-alerts.aspx>

**Assurance:** 360 Assurance Internal audit report on Learning from Healthcare Deaths has been received giving Significant Assurance. Mortality review group workshop has been held and actions are being implemented.

**Data quality:** Following work with managers in the Autumn when the scope changed, we are now seeing improvements in reporting and quality of information in response to reported deaths.

**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 Reviews – 20 cases have been completed for reviews from 2017/18.

60% of reviews completed to date rated overall care as good or excellent

**Structured Judgement Review (SJR) Themes**

- Risk assessment: 25% of cases reviewed were rated good or excellent
- Allocation/Initial Review: 35% of cases reviewed were rated good or excellent
- On-going Care: 60% of cases reviewed were rated good or excellent
- Care During Admissions (where applicable): 62% of cases reviewed were rated good or excellent
- Follow-up Management / Discharge: 62% of cases reviewed were rated good or excellent

50% of reviews completed to date rated the quality of the patient record as good or excellent overall care as good or excellent

The learning from healthcare deaths report includes examples of areas for improving practice identified by the reviewers, and also good practice examples.

Work to develop themes further continues as more reviews are completed.

**Policy:** The Learning from Healthcare Deaths policy will be completed when further national guidance is made available in consultation with Northern Alliance colleagues.

Since 2016 there has been a substantial increase in STEIS reported serious incidents in SWYPT, which require root cause analysis investigation. This placed significant pressure on our patient safety team resources, which led to delays in allocating investigations and an increase in the number of SI reports that were not completed within the 60-day time period. In response, we increased capacity within the patient safety team, commissioned external investigators and recruited staff from across the Trust with specialist knowledge and training in Root Cause Analysis. The management, coordination and supervision of these individuals has ensured that 1) the standard of the investigations remains of a high quality, 2) SIs are completed in a timely manner, 3) we are meeting the requirements of external agencies, and 4) staff have opportunities for personal development. This has led to a reduction of unallocated serious incidents and a reduction in SI reports rated as red from 15 in May 2017 to 7 in July 2018. Work is ongoing to improve the position further and updates will be included in future IPRs.

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## Safer Staffing

**Overall Fill Rates: 118%**

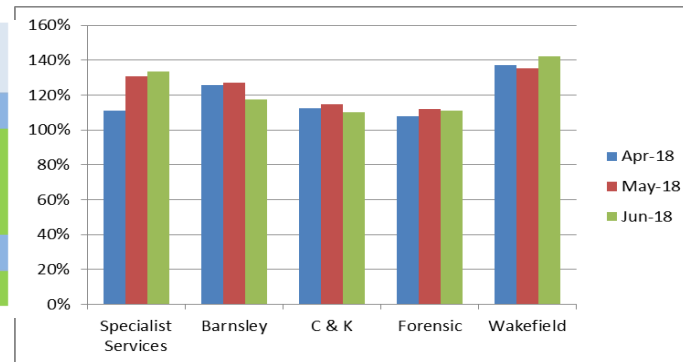
**Registered fill rate: (day + night) 95.5%**

**Non Registered fill rate: (day + night) 137.4%**

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

### BDU Fill rates - April 18 - June 18

Overall Fill Rate	Month-Year		
Area Unit	Apr-18	May-18	Jun-18
Specialist Services	111%	131%	134%
Barnsley	126%	127%	117%
C & K	112%	115%	110%
Forensic	108%	112%	111%
Wakefield	137%	136%	142%
<b>Overall</b>	<b>118%</b>	<b>120%</b>	<b>118%</b>



Registered Staff: Days 92.7% (remained constant from May); Nights 106.4% (decrease of 0.6% on May)

Registered average fill rate: Days and nights 99.5% (decrease 0.5% on April)

Non Registered Staff: Days 134.1% (decrease of 2.0% on May); Nights 142.8% (decrease of 2.8% on May)

Non Registered average fill rate: Days and nights 137.4% (decrease of 1.1% on May)

Overall average fill rate all staff: 118.3% (decrease of 1.7% on May)

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

## Safer Staffing cont...

### Summary

For the tenth consecutive month, no ward fell below a 90% overall fill rate in June. Of the 31 inpatient areas listed 21 (67.2%) achieved greater than 100%. Indeed of these 21 areas, again 13 achieved greater than 120% fill rate.

Registered On Days (Trust Total 92.7%)

There has been an increase in the number of wards that have failed to achieve 80%, five wards in all (16%) compared to 2 (6.4%) in April. Within the Forensic BDU Chippendale increased by 7.6% to 75.6%, Appleton decreased by 0.9% to 70.1%, Waterton decreased by 18.7% to 79.4%. Within Barnsley Willow decreased by 6% to 76.5% and in C&K Enfield Down decreased by 5.2 % to 77.1%.

Registered On Nights (Trust Total 106.4%)

No ward has fallen below the 80% threshold. The number of wards who are achieving 100% and above fill rate on nights remained consistent on 74.2% (23 wards) for June.

Average Fill Rates for Barnsley BDU decreased by 10% to 117%. Calderdale and Kirklees BDU decreased by 5% to 110%. Forensic BDU were 111% a decrease of 1%. Wakefield BDU increased by 6% to 142%. Specialist services were 134% with an increase of 3%.

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.

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## Complaints Closed Within 40 Days

Work remains ongoing to streamline the complaints process, with the aim of improving responsiveness. For clarity, in future IPR reports we will report the number of complaints up to March 31st 2018, that remain open. This will allow us to monitor the reduction in the number of complaints overtime.  
We will continue to report on the number of complaints closed within 40 days, for complaints received.

## Information Governance

There were 14 confidentiality breaches during June involving information disclosed in error, lost or stolen paperwork, patient healthcare record issues.

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
- #endp paralysis

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.

- Cardiometabolic 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.

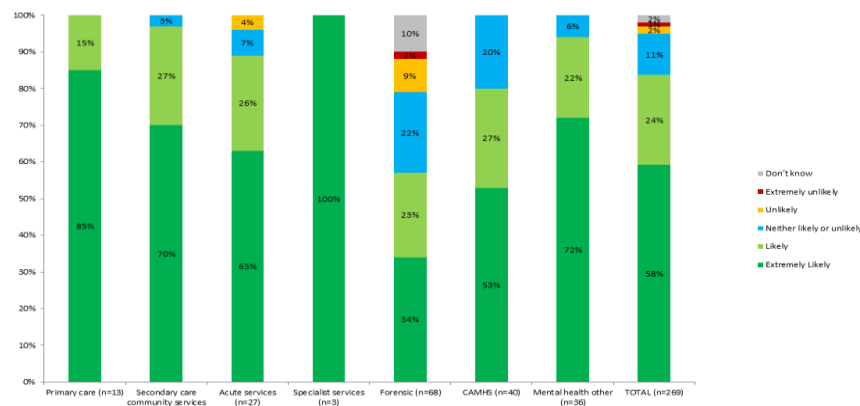
The total CQUIN value for 2018/19 is £4.4m. The Trust currently has a risk of £262k shortfall for 2018/19. CQUIN leads are working to mitigate this risk as far as possible.

## Patient Experience

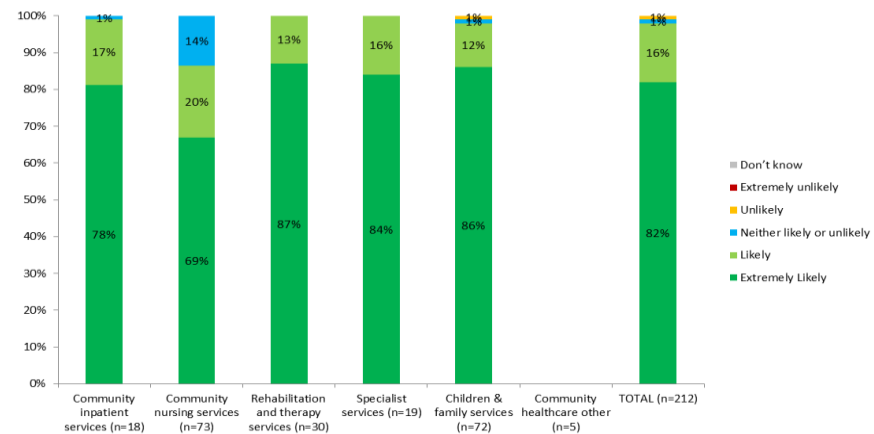
### Friends and family test shows

- Community Services – 98% would recommend community services.
- Mental Health Services – 82% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 34% in forensic services and 100% in specialist mental health services
- Small numbers stating they were extremely unlikely to recommend.

#### Mental Health Services



#### Community Services



The NHS Friends and Family Test (FFT) question and the timing requirements are currently being reviewed by NHS England. Any amendments to FFT and new guidance are expected in April 2019. The Trust has procured a new real time patient experience system, 'Meridian Optimum'. Planning and preparation is currently underway prior to implementation. Once the new system has been implemented, the QIAT will be providing training to staff. Following implementation the QIAT Project leads will be working with teams on the governance of the new system.

## Care Quality Commission (CQC)

### CQC update:

The Trust was subject to a well-led inspection by the Care Quality Commission (CQC) in March & 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.

Draft reports were provided to the Trust for factual accuracy checking which was undertaken by corporate support and operational teams. The Trust was not required to take an urgent action. The number of regulatory breaches reduced from 22 to 18 as a result of this process.

The Trust has received its final reports, which consist of six core service reports and one overall quality report, which were published by the CQC early July.

Key findings from the reports highlight our areas of strength and improvement, e.g.

- The improvements seen in our community learning disability services
- That staff felt supported, valued and were proud of the work they did
- Our open culture with good reporting of incidents, thorough investigations and learning when things go wrong
- Our clear vision, values and strategy that are person-centred and focused on sustainability
- The good learning from deaths processes in place, with learning events following all death investigations
- Our strong relationships with partners, investing in relationships to ensure sustainable care
- Our strong, approachable and visible leadership
- Our established and experienced Board

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## Care Quality Commission (CQC) cont...

The CQC have also provided a fair representation of the areas where we are facing significant challenges:

- Our services are under pressure, in particular our acute and community mental health services and our child and adolescent mental health services (CAMHS)
- We still have long waits in some of our services
- We need to improve how we measure service user and carer experience
- We need to address specific issues, such as:
  - Our approach to nurse call systems across our inpatient areas
  - On-call arrangements in CAMHS
  - Restrictive practices
  - Our pharmacy strategy

The overall rating for the Trust is requires improvement, with 11 of our 14 core services are rated Good, and all services rated Good or Outstanding for being caring

The SAFE domain is the area where we have seen most change and where immediate attention has been focussed.

Services are currently taking immediate actions in areas of high risk and action plans are in development.

### Next steps

- Continue to take immediate action against the regulatory breaches. Priority for action is the acute wards and PICU where care is deemed by the CQC as not safe. Implement the plans for 'should do' actions
- Submission of action against regulatory breaches to CQC – 30th July 2018
- Develop an overarching action plan (Quality Improvement & Assurance Team/Business Delivery Units/support services), as an internal working document to include all CQC actions (regulatory breaches, must do's and should do's) for Operational Management Group/ Executive Management Team sign off.
- Integrate CQC improvement actions into Trust work streams/agree new work streams where required
- Instigate formal monitoring of action plans in BDUs and in corporate teams .
- Agree formal reports and frequency of these to Trust Board and relevant committees.

## Safeguarding

Following the recent Office for Standards in Education (Ofsted) inspection in Wakefield, children's social care services have been rated as inadequate across all areas. The report highlights that some children may be at risk and urgent action is being taken to address this. The Trust continues to work in partnership with the local authority to support the implementation of the improvement plan. The rating may trigger a 'Children Looked-after and Safeguarding (CLAS) inspection' across health providers in Wakefield by the CQC. Please see following link to the briefing.

[OFSTED Briefing July 2018](#)

## Infection Prevention Control (IPC)

- Progress on the Infection Prevention and Control (IPC) Annual programme 2018-19, has been good, all areas in Q1 have been completed.
- Surveillance: there has been no MRSA Bacteraemia, Clostridium difficile, or any other alert organisms, up to time of the report (in the first quarter). Barnsley BDU has a locally agreed C difficile Toxin Positive Target of 6.
- No outbreaks identified.
- Mandatory training figures are healthy: Hand Hygiene-Trust wide Total – 90%; Infection Prevention and Control- Trust wide Total – 86%;
- Policies and procedures are up to date.
- The Trusts CQC inspection report has been published and there are areas for improvement for the infection prevention and control team to support. A review of the findings will be undertaken and action going forward implement.
- 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 reviewed the current process and put contingency plans in place where appropriate.

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This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:














- NHS Improvement Single Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The below table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. This table has been revised to reflect the changes to the framework introduced during 2017/18.





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




- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

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

#### NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Q1 18/19	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%	97.2%	97.1%	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%	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%	98.8%	97.6%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	SR/CH	95%	96.7%	97.8%	97.3%	97.5%	97.6%	95.5%	96.9%	96.7%	94.3%	99.2%	100%	97.7%	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	Improving Care	Responsive	SR/CH	Q1 940, Q2 846, Q3 752, Q4 658	Reporting from April 17.				885	1127	1286	1608	536	284	375	1195	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%	57.2%	51.1%	53.8%	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%	88.0%	93.9%	91.4%	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%	100%	99%	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%	81.0%	70.0%	81.7%	4	
% clients in settled accommodation	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%	78.5%	79.0%	79.0%	4	
% clients in employment 6	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%	8.6%	8.6%	1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	SR/CH										Due 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	Jun-18	Q1 18/19	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	14	16	2	
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	3	4	2	
Number of detentions under the Mental Health Act	Improving Care	Safe	SR/CH	Trend Monitor	167	174	156	168	212	221	186	180	212				N/A	
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	SR/CH	Trend Monitor	15.0%	10.3%	10.9%	19.6%	10.8%	13.6%	15.1%	9.0%	15.1%				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	Jun-18	Q1 18/19	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%	97.7%	97.5%	97.5%	4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	99%	99.5%	99.6%	99.7%	99.7%	99.7%	99.8%	99.8%	99.8%	99.8%	99.9%	99.9%	99.9%	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	SR/CH	90%	89.6%	91.1%	94.0%	90.2%	89.3%	90.3%	90.8%	90.6%	90.7%	90.5%	90.1%	90.1%	4	





\* See key included in glossary.

Figures in italics are provisional and may be subject to change.

1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.

2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

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 and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories. The January 2018 submission was taken as an agreed baseline position.

6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'

#### 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 remains above target in June and for quarter 1.
- Given the hard work and focus of our staff, we continue to meet the target for proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT), although this continues to be a challenge.
- During June 2018, 3 children or younger people aged under 18 years were placed in an adult inpatient ward. this related to one 17 year old in Wakefield, one 17 year old in Barnsley and one 16 year old in Kirklees. All 3 patients were admitted and discharged during the month and totalled 14 occupied bed days - each admission ranging between 4 and 6 days. Total bed days and number of children and younger people under 18 in adult inpatient wards forecast for year end has been rated as a '2 - Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame' - the rationale for this is due to the fact that this is outside control of the Trust. 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. There has been a reduction in quarter one however this target is currently not being met with 1195 bed days in Q1 against a trajectory of 940. The total number of out of area bed days for Q1 including clients from outside of the Trust's CCGs is 1267 days.
- The proportion of admissions under the mental health act has been increasing steadily over the last few years. The national mean in 2016/17 was 36% (median 34%) but the range (excluding outliers was between about 10% and 68%). Looking at national figures since 2013/14 there seemed to be correlation between reducing bed numbers and increased MHA admissions. This might suggest the raw number of admissions under the act is was not increasing, but as bed numbers reduce and admission rates fall, the acuity of people being admitted increases so the proportion of admissions that are detentions will rise, impacting on overall length of stay and turnover of beds. Locally there was a significant increase in mental health act admissions last year when there was no significant change in bed numbers. Work continues to monitor and analyse the data and national figures are expected to be available from September.
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is an evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme

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#### **Barnsley BDU:**

##### **Mental Health**

- The Improving Access to Psychological Therapies (IAPT) bid has been successful and we are in a consultation process with staff ending on 29.7.18. The Trust will then enter a mobilisation phase for the new service model. Appropriate communication with and support for staff is in place. The service has sustained its improved performance against required key performance indicators. There has been a slight increase in did not attend rates but this is still in target range.
- Memory Service prevalence rates remain an issue and work has been undertaken to understand and remedy this going forward. The figure as it stands does not accurately reflect required performance. During the pilot of the new Memory Assessment and Support Services specification (2015/2016) the nationally set prevalence rate for persons with dementia in Barnsley was 3007. This has subsequently been recalculated nationally on 2 separate occasions and now is accepted to be 2783 for persons aged 65 +. In order to maintain continuity from the pilot and beyond our figures continue to be set using the old prevalence rate of 3007 hence the 68.90 %. Our current NHS England recorded rate based on GP quality outcomes framework (QoF) register reporting is 71.5% which is accurate with our own database which continues to be reconciled with primary care on a bi-monthly basis.
- Performance around care programme approach (CPA) reviews remains below target but has improved, the general manager is working at team level with action plans to address specific issues – tracked through the business delivery unit business meeting. There are added challenges with the disaggregation of social work caseloads and caseload transfers which are now contributing to the under-performance.
- Food safety training figures in acute remain below required standards and are being addressed through skill-mixing on the wards and a stricter interpretation of eligibility of staff for different levels of training. There has been a delay in adjustment of individual training eligibilities, once adjusted the data should reflect concordance with required standards.
- Average length of stay remains in excess of local target levels 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 the Trust and Barnsley Metropolitan Borough Council planned for August 2018. Human resource, finance, performance and caseload and clinical management issues are being addressed. Consultation with affected Trust staff has concluded regarding the consequent reduction of enhanced teams from three to two and staff are now occupying their new teams. Work is ongoing to understand the impact of the changes in terms of the single operating procedure and coping with demand and capacity and ensuring operational effectiveness going forward.
- Work is ongoing with the clinical commissioning group (CCG) to address the waiting lists for psychology in the community service line. Meetings have taken place regarding the revised business case proposal to address the 'back-waiters' in the core pathway. The proposal was favourably received and has been taken back into the internal governance process of the CCG for approval.

##### **General Community**

- Intermediate Care - development being undertaken on key performance indicators (KPI) in the service specification:
  - o New developmental KPI for this year is the concept of red day/ green day. This is a concept that was rolled out in general acute hospital settings to assist in the identification of potential wasted time in a patient's journey.
  - o The service has rolled out training on the use of the concept of red day/ green day and set up systems to capture the data to report against the KPI, staff in the community setting have embraced this concept.
  - o The report enables staff to have an increased awareness of the reasons for not being able to support patients on their rehab journey. It highlights some areas where there may be systems and process issues than can be improved to reduce the amount of red days for patients, which in turn leads to a more productive pathway journey and contributes to improvement of patient outcomes.

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#### Calderdale & Kirklees BDU:

##### Key Issues

- Adult acute ward pressures remained high on all adult wards.
- 7 day follow up and gatekeeping in Kirklees and Calderdale achieved 100%
- Delayed Transfers of Care (DTOC) increased better care fund (IBCF). Monthly figures continue to be scrutinised at Calderdale CCG level as a reduction target has been set against IBCF investment. SWYPT figures improved overall and clinical commissioning group (CCG) and system performance is better than target set by NHS England.
- Out of area (OOA) improved on May figure with periods of no clients out of area. Significant focus from BDU leaders in community and inpatient teams to focus on admission prevention and flow. Use of older adult beds and social care beds in both areas to create flow and capacity.
- Length of stay increased however a number of longer staying patients were discharged in the month.
- Older adult consultant vacancies all recruited to and starting in post by end of September.

##### Strengths

- Formal CPA reviews above 95%
- Strong performance on mandatory training.
- Sickness levels in older adult and community service lines below 4.5%. Overall business delivery unit is 4.4%. Improvement in hotspots noted.
- Improving Access to Psychological Therapies (IAPT) performance in spite of underfunded workforce and gaps in workforce. Now we are aware of the Barnsley contract bid we have identified staff to move to Kirklees IAPT to start to fill in workforce gaps.

##### Challenges

- Recruitment is underway in adult community consultant roles but gaps will remain for trainee posts until rotation in August. Alternative options such as advanced nurse practitioners/prescribers are being explored in the BDU.
- Occupancy levels (high above 95%) continue to be monitored closely.

##### 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).

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#### **Forensic BDU:**

##### **Medium and Low Secure**

- Forensic outreach service learning disability – currently awaiting final confirmation of the pump priming figure. The money is currently sat with Leeds CCG. Implementation plan being delivered.
- Recent West Yorkshire steering group. NHS England have scoped out the work that requires attention. Commitment at the meeting to the development of a business case which would support a lead provider model moving forward.
- NHS England 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 with a small reduction in overall sickness noted.
- Mandatory training figures are improving.

##### **Forensic Child and Adolescent Mental Health Services**

- High number of vacancies leading to service pressures. Recruitment in place.
- Framework for integrated care project (a more psychologically/multi disciplinary team way of working with young people in custody known as "Secure Stairs") is now being implemented across Adel Beck and HMP (Her Majesty's Prison)/YOI (Youth Offending Institute) Wetherby.
- Funding of the Wakefield community team is reduced following transformation. Work is ongoing to finalise the budget. At this stage there is not thought to be any direct impact on staff.
- Sickness levels are reducing.
- Secure estate has seen a significant rise in admissions into the prison service caused by rationalisation of the estate and an increase in violent crime mainly in the south (this relates to approximately between 40 to 50 admissions). That has led to some pressure on the workload.
- Implementation of Secure Stairs has commenced in Adel Beck and Wetherby.

#### **Specialist BDU:**

##### **Specialist services**

- Ongoing difficulties are being experienced across specialist services with respect to medical recruitment and retention. A total of 8 agency medics are currently being deployed. Efforts to recruit are ongoing (and supported through the Medical Directorate) with a number of recruitment incentives now being considered.

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

- Waits with regard to Autistic Spectrum Condition (ASC) diagnostic assessment continue to be a focus of attention. In Wakefield commitment has been made to an improvement plan by key agencies to reduce the waiting time for ASC assessment to meet NICE Guidelines (assessment to begin within 3 months). The current trajectory indicates achievement by August 2018 - with the exception of the 14+ pathway. With regards to this SWYPFT-led pathway a sustainable recovery plan will be agreed with the CCG by the end of September 2018.
- In Kirklees a strengthened pathway is on target to ensure waiting times have been reduced to less than 12 months by September 2018. Again this plan has been agreed with the CCG.
- In Calderdale data identify waiting times for ASC assessment to be increasing (longest wait - 36 months) Calderdale CCG has led on development of a new diagnostic assessment pathway and is currently considering options for investment in a waiting list initiative.

##### **Learning Disability**

- Horizon continues to experience a high level of vacancies – principally qualified staff. A recruitment and retention workshop has been arranged with respect to Horizon. This will be attended by service managers/lead clinicians and support service colleagues.
- Capital programme work has commenced on Horizon and is scheduled for completion October 2018. Until that time only the 6 block purchase beds will be available.
- The first meeting of the SWYPFT-hosted Yorkshire and Humber Operational Delivery Network for learning disability and autism was held on 3 July 2018. Priority workstreams are being identified and the appointment of a network clinical lead is being progressed.

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#### Wakefield BDU:

- The acute service line continues to experience high demand and staffing pressures leading to ongoing bank and agency expenditure. Use of out of area (OOA) beds (acute and 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 not increased for this month from last, but continues to have an adverse impact financially and on the quality of service user and carer experience.
- Average length of stay remains in excess of local targets 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 team 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 reviews for Quarter 1 are at 100%.
- In the acute wards the 12 month housing coordinator pilot delivered in partnership with Wakefield District Housing is already achieving positive outcomes for service users at the three month evaluation stage. The project is focussed on prevention and early intervention by working closely with service users from the point of admission, identifying and addressing any housing related issues which could be barriers to discharge. It is also looking at wider determinants of health, such as physical wellbeing, lifestyle and finance - linking people in to Wakefield District Housing (WDH) Wellbeing, Care-link and Cash Wise Teams, encouraging and developing robust life and budgeting skills and helping to build confidence and personal resilience to achieve tenancy sustainability. The pilot has supported 23 service users so far, 17 of whom have been successful in gaining alternative accommodation with WDH and other housing providers together with tenancy support where needed.

#### Communications, Engagement and Involvement

- Staff listening events: Third and fourth events held in June
- Kirklees improving access to psychological therapies (IAPT) website: A new standalone website has been launched
- Volunteering: Volunteer celebration event held during National Volunteers Week
- Intranet: Ongoing technical issues, some features still not working. It is captured on risk register, given high reliance for human resource/performance and information processes
- New Trust website: Fully redeveloped site in pre-launch phase. Site includes eight separate microsites
- EASI cup: Full communications and public relations support, including extensive media coverage

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This is the July update to the integrated performance report for activity conducted on the Trust priorities for 2018/19.

Where a priority programme is already reported in another section of the IPR, for example patient safety, then an update will not be repeated in this priority page. Not all the priorities that are reported in the IPR are updated monthly - some are updated bi-monthly, as determined by the inherent degree of cost, risk and complexity present.

Given that the majority of priorities are new for 2018/19 then scoping, establishment of governance and resource allocation is still ongoing for many. However, a summary of updates for July includes:

#### Flow and out of area beds:

- Bed pressures remain in the system and the long term trend of high out of area placements has continued.
- All BDUs are part of the implementation project team for this priority.
- Work has now commenced to implement criteria led discharge across all inpatient units. Wakefield BDU is first in the planned implementation which will be rolled out Trust-wide towards the end of 2018.
- Personality Disorder (PD) pathway modelling, co-design stage of the integrated change framework is scheduled through Summer 2018 with implementation planned from Autumn onwards.
- A detailed plan is in place for activity to reduce admissions. Calderdale and Kirklees are currently trialling trusted assessor processes to speed up the interface between team and changed thresholds to access intensive home based treatment (IHBT), so people with increasing needs can access this service sooner.

#### Clinical Record System

- Progress in this priority is continuing and to plan
- SystmOne training sessions have been conducted for medical staff/representatives and for our performance and information (P&I) staff.
- All forensic service process maps, except for a few, have been signed off by the clinical safety design group.
- The inpatients process mapping focus group has agreed a priority set of SystmOne functionality to be applied across all acute inpatient wards.
- An approach and priority for recreating RiO forms in SystmOne has commenced.
- Resources required to configure the system to an acceptably 'safe' level for go live has been bolstered.
- The first phase of data migration testing by the Trust was completed and went well. It is anticipated that future testing may be reduced as a result.

#### Older People's Services

- Following EMT decision that this priority should move into conversations with commissioners about the proposed model meetings have commenced and more information has been requested by commissioners about areas including: the case for change; evidence of engagement activity conducted; financial and activity data
- Learning has taken place with Lancashire Care Trust who went through a similar journey of transforming their services in recent years. Findings from the conversations are being factored into the business case.

Priority	Scope	Narrative Update	Area	RAG
South Yorkshire Projects: Stroke Service Review	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems planes. This includes work on: • Stroke service review	• An initial detailed implementation plan for integrated stroke pathways has been established in joint agreement with Barnsley Hospital NHS Foundation Trust (BHNFT) and shared with commissioners. • Project governance is being established with the first meeting on 31st July	Progress Against Plan	
		There is a risk that the scope of the project will be changed if BHNFT are successful with a bid for capital funding which will enable stroke rehab to be co-located at the acute Trust site.	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 through the integrated care systems planes. This includes work on: • Neurological rehabilitation	• The governance route for this priority is via the Trusts Operational Management Group (OMG). • Reporting is bi-monthly on the IPR with the next update due in the August IPR. The last update included: • 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		

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South Yorkshire Projects: Autism and ADHD	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems planes. This includes work on: • Autism and ADHD	<ul style="list-style-type: none"> <li>The governance route for this priority is via the Transformation Board.</li> <li>Reporting is bi-monthly on the IPR with the next update due in the August IPR. The last update included:</li> <li>An initial meeting has been arranged to help scope the priority prior to developing an implementation plan and determining objectives and resource implications.</li> </ul>	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Implementation Plan is in development		
New Business	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) 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.	<ul style="list-style-type: none"> <li>SWYPFT are developing a business case to bid to become the lead provider for Forensic services across West Yorkshire. Work has commenced on a business case for this with weekly meetings in place between services and Business Development to undertake this work for September.</li> </ul>	Progress Against Plan	
		No known risks identified at this time.	Management of Risk	
		Business case in development		
West Yorkshire Projects: Community Forensics CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners in the area of: • Community Forensic CAMHS	<ul style="list-style-type: none"> <li>Governance through the forensic children and adolescent mental health services (FCAMHS) Partnership Board and FCAMHS Operational Meetings is established.</li> <li>The contract variation for this service is in place. Partner sub-contracts have been circulated to them for sign-off.</li> <li>Due diligence continues by the lead provider for all partners in the contract (Humber, Tees, Esk and Wear Valleys (TEWV) and Sheffield Children's).</li> <li>Acceptance of referrals through the Single Point of Access (SPA) continues and referral numbers are being collated.</li> <li>Monthly Key performance indicators (KPIs) reporting on performance to NHS England (NHS E) has commenced.</li> <li>Graded introduction/communication of the service to agencies across the region continues.</li> <li>A website domain has been purchased and the Yorkshire and Humberside FCAMHS site is in final stages of completion and leaflets for the service are produced and in use across the region.</li> <li>Initial planning has commenced with regards to the formal service launch.</li> <li>Engagement with the National Clinical Network has commenced.</li> <li>First meeting conducted regarding the national evaluation through the Anna Freud Centre.</li> <li>All posts in Wakefield, TEWV and SPA have now been filled and remaining vacancies across the region are out to advert.</li> </ul>	Progress Against Plan	
		<ul style="list-style-type: none"> <li>There are currently no high level risks identified in this project.</li> <li>Risk sharing agreements are being developed for the partnership</li> </ul>	Management of Risk	
		<p>Project Governance Agreed</p> <p>Submission of Implementation plan</p> <p>Service Model Confirmed</p> <p>Referrals through SPA</p> <p>Due Diligence</p> <p>Formal Service Launch</p> <p>Sept 17   Oct 17   Nov 17   Dec 17   Jan 18   Feb 18   Mar 18   Apr 18   May 18   Jun 18   Jul 18   Aug 18   Sep 18</p> <p>06/11/2016 Partnership Governance Agreed</p> <p>Stakeholder Engagement Complete</p> <p>Outcomes and Reporting Finalised</p>		



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West Yorkshire Projects: Forensic Community Mental Health	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) 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&HHCP) to deliver shared objectives with our partners in the area of: • Forensic community LD	• SWYPFT submitted a proposal to NHS England (NHSE) 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. • SWYPFT were asked to provide a proposal for provision of a Community Forensic Learning Disability Service to the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) which was submitted to NHSE in September 2017. • 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 WY&HHCP, building on our original bid of September 2017. • 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&HHCP) to deliver shared objectives with our partners in the areas of: • Improving autism and ADHD	SWYPFT is to be lead provider for the adult autism and ADHD pathways across the West Yorkshire Mental Health collaborative. Initial meetings have been arranged to inform the development of an implementation plan of key milestones for this priority.			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&HHCP) to deliver shared objectives with our partners in the area of: • Learning Disability Organisational Development Network (ODN)	SWYPFT are taking a lead role through the Operational Delivery Network (ODN) and Transforming Care Partnership on improving services for people with a learning disability and autism across 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 • An initial meeting of other ODN providers is planned for 3rd July focussing on how we will appoint clinical leadership for this priority. • 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. • Implementation of this priority is being supported by the integrated change team.			Progress Against Plan	
		No risks have currently been identified at this time.			Management of Risk	
		An implementation plan is in development.				

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West Yorkshire Projects: Inpatient CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&HHCP: • Inpatient CAMHS	<ul style="list-style-type: none"> <li>• Reporting for this priority is bi-monthly on the IPR with the next update due in August. The last IPR included the following updates:</li> <li>• 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.</li> <li>• The project is two-year pilot</li> <li>• SWYPFT contribution to the new care model continues.</li> </ul>	Progress Against Plan	
		Risk management has yet to commence for this priority as part of the planning phase for this new model of care.	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		
West Yorkshire Projects: Eating Disorders	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&HHCP: • Eating Disorders	<ul style="list-style-type: none"> <li>• Work in this priority is focused on supporting the Leeds and York Partnership NHS Foundation Trust as lead provider in the provision of a West Yorkshire wide new model for community treatment services for adults with eating disorders.</li> <li>• Reporting for this priority is bi-monthly on the IPR with the next update due in August. The last IPR included the following updates:</li> <li>• The Eating Disorders West Yorkshire and Harrogate Network has SWYPFT as a partner as part of the WY&amp;HHCP.</li> <li>• Funding has been secured though the new models of care (NMoC) workstream.</li> <li>• SWYPFT are active on the new care models programme board and steering group.</li> </ul>	Progress Against Plan	
		Any implementation risks are with Leeds and do not transfer to SWYPFT	Management of Risk	
		Implementation plan in development		

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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 and Harrogate to help stop all of us placing people out of area. Implement Personality disorder pathway.			<ul style="list-style-type: none"> <li>• Bed pressures remain in the system and the long term trend of high out of area (OOA) placements has continued through June.</li> <li>• Work has now commenced to implement criteria led discharge across inpatient units. Wakefield Business Delivery Unit (BDU) is first in the planned implementation and expect to go live with the new system in September 2018. All BDUs are part of the implementation project team and criteria led discharge will be rolled out Trust-wide towards the end of 2018.</li> <li>• PD pathway modelling (co-design) is scheduled through Summer 2018 with implementation planned from Autumn onwards.</li> <li>• Critical to Quality (CTQ) activity has continued and is focussing on local priorities.</li> <li>• A detailed plan is in place for activity to reduce admissions. Calderdale and Kirklees are currently trialling trusted assessor processes to speed up the interface between team and changed thresholds to access IHBT, so people with increasing needs can access this service sooner.</li> </ul>	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 and deliver clinical support worker strategy. Develop new roles to improve rostering, reduce agency spend and enhance skill mix. Develop and deliver a retention strategy.			<ul style="list-style-type: none"> <li>• An initial meeting to agree the scope for this priority has been held with our Director of Delivery and our Director of Human Resources, Organisational Development and Estates.</li> <li>• A TAG group for workforce productivity to be set up.</li> <li>• The Retention Strategy for the Trust has been written and signed off at EMT, Board and with NHS Improvement (NHSI) as external support.</li> <li>• Our workforce planning lead is the lead identified for implementation of the recruitment and retention strategy.</li> <li>• The integrated change team is supporting this work.</li> <li>• Future monthly steering group and task groups meetings are being arranged.</li> <li>• A draft action plan is now in development for the implementation of the recruitment and retention strategy and a project team in place.</li> <li>• Current focus is to ensure that activity required in the action plan is well defined and that there are action owners in place for each strand of activity.</li> </ul>	Progress Against Plan	
				A risk review will take place in July and initial risks will be identified on the next update to the IPR.	Management of Risk	
				Implementation Plan is in development.		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
Clinical record system	Plan and deliver a new clinical record system which supports high quality care			<ul style="list-style-type: none"> <li>• SystmOne training sessions (getting started module) were held for medics and for Performance and Information, and positive feedback received, as part of evaluating the quality of the training. The attendees also trialled (and passed) the competence check that all SystmOne users will have to complete before they are given access on their smartcard.</li> <li>• The practice governance coach for forensics presented the forensics process maps to the clinical safety design group. The group signed off the maps.</li> <li>• The inpatients process mapping focus group met for a second time and agreed on a priority set of SystmOne functionality to be applied across all acute inpatient wards. In attendance were the CRS programme system analysts, and practice governance coaches for Wakefield, Barnsley, Calderdale and Kirklees Acute Services.</li> <li>• A meeting was held on Friday 29th June to agree the approach and priority for re creating RiO forms in SystmOne. There was representation from the SystmOne for MH design reference group, P&amp;I, information management and technology (IM&amp;T) and the programme team. The approach for completing this work was agreed.</li> <li>• The estimated resource required to configure the system to an acceptably 'safe' level (that is the minimum 'system safe' level of functionality in the proposed SystmOne system that is currently present in RiO) for go live has been scoped . A shortfall was identified. Discussions have taken place with IM&amp;T resulting in the agreement that resource will be provided by IM&amp;T as follows. <ul style="list-style-type: none"> <li>- Two 'person' days per week from w/c 26th June to end July 2018</li> <li>- Equivalent of 1 Full time equivalent (FTE) from start of August to end of December 2018</li> </ul> </li> </ul> <p>This will have the added benefit of improving the SystmOne skillset of IM&amp;T as we move from go live to business as usual (BAU).</p> <ul style="list-style-type: none"> <li>• The first phase of data migration testing by the Trust was completed on Friday 29th June. The Trust and the suppliers of SystmOne (TPP) will now revisit the latest TPP schedule with a view to reducing the length of future testing phases to increase contingency used during the initial data production.</li> </ul>	Progress Against Plan	
				<p>Risks Identified:</p> <ul style="list-style-type: none"> <li>• 1251 CUTOVER: during the transition (cut over) period before go live if there is no electronic clinical record system to use, there will be a risk of a delay and inconvenience to patients, services and staff.</li> <li>• 1285 DATA MIGRATION: Delays to 1A impact on overall plan. Data Migration Timetable has slipped due to adaptor build issues (TPP), this has a potential to impact on Go Live if subsequent phases cannot be bought back in line with revised plan. In terms of impact on overall plan the Trust has used 4/6 weeks contingency currently built in plan.</li> <li>• 1305 CONFIGURATION: Insufficient time for system analysis Insufficient time for system analysts to create required configuration from co-design workshop outputs.</li> <li>• 1293 INFRASTRUCTURE: Lack of funding within the programme budget to fund any work required to achieve deliverables Following the assessment of the infrastructure to meet the suppliers warranted environment specification (WES), there may be insufficient funding available to comply.</li> <li>• 1223 CHANGE MANAGEMENT: Staff not engaging. 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.</li> <li>• 1224 TRAINING: Staff are not trained. In the event of staff not being trained there will be a risk of staff unable to access the Clinical Records System Programme which will result in lack of visibility of the shared record.</li> <li>• 1316 TESTING: Impossible to replicate live environment prior to system go-live. It is not possible to replicate the live environment in full prior to the cutover period between the 7th and 21st January. During this final testing it might reveal poor technical performance, system user authentication issues, technical unit limits being exceeded, inadequate clinical data availability and reporting.</li> <li>1281 REPORTING: It is currently unclear what data that will be migrated from RiO. 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.</li> </ul>		

Older Peoples Services Transformation	Co-produce, develop and agree a new model of care for Older people with mental health difficulties that improves outcomes, experience and efficiency. To effectively implement this model and demonstrate the impact.	<ul style="list-style-type: none"><li>• Further conversations have now been held with commissioners and additional information has been requested including a more detailed case for change, evidence of engagement activity carried out to date, and the financial and activity underpinnings that led to the preferred options being reached, plus financial and activity requirements that support the need for reinvestment by each locality. Work is being undertaken to pull this information together.</li><li>• Meeting are also to be held with commissioning groups through July and August and the Kirklees commissioner is pulling together a wider external steering group.</li><li>• Learning has taken place with Lancashire Care Trust who went through a similar journey of transforming their services in recent years. Findings from the conversations are being factored into the business case.</li></ul>	Progress Against Plan
		<ul style="list-style-type: none"><li>• We will need to receive wide external support from partners to take the inpatient options being considered through an external consultation process.</li><li>• The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the BDUs remains, the project will need to ensure it is well resourced when moving on beyond commissioner conversations.</li></ul>	Management of Risk

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

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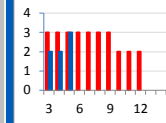
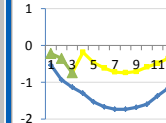
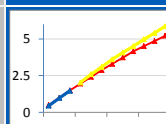
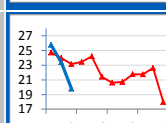
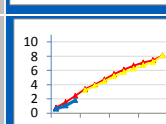
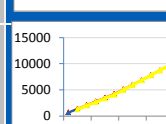
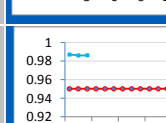
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## Overall Financial Performance 2018/19

### Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	3	3	Given the fact the Trust's I&E margin is a deficit in excess of 1% it scores a risk rating of 4. This means the overall risk rating can only be 3, which is a deterioration compared to 2017/18 and May.	
2	Normalised Surplus (inc STF)	(£1m)	(£2.6m)	A disappointing deficit in June of £464k pre Provider Sustainability Fund (PSF) was incurred. The year-to-date deficit is now close to £1m, which whilst favourable to plan is a concern given the run rate.	
3	Agency Cap	£1.5m	£5.8m	Agency expenditure was £0.5m in June, which is fairly consistent with recent months. Year-to-date costs are £1.5m which is 3% higher than the same period last year. Current year-end projection is to exceed our agency cap by £0.6m (12%).	
4	Cash	£19.8m	£18m	The Trust cash position is £3.4m below plan in June due to delayed payments from two commissioners. These were paid on July 2nd.	
5	Capital	£1.8m	£8.1m	Capital expenditure is £0.6m lower than plan to date, largely due to the timing of some IT schemes. All schemes are being progressed and are expected to be delivered by the year-end.	
6	Delivery of CIP	£2m	£9.7m	Year to date CIP delivery is £0.1m behind plan (5%). At June 2018 the forecast position assumes delivery of the potential upside scenarios (£1.3m).	
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



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## Contracting - Trust Board

### Contracting Issues - General

The contract variation with NHSE for Forensic Services remains to be agreed.

### Commissioning for Quality and Innovation (CQUIN)

Q4 17/18 final position was confirmed at £2,031k against a target of £2,067k, following publication of national results of Centre for Quality Improvement audit for early intervention in psychosis in June.  
Q1 18/19 No delivery problems anticipated

### Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across Intermediate care, Respiratory, Musculoskeletal and Stroke services. SWYPFT has been awarded the new contract for Improving Access to Psychological Therapies (IAPT) services to commence 1 August 2018. Barnsley clinical commissioning group (CCG) has confirmed investment to increase capacity for the 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 CCG has confirmed the intention for additional investment within Adult attention deficit hyperactivity disorder (ADHD) / autistic 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 child and adolescent mental health (CAMH) services in Calderdale continues between commissioners and providers. Ongoing in year priorities include early intervention in psychosis services, mental health liaison, 24/7 intensive home based treatment services and out of area placements.

### Contracting Issues - Kirklees

The current priority areas of work related to Kirklees CCGs' contracts include 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. Work has commenced on clearance of Adult ASD backlogs.

### 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.

### Contracting Issues - Forensics

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

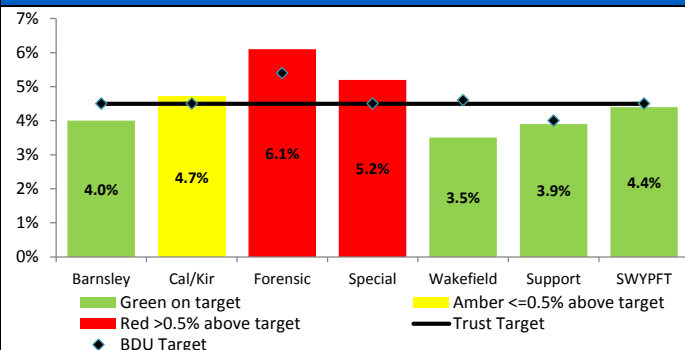
### Contracting Issues - Other

SWYPFT is leading the implementation of the Operational Delivery Network for Yorkshire and Humber for learning disability and autism following successful tender award.



## Human Resources Performance Dashboard - June 2018

### Sickness Absence

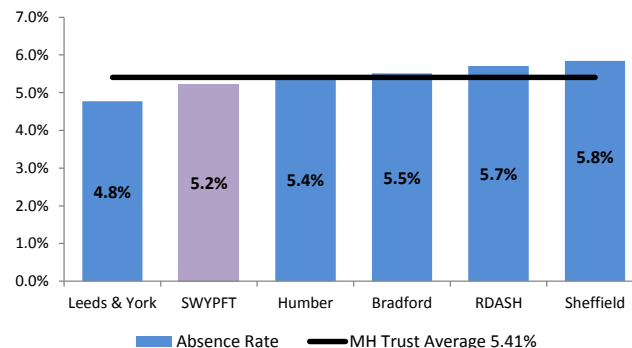


#### Current Absence Position and Change from Previous Month - June 2018

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	3.7%	4.4%	6.0%	4.4%	4.6%	4.6%	4.4%
Change	↓	↓	↔	↓	↑	↑	↔

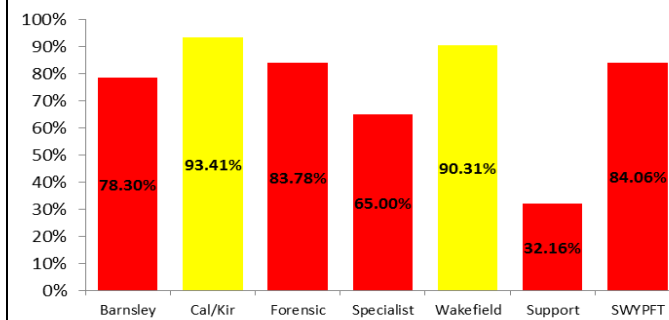
The Trust YTD absence levels in June 2018 (chart above) were below target at 4.4%

The YTD cost of sickness absence is £1,303,099. The Trust was below its target so has saved -£20,591.



The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2017 to March 2018. During this time the Trust's absence rate was 5.23% which is below the regional average of 5.41%.

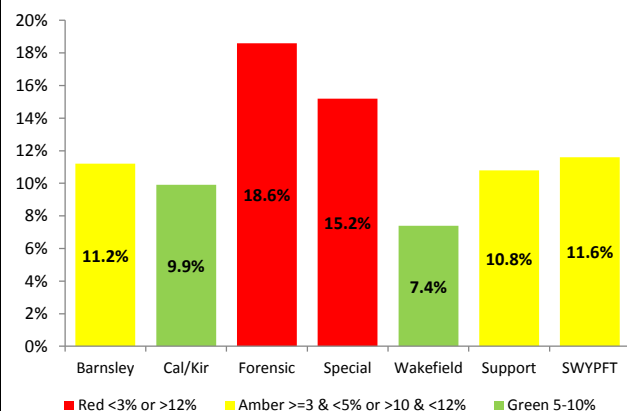
### Appraisals - Band 6 and Above



The above chart shows the appraisal rates for staff at Band 6 and above to the end of June 2018.

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

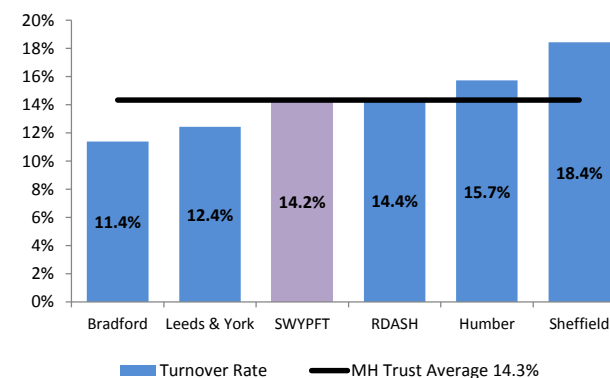
### Turnover and Stability Rate Benchmark



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

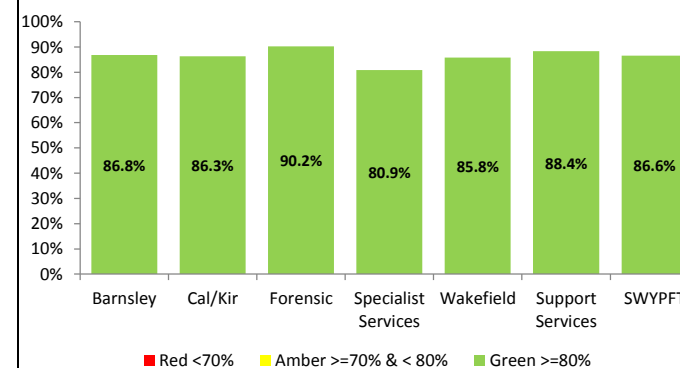
Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.

\*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 April 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.

### Fire Training Attendance



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

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## Workforce - Performance Wall

Trust Performance Wall																
Month	Objective	CQC Domain	Owner	Threshold	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.8%	4.9%	4.9%	5.0%	5.0%	5.1%	5.2%	5.3%	5.3%	4.5%	4.4%	4.4%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.0%	5.2%	5.0%	5.2%	5.6%	5.8%	6.2%	6.0%	4.9%	4.4%	4.4%	4.4%
Appraisals (Band 6 and above) <sup>1</sup>	Improving Resources	Well Led	AD	>=95%	80.9%	89.0%	91.0%	92.7%	97.6%	98.1%	97.9%	97.8%	97.8%	7.3%	26.1%	84.0%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	31.1%	46.2%	75.8%	82.7%	95.5%	95.7%	95.9%	95.9%	96.0%	0.8%	2.8%	9.4%
Aggression Management	Improving Care	Well Led	AD	>=80%	76.6%	77.0%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	73.1%	71.9%	73.4%	72.8%	75.4%	76.6%	77.0%	78.5%	81.4%	82.3%	84.0%	84.5%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	74.6%	77.3%	79.2%	80.7%	82.3%	82.5%	83.8%	85.3%	85.1%	85.6%	85.5%	85.8%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	86.6%	87.1%	85.7%	85.4%	87.0%	86.9%	88.3%	88.9%	88.5%	89.0%	89.8%	89.7%
Fire Safety	Improving Care	Well Led	AD	>=80%	81.8%	82.6%	82.8%	82.8%	83.3%	82.4%	83.8%	84.6%	85.4%	85.3%	86.8%	86.6%
Food Safety	Improving Care	Well Led	AD	>=80%	79.1%	79.2%	77.0%	76.2%	78.4%	78.6%	79.3%	77.8%	77.2%	76.2%	77.2%	77.5%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	83.7%	83.6%	82.3%	81.8%	83.2%	83.2%	85.0%	86.5%	86.8%	87.0%	87.3%	87.3%
Information Governance	Improving Care	Well Led	AD	>=95%	90.4%	89.1%	88.3%	86.2%	85.9%	83.8%	89.2%	95.7%	96.5%	92.4%	92.7%	92.1%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	79.3%	79.3%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	82.5%	86.1%	87.6%	88.9%	90.3%	91.1%	91.0%	91.1%	90.7%	91.1%	91.4%	91.3%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	75.0%	80.3%	81.6%	83.4%	84.7%	86.6%	86.4%	86.0%	84.7%	85.7%	86.8%	86.5%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	61.0%			64.7%			86.5%			78.4%		
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	86.2%	86.0%	86.3%	86.3%	87.4%	87.8%	89.0%	89.8%	89.9%	90.0%	91.0%	91.3%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	84.3%	84.7%	84.8%	84.1%	85.4%	85.1%	86.7%	87.5%	87.8%	88.4%	88.6%	89.4%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.2%	94.2%	94.2%	92.9%	93.4%	93.3%	93.8%	94.3%	93.4%	94.4%	95.1%	94.9%
Bank Cost	Improving Resources	Well Led	AD	-	£576k	£518k	£614k	£545k	£534k	£534k	£604k	£655k	£907k	£557k	£603k	£768k
Agency Cost	Improving Resources	Effective	AD	-	£457k	£446k	£435k	£515k	£531k	£430k	£465k	£563k	£555k	£444k	£538k	£484k
Overtime Costs	Improving Resources	Effective	AD	-	£9k	£12k	£12k	£7k	£10k	£8k	£11k	£13k	£6k	£8k	£13k	£5k
Additional Hours Costs	Improving Resources	Effective	AD	-	£44k	£38k	£45k	£44k	£50k	£39k	£34k	£24k	£23k	£29k	£15k	£23k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£493k	£527k	£499k	£547k	£550k	£594k	£633k	£532k	£483k	£430k	£443k	£417k
Business Miles	Improving Resources	Effective	AD	-	299k	267k	283k	291k	265k	305k	271k	275k	230k	274k	264k	259k

<sup>1</sup> - this does not include data for medical staffing.

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## Workforce - Performance Wall cont...

### Notes:

#### Mandatory Training

##### Green Compliance Status:

- Aggression Management – 81.6% no significant change in compliance from last month. The Aggression Management/Physical Interventions Clinical Level 2 is at 89.2% compliance.
- Cardio Pulmonary Resuscitation – 84.5% no significant change in compliance from last month.
- Clinical Risk – 85.8% no significant change in compliance from last month.
- Equality and Diversity – 89.7% 1% increase on last month.
- Fire Safety – 86.7% no significant change 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 in compliance from last month.
- Mental Health Act – 86.5% no significant change in compliance from last month.
- Mental Capacity Act – 91.3% no significant change in compliance from last month.
- Moving and Handling – 85.6% no significant change in compliance from last month.
- Safeguarding Adults – 91.3% no significant change in compliance from last month.
- Safeguarding Children – 89.43% 0.8% increase on last month.
- Sainsbury's Tool – 94.9% no significant change in compliance from last month.

##### Amber Compliance Status:

- Data Security Awareness Level 1 (formally IG) – 92.1% no significant change on last month.
- Food Safety – 77.5% no significant change 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.

It should be noted that the next report will include the lower levels of mandatory training contained within each subject, in line with how the Care Quality Commission have requested information.

### Sickness

- The Trust sickness has shown a positive downward trend since April and the year to date sickness rate is currently 4.4%. 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 had an increase in sickness during the month but remains the BDU with the lowest year to date sickness level in the Trust at 3.5%. Barnsley BDU and Corporate Services are also below target levels with Calderdale and Kirklees BDU only slightly above. Specialist Services has seen a drop in month sickness levels to 4.4% and so has reduced the year to date position to 5.2% but still remain 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

### Workforce Racial Equality Standard (WRES)

- The WRES data is collected on an annual basis and submitted to the NHS England by the end of September 2018.
- In addition the WRES uses the annual staff survey
- The WRES submission will be presented to the Trust Board on the 25th September 2018 for sign off prior to sending to NHS England
- WRES action plan is agreed through the Equality and Inclusion Forum

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## Guardian of Safe Working Report

Number of doctors in training (total):	51
Amount of time available in job plan for Guardian to do the role:	1 Programmed Activity (PA)
Admin support provided to the Guardian:	Ad hoc
Amount of job-planned time for educational supervisors:	0.125 PAs per Trainee

### Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps with 1 out of the 7 Wakefield posts vacant, 5 out of 10 posts on the Calderdale and Kirklees Core Training Scheme and although none of the 4 CT posts in Barnsley were vacant there was an FY2 vacancy and Specialty Doctor vacancies which affects this rota..

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

There have only been a few ERs completed in SWYT since the introduction of the new contract and only one during this period. This related to a higher trainee being asked to act down to cover a vacant 1st on-call shift.

### Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

### Rota gaps and cover arrangements

Gaps by rota January/February/March '18					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	52 (29%)	22 (42%)	5 (10%)	25 (48%)	0
Calderdale 1st	37 (20%)	23 (62%)	9 (24%)	4 (11%)	1 (3%)
Kirklees 1st	17 (19%)	17 (100%)	0	0	0
Wakefield 1st	2 (1%)	2 (100%)	0	0	0
Total 1st	108 (17%)	64 (59%)	14 (13%)	29 (27%)	1 (1%)
Wakefield 2nd	7 (8%)	0	0	7 (100%)	0

Costs of Rota Cover January/February/March '18					
1 <sup>st</sup> On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	22 (167)*	£5880	5 (52)	£2598.40	
Calderdale	23 (184)	£6440	9 (81.75)	£3612.80	
Kirklees	17 (312)	£10920	0	0	
Wakefield	2 (24.5)	£857.50	0	0	
Total	64 (687.5)	£24097.50	14 (133.75)	£6211.20	£30308.70

\*The majority of shifts in Barnsley (25) and some shifts in Calderdale (10) were covered by Specialty Doctors who were paid according to their individual terms and conditions.

There continue to be a number of trainee vacancies across the trust which in turn places greater pressure on those in post. As a result of these vacancies there are numerous gaps on the rota and the lack of staff means that the remaining Trainees cannot be expected to do all the extra shifts. The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. Due to the number of gaps, it has been necessary to use agency or external staff on a number of occasions. In this quarter, there was only 1 shift unfilled compared with 4 shifts in the last quarter, where it was not possible to obtain junior doctor cover.

### Issues and Actions

Recruitment – vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved through The Royal College (MTI - Medical Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training) and a pilot Physician Associate role to address this.

Management of rota gaps – The process for managing rota gaps appears to be improving. The Medical Bank appears to have had an impact on this. Also, new administrators are developing experience and getting used to processes to manage gaps. However, the trust is likely to need to continue to need support from agency locums in the short to medium term. It is positive that only one shift was un-covered.

Junior Doctors' Forum – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. A number of issues about the Induction process were raised at the last meeting which the Guardian and AMD for Postgraduate Medical Education are trying to address.

Education and support – The Guardian will continue to work closely with the new Assistant Medical Director for Postgraduate Medical Education to improve systems to support clinical supervisors and monitor the educational aspects of the new contract and through induction sessions for new trainees on the use of Exception Reporting.

IT system – a decision was made to move from DRS to Allocate from April 2018. This seems to have proceeded smoothly but with only 1 ER since then it is hard to comment further at this stage.

## Publication Summary

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

### NHS England

Learning from deaths: guidance for NHS trusts on working with bereaved families and carers

This guidance advises trusts on how they should support, communicate and engage with families following a death of someone in their care. It sets out different stages following a death and calls on trusts to involve families throughout by providing bereavement support, signposting families to advice and advocacy support along with examples of how trusts are working with families and good practice guidance on specific subjects.

[Click here for link to guidance](#)

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

National Health Service Pay Review Body: thirty-first report 2018, Department of Health and Social Care

NHS Improvement provider bulletin: 27 June 2018:

- Patient Safety Alert: resources to support safer modification of food and drink
- Stop the Pressure: definition and measurement framework and national curriculum for pressure ulcer prevention
- New learning disability improvement standards
- Getting It Right First Time (GIRFT): cranial neurosurgery report
- Improvement 2018: leading for improvement
- Webinar: Evaluating your Freedom To Speak Up (FTSU) arrangements
- Updates from NHSI partners

Statistics on smoking, England: 2018

Female genital mutilation: April 2017-March 2018, annual report, experimental statistics report

NHS Improvement provider bulletin: 4 July 2018

- Deliver same-day care with help from new ambulatory emergency care (AEC) guides
- Three new safe staffing improvement resources
- Criteria-led discharge in practice
- Community and education and training standards published
- Webinar: Model Hospital masterclass — understanding the nursing and midwifery compartment
- Updates from NHSI partners

NHS Improvement provider bulletin: 11 July 2018

- Measles exposures and infections: recommended actions
- Manage bed capacity more effectively with the long-stays dashboard
- Update on the Single Oversight Framework (SOF)
- 2016/17 medical workforce data now live on Model Hospital
- Well-led for the future: development for NHS board members and non-executive directors
- Updates from NHSI partners

Monthly hospital activity data: May 2018

Provisional monthly hospital episode statistics for admitted patient care, outpatient and accident a

Psychological therapies: reports on the use of IAPT services, England: April 2018

## Publication Summary

Mental health services monthly statistics: final April, provisional May 2018

Community services statistics for children, young people and adults: March 2018

Direct access audiology waiting times: May 2018

Diagnostic imaging dataset: March 2018

Learning disability services monthly statistics, provisional statistics (assuring transformation: June 2018; mental health statistical dataset: April 2018, final)



**South West  
Yorkshire Partnership**  
NHS Foundation Trust



# Finance Report

**Month 3  
(2018 / 19)**

**Appendix 1**



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

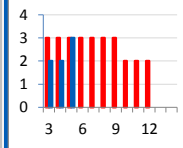
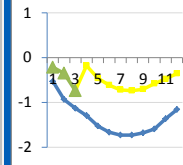
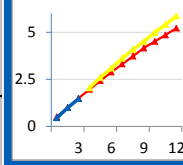
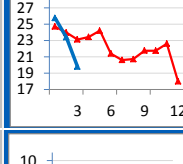
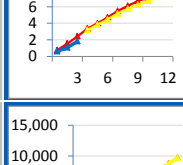
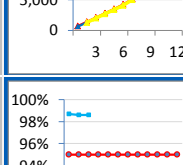
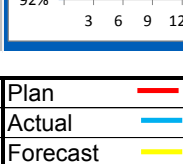
With **all of us** in mind.



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1.0	Executive Summary / Key Performance Indicators
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Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	3	3	Given the fact the Trust's I&E margin is a deficit in excess of 1% it scores a risk rating of 4. This means the overall risk rating can only be 3, which is a deterioration compared to 2017/18 and May.	
2	Normalised Deficit (excl PSF)	(£1m)	(£2.6m)	A disappointing deficit in June of £464k pre Provider Sustainability Fund (PSF) was incurred. The year-to-date deficit is now close to £1m, which whilst favourable to plan is a concern given the run rate.	
3	Agency Cap	£1.5m	£5.8m	Agency expenditure was £0.5m in June, which is fairly consistent with recent months. Year-to-date costs are £1.5m which is 3% higher than the same period last year. Current year-end projection is to exceed our agency cap by £0.6m (12%).	
4	Cash	£19.8m	£18m	The Trust cash position is £3.4m below plan in June due to delayed payments from two commissioners. These were paid on July 2nd.	
5	Capital	£1.8m	£8.1m	Capital expenditure is £0.6m lower than plan to date, largely due to the timing of some IT schemes. All schemes are being progressed and are expected to be delivered by the year-end.	
6	Delivery of CIP	£2m	£9.7m	Year to date CIP delivery is £0.1m behind plan (5%). At June 2018 the forecast position assumes delivery of the potential upside scenarios (£1.3m).	
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

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

Area	Weight	Metric	Actual Performance		Plan - Month 3	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	1.7	3	1.3	3
	20%	Liquidity (Days)	22.0	1	20.8	1
Financial Efficiency	20%	I & E Margin	-1.4%	4	-2.1%	4
Financial Controls	20%	Distance from Financial Plan	0.7%	1	0.0%	1
	20%	Agency Spend	-2.2%	1	0.0%	1
Weighted Average - Financial Sustainability Risk Rating				3		3

### Impact

The current finance risk rating is 3. The Trust's I & E Margin exceeds a deficit of 1% at month 3, achieving a risk rating of 4 (this is in line with the planned position). As a result of the I&E Margin metric achieving 4 this means that the maximum threshold of 3 is applied to the financial sustainability risk rating 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.

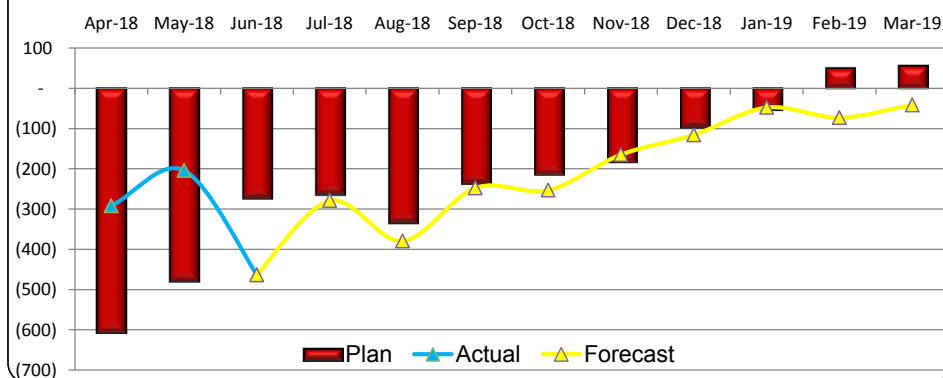
**I & E Margin** - the degree to which the organisation is operating at a surplus/deficit

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

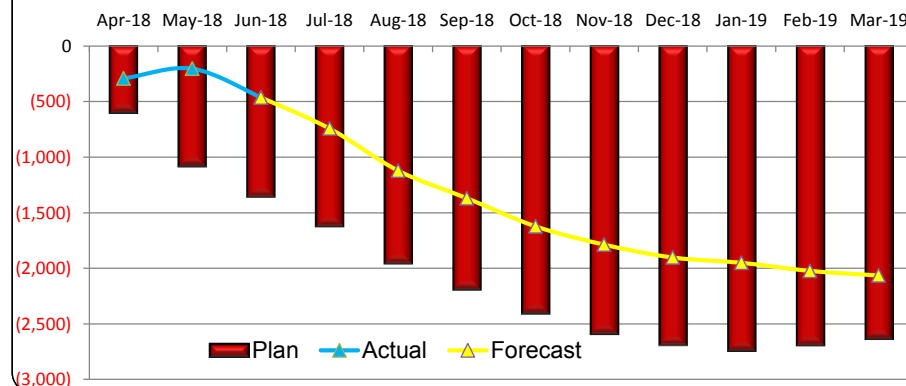
**Agency Cap** - A cap of £5.2m has been set for the Trust in 2018 / 2019. This metric compares performance against this cap.

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
				16,888	16,853	(34)	Clinical Revenue	50,226	50,169	(57)	200,153	200,220	68
				<b>16,888</b>	<b>16,853</b>	<b>(34)</b>	<b>Total Clinical Revenue</b>	<b>50,226</b>	<b>50,169</b>	<b>(57)</b>	<b>200,153</b>	<b>200,220</b>	<b>68</b>
				1,087	1,115	28	Other Operating Revenue	3,239	3,362	123	12,538	12,437	(101)
				<b>17,975</b>	<b>17,968</b>	<b>(7)</b>	<b>Total Revenue</b>	<b>53,465</b>	<b>53,532</b>	<b>66</b>	<b>212,691</b>	<b>212,657</b>	<b>(34)</b>
4,072	4,058	(14)	0.3%	(13,767)	(13,900)	(133)	Pay Costs	(41,476)	(41,300)	177	(164,994)	(165,055)	(61)
				(3,619)	(3,706)	(88)	Non Pay Costs	(10,596)	(10,731)	(135)	(41,214)	(41,028)	186
				(81)	(50)	31	Provisions	(405)	(131)	274	243	154	(89)
<b>4,072</b>	<b>4,058</b>	<b>(14)</b>	<b>0.3%</b>	<b>(17,467)</b>	<b>(17,657)</b>	<b>(190)</b>	<b>Total Operating Expenses</b>	<b>(52,477)</b>	<b>(52,161)</b>	<b>316</b>	<b>(205,965)</b>	<b>(205,928)</b>	<b>36</b>
<b>4,072</b>	<b>4,058</b>	<b>(14)</b>	<b>0.3%</b>	<b>508</b>	<b>311</b>	<b>(196)</b>	<b>EBITDA</b>	<b>988</b>	<b>1,370</b>	<b>382</b>	<b>6,726</b>	<b>6,729</b>	<b>3</b>
				(474)	(474)	0	Depreciation	(1,422)	(1,422)	0	(5,671)	(5,672)	(1)
				(310)	(310)	0	PDC Paid	(931)	(930)	1	(3,726)	(3,725)	1
				4	9	5	Interest Received	11	22	11	45	43	(2)
<b>4,072</b>	<b>4,058</b>	<b>(14)</b>	<b>0.3%</b>	<b>(273)</b>	<b>(464)</b>	<b>(191)</b>	<b>Normalised Surplus / (Deficit) Excl PSF</b>	<b>(1,354)</b>	<b>(959)</b>	<b>394</b>	<b>(2,626)</b>	<b>(2,626)</b>	<b>0</b>
				73	73	0	PSF (Provider Sustainability Fund)	221	221	0	1,470	1,470	0
<b>4,072</b>	<b>4,058</b>	<b>(14)</b>	<b>0.3%</b>	<b>(200)</b>	<b>(391)</b>	<b>(191)</b>	<b>Normalised Surplus / (Deficit) Incl PSF</b>	<b>(1,133)</b>	<b>(738)</b>	<b>394</b>	<b>(1,156)</b>	<b>(1,156)</b>	<b>0</b>
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
<b>4,072</b>	<b>4,058</b>	<b>(14)</b>	<b>0.3%</b>	<b>(200)</b>	<b>(391)</b>	<b>(191)</b>	<b>Surplus / (Deficit)</b>	<b>(1,133)</b>	<b>(738)</b>	<b>394</b>	<b>(1,156)</b>	<b>(1,156)</b>	<b>0</b>

Trust Monthly I &amp; E Profile (Excluding revaluation and PSF)



Trust Cumulative I &amp; E Profile (Excluding revaluation and PSF)



**Financial performance in June is a sizeable deficit. The run rate is adverse to what needs to be achieved and action is required in order to secure the year end control total position.**

### Month 3

The June position is a pre PSF deficit of £464k and a post PSF deficit of £391k, this is £191k behind plan. The normalised year-to-date position is a pre PSF deficit of £959k, which whilst favourable to the Q1 plan demonstrates a run rate which is significantly adverse to what its required to achieve our year-end control total of £2.6m deficit.

Both pay and non-pay costs were overspent in June. Out of area bed costs remain high and were only partly offset by savings in other non-pay areas. The net effect of temporary staffing costs covering vacancies was an overspend of £133k.

### Income

At month 3 income is £34k ahead of plan, a full breakdown of Income is shown on page 7.

2018/19 CQUIN income totals £4.3m, a risk of £0.3m has been identified and actions are being taken to try to reduce this risk.

### Pay Expenditure

As stated earlier pay costs were £133k overspent in June. This is the first monthly overspend on pay in well over a year. Cumulatively pay costs remain £0.2m favourable to plan. Further details on pay expenditure are provided on page 8.

Whilst the Trust has continued to run with a number of vacancies the costs associated with temporary staffing used to meet clinical and service requirements have exceeded any saving. In particular bank costs have increased in month and this is closely linked to cost pressures being experienced on inpatient wards. Due to this a further focus has been provided at page 10.

### Non Pay Expenditure

Non pay overspent by £88k in June. Whilst out of area bed spend has stabilised it remains significantly higher than historical averages and budget. Actual spend was £349k in-month and is £1.1m cummulatively. The year-to-date spend represents over 60% of the full year budget. Drugs costs remains a pressure although a number of savings linked to pricing and usage have been identified and are being validated.

### Forecast

The Trust is still forecasting to achieve its year-end control total of £2.6m deficit, but given the fact a number of the risks identified at the beginning of the year and the current run rate this is at risk. Based on known risks and other information additional savings of £1.5m are required to enable achievement of the control total.

## Income Information

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

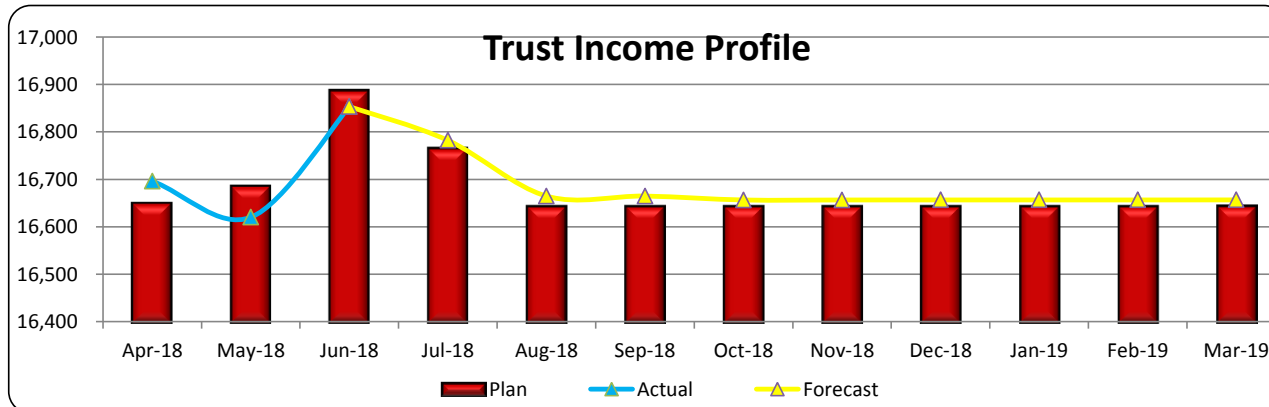
There is an increase in planned and actual income in month 3 as seen in the graph below. This is due to an expected contract variation with commissioners for reimbursement of property costs. The increased expenditure has also been included in non pay from month 3. This has been included prior to final contract signature to ensure that both income and expenditure are not misstated. It is expected that this process will be finalised in month.

The annual budget and forecast have also been updated in June 2018 following the announcement of retained IAPT services in Barnsley. This was previously flagged within the Trust risk and opportunity assessment.

There is a potential risk of unachieved CQUIN which has not been included in the forecast but has been presented through the Trust risk and upsides assessment.

Commissioner	Year to Date			Variance Headlines		
	Budget £k	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
CCG	24,263	24,144	(119)	0	(119)	(119)
Specialist Commissioner	3,893	3,893	0	0	0	0
Alliance	2,158	2,158	0	0	0	0
Local Authority Partnerships	843	843	(0)	0	(0)	(0)
Other	17,915	17,977	62	0	62	62
<b>Total</b>	<b>50,226</b>	<b>50,169</b>	<b>(57)</b>	<b>0</b>	<b>(57)</b>	<b>(57)</b>

Budget £k	Forecast		Variance Headlines		
	Actual £k	Variance £k	CQUIN £k	Other £k	Total £k
143,957	143,957	(0)	0	(0)	(0)
23,356	23,356	0	0	0	0
14,478	14,478	0	0	0	0
5,060	5,000	(60)		(60)	(60)
6,922	6,922	0	0	0	0
6,381	6,509	128	0	128	128
200,153	200,220	68	0	68	68



CQUIN Risk - Summary		
	YTD	Forecast
Wellbeing Improvement	38	151
Ill Health by Risky behaviour	25	101
<b>Total</b>	<b>63</b>	<b>252</b>

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
<b>Substantive</b>	12,595	12,598	12,593										<b>37,786</b>
<b>Bank &amp; Locum</b>	571	652	824										<b>2,047</b>
<b>Agency</b>	444	538	484										<b>1,466</b>
<b>Total</b>	<b>13,610</b>	<b>13,789</b>	<b>13,901</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>41,300</b>
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	<b>166,257</b>
Bank as %	4.2%	4.7%	5.9%										<b>5.0%</b>
Agency as %	3.3%	3.9%	3.5%										<b>3.6%</b>

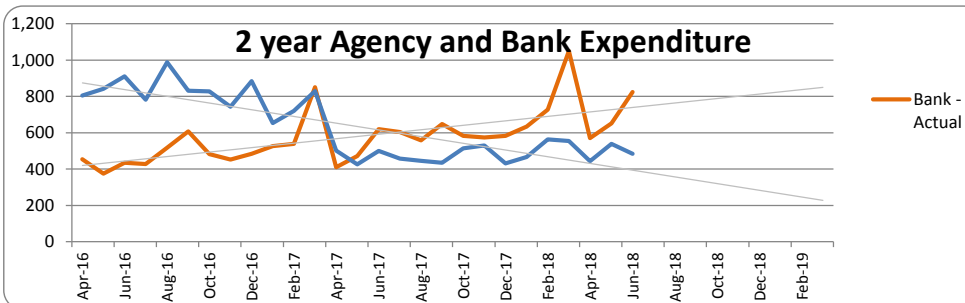
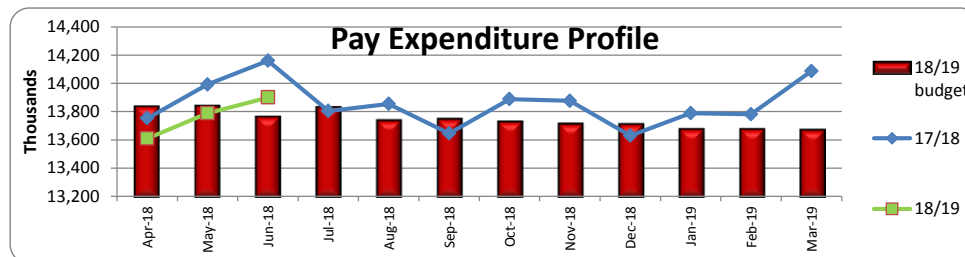
Year to Date expenditure - by staff group				
	Substantive £k	Temp £k	Agency £k	Total £k
Medical	4,454	119	808	5,381
Nursing Registered	12,984	627	134	13,746
Nursing Unregistered	4,117	1,000	344	5,461
Other	10,055	154	181	10,389
Admin	6,161	162	0	6,323
<b>Total</b>	<b>37,771</b>	<b>2,062</b>	<b>1,466</b>	<b>41,300</b>

June WTE Analysis					
	Budgeted	Contracted	Bank	Agency	Variance
Medical	210	165	2	19	(24)
Qualified Nursing	1,376	1,240	67	9	(60)
Unqualified Nursing	637	607	151	38	160
Other Clinical	847	764	8	10	(65)
A & C	805	733	27	0	(45)
Other	313	292	10	1	(9)
Staff Vacancy Factor	(115)	0	0	0	115
<b>Total</b>	<b>4,072</b>	<b>3,803</b>	<b>265</b>	<b>77</b>	<b>73</b>

### Key Messages

Bank and locum costs have continued to increase in June 2018 and are higher than the average monthly spend for 2017 / 2018 (£622k). It is important to note that there was an increase also in June 2018 which relates to bank holiday payments (worked during May each year). This continues to be triangulated with substantive and agency costs and how the Trust provides a workforce solution to meet the demands placed on services. A key area of workforce spend is on inpatient wards, and this is typically overspending. As such a specific focus is provided on page 10.

Substantive pay levels are at a consistent level across quarter 1. It has been confirmed that the Agenda For Change pay award will be actioned in July 2018. This is currently not included within forecasted levels of spend as per national guidance. It is fully anticipated that specific funding will be made directly available to providers to cover the extent of the pay award.



## 2.1 Agency Expenditure Focus

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

**The forecast expenditure breaches cap by £0.6m**

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

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

Good progress was made in 2017/18 in terms of significantly reducing agency usage and costs from the £9.8m incurred in 2016/17. Costs now seem to have plateaued at £450k-£550k per month. The maximum agency cap established by NHSI for 2018/19 is £5.2m which is £0.6m lower than the cap for last year.

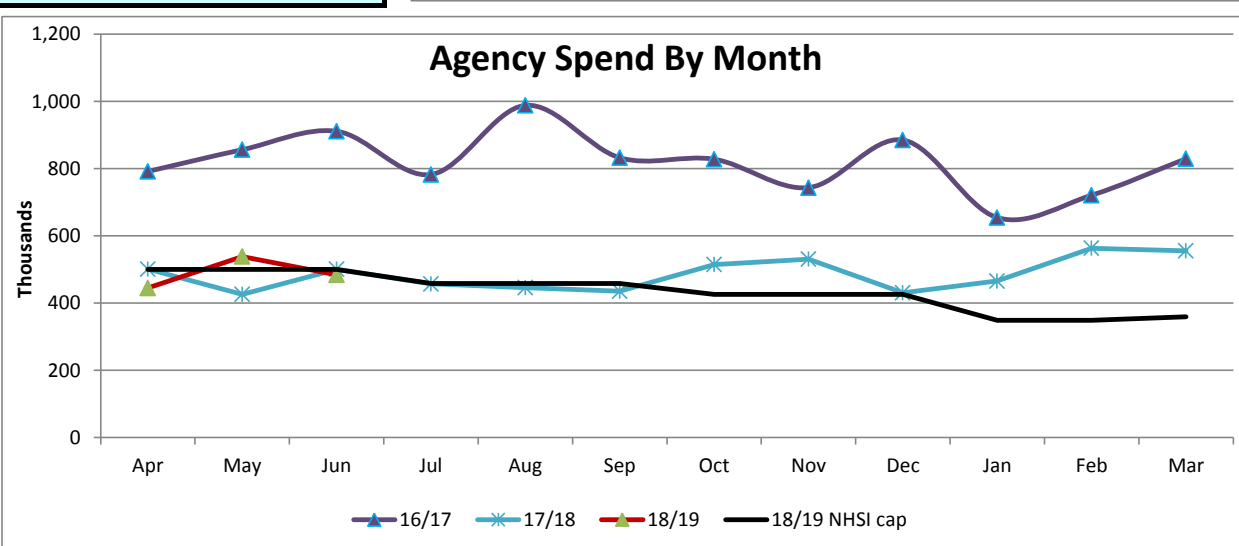
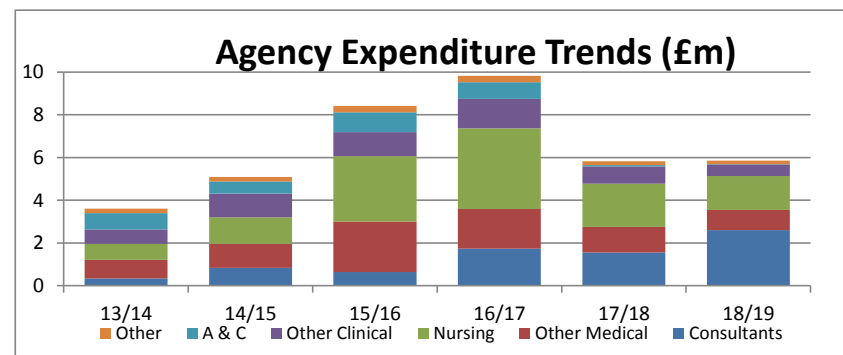
The NHS Improvement cap has been profiled to reduce spend across the year as actions have their desired impact. The cap profile reduces from £500k per month in April 2018 to £359k per month in March 2019. Actual expenditure needs to reduce to remain under this cap.

At month 3 agency spend is £484k, 3% below cap. Overall the year to date expenditure is 2% below cap.

Small decreases in agency spend have been seen across all staff groups in June. Medical vacancy cover and nursing shift requirements to support the inpatient wards remain high.

Forecast agency usage within Specialist services accounts for 47% (£2.7m) of total agency expenditure.

The agency cap profile begins to reduce in July, expenditure is forecast to exceed the cap for the remainder of the year, and to exceed cap by £0.6m (12%) by the end of the year.





## 2.1

## Inpatient Wards Pay Expenditure Focus

On an ad hoc basis additional focussed information is provided to highlight financial pressures or good practice. This provides a consolidated Trustwide view which may help to identify a whole system response.

This specific focus is on current spend and run rate for inpatient ward areas. Whilst non pay and income have been reviewed the largest pressure is pay related and as such the focus is on that area. This focus does not include forensic services and, as it considers direct ward spend only, does not include any medical input or other costs.

Inpatient wards have funded staffing establishment based upon clinically agreed safer staffing models. In line with contracts with commissioners these are based upon normal activity levels, 85% occupancy (which is the commissioned level) and normal levels of acuity.

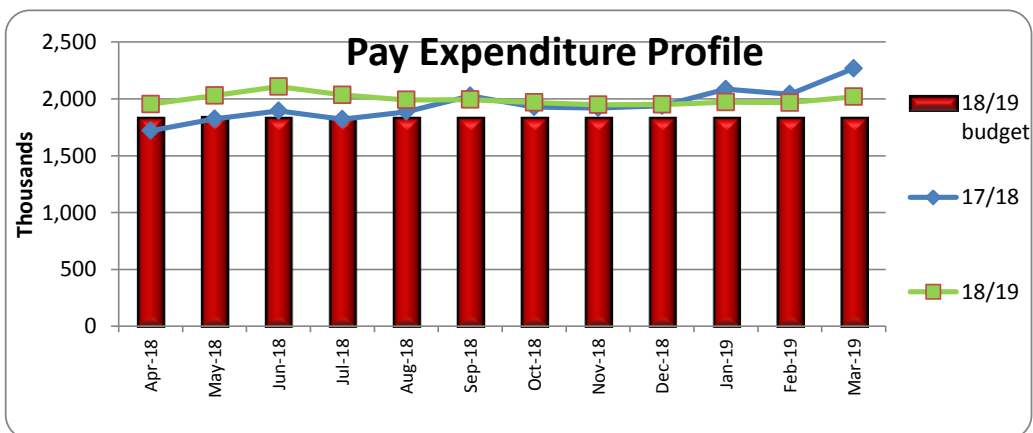
Changes to these base assumptions, such as additional staffing to meet levels of demand, result in financial pressures.

Inpatient Type	Year to Date		
	Budget £k	Actual £k	Variance £k
Adult Working Age	1,826	2,074	(248)
Older Peoples	1,131	1,295	(164)
Rehab	201	196	5
PICU	695	767	(72)
Other	1,652	1,759	(107)
<b>Total</b>	<b>5,505</b>	<b>6,092</b>	<b>(587)</b>

Substantive	5,505	4,879	626
Bank	0	908	(908)
Agency	0	304	(304)
<b>Total</b>	<b>5,505</b>	<b>6,092</b>	<b>(587)</b>

Budget £k	Forecast	
	Actual £k	Variance £k
7,304	8,202	(898)
4,524	5,237	(713)
803	769	34
2,779	2,968	(189)
6,597	6,755	(158)
<b>22,007</b>	<b>23,931</b>	<b>(1,924)</b>

22,007	19,470	2,537
0	3,383	(3,383)
0	1,078	(1,078)
<b>22,007</b>	<b>23,931</b>	<b>(1,924)</b>



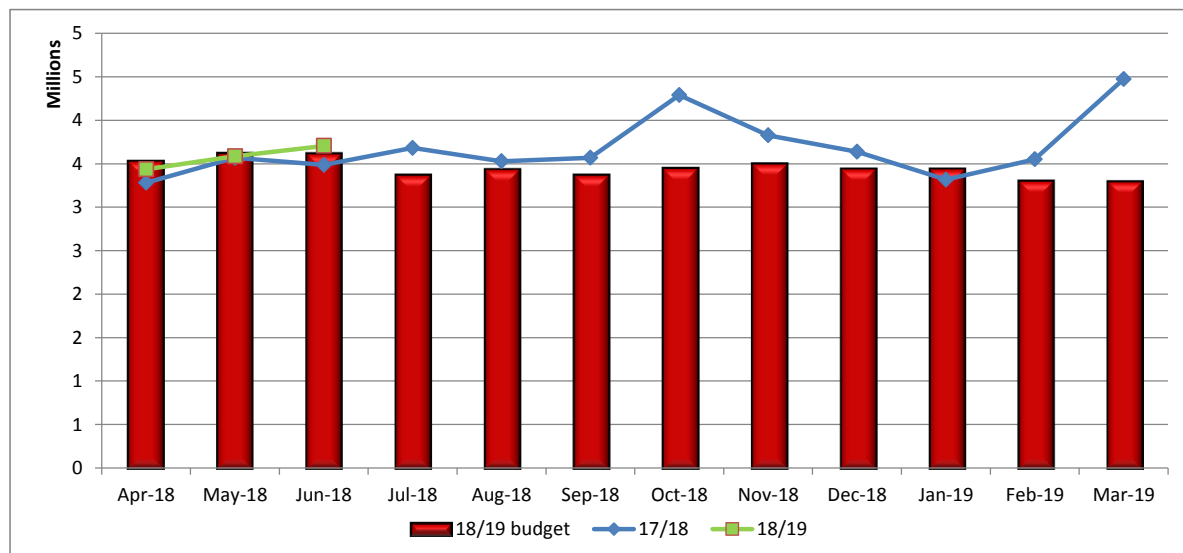
This focus looks at 19 wards which in total are forecasting an overspend of £1.9m. Of these, 3 wards represent £1.1m (57%) of this overspend. These are wards 18 and 19 at Priestley and Priory ward at Fieldhead.

Across all wards the same themes of high acuity levels, vacancies, sickness, maternity leave and escorts are driving the high levels of overspend. On one ward an additional 29 shifts a week were used throughout the month.

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
<b>2018 / 2019</b>	3,437	3,588	3,706										<b>10,731</b>
<b>2017 / 2018</b>	3,281	3,568	3,488	3,681	3,529	3,570	4,292	3,829	3,637	3,318	3,552	4,474	<b>44,219</b>

	Budget YTD £k	Actual YTD £k	Variance £k
<b>Non Pay Category</b>			
Clinical Supplies	699	712	(12)
Drugs	738	818	(80)
Healthcare subcontracting	1,363	1,698	(336)
Hotel Services	454	468	(15)
Office Supplies	1,316	1,279	37
Other Costs	1,144	1,009	134
Property Costs	1,625	1,677	(52)
Service Level Agreements	1,520	1,513	7
Training & Education	149	118	30
Travel & Subsistence	971	804	167
Utilities	291	303	(12)
Vehicle Costs	326	330	(4)
<b>Total</b>	<b>10,596</b>	<b>10,731</b>	<b>(135)</b>
<b>Total Excl OOA and Drugs</b>	<b>8,495</b>	<b>8,214</b>	<b>281</b>



### Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £336k. As a fluctuating pressure the out of area focus provides further details on this.

The next largest non pay variance to plan relates to drugs. The run rate has reduced in June 2018 (£10k overspend in month compared to £46k over in month 2) and the impact of actions led by the pharmacy department continue to be assessed. Costed schemes illustrate a recurrent full year effect of £263k whilst review of prescribing practices, standardisation of drugs used and pricing changes continue to provide new savings opportunities. In 2017/18 drugs had overspent by £173k at Q1.

Property costs in June include an additional £0.3m LIFT adjustment to account for a contract variation to reimburse property costs, all quarter 1 income and expenditure has been reported in month 3, the adjustment does not create an additional pressure in year.

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

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

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

On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. 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 (£)**

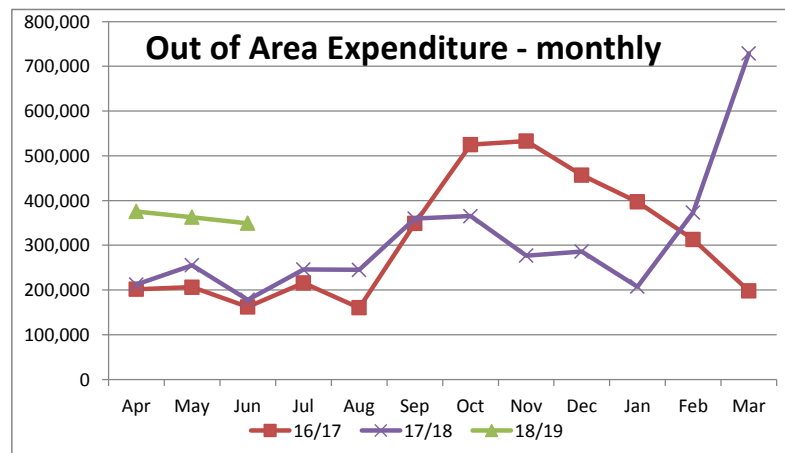
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	0	0	0	0	0	0	0	0	0	1,088

**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	598	382	414	0	0	0	0	0	0	0	0	0	1,394

**Bed Day Information 2018 / 2019 (by category)**

PICU	316	204	128										648
Acute	277	125	181										583
Gender	5	53	105										163
Total	598	382	414										1,394



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 £367k year to date.

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.

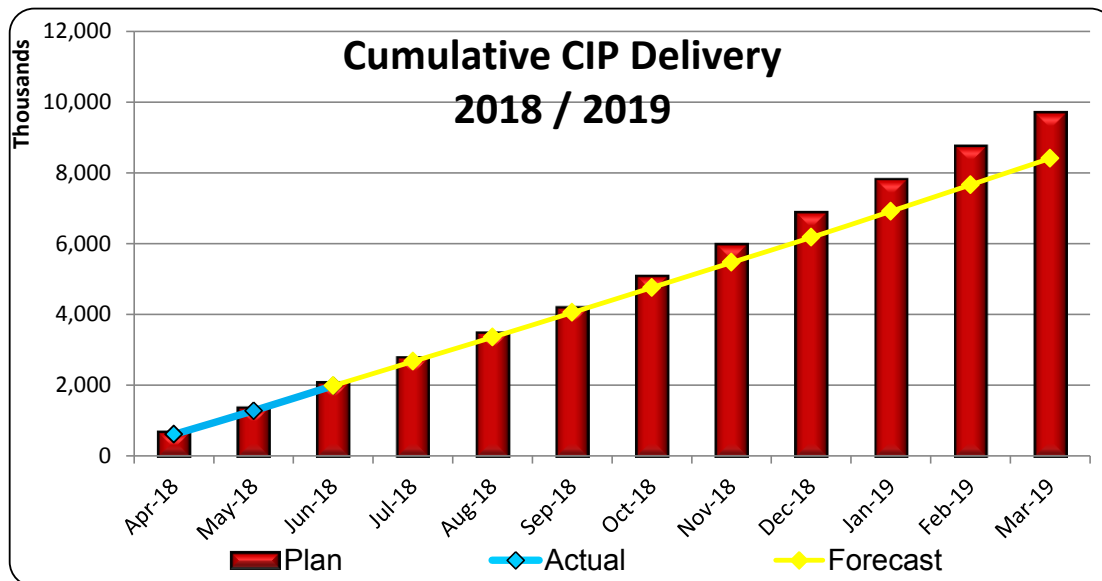
These actions will include working closely with STP partners to gain an understanding of bed utilisation across the area.

## 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	2,091	9,701

Delivery as originally planned	565	1,155	1,727	2,303	2,877	3,464	4,056	4,649	5,242	5,867	6,500	7,133	1,727	7,133
Mitigations - Recurrent & Non-Recurrent	37	119	254	364	474	584	699	814	930	1,045	1,160	1,275	254	1,275
Mitigations - Upside schemes							215	430	645	860	1,075	1,292	0	1,292
Total Delivery	602	1,274	1,981	2,667	3,351	4,048	4,970	5,894	6,817	7,772	8,735	9,700	1,981	9,700

Variance	(89)	(108)	(110)	(131)	(150)	(155)	(130)	(104)	(77)	(52)	(27)	(0)	(110)	(0)
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The Trust has a CIP requirement for 2018 / 19 totalling £9.7m. This includes £1.6m of unidentified savings at the beginning of the year.

Schemes forecast to achieve savings now total £8.4m (up £0.3m from month 2 and a total £0.5m from month 1). This follows the realisation of planned upsides (income contributions) and identification of new non pay savings through continued cost review and challenge.

Currently a value of £1.3m is rated as red for delivery or unidentified. As potential upsides continue to be finalised these will reduce this value. Month 4 should incorporate the financial impact of management structural changes and additional insurance savings.

	2017 / 2018 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	123,810	124,393	124,206	1
<b>Current Assets</b>				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,707	5,713	2
Non NHS Trade Receivables (Debtors)	1,867	3,377	1,657	
Other Receivables (Debtors)	1,219	1,000	2,400	3
Accrued Income	3,660	4,650	5,598	4
Cash and Cash Equivalents	26,559	23,125	19,772	5
<b>Total Current Assets</b>	<b>34,925</b>	<b>35,091</b>	<b>35,373</b>	
<b>Current Liabilities</b>				
Trade Payables (Creditors)	(4,158)	(5,270)	(4,323)	6
Capital Payables (Creditors)	(1,142)	(1,742)	(823)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(6,501)	
Accruals	(5,799)	(6,000)	(6,693)	7
Deferred Income	(670)	(670)	(806)	
<b>Total Current Liabilities</b>	<b>(17,552)</b>	<b>(19,682)</b>	<b>(19,145)</b>	
<b>Net Current Assets/Liabilities</b>	<b>17,373</b>	<b>15,409</b>	<b>16,227</b>	
<b>Total Assets less Current Liabilities</b>	<b>141,183</b>	<b>139,802</b>	<b>140,433</b>	
Provisions for Liabilities	(6,490)	(6,240)	(6,479)	
<b>Total Net Assets/(Liabilities)</b>	<b>134,693</b>	<b>133,562</b>	<b>133,955</b>	
<b>Taxpayers' Equity</b>				
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	59,389	59,782	8
<b>Total Taxpayers' Equity</b>	<b>134,693</b>	<b>133,562</b>	<b>133,955</b>	

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

Additional levels of detail have been included when compared to 2017 / 2018 to highlight accrued income and payables due to tax, National Insurance (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. NHS Debtors are higher than plan, as two block contracts were not paid within month (£3.5m). Both of these were paid on the 2nd July.

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

4. Accrued income is currently higher than plan, This includes £1m with Barnsley Metropolitan Borough Council (BMBC) awaiting purchase order, £0.8m lease cars, £2.1m PSF (£2m of which was received 6th July) and £0.4m CQUIN.

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 due to timing of invoices.

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

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	1,493	132	101	(31)	1,598	105	2
Equipment Replacement	0	0	27	27	27	27	
IM&T	1,550	450	57	(393)	1,417	(133)	
<b>Major Capital Schemes</b>							
Fieldhead Non Secure	4,229	1,604	1,513	(92)	4,229	(0)	
Clinical Record System	828	251	147	(104)	853	25	
VAT Refunds	0	0	(24)	(24)	(24)	(24)	1
<b>TOTALS</b>	<b>8,100</b>	<b>2,437</b>	<b>1,820</b>	<b>(617)</b>	<b>8,100</b>	<b>(0)</b>	

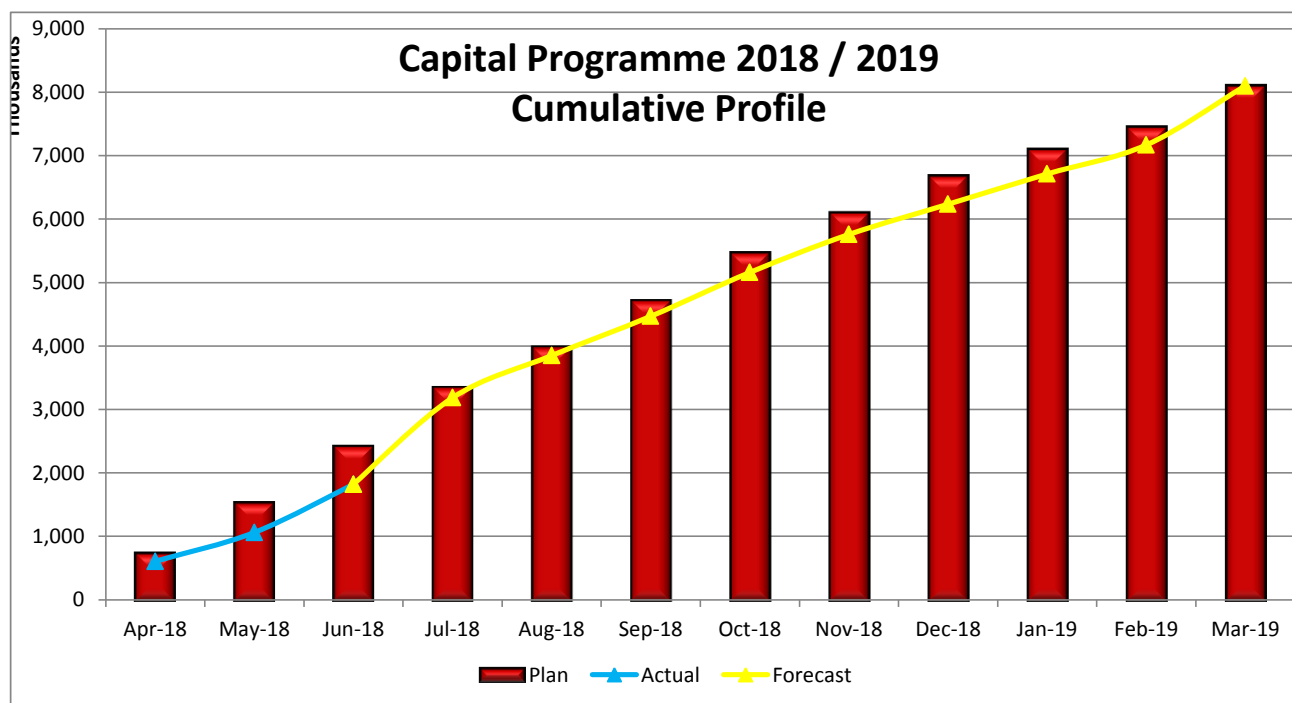
Spend to date is behind plan specifically within IM & T. Work schemes are being progressed to ensure value for money.

#### Capital Expenditure 2018 / 2019

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

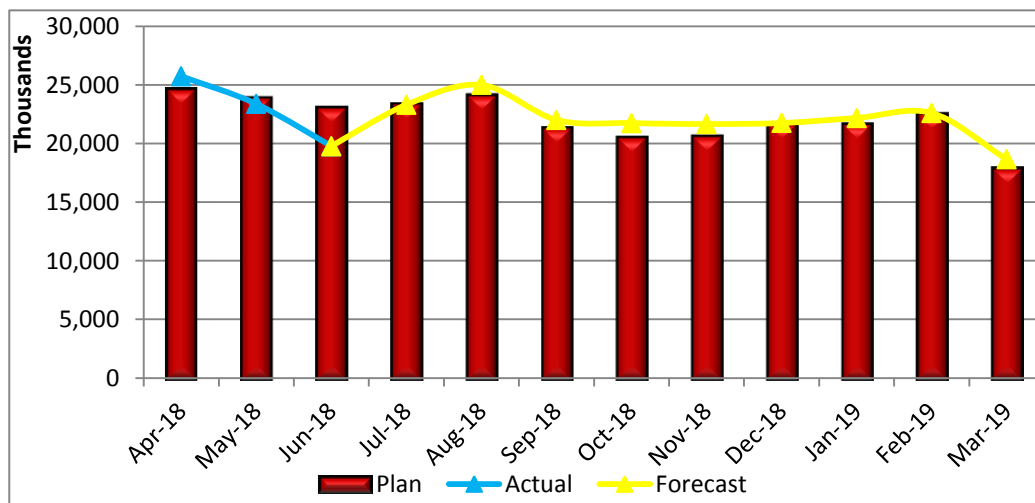
The year to date position is £617k (25%) lower than plan excluding VAT refunds.

2. IM&T expenditure is currently below plan, but orders have typically been placed for the major items. As such it is expected that this is very much a timing issue.

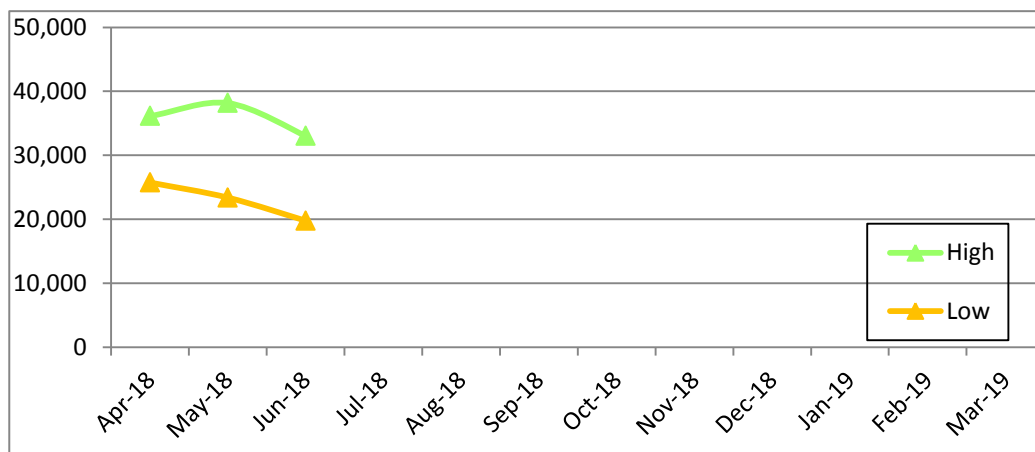


## 3.2

## Cash Flow & Cash Flow Forecast 2018 / 2019



	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	23,125	19,772	(3,353)



**Cash is £3.4m behind plan. Block payments for June 2018 (£3.5m) were not received until 2nd July.**

Cash is below plan due to the late payments relating to 2 block contracts. These were subsequently paid on July 2nd and it is forecast that cash will be closer to plan next month.

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

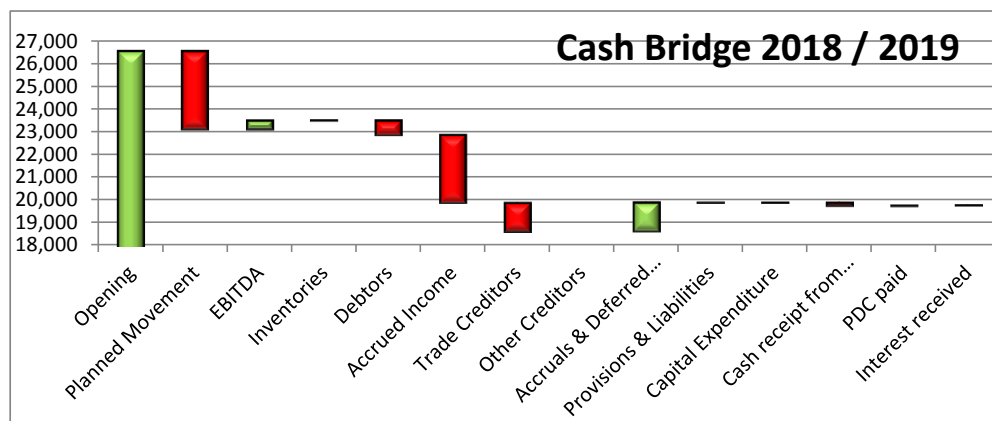
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £33m  
The lowest balance is: £19.8m

This reflects cash balances built up from historical surpluses.

### 3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
<b>Opening Balances</b>	<b>26,559</b>	<b>26,559</b>	<b>0</b>	
Surplus / Deficit (Exc. non-cash items & revaluation)	1,209	1,592	383	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(3,600)	(4,241)	(641)	3
Accrued Income / Prepayments	0	(2,993)	(2,993)	4
Trade Payables (Creditors)	1,200	(47)	(1,247)	5
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	(250)	1,030	1,280	2
Provisions & Liabilities	0	(11)	(11)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(2,005)	(2,139)	(134)	
Cash receipts from asset sales	0	2	2	
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	12	22	10	
<b>Closing Balances</b>	<b>23,125</b>	<b>19,772</b>	<b>(3,352)</b>	



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

Factors which increase the cash position against plan:

1. Whilst we are reporting an in year deficit the actual position is favourable to plan which has a positive impact on cash.
2. Accruals and deferred income are higher than plan, this is expected to reduce further in July 2018 as invoices will be received for Quarter 1 charges.

Factors which decrease the cash position against plan:

3. Debtors are higher than plan, this is due to the delay in payment of 2 NHS block contracts, these were paid on the 2nd July. From a cash perspective these have been offset with other debtors being lower than planned. Debtor management remains the key focus of the Trust cash management work.
4. Accrued income is higher than plan, purchase order numbers are still outstanding for £1.0m. These are been actively chased. We would not normally raise these invoices without a purchase order as they would be returned unpaid.
5. Creditors are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code and any aged creditors are reviewed and action plans for resolution agreed.

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



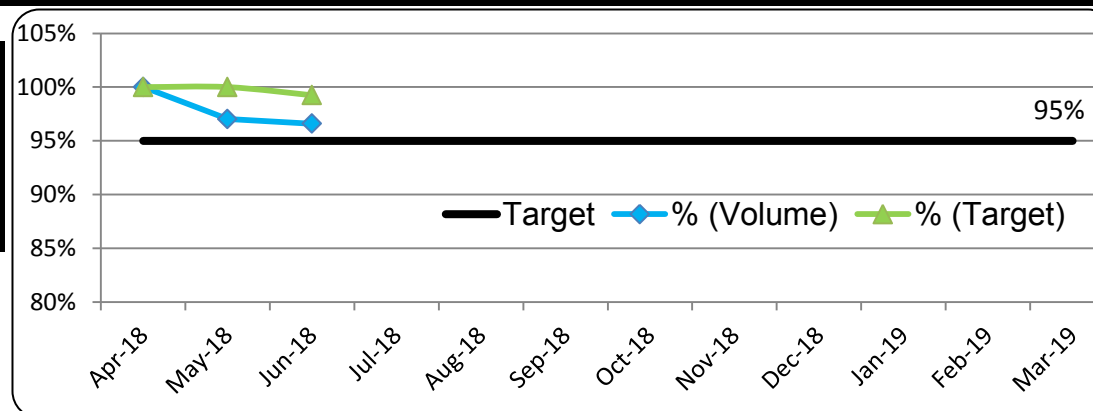
## 4.0

## Better Payment Practice Code

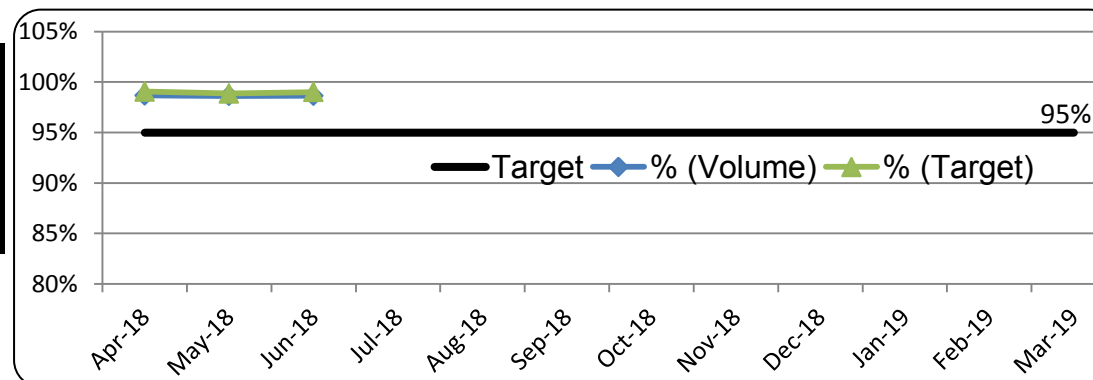
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

NHS		
	Number	Value
	%	%
Year to May 2018	97%	100%
Year to June 2018	97%	99%



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

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 (£)
06-Jun-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3073730	219,053
02-May-18	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3070758	112,531
05-Jun-18	Property maintenance	Kirklees	Mid Yorkshire Hospitals NHS Trust	3073561	68,851
18-Jun-18	Legal/Prof fees	Trustwide	NHS Litigation Authority	3074752	61,855
28-Jun-18	Staff Recharge	Trustwide	Wakefield MDC	3075800	61,835
22-May-18	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3072493	48,310
04-Jun-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3073343	47,057
06-Jun-18	Clinical Services	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3073729	46,559
05-Jun-18	Property maintenance	Kirklees	Mid Yorkshire Hospitals NHS Trust	3073561	45,391

- \* 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	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.1%	5.2%	5.1%	4.4%	4.1%	4.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.5%	5.9%	4.8%	4.4%	3.9%	3.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	96.6%	96.6%	96.7%	7.0%	25.4%	78.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.5%	94.3%	94.3%	1.0%	2.5%	6.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.4%	77.5%	77.9%	81.3%	81.9%	82.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	77.2%	78.7%	80.7%	80.2%	83.0%	84.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.4%	88.0%	88.9%	90.8%	90.4%	90.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.0%	92.4%	91.4%	91.3%	92.1%	92.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.0%	82.0%	84.1%	84.2%	86.4%	86.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	66.4%	62.9%	63.3%	60.7%	63.2%	61.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.4%	85.2%	85.6%	85.8%	86.4%	87.1%
Information Governance	Resources	Well Led	AD	>=95%	88.4%	95.9%	96.8%	91.6%	91.9%	91.6%
Moving and Handling	Resources	Well Led	AD	>=80%	84.0%	84.7%	83.9%	82.1%	81.5%	81.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	84.3%	84.2%	83.3%	84.3%	84.7%	84.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	78.6%	77.8%	76.3%	78.9%	81.4%	80.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	88.0%	88.7%	89.2%	89.9%	90.9%	91.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	85.8%	86.7%	87.9%	88.2%	88.9%	89.3%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.0%	94.3%	93.2%	95.6%	96.3%	96.3%
Agency Cost	Resources	Effective	AD		£105k	£104k	£87k	£78k	£79k	£55k
Overtime Costs	Resources	Effective	AD		£4k	£3k	£1k	£3k	£5k	£4k
Additional Hours Costs	Resources	Effective	AD		£17k	£11k	£13k	£14k	£8k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£163k	£151k	£132k	£115k	£118k	£107k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		191.9	166.28	166.52	79.14	92.5	91.03
Business Miles	Resources	Effective	AD		101k	90k	90k	96k	93k	90k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.1%	5.3%	5.3%	5.0%	4.9%	4.7%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.9%	6.5%	5.2%	4.8%	4.7%	4.4%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.9%	97.9%	97.9%	6.1%	33.8%	93.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.8%	96.0%	95.9%	0.0%	1.5%	9.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.0%	77.6%	78.5%	78.4%	80.7%	81.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	73.1%	75.1%	78.7%	80.9%	84.3%	85.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	84.2%	87.5%	86.7%	86.9%	86.2%	86.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.9%	86.8%	87.8%	88.1%	89.0%	89.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.4%	84.3%	85.4%	84.7%	86.1%	86.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	83.3%	80.3%	79.6%	76.5%	78.7%	75.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	85.2%	86.5%	87.2%	87.3%	86.7%	87.6%
Information Governance	Resources	Well Led	AD	>=95%	94.1%	98.5%	98.3%	93.6%	93.1%	93.0%
Moving and Handling	Resources	Well Led	AD	>=80%	83.0%	84.1%	84.3%	85.8%	86.2%	86.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.7%	93.1%	92.9%	93.1%	93.9%	94.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	90.2%	90.5%	89.8%	91.4%	91.9%	91.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	86.8%	89.8%	89.6%	89.8%	89.9%	90.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	82.4%	84.5%	85.1%	85.3%	84.5%	86.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.1%	95.6%	95.1%	95.4%	95.9%	95.7%
Agency Cost	Resources	Effective	AD		£108k	£131k	£133k	£98k	£143k	£104k
Overtime Costs	Resources	Effective	AD		£2k	£8k	£4k	£3k	£8k	£1k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£3k	£0k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£167k	£139k	£118k	£107k	£106k	£92k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		62.78	67.83	62.79	58.91	62.81	60.56
Business Miles	Resources	Effective	AD		65k	69k	53k	70k	53k	58k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.6%	6.8%	6.8%	6.2%	6.1%	6.1%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	8.4%	8.4%	7.1%	6.2%	6.0%	6.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.7%	98.7%	98.7%	14.1%	32.1%	83.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	97.7%	97.7%	98.0%	3.1%	8.1%	16.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.3%	84.9%	84.9%	85.1%	88.1%	87.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.4%	82.1%	86.6%	88.0%	87.3%	84.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	86.0%	86.9%	85.8%	86.3%	86.5%	87.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.4%	88.8%	89.5%	90.2%	91.7%	93.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.8%	88.8%	90.7%	90.4%	92.7%	90.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	84.7%	87.3%	85.3%	85.4%	84.4%	87.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	86.5%	89.2%	91.4%	89.7%	90.5%	90.5%
Information Governance	Resources	Well Led	AD	>=95%	89.8%	95.6%	96.4%	91.9%	92.4%	92.9%
Moving and Handling	Resources	Well Led	AD	>=80%	88.9%	89.0%	90.9%	90.2%	91.2%	90.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.0%	92.2%	91.9%	92.2%	92.9%	92.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.7%	85.5%	83.9%	83.4%	83.6%	83.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.8%	89.7%	89.2%	89.0%	91.9%	93.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.4%	86.6%	86.3%	86.8%	87.5%	89.1%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	94.7%	86.4%	87.5%	83.3%	82.6%
Agency Cost	Resources	Effective	AD		£26k	£36k	£35k	£41k	£39k	£39k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£0k	£1k	£0k	£-1k
Additional Hours Costs	Resources	Effective	AD		£3k	£1k	£0k	£1k	£0k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£82k	£72k	£65k	£59k	£56k	£54k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		42.11	45.72	45.42	52.45	49.26	53.13
Business Miles	Resources	Effective	AD		8k	6k	4k	7k	9k	6k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.7%	5.6%	5.6%	5.3%	5.6%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.2%	4.7%	5.1%	5.3%	5.8%	4.4%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.4%	99.4%	99.4%	1.8%	14.7%	65.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	100.0%	100.0%	99.0%	0.0%	4.0%	7.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	71.9%	71.4%	75.9%	76.8%	80.9%	81.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.1%	83.8%	86.5%	87.9%	86.2%	85.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	85.6%	84.7%	86.0%	86.2%	90.2%	90.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.4%	85.6%	84.9%	86.0%	87.0%	85.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.7%	84.0%	83.0%	81.8%	81.6%	80.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.0%	69.2%	69.2%	68.0%	68.0%	69.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.7%	87.7%	87.3%	87.4%	88.2%	86.2%
Information Governance	Resources	Well Led	AD	>=95%	85.7%	95.3%	95.3%	92.4%	93.6%	92.0%
Moving and Handling	Resources	Well Led	AD	>=80%	81.1%	84.7%	86.1%	86.0%	86.8%	87.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.9%	92.0%	92.5%	92.6%	92.9%	91.3%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.1%	85.5%	84.1%	84.6%	87.1%	85.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	87.0%	88.9%	89.0%	89.6%	89.7%	89.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.5%	87.3%	87.3%	89.3%	89.5%	89.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	91.0%	91.6%	91.0%	92.3%	95.0%	94.5%
Agency Cost	Resources	Effective	AD		£153k	£174k	£182k	£144k	£183k	£193k
Overtime Costs	Resources	Effective	AD		£5k	£0k				£1k
Additional Hours Costs	Resources	Effective	AD		£3k	£1k	£1k	£3k	£0k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£67k	£42k	£64k	£64k	£64k	£47k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		54	50.8	53.28	43.32	41.54	48.85
Business Miles	Resources	Effective	AD		37k	35k	35k	38k	39k	39k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.6%	4.6%	4.6%	3.5%	3.6%	3.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	5.7%	5.4%	4.1%	3.5%	3.8%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.0%	98.0%	98.0%	8.9%	17.7%	92.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	96.6%	96.6%	96.8%	0.2%	1.0%	10.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	72.6%	74.9%	77.2%	76.6%	79.5%	78.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	96.3%	96.3%	92.3%	92.3%	92.9%	92.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.5%	88.1%	87.4%	87.9%	89.0%	87.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.0%	88.0%	87.4%	88.5%	89.7%	88.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	100.0%	98.1%	98.2%	97.3%	97.3%	97.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.6%	87.0%	87.3%	87.7%	88.6%	86.9%
Information Governance	Resources	Well Led	AD	>=95%	88.2%	93.3%	95.7%	92.9%	93.7%	92.0%
Moving and Handling	Resources	Well Led	AD	>=80%	90.4%	90.9%	90.6%	90.1%	92.9%	92.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.8%	98.9%	98.9%	99.1%	98.9%	99.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	92.3%	88.9%	85.7%	84.6%	85.2%	90.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.1%	91.8%	91.9%	92.3%	94.0%	94.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.1%	95.9%	94.6%	94.8%	95.9%	95.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Agency Cost	Resources	Effective	AD		£1k	£5k	£1k			£0k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£0k	£1k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£8k	£9k	£6k	£8k	£5k	£6k
Sickness Cost (Monthly)	Resources	Effective	AD		£90k	£76k	£65k	£54k	£55k	£63k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		57.42	60.97	64.78	30.78	35.33	35.6
Business Miles	Resources	Effective	AD		26k	36k	19k	32k	35k	30k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	5.0%	5.0%	4.9%	2.7%	3.0%	3.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	5.6%	4.8%	3.3%	2.7%	3.2%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.9%	98.3%	97.8%	11.7%	33.2%	90.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.4%	95.4%	95.2%	0.4%	2.6%	10.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.9%	82.5%	82.1%	77.7%	80.2%	79.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	77.4%	75.4%	78.9%	80.0%	80.9%	82.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	76.3%	77.6%	76.7%	76.8%	74.6%	74.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.0%	87.9%	86.6%	88.0%	87.4%	87.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.4%	84.3%	82.8%	82.9%	84.3%	85.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.9%	68.6%	67.4%	64.4%	64.9%	66.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.4%	85.3%	83.7%	85.7%	85.1%	86.0%
Information Governance	Resources	Well Led	AD	>=95%	86.7%	93.8%	94.5%	91.6%	91.4%	91.7%
Moving and Handling	Resources	Well Led	AD	>=80%	74.5%	78.1%	78.3%	79.1%	80.5%	80.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.3%	91.5%	90.7%	90.3%	90.2%	90.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.5%	86.4%	84.5%	83.8%	85.1%	85.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.8%	90.2%	90.4%	88.4%	88.9%	88.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	80.8%	83.2%	83.9%	85.9%	84.5%	87.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.9%	93.7%	92.9%	93.8%	93.4%	93.0%
Agency Cost	Resources	Effective	AD		£73k	£114k	£116k	£83k	£95k	£92k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£1k		£0k	
Additional Hours Costs	Resources	Effective	AD		£4k	£1k	£1k	£1k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£64k	£52k	£39k	£29k	£44k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.2	62.34	60.66	56.33	53.65	48.67
Business Miles	Resources	Effective	AD		33k	38k	29k	31k	35k	36k

## Glossary

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

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