Integrated Performance Report
Strategic Overview

August 2018

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for August 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 Trust's updated 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.

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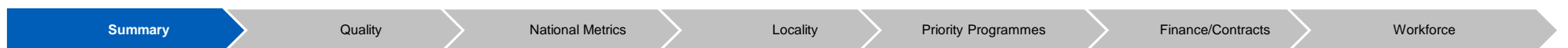
This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and refreshed for 2018/19.

KPI	Target	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year End Forecast
Single Oversight Framework metric	2	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	Green
Improve people's health and reduce inequalities	**Target**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Year End Forecast**
Total number of children & young people in adult inpatient wards 5	0	3	2	3	1	2	2	1	3	1	0	3	3	1	1
% service users followed up within 7 days of discharge	95%	97.2%	96.1%	94.7%	98.2%	98.2%	97.2%	98.0%	95.8%	94.3%	99.2%	100%	97.7%	94.9%	4
% clients in settled accommodation	60%	81.8%	80.8%	80.7%	80.4%	80.4%	80.1%	79.7%	79.1%	78.9%	78.5%	79.1%	78.8%	Due Oct	4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	95%				86.8%			87.8%			86.7%			Due Oct	95%
Out of area beds 2	Q1 940, Q2 846, Q3 752, Q4 658	362	424	467	412	407	268	613	730	536	284	375	437	589	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA — Community	Community 75% Inpatient 90%										79.8%	81.1%	82.0%	82.8%	4
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA — Inpatient 9											89.1%	90.6%	93.3%	91.2%	4
Smoking Cessation - 4 week quit rate 8	tbc							Data avail Sept 18							
Improve the quality and experience of care	**Target**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	79%	85%	86%	86%	85%	85%	85%	87%	86%	75%	82%	88%	91%	85%
Friends and Family Test - Community	98%	99%	99%	97%	98%	100%	97%	97%	99%	97%	100%	98%	99%	97%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 4	trend monitor	28	25	28	34	26	33	37	20	26	22	22	36	34	N/A
Safer staff fill rates	90%	109%	111.8%	112.9%	115.7%	113.4%	117.1%	117.5%	115.7%	118%	120%	118%	118%	117%	100%
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	10	6	5	12	7	7	10	4	8	11	14	16	14	
% people dying in a place of their choosing	80%		83%	91%	89%	88%	94%	84%	87%	83%	89%	80%	85.7%	93.9%	N/A
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic 7	trend monitor				15.1%			9.0%			15.1%		Due Oct		N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor									36.3%	37.1%	33.2%	33.1%	37.0%	N/A
Improve the use of resources	**Target**	**Aug-17**	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Year End Forecast**
Projected CQUIN Shortfall	£4.2m	£856k	£856k	£856k	£856k	£136k	£136k	£136k	£203k	-	£160k	£252k	£379k	£379k	£379k
Surplus/(Deficit)	In line with Plan	£226k	£6k	£158k	£235k	£551k	£635k	£1186K	£1139K	(£292k)	(£204k)	(£464k)	(£125k)	(£139k)	(£2626k)
Agency spend	In line with Plan	£446k	£435k	£515k	£531k	£430k	£465k	£563K	£555K	£444k	£538k	£484k	£526k	£575k	£5.8m
CIP delivery	£1074k	£2950k	£3452k	£4117k	£4815k	£5442k	£6157k	£6816k	£7475k	£619k	£1308k	£1981k	£2737k	£3615k	£9.7m
Sickness absence	4.5%	4.9%	4.9%	4.9%	5.0%	5.1%	5.2%	5.3%	5.3%	4.6%	4.5%	4.4%	4.5%	4.5%	4.9%
Aggression Management training	>=80%	77.0%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83%	80%
Moving and Handling training	>=80%	79.3%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	80%
Staff Turnover 6	10%	10.7%	11.7%	11.4%	12.1%	12.3%	12.4%	12.5%	12.6%	9.7%	8.5%	11.6%	12.4%	13.0%	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 for all Trust smoking cessation services. National benchmark for 17/18 was 51%. Q1 data will be available in September18.

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.

Quality
• The reduction in under 18 admissions is noted, this remains the least worst option and must not become a routine position
• Safer staffing fill rates are positive overall, significant pressures still exist in relation to acuity and demand. The establishment review is being considered during the workforce planning sessions.
• Seven day follow up target was narrowly missed, all efforts were made to make contact.
• CQC action plan tracker shows early progress

NHSI 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 with the number of bed days showing a significant increase in August to 589
• The Trust narrowly missed its 7 day follow up target, achieving 94.9% compared to the target of 95%. This is the second time the threshold has not been achieved in the year
• IAPT proportion of people completing treatment and moving to recovery in-month is still above target, but only marginally in August at 50.7%
• Total bed days of Children and Younger People in adult inpatient wards reduced from 22 in July to 1 in August

Locality
• Average length of stay in Barnsley and Wakefield mental health services is excess of target and is an area of focus
• The number of neuro rehabilitation beds commissioned reduces from 12 to 8 from October onwards
• A follow up meeting has taken place with the NHS England intensive support team and the CCGs in Kirklees and Calderdale in respect of the progress being made on the IAPT action plan
• Discussions taking place with the specialist commissioner in respect of forensic learning disability and medium secure bed demand and capacity
• Recruitment and retention of medical staff continues to be a challenge in CAMHs and learning disability services
• Medical recruitment also remains a challenge in other services and across all geographies

Priority Programmes
• Criteria led discharge has been implemented in Wakefield with other locations to follow by the end of December
• Over 3,000 training sessions for SystmOne have been booked
• Commissioner engagement with regard to older people's service transformation continues

Finance
• Net deficit of £139k in month which is favourable to plan. This position was boosted by a gain on disposal and a one-off VAT reclaim. As such the underlying position was a deficit of £392k
• Cumulative deficit is now £1.2m. The underlying run rate remains adverse to the full year plan
• Agency costs of £575k in month were 24% higher than the cap and represent the highest single month's expenditure since March 2017. Cumulatively spend is 6% above the cap
• Net pay savings of £0.3m year-to-date
• Out of area bed expenditure amounted to £392k which is higher than recent months. Cumulatively expenditure of £1.8m now represents 100% of the full year budget and is 62% higher than the corresponding period for 2017/18.
• Year-to-date CIP delivery of £3.6m is £0.1m above plan
• Cash balance of £24.8m is slightly ahead of plan
• Financial risk rating improved to 2 given the deficit margin is slightly better than -1%.

Workforce
• Sickness absence increased to 4.9% in August, but remains at 4.5% year-to-date
• Staff turnover is 13.0% year-to-date
• The vast majority of training targets are being achieved
• Appraisal completion of band 6 and above stands at 92.8%, just below the 95% target

| Summary | Quality | National Metrics | Locality | Priority Programmes | Finance/Contracts | Workforce |

Quality Headlines

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

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Year End Forecast Position *
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	KT/SR/CH	TBC	Reporting Established from April 2018								37.7%	39.7%	35.0%	35.2%	37.0%	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	43% 3/7	57% 8/14	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	15% 9/60	19% 13/68	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%	88%	91%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	99%	98%	98%	98%	98%	97%	100%	98%	99%	97%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	79.26%	N/A	80%	74%	75%	N/A	76%	N/A	N/A	75%	N/A	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	N/A	N/A	N/A	66%	60%	64%	N/A	67%	N/A	N/A	70%	N/A	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	Data not avail until Oct 16.		141	81	81	113	148	64	26	109	44	27	45	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	N/A	73	86	83	86	337				21	22	28	35		N/A
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	N/A	Reporting established from Oct 16		0	2	26				0	1	1	1	Due Oct 18	N/A
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	Reporting established from Oct 16		0	1	1	2	1		0	1	0	1		N/A
	% 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%	88.7%	86.3%	4
	Un-outcomed appointments 6	Improving Care	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%	3.3%	4.8%	N/A
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=8	36	25	29	36	33	22	24	21	8	11	14	16	14	
	Delayed Transfers of Care 10	Improving Care	Effective	KT/SR/CH	7.5% 3.5% from Sept 17	2.2%	2.6%	3.1%	2.7%	1.6%	2.3%	2.7%	3.7%	2.7%	2.1%	2.6%	2.4%	2.4%	4
	Number of records with up to date risk assessment	Improving Care	Effective	KT/SR/CH	TBC	KPI under development													N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	3509	3405	3293	2946	2849	3065	2962	3441	1074	1087	1039	1161	994	N/A
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor					57	58	56	72	23	13	16	27	30	N/A
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	10	19	19	20	3	8	9	7	2	1	1	5	1	N/A
	Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	73	79	73	84	12	17	24	11	1	8	5	4	9	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%	23.2%	22.4%	4
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%					109%	111.1%	114%	116.8%	118%	120%	118%	118%	117%	4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%					107%	94.1%	99%	98.4%	99.2%	100%	99.5%	96.4%	92.5%	4
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	N/A	98	95	78	86	82	92	71	98	30	29	29	24		N/A
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	1	4	3	2	2	1	2	2	0	0	1	0		3
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16	79.7%	75.6%	66.3%	75%	80%	77%	76%	80%	61%	75%	76%	73%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	162	158	136	95	139	139	150	181	40	40	44	43	37	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	Data not avail				345	424	442	589	173	211	143	192	151	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	0	0	4
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Quality	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	KT/SR/CH	80%	39.5% (March 17)				59.3%	61.0%	64.7%	86.5%	78.4%			Due Oct 18		4

* See key included in glossary

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

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

3 - The IG breach target is based on a year on year reduction of the number of breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches.

4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears.

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 unoutcomed appointments which is a snap shot position at a given point in time. The increase in unoutcomed appointments in April 17 is due to the report only including at 1 months worth of data.

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

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

9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed.

10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trusts contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

Quality Headlines

During 2017/18 the Trust undertook some work to develop the key quality measures and this has continued into 18/19. There are now only a small number that require additional development.
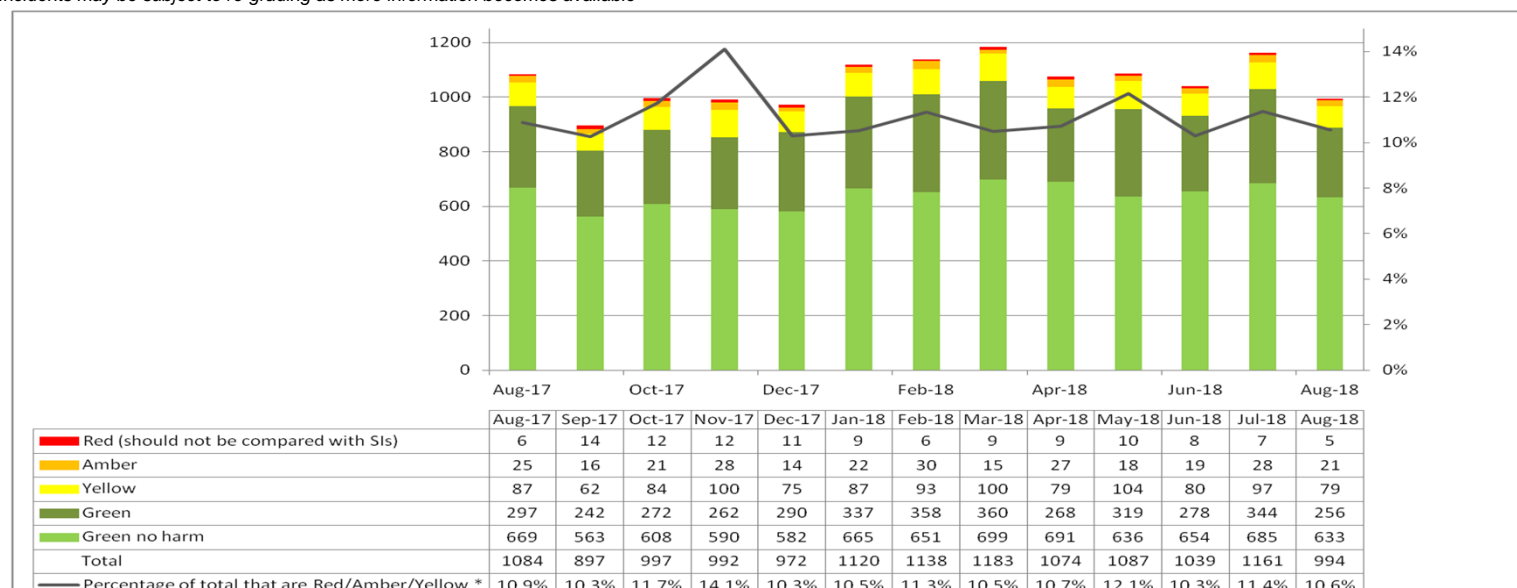
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.
• Restraint incidents - there were 151 restraints reported with the highest proportion being in a standing position (68). This is an overall decrease on the month of July 2018 that stood at 192 total restraints. The percentage of prone restraints lasting 3 minutes or less was 73%. Wakefield remains the highest BDU for prone restraints during the month of August. These incidents relate to 28 service users, all had clear reasons for restraint. The two main factors leading to the need of restraint are danger to self or others, and at these times the clinical need to utilise intra muscular medication, against the service users will and or seclusion. Within the Wakefield BDU the highest incidents occurred on Priory 2 which has high acuity and at times significant self harming behaviour displayed by the service users and Walton which being a PICU one would expect high acuity. There have been 0 incidents resulting in injury to service users in the month of August 2018. There has been 1 incidents resulting in injury to staff resulting in Riddor in the month of August 2018.
• 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, SWYPFTs average was 19.6%. Older people's 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 quarter 1 rate was 15.2% which is almost at the national average. Unfortunately working age adult services remain above the national average and their combined quarter 1 average was 19.8%. Medicines omissions continue to be difficult to interpret due to changes in the way data is presented on the MHST website which no longer breaks down the reason for omission. Feedback from staff indicates that refusals are still the most common cause and this is at times high due to increased numbers of service users with diagnoses of personality disorder. As part of the CQC action plan a monthly report to BDU governance groups alongside medicines assurance checklists is planned from next month.
• Complaints closed within 40 days - for the third month there is a positive increase in the number of complaints closed within 40 days. The total number of complaints that remain open pre March 18 has reduced to 16. Both these figures demonstrate the impact of the revised complaints process and the significant contribution from both operational and customer services team.

Safety First

Summary of Incidents during 2017/18 and 2018/19

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

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Red (should not be compared with SIs)	6	14	12	12	11	9	6	9	9	10	8	7	5
Amber	25	16	21	28	14	22	30	15	27	18	19	28	21
Yellow	87	62	84	100	75	87	93	100	79	104	80	97	79
Green	297	242	272	262	290	337	358	360	268	319	278	344	256
Green no harm	669	563	608	590	582	665	651	699	691	636	654	685	633
Total	1084	897	997	992	972	1120	1138	1183	1074	1087	1039	1161	994
Percentage of total that are Red/Amber/Yellow *	10.9%	10.3%	11.7%	14.1%	10.3%	10.5%	11.3%	10.5%	10.7%	12.1%	10.3%	11.4%	10.6%

* 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.

Safety First cont…

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

	Q1 18/19	Q2 18/19 (July Aug Only)	Q3 17/18	Q4 17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Total
Administration/supply of medication from a clinical area	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	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	1	0	0	0	0	0	0	0	0	0	1
Informal patient absent without leave	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Information disclosed in error	0	0	2	0	1	0	2	0	0	0	0	0	0	0	0	0	3
Lost or stolen hardware	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Lost or stolen paperwork	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Self harm (actual harm) with suicidal intent	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1
Suicide (incl apparent) - community team care - current episode	4	3	14	6	3	4	5	5	2	3	1	1	3	0	2	1	30
Suicide (incl apparent) - community team care - discharged	2	1	2	0	1	1	0	1	0	0	0	0	0	2	0	1	6
Suicide (incl apparent) - inpatient care - current episode	0	0	2	2	0	0	1	1	1	0	1	0	0	0	0	0	4
Unwell/Illness	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Allegation of violence or aggression	0	0	0	1	0	0	0	0	0	0	1	0	0	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	1	0	0	1
Physical violence (contact made) against other by patient	0	0	1	1	1	1	0	0	0	0	1	0	0	0	0	0	3
Pressure Ulcer - grade 3	1	1	3	1	0	1	1	1	1	0	0	0	0	1	1	0	6
Total	8	9	26	12	7	7	11	8	4	4	4	1	3	4	5	4	62

• 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 Aug 2018

Mortality - additional structure judgement reviewer training is planned for November 2018. This is a development opportunity for clinicians of Band 7 and above.
360 Assurance Internal audit actions continue to be implemented.
National Quality Board has published 'Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers' https://www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers/ - A task and finish group has been arranged to take forward actions.
September is our patient safety 'kitchen table' conversation month. We are asking for suggestions about how we can improve working safely from existing meetings. Responses will feed into the development of our next patient safety strategy.

Mortality
Training: Further Structured Judgement Reviewer training is being held on 15 November 2018. Applicable to clinical staff band 7 and above.
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.
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 is shared in 'Our Learning Journey' report for 2017/18
-Structured Judgement Reviews – learning from 2017/18 and Q1 cases is currently being collated.
60% of reviews completed to date rated overall care as good or excellent

Safer Staffing

**Overall Fill Rates: 117%**
Registered fill rate: (day + night) 92.5%
Non Registered fill rate: (day + night) 141.5%

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

BDU Fill rates - June 18 - August 18

Overall Fill Rate Unit	Month-Year Jun-18	Jul-18	Aug-18
Specialist Services	134%	112%	101%
Barnsley	117%	117%	118%
C & K	110%	109%	105%
Forensic	111%	115%	113%
Wakefield	142%	138%	143%
Overall Shift Fill Rate	**118%**	**118%**	**117%**
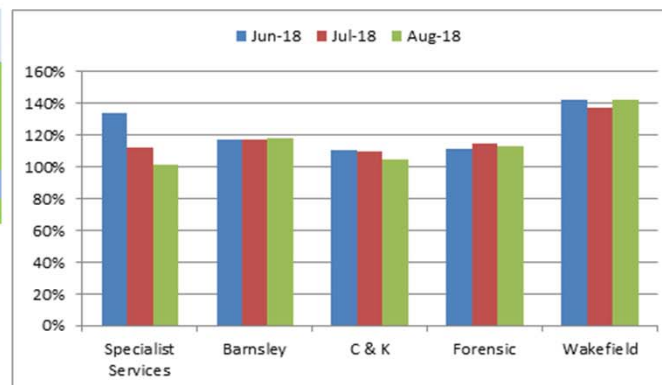
Registered Staff:
Days   83.8 (decrease of 7.6 on July)
Nights   100.1 (decrease of 1.3 on July)

Registered average fill rate:
Days and nights 92.5 (decrease 3.9 on July)

Non Registered Staff:
Days   138.4 (increase of 4.4 on July)
Nights   143.8 (increase of 1.3 on July)

Non Registered average fill rate:
Days and nights 141.5 (increase of 3.3 on July)

Overall average fill rate all staff: 116.5 (decrease of 1.0 on July)

Summary
For over a year now no ward has fallen below a 90% overall fill rate. Of the 31 inpatient areas listed 21, a decrease of 2 wards on June (67.2%) achieved greater than 100%. Indeed of these 21 areas, 11 achieved greater than 120% fill rate.

Registered On Days (Trust Total 83.8%)
There has been an increase in the number of wards that have failed to achieve 80%, eight wards in all (25.6%) compared to 3 (9.6%) in July. Within the forensic BDU, Appleton and Chippendale experienced the largest decrease as well as Johnson and Waterton falling below the 80% threshold. Within Wakefield, Walton and Chantry fell below as well as the Horizon Centre in specialist services. The Melton Suite in Barnsley fell just below the 80%. There were various factors sited including vacancies, sickness, maternity and the lack of willingness of bank staff to back fill (possibly on the back of a hot summer) but there was also a corresponding increase in the deployment of our health care assistant (HCA) workforce.

Registered On Nights (Trust Total 100.1%)
No ward has fallen below the 80% threshold. The number of wards which are achieving 100% and above fill rate on nights decreased to 60.8% (19 wards) for August.
Average fill rates for Barnsley BDU increased by 1% to 118%. Calderdale and Kirklees BDU decreased by 4% to 105%. forensic BDU was 113% a decrease of 2%. Wakefield BDU increased by 5% to 143%. Specialist services were 101% with a decrease of 11%.
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. An establishment review has been submitted which has looked at the staffing profiles across all inpatient wards. This has been discussed at OMG and accepted at EMT. We are anticipating in excess of 25 band 5 new starters across inpatient areas from September with an increase in recruitment to our HCA workforce.

Information Governance

There were 14 confidentiality breaches during August involving data/information lost in transit, information disclosed in error, lost or stolen hardware, lost or stolen paperwork, non secure disposal - hardware, patient healthcare record issues. This number remains constant with recent months and increased focus is being placed on effective communication.

Commissioning for Quality and Innovation (CQUIN)

CQUIN leads have been agreed for 2018/19. Services continue to work towards the requirements for 18/19. The Trust submitted the quarter 1 reports at the end of July to commissioners. Feedback from all commissioners has now been received and all agreed.

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 the required threshold would mean that the Trust would need to be in the top 6 of 200+ trusts nationally.
• Cardio metabolic assessment and treatment for patients with psychoses - The early intervention in psychosis element of this indicator has been rated as amber based on the 17/18 results. A number of mitigating actions are being put into place to further reduce this risk.
A new risk has been identified related to the national forensic scheme:
• Reducing restrictive practices - the detail of this is being worked through to ensure as much mitigation is in place as possible but is currently rated as green for Q1, Amber for Q2 and Red for Q3 and Q4..
The total CQUIN value for 2018/19 is £4.4m. The Trust currently has a risk of £379k shortfall for 2018/19. CQUIN leads are working to mitigate this risk as far as possible.
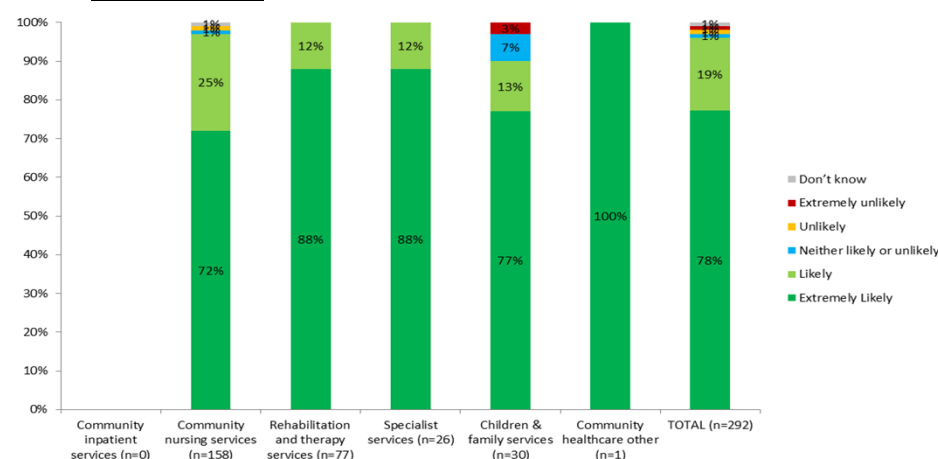
Patient Experience

Friends and family test shows
• Community Services – 97% would recommend community services.
• Mental Health Services – 91% would recommend mental health services.
• Significant variance across the services in the numbers extremely likely to recommend the Trust – between 46% in CAMH services and 100% in community healthcare services
• Small numbers stating they were extremely unlikely to recommend.

Mental Health Services
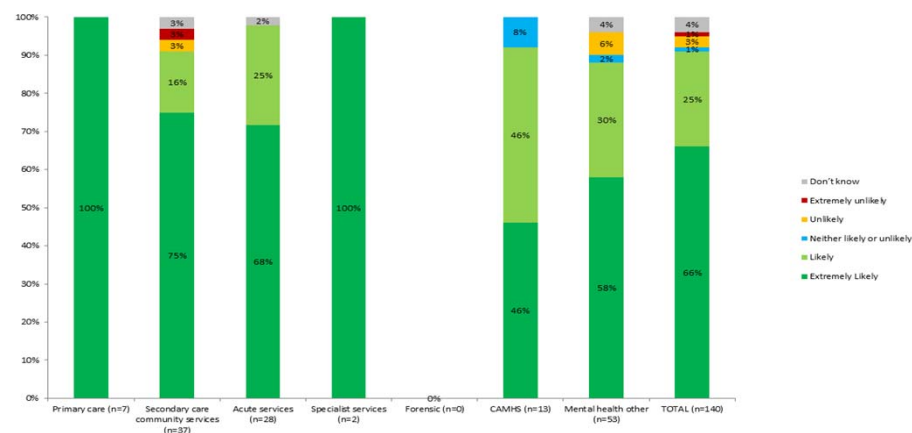
Community Services

The NHS Friends and Family Test (FFT) is being reviewed by NHS England with new guidance expected for implementation in April 2019. The development of the new real time patient experience system is ongoing. Barnsley community health services were the first teams to go live in August. A roll out plan has been developed and all services will migrate to this service by the end of October 2018. The Quality Improvement & Assurance Team (QIAT) has been trained in the use of the new system and training is being rolled out. The governance framework to support FFT collection and reporting is being updated.

Care Quality Commission (CQC)

MHA CQC visit high level findings

There have been 5 monitoring reports received since the previous report, of these 5 reports the most common themes to emerge as areas for improvement are:

Theme	Number of reports to identify the theme
Continued use of blanket restrictions	4
Incomplete or out of date documentation (risk assessments, care plans)	4
Recording and reviewing of capacity in respect of consent to treatment under Part 4	3
Section17 leave forms incomplete, not actioned, out of date	3
Extended periods between reiteration of rights under Section 132	2
Lack of evidence of referral to IMHA service	2
Seclusion records incomplete	2
Issues relating to AMHP reports	2

CQC action plan

The core services that were re-visited earlier this year have developed action plans to meet any 'must' and 'should' do's identified from these visits. They will continue to provide monthly updates on how they are progressing against their actions.

CQC engagement meeting

We held our quarterly CQC engagement meeting on 12th September 2018. This enabled us to provide updates on some of the actions we have taken since the last CQC visit. As part of this discussion CQC informed us that we will receive updates on our Insight report every two months. The Insight report provides a wide range of information and data about our services and how we are performing in comparison with other similar NHS trusts. This will help us to identify where improvements are being made, support us in understanding in which areas we need to improve; and will assist in enabling us to provide some context to the information being provided where this is appropriate.

Registration activity

We continue to keep CQC notified about any planned changes to our services that may impact on our registration.

The RAG ratings on the action plan will be agreed within the monthly Clinical Governance Group meetings.

Blue – Action completed.
Green – On-target to deliver actions within agreed timeframes.
Amber Green – Off trajectory but ability/confident can deliver actions within agreed time frames.
Amber Red – Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
Red – Actions/targets will not be delivered

		Aug-18	
		MUST	**SHOULD**
		(n =18)	(n=47)
Blue		2	6
Green		10	37
Green	Amber	5	3
Amber	Red	1	1
Red		0	0
Total		18	47

CQC action plan headlines

Following recent CQC inspection, 11 of our 14 core services are rated Good, with all services rated Good or Outstanding for being caring, however, our overall rating went down from Good to Requires Improvement.
Our aim is to return to an overall good rating ASAP and work towards outstanding.

Our response
- We put safety first, always, and so our first priority is to address the safety issues highlighted and immediate action was taken where necessary.
- We're responding in line with our values, being open, honest and transparent and aiming to improve and be outstanding.
- We're working collaboratively to finalise our action plan, which will be published on our website via our Trust Board papers in due course.

Monitoring of actions against our CQC action plan by the CQC
- We have developed a governance structure around the progress and management of the action plan.
- We provide EMT with a monthly update of progress against the action plan, including any areas of concern which may delay or impact on timescales being met.
- We submit our monthly action plan progress updates to CQC.
- These are also discussed within our regular engagement meetings when we meet directly with CQC and update them on our progress and improvements and about any areas where improvements are still needed.
- We provide updates when we meet with our CQC Relationship Manager (Catherine Beynon-Pindar) on a regular basis.

Safeguarding

Safeguarding Children
• The safeguarding nurse advisor co-presented, with the mental health in families' practitioners (local authority) the 'parental mental health' training to a multiagency audience.
• The acting named nurse for safeguarding children has provided information as part of a scoping exercise for a potential Safeguarding Practice Review (formally Serious Case Review) for a child death in Kirklees and a potential domestic homicide review in Kirklees.
• The safeguarding children's team are currently involved in two safeguarding practice reviews. One learning from local review (LLR) and one serious case review (SCR) are in final draft.
• The acting named nurse for safeguarding children and nurse advisor continue to deliver the "seen and heard" across the organisation.
• Safeguarding children's nurse adviser has attended the inpatient ward to support staff with a 17 year old who was admitted.
• Acting named nurse has completed and submitted the action plan for a SCR (child death) in Kirklees.
• Acting named nurse delivered a safeguarding adults and children presentation at the hospital managers' forum at Fieldhead, positive feedback was received.

Safeguarding Adults
The Specialist Advisor Safeguarding Adults:
• Attended a multi-agency safeguarding meeting for a service user who was self-neglecting and had high risk physical health conditions in Barnsley. This service user has since died and this information has been gathered as part of the initial chronology of the multi-agency, multi professional involvement.
• Attended a task and finish, subgroup of the Barnsley Safeguarding Adults Board; pathways and partnerships in Barnsley. The aim was for the group to scope the non-commissioned services within Barnsley and consider their governance.
• Completed the template to evaluate the ability to deliver safeguarding education in line with the training strategy, Barnsley
• Attended a professionals' meeting to discuss the safeguarding referrals from health into the local authority and the flow of information. This was an action from a safeguarding adults review in Calderdale.
• Developed a briefing paper on self-neglect and disseminated Trust wide
• Presented the safeguarding adults training to the junior doctors and the workshop to raise awareness of Prevent
• Undertook a joint local authority and health safeguarding audit in Kirklees to consider the cases where there was a 'risk remains' outcome recorded. The findings were that the risk may still remain as there was ongoing work, that the process had been exited into another process; such as domestic abuse and the Multi-agency Risk Assessment Conference (MARAC) or for the Trust through the care programme approach process and care planning risk assessment, flexible assertive community treatment (FACT), zoning process.
• Attended one of the inpatient areas in Wakefield to support the manager with safeguarding concerns.
• Provided information regarding possible suicide cases in Barnsley and whether they were known to the Trust
• Provided comment/advice for the patients bank service user leaflet to advise the author of the inclusion of when staff may intervene/support if possible exploitation is suspected.

Infection Prevention Control (IPC)

• Progress on the Infection Prevention and Control Annual programme 2018-19,remains on track.
• Surveillance: there has been no MRSA Bacteraemia, Clostridium difficile, or any other alert organisms, up to date. We have been recently made aware that • Barnsley BDU has a locally agreed C difficile Toxin Positive Target of 5.
• Mandatory training figures remain stable at:
  • Hand Hygiene-Trust wide Total – 90.71%
  • Infection Prevention and Control- Trust wide Total – 87.86%
• Policies and procedures remain up to date.
• Result from the PLACE audit have been released and remain above the national average.
• The planning for the Flu campaign continues to improve with peer to peer training currently taking place.
• There is still reduced capacity within the team, (1 IPC nurse vacancy has been put on hold and the Senior IPC Nurse commenced a period of planned long term sickness on 14/9/18). The team have reviewed current processes and commenced contingency arrangements.

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	Jul-18	Aug-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%	96.2%	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%	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%	98.9%	97.5%	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%	94.9%	97.7%	4	
Data Quality Maturity Index 4	Improving Health	Responsive	SR/CH	95%	Reporting from Nov 17						98%	98.1%	98.3%	98.3%	98.2%	98.2%	Due Oct	Due Oct	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	436	589	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%	53.2%	54.0%	50.7%	54.4%	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%	95.9%	94.9%	91.3%	4	
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	SR/CH	95%	98.9%	98.9%	97.9%	99.9%	99.5%	99.4%	99.6%	100%	100%	98.7%	100%	99.4%	99.4%	99.4%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	SR/CH	53%	77.5%	82.0%	82.2%	73.6%	89.2%	84.4%	89.5%	89.8%	93.5%	81.0%	70.0%	92.0%	91.4%	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%	79.1%	78.8%	Due Oct	79.1%	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%	Due Oct	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	Jul-18	Aug-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	22	1	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	3	1	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		Due Oct		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%		Due Oct		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	Jul-18	Aug-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%	97.3%	Due Oct	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%	Due Oct	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%	90.8%	90.5%	Due Oct	90.8%	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

• The Trust narrowly missed its 7 day follow up target (94.9%). Significant attempts were made to contact all service users and typically contact was responded to just after 7 days elapsed or contact was not responded to by the service user.

• 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 and achievement was only marginally above target in August.

• During August 2018, 1 service user aged under 18 years was placed in an adult inpatient ward. One 17 year old was placed in Kirklees at the end of the month, the patient has since been transferred to a Wakefield ward. 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. The target was not met in quarter one and there has been a further increase in the number of out of area bed days in August 2018.

• % 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.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Barnsley BDU:

Mental Health
Key Issues
• The acute service line continues to experience high demand and staffing pressures leading to ongoing bank and agency expenditure.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services.
• Work is ongoing with the clinical commissioning group (CCG) to address the waiting lists for psychology in the community service line. The proposal to address the 'back-waiters' in the core pathway was favourably received and we have had confirmation that this has now been approved by the CCG governing body.

Strengths
• Management of patient flow
• Performance around delayed transfers of care remains consistently high
• Compliance with mandatory training

Challenges
• Adult community consultant vacancies and gaps continue to be a pressure.
• Adult acute occupancy levels remain high
• Action plan is in place to improve performance around care plan approach reviews

Areas of Focus
• Admissions and discharge flow in acute adults with a current review of recent admissions and pre-admission community support.
• Continue to improve performance in service area hotspots.
• Medical recruitment to consultant psychiatry and specialty doctor posts
• Reduction of agency spend

Community
Key Issues:
• Yorkshire Smoke Free (YSF) Calderdale and Barnsley – contract runs until March 2019 – no information as yet regarding commissioning intentions
• YSF Sheffield – issue re achievemnt of very challenging targets. Executive management team (EMT) aware and service and contract team working with commissioners
• Rapid access clinic under CCG review

Strengths
• Low staff turn over
• Low sickness rates
• High performance for service against workforce key performance indicators

Challenges
• Future planning due to lack of clarity regarding future of services

Areas of Focus
• Neuro rehabilitation unit (NRU) decommissioned bed reduction from 12 to 8, may impact on winter patient flow. This has been raised with Barnsley CCG
• Stroke services – integrated working underway. Early supported discharge clinical workshop scheduled 28th September 2018
• Rapid access clinic public consultation finished 12th September 2018 – awaiting report feedback
• YSF – meetings with commissioners

Children's Therapy Services:
• High level of referrals into the service and waiting times are a risk therefore the commissioner has asked for a refreshed demand and capacity report.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Calderdale & Kirklees BDU:

Key Issues
• Adult Acute ward occupancy and out of area (OOA) bed use remains high on all adult wards and across the business delivery unit (BDU). Occasionally older adult beds are used for clinically relevant clients and rehab capacity at Enfield Down is utilised for patients stepping down whilst awaiting suitable accommodation. A recent review of current OOA patients identified that around 60% were not previously known to mental health services. The rest had had extensive community input prior to admission.
• NHS England intensive support team (IST) follow up meeting (jointly with the clinical commissioning group (CCG) was held on 3rd September, to inform NHSE and IST on specific action plan updates and the CCGs investment plans. David Black commended the robust action plan in place and the work undertaken to pro-actively progress the recommendations made during the IST and improving access to psychological therapies (IAPT) review meetings. It was agreed that it would be helpful to continue to update all stakeholders particularly around workshops, black and minority ethnic (BME) and long term conditions (LTC), with a follow-up progress call to be scheduled in December 2018. He recognised that we had some innovative ideas that needed testing and evidence building from an IAPT fidelity basis.
• Delayed transfers of care improved better care fund (DTOC IBCF). Monthly figures are scrutinised at Calderdale CCG level and the Kirklees local authority area has started this process. SWYPT figures continued to improve for Calderdale CCG although complex dementia care capacity in residential and nursing homes is low. Work has started with the commissioner to identify new placement providers.

Strengths
• Continued strong performance on mandatory training.
• Sickness levels in older adult, rehab and community service lines below 4.5% and improved in adult acute. BDU now at 4.5% Trust key performance indicator (KPI).
• Trainee doctor posts filled.
• Appraisal rate band 6 and above is 99.5%

Challenges
• Adult community consultant vacancies and gaps continue to be a pressure, although recruitment is underway.
• Adult occupancy levels (high above 98%).

Areas of Focus
• Continue to improve performance in service area hotspots.
• Recruitment to posts in community especially Kirklees IAPT, consultants and early intervention in psychosis (EIP).
• Absence in adult inpatients.
• Discharge co-ordinator capacity on wards to be rolled out.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Forensic BDU:

Challenges
• NHS England (NHSE) have signalled an intention to close 8 learning disability (LD) beds this year. Commitment from both SWYPFT and NHSE to do further work around the demand and capacity for medium secure beds in West Yorkshire.
• Focus on reducing sickness continues with a small reduction in overall sickness noted.

Strengths
• Forensic outreach service LD (FOSLD) – funds available for this year £471k. Recruitment to key posts commenced. Implementation group including Leeds CCG and other key stakeholders also commenced.
• Monies available for 0.5 whole time equivalent Band 8a post to support implementation of FOLS LD.
• West Yorkshire providers have been asked to formally sign up to working as a partnership once this has been completed. NHSE have confirmed they will be in a position to share data re demand/capacity.
• 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
Challenges
• High number of vacancies leading to service pressures. Recruitment taking place.
• 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.
• Secure estate has seen a significant rise in admissions caused by rationalisation of the estate and an increase in violent crime mainly in the south. This has led to some pressure on the workload.
• Some concerns expressed by the prison re the demand/capacity of HSB (Harmful Sexual Behaviour) intervention. SWYPFT committed to working with Leeds Community Healthcare and key stakeholders to address the issue.

Strengths
• Sickness levels are reducing.

Areas of Focus
• Implementation of secure stairs (a more psychologically/multi disciplinary team way of working with young people in custody) has commenced in Adel Beck and Wetherby.

Specialist BDU:

• There are significant medical staffing recruitment and retention issues across the BDU. Five agency consultants are currently working across CAMHS, and two agency consultants and one agency specialty doctor in learning disabilities. Efforts to recruit are ongoing (and supported through the medical directorate) with a number of recruitment options now being considered.
Child and Adolescent Mental Health Services (CAMHS)
• A Wakefield summit has been arranged for September by the CCG to consider challenges with regard to children and young people's mental health as a local system. It is anticipated this will accelerate action to improve CAMHS waiting times. An autism spectrum conditions themed summit is being arranged by Calderdale CCG. This will inform plans for additional investment in the diagnostic assessment pathway.
Learning Disability
• In addition to medical staffing vacancies there are 20 (11%) vacancies across community and inpatient learning disability services. A quality impact assessment (QIA) is being completed to fully assess presenting risks and set out mitigating actions.
The STOMP initiative has been effectively implemented in Calderdale and a project plan is being developed for roll-out across all service areas. STOMP stands for 'stopping over medication of people' and particularly relates to people with a learning disability, autism or both with psychotropic medicines and is NHS England led.
• A quality impact assessment is being completed to fully assess presenting risks and set out mitigations in relation to learning disability services vacancies.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Wakefield BDU:

Key Issues
• 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 decreased this month from last, but the pressures continue to have an adverse impact financially and on the quality of service user and carer experience.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services.
• Medical recruitment remains a challenge

Strengths
• Management of patient flow and for Wakefield sustained reduction in OOA bed usage
• Performance around delayed transfers of care remains consistently high
• Care programme approach reviews performance remains high in Wakefield
• Sickness rate remains below 4.6%
• The Wakefield Engaged Leader Programme has evaluated well through qualitative feedback in appraisals. Reported benefits include; increased confidence and skills particularly around having 'crucial conversations', better understanding of team effectiveness and an increase in wellbeing through feeling valued and supported. Peer coaching groups have been established which will continue to meet after the programme has been completed

Challenges
• Adult community consultant vacancies and gaps continue to be a pressure.
• Adult acute occupancy levels remain high

Areas of Focus
• Admissions and discharge flow in acute adults with a current review of recent admissions and pre-admission community support.
• Continue to improve performance in service area hotspots.
• Medical recruitment to consultant psychiatry and specialty doctor posts
• Reduction of agency spend

Communications, Engagement and Involvement

• Soft launch of new Trust website. The new site uses next level web technology including HTTP2 and HTTPS which means the site is faster and more secure and means we've future-proofed the current build. Work on content population and bug fixes are ongoing
• Membership newsletter reviewed and designed
• Paper on internal social networking site, workplace, developed and discussed with HR and staffside colleagues
• Excellence awards attracted 150 entries from across the Trust
• SystmOne comms - heavy promotion to encourage staff to organise training. Engagement with stakeholders continues.

This is the August priority programme report for the integrated performance report for activity conducted on the Trust priorities for 2018/2019 and includes information to the end of August 2018. Where a priority programme is already reported in another section of the IPR, e.g. for patient safety, new business etc., then that update will not be repeated in this priority page. A summary of updates for activity conducted in August July includes:

Flow and out of area beds:
• Bed pressures remain in the system and the long term trend of high out of area (OOA) placements has continued through August.
• Work continues toward implementing criteria led discharge across inpatient units. Wakefield Business Delivery Unit (BDU) is first in the planned implementation with the system live on 1 September 2018. Other BDUs will follow in late 2018.
• Activity is continuing in Calderdale and Kirklees to reduce the number of admissions. As well as implementing trusted assessor processes, testing different thresholds to access IHBT and reviewing the duty system, the BDU is gathering evidence of admissions and learning what it might be able to do differently to avoid admissions in the future.

Clinical Record System:
• Training is progressing well with more than 3000 of the available 7000 training slots have been booked.
• Plan for the go live approach with TPP, the suppliers of SystmOne, continues as does data migration testing which is also progressing well.
• The programme team P&I analysts have co-located with the Trusts P&I team and are on track for completion of the reporting requirements form SystmOne.
• The classroom based training, online training materials and competency checks are co-designed, co-built and co-tested. The online training materials and competency checks are on the intranet and available for staff to start using.
• External communications about the migration to SystmOne has commenced.

Older People's Services:
• A meeting with Wakefield CCG, including GP leads and commissioners was conducted in August as part of the continued conversations with commissioners.
• A meeting with Kirklees commissioners and GPs has been re-arranged for early September and discussions with the Barnsley commissioner is scheduled for late September.

Priority	Scope	Narrative Update	Area	RAG
IMPROVING HEALTH				
Joined Up Care				
South Yorkshire Projects: Stroke Service Review	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Stroke service review	• Monthly Steering group meetings continue having commenced in July • Weekly project meetings continue with SWYPFT & BHNFT • SWYPFT & Barnsley Hospital NHS Foundation |Trust (BHNFT) have nominated TAG members; and meetings are to be set up. • SWYPFT has drafted quality impact assessments (QIA) for transient ischemic attacks (TIA) and early supported discharge (ESD) – currently with SG at BHNFT for review/additions • SWYPFT are in the process of drafting an equality impact assessment (EIA) for TIA • Formal communications to staff were issued early September • A mapping session took place 30/8 in advance of the planned ESD workshop booked 28/9 which will include involvement from Jaimie Shepherd (STP), Stroke Association, BHNFT and SWYPFT. • BHNFT is in process of identifying TIA clinic space	Progress Against Plan	(green)
		Initial areas of risk include: • Recruitment and retention • Finances/contracting	Management of Risk	(yellow)
		High level milestones currently are: • ESD pathway mapping - September 2018 • TIA - move to Barnsley Hospital - September/October 2018 • ESD - detailed operating model developed - Autumn 2018 • ESD - service model agreement - January 2019 • ESD - implementation process - January - March 2019		

	Objective	Progress / Details	RAG	Status
South Yorkshire Projects: Neurological rehabilitation	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Neurological rehabilitation	• Barnsley Clinical Commissioning Group (CCG) has informed SWYPFT that as from 1 October 2018 it proposes to reduce the number of Neuro Rehabilitation Unit (NRU) beds it commissions in Barnsley from the current twelve to eight. • A project team has been formed and initial meeting held to develop a plan to promote and market the NRU capacity that will be available when de-commissioning takes place. • Initial objectives are to conduct market analysis for these beds with a view to develop and implement a marketing strategy	Progress Against Plan	[green]
		No known risks identified at this time.	Management of Risk	[green]
		Implementation Plan is in development		
South Yorkshire Projects: Autism and ADHD	Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on: • Autism and ADHD	• Initial discussions are taking place on developing a plan and determining objectives and resource implications for this priority. • These plans include combining this priority with the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) priority for improving autism and ADHD and delivering them as one piece of work.	Progress Against Plan	[green]
		No known risks identified at this time.	Management of Risk	[green]
		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.	New business activity within this priority is covered by the monthly bids and tenders report to EMT and is therefore not updated specifically in this priority section of the IPR.	Progress Against Plan	[green]
		No known risks identified at this time.	Management of Risk	[green]
		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	This priority programme is on track to plan and therefore an overall RAG for this project of Green is applied. Activities completed for the reporting period of August 2018 includes: • Due diligence continues and a meeting to finalise this is to be held with the safeguarding leads from across the footprint. • Further meetings have been arranged to ensure consistency across the model including with CCGs. • Graded introduction/communication of the service to agencies across the region continues prior to the formal launch. • Monthly Key performance indicators (KPIs) reporting on performance and financial tracker to NHS England (NHSE) has been submitted for July 2018 • The next national clinical network meeting with NHSE has been scheduled for 19th October 2018 in Leeds and representatives from the Yorkshire & Humber forensic CAMHS service will be attending. • Single point of access (SPA) referral rate continues steadily to increase • Sheffield Children's have now fully recruited and will begin accepting cases following the launch on 25th September • The formal launch of the service is scheduled for 25th September 2018, a venue has been located and planning is underway. It is anticipated around 100 attendees will attend the launch from across the region and various organisations.	Progress Against Plan	[green]

		• There are currently no high level risks identified in this project. • Risk sharing agreements are being developed for the partnership	Management of Risk	🟩

West Yorkshire Projects: Forensic Community Mental Health	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&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. • Proposals are in place to combine this priority with the priority to deliver shared objectives with partners through the integrated care systems plans in South Yorkshire.	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. Update on progress made in this priority in August 2018 includes: • Appointment of the Clinical Lead is progressing with interview scheduled for 13th September 2018 • Contract is finalised and in process for sign-off; 6 month contract review planned October 2019 • Priorities and supportive work-streams are being scoped; next meeting planned 20th September to further develop prior to gaining ESG sign-off • Terms of Reference and Project Plan for the ODN currently being drafted – to be signed off at next meeting on 20th September • Membership and groups currently being agreed – for ODN and virtual group • Communication tools to support better sharing and engagement across the ODN currently being scoped • Provider mapping has been completed and returned as agreed at first ODN meeting • Attendance and regular progress updates provided to ESG • Working with Inclusion North and with NHSE to agree an engagement plan and costings for user/carer co-production	Progress Against Plan	
		No risks have currently been identified at this time.	Management of Risk	
		An implementation plan is in development.		
West Yorkshire Projects: Inpatient CAMHS	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) to deliver shared objectives with our partners contributing to the following areas of work across WY&HHCP: • Inpatient CAMHS	• Work continues in this priority which is focused on delivering of services for children's admissions differently to prevent them from being miles away from home, trying to keep them local and out of hospital whenever possible. This is through use of locally placed beds and home based treatment teams in local areas. • The project is a pilot for two-years and SWYPFTs contribution to the new care model continues.	Progress Against Plan	
		Risk management has yet to commence for this priority as part of the planning phase for this new model of care.	Management of Risk	
		Implementation planning will be an integral part of the planning phase of this priority		

Summary	Quality	National Metrics	Locality	**Priority Programmes**	Finance/Contracts	Workforce

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	• Work in this priority is focused on supporting the Leeds and York Partnership NHS Foundation Trust as lead provider in the provision of a West Yorkshire wide new model for community treatment services for adults with eating disorders. • The Eating Disorders West Yorkshire and Harrogate Network has SWYPFT as a partner as part of the WY&HHCP. • Funding has been secured though the new models of care (NMoC) workstream. • SWYPFT are active on the new care models programme board and steering group.	Progress Against Plan	🟩
		Any implementation risks are with Leeds and do not transfer to SWYPFT	Management of Risk	🟩
		Implementation plan in development		

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.	• Bed pressures remain in the system and the long term trend of high OOA placements has continued through Aug. • Work continues toward implementing criteria led discharge across inpatient units. Wakefield BDU is first in the planned implementation and the system is going live on 1 Sep 2018. Other BDUs will follow in late 2018. • Activity is continuing in Calderdale and Kirklees areas to reduce the number of admissions. As well as implementing trusted assessor processes, testing different thresholds to access IHBT and reviewing the duty system, the BDU is gathering evidence of admissions and learning what it might be able to do differently to avoid admissions in the future. The Out of Area Caseload Manager in Calderdale and Kirklees is now having some success in bringing facilitating earlier discharge and a review of impact of this role is planned for October. • Through September, an audit of admissions is planned which will include a focus on where the person was admitted from and what happened in the run up to admission. A meeting is planned with commissioners for mid September to focus on progress against the partnership plan.	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. | Activity for this priority includes:
• Recruitment and retention steering group now established and terms of reference agreed.
• An action plan is now in place and activity is being taken forward.
• Analysis has been undertaken to establish where the area are of high turnover of staff. A series of focus groups have been held to further understand risks and issues in these areas – report to follow.
• Deep dive of wellbeing survey results is planned for the next period, following completion of the staff wellbeing survey, activity will also support the community transformation review which is taking place through the Autumn.
• The Trust is already seeing major improvements in three key target areas of the agreed plan:
   - Target against 10% turnover - Although turnover is not on target to achieve 10% (12.99%) two major workforce areas (nursing and HCA) are seeing lower   turnover rates than last year and are on course to see significant reductions (11.2% and 10% respectively).
   - Nursing retire and return – Trust target of doubling nursing retire and return for the coming year would equate to 24 staff returning. In the first four months of the fiscal year already achieved almost 50% of target (11).
   - Ending employment feedback returns – Returns are far exceeding expectation following implementation of new pro-active process. Return rate for July was 33%. Overall return from April now stands at 21%. This compares to 5% return in 17/18. Next stage sees the rollout of detailed feedback reports to BDUs – in place by October.
• Collaborative working activity has already taken in place in South Yorkshire. West Yorkshire collaborative workforce planning due to start in Sep with an initial steering group scoping session with other Trusts workforce leads.
• Nursing professional leads and workforce/L&D leads have met to discuss timelines for dovetailing an updated Nursing Strategy and the refresh of the Trusts Clinical Support Workforce Strategy. The Clinical Workforce refresh will focus on further strengthening the apprenticeship model, developing clearer band 3 role design and expand the role/opportunity of band 4/TNA roles and development across the Trust with scoping of career progression from non-clinical roles into clinical roles (B4 to B5). | Progress Against Plan | |
| | | Despite ongoing work around nursing strategy and recruitment/retention, we are still seeing an increase in nurse vacancies across the whole Trust. To achieve 100% nursing establishment approx. 230 additional WTE would be required over the next 12 months. Nurse vacancies are not reducing. | Management of Risk | |
| | | Milestones from the implementation plan for this priority (detailed timeline to be developed for the September IPR):
• Initial recruitment/retention steering group set up July
• Analysis and focus groups in high turnover areas – July
• Wellbeing survey deep dive commences - August
• West Yorkshire collaborative activity to commence - September
• Workforce planning cycle starts - September
• Clinical workforce support strategy refresh – two-year plan to be published in October. | | |

| Clinical record system | Plan | Plan and deliver a new clinical record system which supports high quality care | RAG rating for this priority remains the same as the last IPR - green, indicated that the priority is on track for progress against plan. Update for progress made in August includes:
• More than 3000 of the available 7000 training slots have been booked by staff. The project team will be asking staff to confirm whether they intend to complete classroom training or use the online training materials to prepare themselves for go live.
• TPP have progressed data testing by splitting the data into the separate units that will be used at go live, e.g. inpatient, mental health community and specialist services. This allows for closer checking and validation. A number of issues have come to light and are being worked through by TPP and the programme team.
• Plan for the go live approach with TPP continues, including user acceptance testing and cutover.
• Since moving to within the core P&I team, the programme team P&I analysts have almost caught up on report specifications and are on track for completion by the end of October. This is in line with the programme schedule and moves us from specifying reports to building them.
• Reporting database designed and built. Initial four reports are built and tested as part of prototyping. The reporting server provisioned to reporting workstream.
• The third phase of data migration testing has been completed by the Trust and the second data cut taken by TPP.
• The classroom based training, online training materials and competency checks are co-designed, co-built and co-tested. The online training materials and competency checks are on the intranet and available for staff to start using.
• External communications have begun - including letters to CEO's of partner organisations.
• The configuration workstream have drafted 64% of priority one forms. | Progress Against Plan | 🟩 |
| | Management of Risk | | RAG rating for risk this priority remains the same as the last IPR - yellow
Risks Identified (with Datix risk references notated):
• 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.
• 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.
• 1305 CONFIGURATION: Insufficient time for system analysis Insufficient time for system analysts to create required configuration from co-design workshop outputs.
• 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.
• 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.
• 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
• 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.
• 1277 REPORTING: New report requirements close to / during transition period - Ability to meet reporting requirements. - Not able to meet statutory / commissioner / local reporting requirements. End of 2 year national contracts and potential for new / additional reporting requirements.
• 1344 RESOURCES: the team is made up from a range of temporary resources. Progress may be slower as staffs leave and replacement is recruited. Costs may go up as more skilled and experienced staff is required nearer to go live.
• 1345 DELAYS TO GO LIVE: a range of factors may conspire to cause potential delays to the programme, to which a suitable contingency response should be available.
• 1348 PROGRAMME RISK: ROLES AND RESPONSIBILITIES. Risk of role confusion after transfer to SystmOne with responsibilities being unclear between clinical and administrative staff. | Management of Risk | 🟨 |

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Timeline (top): Oct 2017 — May 2019

- Core Programme Team Employed (Nov 17)
- Train the Trainer Completed (Dec 17)
- As is/To Be Workshops Completed (May 18)
- Draft Configuration Agreed (Jun 18)
- Reporting Validated (Sep 18)
- Infrastructure Validated
- Data Migrated
- Final Configuration Agreed
- Users Trained
- Go Live
- Initial Implementation Review
- Programme Closure Handover to BAU
- Implementation Review (May 2019)

Phases: INITIATION | CO-DESIGN (Gateway) | CO-CREATE (Gateway) | CO-DELIVER

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.
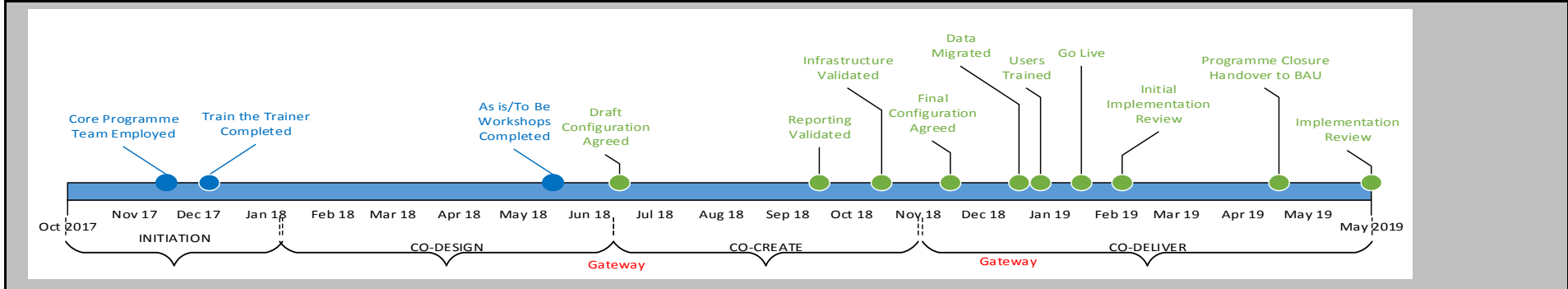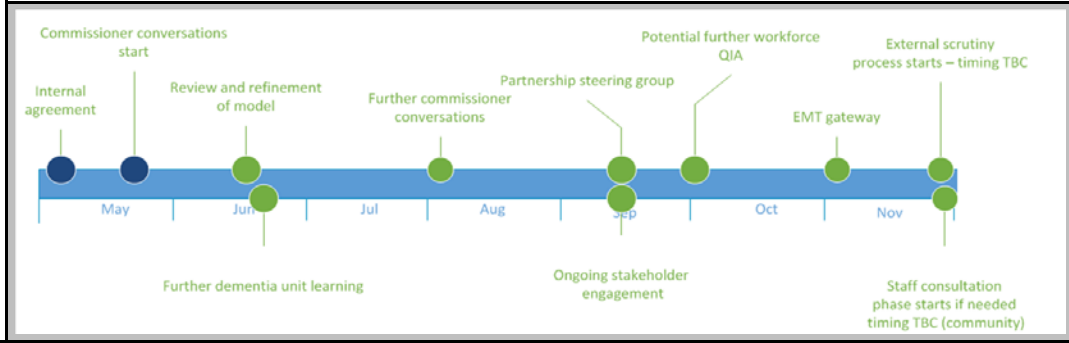
• A meeting with Wakefield CCG, including GP leads and commissioners was held in August and it was agreed that further meetings with Wakefield CCG to understand the proposals in detail is needed.
• A meeting with Kirklees commissioners and GPs has been rearranged for early September. The Barnsley commissioner meeting is now scheduled for late September and we're liaising with Calderdale about dates to meet them.
• The business case is being updated with an intention to share with commissioners soon.

Progress Against Plan	(yellow)

• We will need to receive wide external support from partners to take the inpatient options being considered through an external consultation process.
• The ongoing risk of slippage in the project timescale due to limited capacity across the project and across the BDUs remains, the project will need to ensure it is well resourced when moving on beyond commissioner conversations.

Management of Risk	(yellow)

Timeline (bottom): May — Nov

- Internal agreement
- Commissioner conversations start
- Review and refinement of model
- Further dementia unit learning
- Further commissioner conversations
- Partnership steering group
- Ongoing stakeholder engagement
- Potential further workforce QIA
- EMT gateway
- External scrutiny process starts – timing TBC
- Staff consultation phase starts if needed timing TBC (community)

RAG Ratings

(green)	On Target to deliver within agreed timescales/project tolerances
(yellow)	On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
(orange)	Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
(red)	Actions will not be delivered within agreed timescales/project tolerances
(blue)	Action Complete
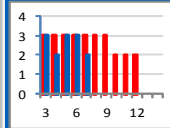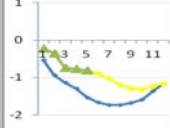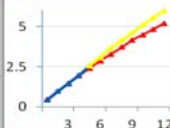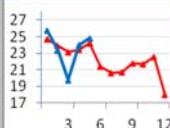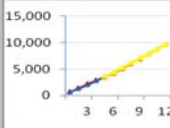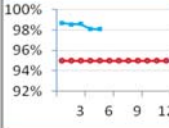
Overall Financial Performance 2018/19

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The Trust risk rating has improved from 3 to 2 in month. This is due to movement in the I & E margin metric improving to a deficit margin of 0.9%.	
2	Normalised Surplus (inc STF)	(£1.2m)	(£2.6m)	August's financial performance is a deficit of £139k pre PSF (Provider Sustainability Fund). Whilst still a deficit this is an improvement from the run rate in Quarter 1. The cumulative deficit is £1.2m. The underlying position in-month was a deficit of £0.4m, but was boosted by one-off benefits arising from asset disposals and VAT reclaims.	
3	Agency Cap	£2.6m	£6m	Agency expenditure was £0.6m in August the highest monthly spend this year. Year-to-date costs are £2.6m which is £143k (6%) above cap. Costs are 10% higher than the same period last year. Current year-end projection is to exceed our agency cap by £0.8m (15%).	
4	Cash	£24.8m	£18m	Cash remains ahead of plan in month 5. Cash of £0.7m from the sale of a Trust asset has been received in month and continues to be a key management focus.	
5	Capital	£4.2m	£8.2m	Year to date expenditure is ahead of plan primarily due to the profile of spend for the Fieldhead Non-Secure project. We continue to work closely with our construction partner to ensure we have agreed current and forecast spend profiles.	
6	Delivery of CIP	£3.6m	£9.7m	Additional identified cost reductions mean that the year to date position is ahead of plan (£114k - 3%). New schemes have been included in month; as such the required potential upside scenarios included within the forecast position has reduced from £1.0m to £0.7m.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value.	

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

Plan	——
Actual	——
Forecast	——

Contracting - Trust Board

Contracting Issues - General

A series of mid-year meetings has been arranged with commissioners to review progress with Five Year Forward View, other mental health investments and any other current key pressures, specifically out of area placements.

CQUIN

Q1 18/19 West and Barnsley clinical commissioning groups (CCGs) have confirmed full achievement, awaiting confirmation from NHS England for forensics but no delivery problems anticipated.

Contracting Issues - Barnsley

Key strategic work areas in Barnsley continue across intermediate care, respiratory, musculo-skeletal (MSK) and stroke services. The new contract for improving psychological therapies (IAPT) services commenced 1 August 2018. Barnsley CCG has confirmed investment to increase capacity for police to access advice from mental health practitioners to inform section 136 admissions to meet requirements set out in the Police and Crime Act. Barnsley CCG has confirmed additional investment within adult ADHD/ASD services. The plans for additional investment in IAPT services for long term conditions has been agreed with the CCG and implementation commenced. The CCG has confirmed additional investment non-recurrently to support clearance of the backlog in adult psychology services.

Contracting Issues - Calderdale

Key ongoing work streams include the mobilisation and implementation of the expansion of IAPT services to long term conditions, continued implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees and continued implementation of the adult ASD service. Development of the THRIVE model of delivery for child and adolescent mental health services (CAMHs) 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 covering expansion to core IAPT services and long term conditions, expansion of early intervention In psychosis services, continued implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees and out of area placements. Work has commenced on clearance of adult ASD backlogs.

Contracting Issues - Wakefield

Key ongoing work streams include the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees and out of area placements. Transformation of CAMH 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 CAMH services work continues on implementation. Implementation of secure stairs within the forensics secure estate is ongoing.   Review of bed occupancy within secure services with NHS England is ongoing.
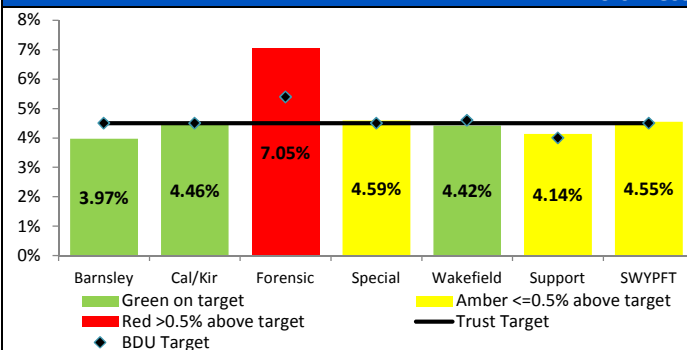
Contracting Issues - Other

SWYPFT is leading the implementation of the Operational Delivery Network for Yorkshire and Humber for learning disability and autism following successful tender award. The contract has been finalised and signed.

Workforce

Human Resources Performance Dashboard - August 2018

Sickness Absence

Current Absence Position and Change from Previous Month - August 2018

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.00%	3.70%	9.30%	4.20%	5.80%	4.70%	4.90%
Change	↑	↓	↑	↑	↑	↑	↑

The Trust YTD absence levels in August 2018 (chart above) were just above the target at 4.55%.

0
0
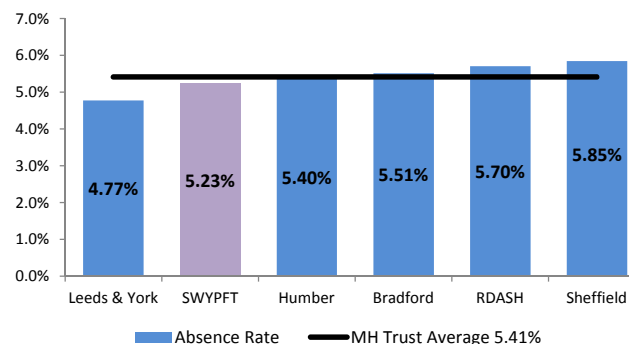
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2017 to March 2018.
During this time the Trust's absence rate was 5.23% which is below the regional average of 5.41%.

Appraisals - Band 6 and Above
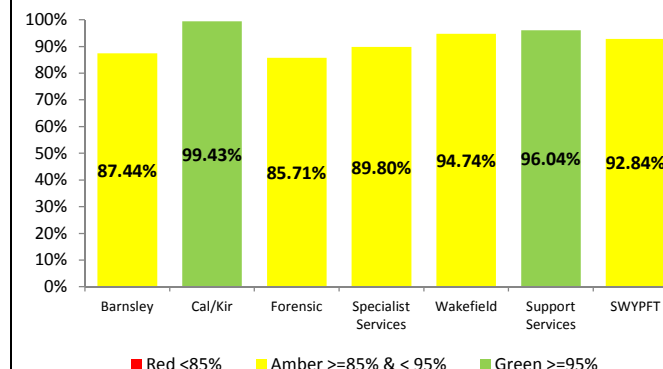
The above chart shows the appraisal rates for staff at Band 6 and above to the end of August 2018.
The appraisal target is 95% and over. For staff at Band 6 and above, all appraisals should be completed by the end of June in each financial year.

Turnover and Stability Rate Benchmark
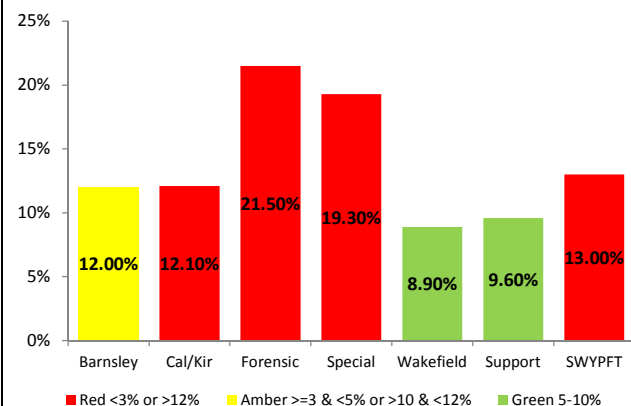
This chart shows the YTD turnover levels up to the end of August 2018.
Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.
*The turnover data excludes recently TUPE'd services
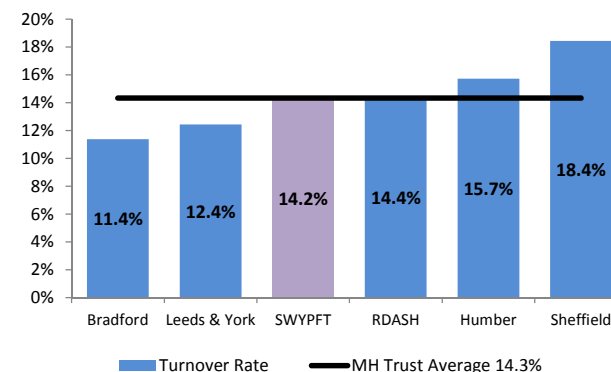
This chart shows turnover rates in MH Trusts in the region for the 12 months ending in April 2018. The turnover rate shows the percentage of staff leaving the organisation during the period.
This is calculated as: leavers/average headcount.
SWYPFT figures exclude decommissioned service changes.

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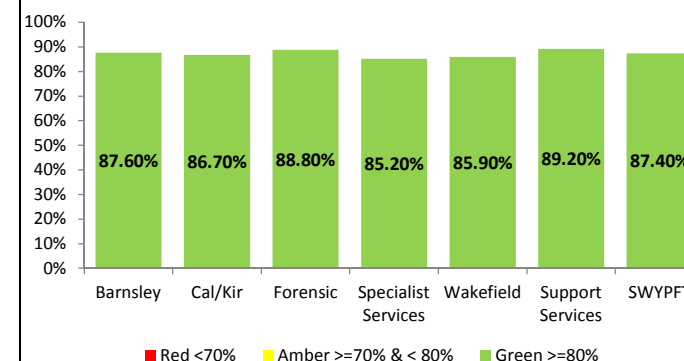
The chart shows the 12 month rolling year figure for fire lectures to the end of August 2018. The Trust continues to achieve the 80% target across all BDUs.

Workforce - Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.9%	4.9%	5.0%	5.0%	5.1%	5.2%	5.3%	5.3%	4.5%	4.4%	4.4%	4.5%	4.5%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.2%	5.0%	5.2%	5.6%	5.8%	6.2%	6.0%	4.9%	4.4%	4.4%	4.4%	4.8%	4.9%
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	89.0%	91.0%	92.7%	97.6%	98.1%	97.9%	97.8%	97.8%	7.3%	26.1%	84.0%	87.7%	92.8%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	46.2%	75.8%	82.7%	95.5%	95.7%	95.9%	95.9%	96.0%	0.8%	2.8%	9.4%	21.6%	48.1%
Aggression Management	Improving Care	Well Led	AD	>=80%	77.0%	77.6%	76.4%	79.0%	78.0%	77.9%	78.2%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	71.9%	73.4%	72.8%	75.4%	76.6%	77.0%	78.5%	81.4%	82.3%	84.0%	84.5%	84.8%	83.3%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	77.3%	79.2%	80.7%	82.3%	82.5%	83.8%	85.3%	85.1%	85.6%	85.5%	85.8%	85.9%	86.0%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	87.1%	85.7%	85.4%	87.0%	86.9%	88.3%	88.9%	88.5%	89.0%	89.8%	89.7%	89.8%	90.1%
Fire Safety	Improving Care	Well Led	AD	>=80%	82.6%	82.8%	82.8%	83.3%	82.4%	83.8%	84.6%	85.4%	85.3%	86.8%	86.6%	86.6%	87.4%
Food Safety	Improving Care	Well Led	AD	>=80%	79.2%	77.0%	76.2%	78.4%	78.6%	79.3%	77.8%	77.2%	76.2%	77.2%	77.5%	80.8%	81.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	83.6%	82.3%	81.8%	83.2%	83.2%	85.0%	86.5%	86.8%	87.0%	87.3%	87.3%	87.8%	88.5%
Information Governance	Improving Care	Well Led	AD	>=95%	89.1%	88.3%	86.2%	85.9%	83.8%	89.2%	95.7%	96.5%	92.4%	92.7%	92.1%	91.9%	92.2%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	79.3%	79.3%	80.7%	81.6%	81.9%	84.1%	85.4%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	86.1%	87.6%	88.9%	90.3%	91.1%	91.0%	91.1%	90.7%	91.1%	91.4%	91.3%	92.2%	91.7%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	80.3%	81.6%	83.4%	84.7%	86.6%	86.4%	86.0%	84.7%	85.7%	86.8%	86.5%	88.1%	87.3%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	61.0%			64.7%			86.5%			78.4%		Due Oct	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	86.0%	86.3%	86.3%	87.4%	87.8%	89.0%	89.8%	89.9%	90.0%	91.0%	91.3%	91.7%	91.7%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	84.7%	84.8%	84.1%	85.4%	85.1%	86.7%	87.5%	87.8%	88.4%	88.6%	89.4%	90.1%	90.4%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.2%	94.2%	92.9%	93.4%	93.3%	93.8%	94.3%	93.4%	94.4%	95.1%	94.9%	95.8%	95.2%
Bank Cost	Improving Resources	Well Led	AD	-	£518k	£614k	£545k	£534k	£534k	£604k	£655k	£907k	£557k	£603k	£768k	£646k	£730k
Agency Cost	Improving Resources	Effective	AD	-	£446k	£435k	£515k	£531k	£430k	£465k	£563k	£555k	£444k	£538k	£484k	£526k	£566k
Overtime Costs	Improving Resources	Effective	AD	-	£12k	£12k	£7k	£10k	£8k	£11k	£13k	£13k	£6k	£8k	£13k	£11k	£5k
Additional Hours Costs	Improving Resources	Effective	AD	-	£38k	£45k	£44k	£50k	£39k	£34k	£24k	£23k	£29k	£15k	£23k	£31k	£32k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£527k	£499k	£547k	£550k	£594k	£633k	£532k	£483k	£430k	£443k	£417k	£463k	£478k
Business Miles	Improving Resources	Effective	AD	-	267k	283k	291k	265k	305k	271k	275k	230k	274k	264k	259k	291k	269k

1 - this does not include data for medical staffing.

Workforce - Performance Wall cont…

Notes:

Mandatory Training

Green Compliance Status:
• Aggression Management – 83.01% no significant change from last month.
• Aggression Management / Physical Interventions – Clinical Level 2 – 89.63%; Aggression Management / De-escalation and Breakaway – Clinical Level 1 – 80.32%; Aggression Management / Personal Safety and Breakaway – Non Clinical Level 2 – 80.30%
• Cardio Pulmonary Resuscitation – 83.35% 1.45% decline in compliance from last month.
• Cardiopulmonary Resuscitation – Immediate Life Support – 85.93%; Cardiopulmonary Resuscitation – Basic Life Support – 82.92%
• Clinical Risk – 85.97% no significant change in compliance from last month.
• Equality and Diversity – 90.10% no significant change in compliance from last month.
• Fire Safety – 87.36% 0.8% increase in compliance from last month.
• Fire Safety – Ward based staff – 88.5%
Hotspots have been identified and a programme of training has been offered locally to meet training needs.
• Food Safety – 81.93% 1.13% increase on in compliance from last month.
• Food Safety – Level 4 – 100%; Food Safety – Level 3 – 92.31%; Food Safety – Level 2 – 82.45%; Food Safety – Level 1 – 63.89%
The review of Food Safety training continues with the implementation of the Housekeeper role into identified in-patient areas who will in future take the lead for Food handling duties. Therefore, the number of clinical staff requiring to undertake Food Safety training will reduce.
• Infection Control and Hand Hygiene – 88.54% no significant change in compliance from last month.
• Infection, Prevention and Control – 87.86%
• Hand Hygiene – 90.71%
• Mental Capacity Act – 91.69% no significant change in compliance from last month
• Mental Capacity Act / Deprivation of Liberty Safeguards – Clinical – 88.34%; Mental Capacity Act – Non Clinical – 100%; Mental Health Act – 87.29% no significant change in compliance from last month
• Mental Health Act – Registered Clinical Mental Health – Inpatient – 89.13%; Mental Health Act – Registered Clinical Mental Health – Community – 89.79%; Mental Health Act – Non Registered Clinical Inpatient and Community – 82%
• Moving and Handling – 86.13% no significant change in compliance from last month.
• Moving and Handling – Level 2 – 69.13%; Moving and Handling – Level 1 – 88.98%; Moving and Handling – Level 2 - Advisers have identified hotspots where services have not met the required targets, and have contacted individual service managers to discuss action plans for compliance. The advisers are now undertaking a Trust wide programme of in-house training sessions planned through to the end of the year, to address low rates of attendance.
• Safeguarding Adults – 91.67% no significant change in compliance from last month.
• Safeguarding Adults Level 2 – 91.24%; Safeguarding Adults Level 1 – 93.57%
• Safeguarding Children – 90.37% no significant change in compliance from last month.
• Safeguarding Children – Level 3 – 84.86%; Safeguarding Children – Level 2 – 91.24%; Safeguarding Children – Level 1 – 94.39%
• Sainsbury's Tool – 95.22% no significant change in compliance from last month.

Amber Compliance Status:
• Data Security Awareness Level 1 (formally IG) – 92.21% no significant change on last month.

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

Workforce - Performance Wall cont…

Sickness

• The Trust's sickness has shown a positive downward trend since April and the year to date sickness rate remains at 4.5%. Whilst we would expect to see a lower sickness rate in April and May, these are both lower than the figures for the same time last year but we have seen a slight increase during August.

• Forensic BDU, support services and specialist service BDUs have seen an increase in sickness levels for August compared to the previous month.

• Barnsley BDU continue to be the BDU with the lowest year to date sickness level. Wakefield BDU and Calderdale and Kirklees BDU remain below target levels. Specialist services, support services have seen a further increase in sickness levels and remain above the target level. Forensic have had an in month increase in sickness which has increased the year to date position to 7%, which 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.

• Workshops have been established for managers to assist with the management and sickness review process with a focus on wellbeing and attendance.

• The Trust has launched the new middleground programme focused on creating healthy teams.

• Staff counselling is now fully recruited to and waiting times have reduced significantly.

• New valued based appraisal has a stronger focus on health and wellbeing

• Wellbeing group established in forensic services and plan to roll these out across all BDUs

Publication Summary

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

NHS.UK website changes

As part of a programme of work to improve its services, NHS Digital is rebranding the 'NHS Choices' website as the NHS website (www.nhs.uk). The NHS website will continue to provide information to help people manage their health and care online. This guidance gives information and advice on the changes organisations will need to make to their own print and digital materials when signposting patients and the public to this site.

Click here for guidance

Academy of Medical Royal Colleges

Please write to me: writing outpatient clinic letters to patients

This best practice guidance aims to help and encourage doctors to write most of their outpatient clinic letters directly to patients and send a copy of the letter to the patient's general practitioner. The guidance covers general aspects of letter writing and applies to letters sent on paper and electronically. This document focuses on doctors' letters but it is relevant to all clinicians who write clinical letters.

Click here for guidance

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

NHS outcomes framework indicators: August 2018 release

Health care workforce statistics: March 2018

NHS workforce statistics: May 2018

NHS sickness absence rates: April 2018, provisional statistics

Bed availability and occupancy: Q1 2018/19

Diagnostic imaging dataset: April 2018
NHS Improvement provider bulletin: 22 August 2018:
• Managing conflicts of interest — a contractual obligation
• Health and Care Innovation Expo 2018 — keynotes and workshops
• Learning from improvement: an event for trusts in special measures for reasons of quality
• Midlands and East non-executive director (NED) networking event
• Making theory a reality: stories of improvement and transformational change
• Updates from our partners

Statistics on NHS Stop Smoking Services in England: April 2017 to March 2018 - annual report by NHS Digital. presents results from the monitoring of the NHS Stop Smoking Services in England. NHS Stop Smoking Services support people to quit smoking. The results are provided at national, regional and local authority levels.

Publication Summary

NHS Improvement provider bulletin: 29 August 2018:
• Complaints handling — a reminder
• Health and Care Innovation Expo 2018 — keynotes and workshops
• Updates from our partners

Quarterly hospital activity data: Q1 2018/19

Data on written complaints in the NHS: Q1, 2018/19

Data on written complaints in the NHS: 2017/18

NHS Improvement provider bulletin: 5 September 2018:
• Contribute your ideas, experiences and insights to the long-term plan for the NHS
• Expo: find us on stand 55
• Model Hospital trust ambassadors programme relaunch
• Doctor productivity: medical job planning
• Focus on frailty — scoping event
• Well-led for the future: development for NHS board members
• Masterclass: valuing people's time towards the end of life
• Professional development events for senior children and neonatal nurses
• Improving care to the paediatric population — why are standards important?
• Updates from our partners

Performance of the NHS provider sector for the quarter ended 30 June 2018 - NHS Improvement

Out of area placements in mental health services: June 2018

Reports on the use of Improving Access to Psychological Therapies services, England: June 2018

Provisional monthly hospital episode statistics for admitted patient care, outpatient and A&E data:

Mental health services monthly statistics: final June, provisional July 2018

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

Consultant-led referral to treatment waiting times data: July 2018

Monthly hospital activity data: July 2018

Mixed-sex accommodation breaches: July 2018

Early intervention in psychosis waiting times: July 2018

Monthly diagnostic waiting times and activity data: July 2018

Delayed transfers of care data: July 2018

NHS Improvement provider bulletin: 12 September 2018:
• Performance of the NHS provider sector for quarter 1 2018/19
• Learning from last winter to plan for 2018/19
• Apply for funding to develop local non-executive community networks
• How clinicians are using patient-level costing information to improve patient care
• National workforce recruitment campaign: marketing toolkit for trusts
• Local non-executive community networks webinar
• Demand and capacity fundamentals
• Updates from our partners

Finance Report

Month 5
(2018 / 19)
Appendix 1

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

	Performance Indicator	Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The Trust risk rating has improved from 3 to 2 in month. This is due to movement in the I & E margin metric improving to a deficit margin of 0.9%.	
2	Normalised Deficit (excl PSF)	(£1.2m)	(£2.6m)	August's financial performance is a deficit of £139k pre PSF. (Provider Sustainability Fund). Whilst still a deficit this is an improvement from the run rate in Quarter 1. The cumulative deficit is £1.2m. The underlying position in-month was a deficit of £0.4m, but was boosted by one-off benefits arising from asset disposals and VAT reclaims.	
3	Agency Cap	£2.6m	£6m	Agency expenditure was £0.6m in August the highest monthly spend this year. Year-to-date costs are £2.6m which is £143k (6%) above cap. Costs are 10% higher than the same period last year. Current year-end projection is to exceed our agency cap by £0.8m (15%).	
4	Cash	£24.8m	£18m	Cash remains ahead of plan in month 5. Cash of £0.7m from the sale of a Trust asset has been received in month and continues to be a key management focus.	
5	Capital	£4.2m	£8.2m	Year to date expenditure is ahead of plan primarily due to the profile of spend for the Fieldhead Non-Secure project. We continue to work closely with our construction partner to ensure we have agreed current and forecast spend profiles.	
6	Delivery of CIP	£3.6m	£9.7m	Additional identified cost reductions mean that the year to date position is ahead of plan (£114k - 3%). New schemes have been included in month; as such the required potential upside scenarios included within the forecast position has reduced from £1.0m to £0.7m.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value.	

Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective level	Plan ———
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels	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 5	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.0	2	1.5	3
	20%	Liquidity (Days)	20.4	1	19.6	1
Financial Efficiency	20%	I & E Margin	-0.9%	3	-1.7%	4
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	5.9%	2	0.0%	1
Weighted Average - Financial Sustainability Risk Rating				2		3

Impact
The current finance risk rating is 2. The Trust's I & E Margin improved from 1.1% deficit to 0.9% deficit. The threshold for a rating of 4 is 1% and any individual rating of 4 caps the weighted average overall rating at a maximum of 3.

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.

Provider Type	Plan £m	Actual £m	Variance £m	Deficit Providers		Plan £m	Forecast £m	Variance £m	Deficit Providers	
Acute	(944)	(986)	(42)	123		(1,566)	(1,604)	(38)	88	
Ambulance	0	2	2	3		3	3	0	5	
Community	1	2	1	6		22	23	1	4	
Mental Health	(10)	(3)	7	21		96	97	1	10	
Specialist	(20)	(14)	6	10		31	31	0	5	
Total - Deficit	(973)	(999)	(26)	163		(1,414)	(1,450)	(36)	112	
Uncommitted PSF	137	185	48			896	932	36		
Adjusted Deficit	(836)	(814)	22			(518)	(518)	0		

NHS Improvement published Quarter 1 draft unaudited performance of the NHS Provider Sector on 11th September 2018.
This summarises operational and financial performance for the period of April 2018 to June 2018.
Overall financial performance is a deficit nearly double that originally planned. The consequence of this in the national picture is still to be finalised.

The NHS continues to face the triple challenge of rapidly increasing demand, growing workforce shortages and continued finance pressure. Financially this is shown in the number of Trusts currently in deficit which is an increase of 61 from 102 in 17/18. Of these 6 were Mental Health providers.

The position at Quarter 1, taking account of uncommitted PSF held centrally, is ahead of plan by £22m although this is £78m worse than the corresponding period in 2017/18. The pressures across the whole NHS continues to be related to workforce solutions to meet operational requirements, this includes both agency and bank costs although agency spend continues to reduce in absolute terms and as a percentage of overall pay.

Pressures also exist within non-pay categories with the main overspend against plan being seen in purchase of healthcare (for us Out of Area fits into this category) and premises costs. These pressures are offset by cost reductions but the whole sector is showing underperformance against recurrent savings although these have been partially offset by non-recurrent actions.

Whilst the overall position is forecast to improve it is clear that improvement of run rates and significant non-recurrent actions will be required to deliver this. On a purely pro-rata calculation the quarter 1 performance would suggest a deficit in excess of £3bn.

Income & Expenditure Position 2018 / 2019

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				16,745	16,707	(38)	Clinical Revenue	83,831	83,920	89	200,644	200,855	211
				16,745	**16,707**	**(38)**	**Total Clinical Revenue**	**83,831**	**83,920**	**89**	**200,644**	**200,855**	**211**
				1,067	1,083	17	Other Operating Revenue	5,380	5,601	220	12,679	12,757	78
				17,812	**17,790**	**(22)**	**Total Revenue**	**89,211**	**89,521**	**309**	**213,323**	**213,612**	**290**
4,064	4,008	(56)	1.4%	(13,960)	(13,855)	105	Pay Costs	(70,005)	(69,657)	348	(167,694)	(167,511)	183
				(3,420)	(3,582)	(162)	Non Pay Costs	(17,448)	(18,001)	(554)	(41,213)	(41,684)	(471)
				16	284	268	Provisions	195	798	604	2,310	2,314	4
4,064	4,008	(56)	1.4%	**(17,364)**	**(17,153)**	**211**	**Total Operating Expenses**	**(87,258)**	**(86,860)**	**398**	**(206,597)**	**(206,881)**	**(284)**
4,064	4,008	(56)	1.4%	**448**	**638**	**190**	**EBITDA**	**1,954**	**2,661**	**707**	**6,726**	**6,732**	**6**
				(474)	(476)	(2)	Depreciation	(2,370)	(2,375)	(5)	(5,671)	(5,694)	(23)
				(310)	(310)	0	PDC Paid	(1,552)	(1,550)	2	(3,726)	(3,725)	1
				4	10	6	Interest Received	19	40	22	45	61	16
4,064	4,008	(56)	1.4%	**(332)**	**(139)**	**194**	**Normalised Surplus / (Deficit) Excl PSF**	**(1,950)**	**(1,223)**	**726**	**(2,626)**	**(2,626)**	**0**
				98	98	0	PSF (Provider Sustainability Fund)	417	417	0	1,470	1,470	0
4,064	4,008	(56)	1.4%	**(234)**	**(41)**	**194**	**Normalised Surplus / (Deficit) Incl PSF**	**(1,532)**	**(806)**	**726**	**(1,156)**	**(1,156)**	**0**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,064	4,008	(56)	1.4%	**(234)**	**(41)**	**194**	**Surplus / (Deficit)**	**(1,532)**	**(806)**	**726**	**(1,156)**	**(1,156)**	**0**

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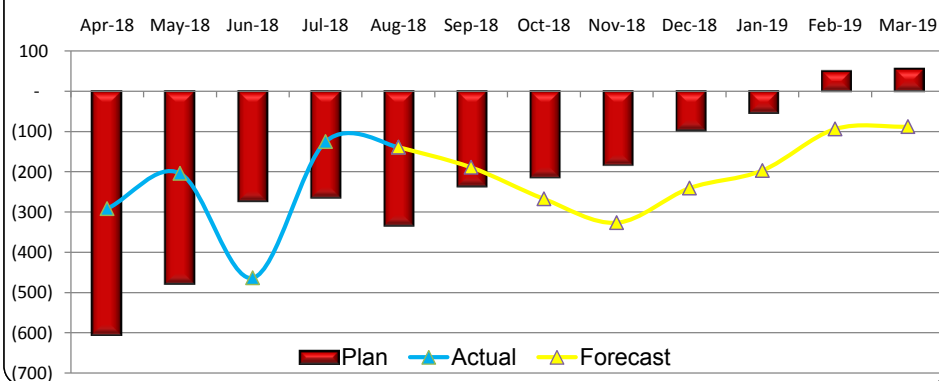
Trust Cumulative I & E Profile (Excluding revaluation and PSF)

Income & Expenditure Position 2018 / 2019
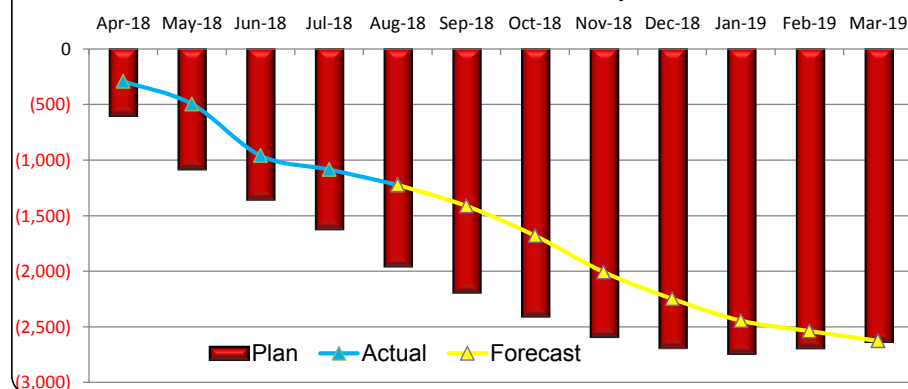
August 2018 is the 5th month in a row the Trust has recorded a financial deficit. Whilst this remains better than plan action is required to secure a positive future run rate.

Month 5

The August position is a pre PSF deficit of £139k and a post PSF deficit of £41k; this is £194k favourable to plan in month. The normalised year-to-date position is a pre PSF deficit of £1,223k, which whilst favourable to plan, demonstrates a run rate which requires improvement in order to achieve our year-end control total of £2.6m deficit. The underlying monthly position excluding one off benefits is a deficit of £392k.

Non pay expenditure pressures continue to provide the greatest financial challenge with ongoing out of area bed usage (and associated costs) only being partially offset by other non-pay underspends.

Income

At month 5 income is £38k behind plan, a full breakdown of income is shown on page 8.

Income risks continue to be assessed; the year to date position includes an estimate of current CQUIN risk and work continues to minimise this risk.

The only change in income in month relates to additional income relating to the Trust partnership in relation to youth offender work. This will be recharged based upon actual costs incurred by the Trust.

Pay Expenditure

In August pay has underspent by £105k. This includes the April to June 2018 pay arrears (and associated budget) for the 2018/19 Agenda For Change pay award. Medical staff pay awards remain unconfirmed.

This underspend position remains possible due to the level of vacancies offsetting costs associated with temporary staffing to meet clinical and service requirements. These are often not within the same service line or locality and recruitment is actively being undertaken. As such this could lead to increased pressure going forwards. The Trust continues to work on its recruitment and retention work stream.

Inpatient wards across the Trust are reporting significant pressures. Across all inpatient wards (excluding Forensic BDU) the average overspend each month year to date is £184k due to high acuity levels, vacancies and sickness.

Non Pay Expenditure

Non pay overspent by £162k in August. Out of area usage and spend remains higher than planned with actual spend of £392k in-month and is £1.8m cumulatively. At month 5 the year to date spend equals the full year budget. Drugs costs remains a pressure although overall spend has reduced from 2017/18.

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 £1.6m are required to enable achievement of the control total.

Many of the potential upsides identified to manage this position are one off / non-recurrent in nature. As such additional actions are required to ensure a postive monthly run rate going forwards. This forms the basis of discussions for the Trust future financial plans.

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.

	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	Total 17/18 £k
CCG	12,132	12,012	12,286	12,453	11,924	11,927	11,927	11,927	11,927	11,927	11,927	11,840	144,211	151,142
Specialist Commissioner	1,946	1,946	1,946	1,946	1,872	1,957	1,957	1,957	1,957	1,957	1,957	1,957	23,356	23,661
Alliance	1,053	1,105	1,079	1,079	1,270	1,270	1,270	1,270	1,270	1,270	1,270	1,270	14,478	11,478
Local Authority	430	413	422	438	426	426	416	416	416	416	416	416	5,054	4,851
Partnerships	577	577	577	585	655	597	597	597	597	597	597	597	7,151	6,838
Other	558	567	543	543	560	485	559	559	559	559	559	559	6,607	6,981
Total	16,696	16,620	16,853	17,044	16,707	16,663	16,727	16,727	16,727	16,727	16,727	16,639	200,856	204,951
17/18	17,133	17,247	17,174	17,355	16,953	16,553	17,534	17,083	17,308	16,950	16,922	16,739	204,951	

Trust Income Profile
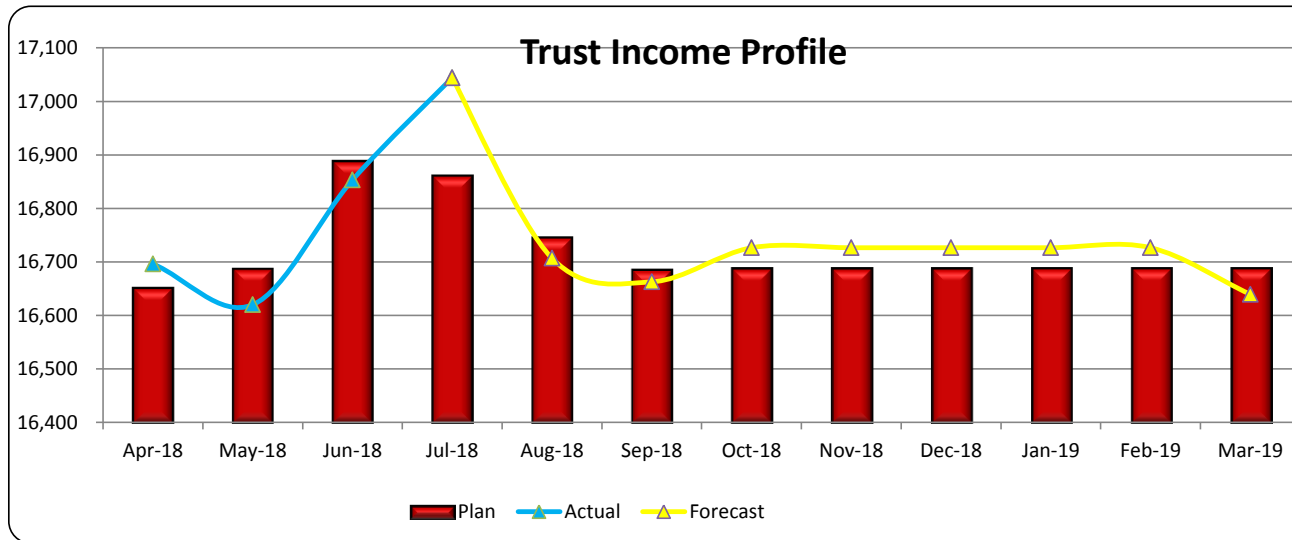
Additional income was secured in July 2018 following agreement with commissioners. This was also subject to costs within the BDUs. (peak in the graph to the left)

Additional income has been included in month as part of our ongoing Youth Offenders partnership. Income will be reimbursed in line with actual costs incurred. This equates to an additional £350k per annum.

The current forecast position continues to assume 100% delivery of all CQUIN schemes. Although an element of risk has been identified within the internal CQUIN leads group these are being actively mitigated through internal actions and discussions with commissioners.

Pay Information

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

The Trust workforce strategy was approved by Trust board during 2017 / 18 with the strategic workforce plan approved in March 2018.

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

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k
Substantive	12,595	12,598	12,593	13,290	12,529								63,605
Bank & Locum	571	652	824	687	749								3,484
Agency	444	538	484	526	575								2,568
Total	13,610	13,789	13,901	14,503	13,854	0	0	0	0	0	0	0	69,657
17/18	13,752	13,992	14,161	13,804	13,854	13,645	13,889	13,876	13,629	13,788	13,781	14,087	166,257

	Apr-18	May-18	Jun-18	Jul-18	Aug-18								Total
Bank as %	4.2%	4.7%	5.9%	4.7%	5.4%								5.0%
Agency as %	3.3%	3.9%	3.5%	3.6%	4.2%								3.7%

Year to Date expenditure - by staff group

	Substantive £k	Temp £k	Agency £k	Total £k
Medical	7,344	180	1,405	8,929
Nursing Registered	22,044	1,067	234	23,345
Nursing	7,045	1,722	600	9,366
Other	16,727	255	308	17,289
Admin	10,441	275	12	10,728
Total	63,599	3,499	2,559	69,657

August WTE Analysis

	Budgeted	Contracted	Bank	Agency	Variance
Medical	209	168	1	20	(20)
Qualified Nursing	1,364	1,221	56	10	(77)
Unqualified Nursing	640	612	121	45	137
Other Clinical	845	758	8	10	(69)
A & C	806	730	26	3	(47)
Other	316	291	8	1	(16)
Staff Vacancy Factor	(115)	0	0	0	115
Total	4,064	3,780	220	89	25

Pay Expenditure Profile

2 year Agency and Bank Expenditure

Key Messages

Pay expenditure has increased in August month due to confirmation of the 2018/19 agenda for change pay award. This pay award has been funded centrally and additional budget has been provided to the BDUs to support this. Arrears relating to April to June 2018 have been paid in August 2018, an estimate of this was included in Julys figures above.

August's cumulative expenditure on bank and agency is the highest year to date at £1.325m, this accounts for 10% of pay expenditure. Significant bank spend remains within inpatient areas (£2.1m to date) and work continues on reviewing appropriate staffing levels to support levels of activity and acuity.
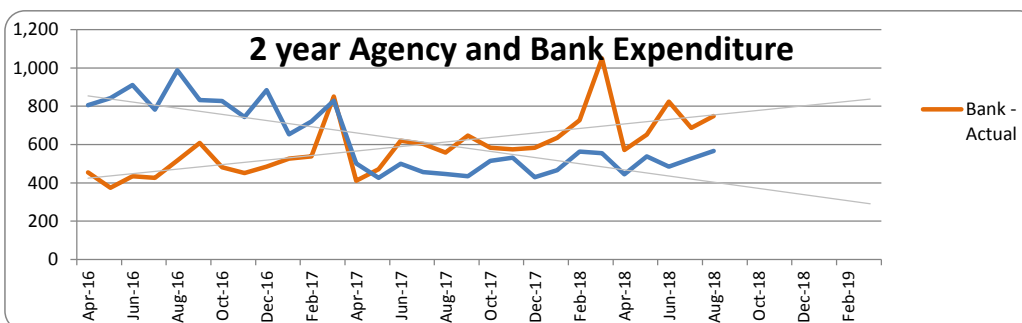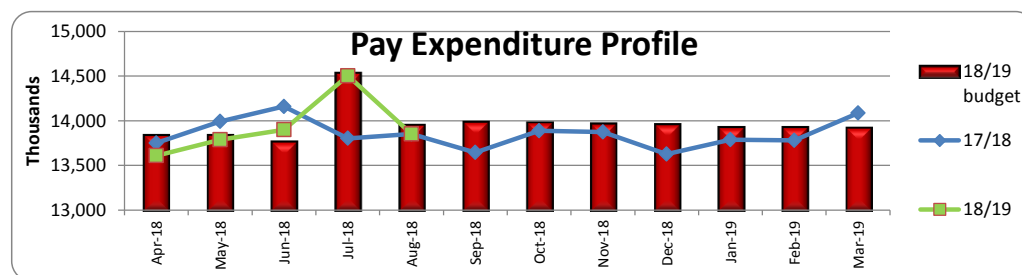
The NHS Improvement agency cap for 2018/19 is £5.2m

Year to date expenditure is 6% above cap

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 actual spend 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 5 agency spend is £575k, 24% above cap and the highest monthly expenditure level year to date and since March 2017. Overall the year to date expenditure is 6% above cap.

Agency expenditure increased by £49k between July and August, medical agency increased by £66k relating to an additional agency medic covering a new vacancy in CAMHS services, the increase was partly offset by lower nursing agency costs.

Current forecasts indicate an increased agency usage, primarily consultant medical staff, to provide service coverage for known upcoming vacancies.

Agency expenditure is subject to detailed scrutiny at all levels within the Trust. Plans continue to be progressed to reduce this level of expenditure. The Trust continues to report agency usage to NHS Improvement on a weekly basis.

Agency Expenditure Trends (£m)

Legend: Other, A & C, Other Clinical, Nursing, Other Medical, Consultants

Categories: 13/14, 14/15, 15/16, 16/17, 17/18, 18/19

Agency Spend By Month

Months: Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar

Legend: 16/17, 17/18, 18/19, 18/19 NHSI cap
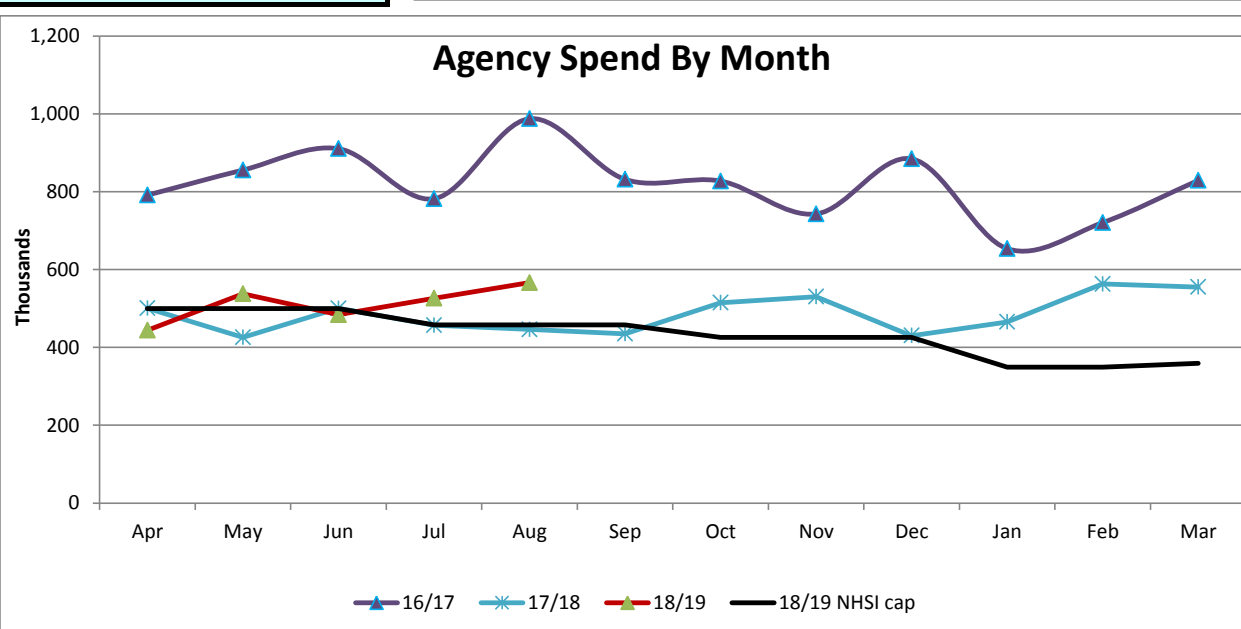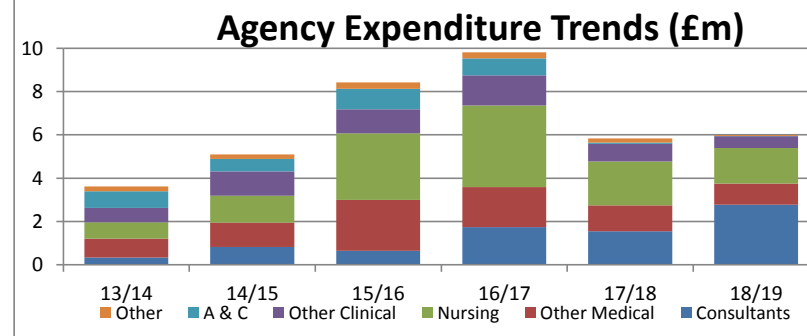
On an ad hoc basis additional focussed information is provided to highlight financial pressures or good practice. This provides a consolidated Trustwide view which may help to identify a whole system response.

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			Forecast		
	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Adult Working Age	4,005	4,413	(408)	9,612	10,547	(935)
Older Peoples	2,255	2,621	(366)	5,404	6,282	(878)
Rehab	339	323	16	814	775	39
PICU	1,180	1,264	(84)	2,831	3,028	(197)
Other	1,559	1,637	(78)	3,741	3,762	(21)
Total	**9,337**	**10,258**	**(920)**	**22,402**	**24,394**	**(1,992)**

	Budget £k	Actual £k	Variance £k	Budget £k	Actual £k	Variance £k
Substantive	9,337	8,216	1,121	22,402	19,621	2,780
Bank	0	1,533	(1,533)	0	3,555	(3,555)
Agency	0	508	(508)	0	1,032	(1,032)
Total	**9,337**	**10,258**	**(920)**	**22,402**	**24,209**	**(1,807)**

This focus looks at 19 wards which in total are forecasting an overspend of £2.0m. Of these, 3 wards represent £1.1m (53%) of this overspend. These are wards 18 and 19 at Priestley (Male and Female) 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.

Pay Expenditure Profile
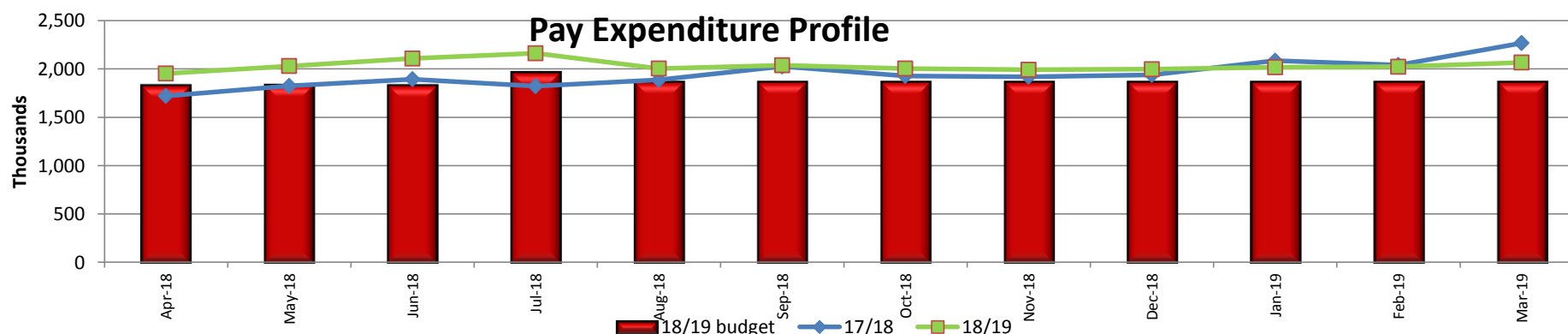
Whilst pay expenditure represents approximately 75% of all Trust non pay expenditure presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

	Apr-18 £k	May-18 £k	Jun-18 £k	Jul-18 £k	Aug-18 £k	Sep-18 £k	Oct-18 £k	Nov-18 £k	Dec-18 £k	Jan-19 £k	Feb-19 £k	Mar-19 £k	Total £k
2018 / 2019	3,437	3,588	3,706	3,689	3,582								18,001
2017 / 2018	3,281	3,568	3,488	3,681	3,529	3,570	4,292	3,829	3,637	3,318	3,552	4,474	44,219

Non Pay Category	Budget YTD £k	Actual YTD £k	Variance £k
Clinical Supplies	1,108	1,266	(158)
Drugs	1,226	1,399	(173)
Healthcare subcontracting	2,083	2,946	(863)
Hotel Services	751	783	(32)
Office Supplies	2,109	1,911	198
Other Costs	2,020	1,725	295
Property Costs	2,790	2,819	(29)
Service Level Agreements	2,533	2,472	62
Training & Education	261	225	36
Travel & Subsistence	1,566	1,369	198
Utilities	456	504	(47)
Vehicle Costs	543	583	(40)
Total	**17,448**	**18,001**	**(554)**
Total Excl OOA and Drugs	**14,139**	**13,656**	**483**
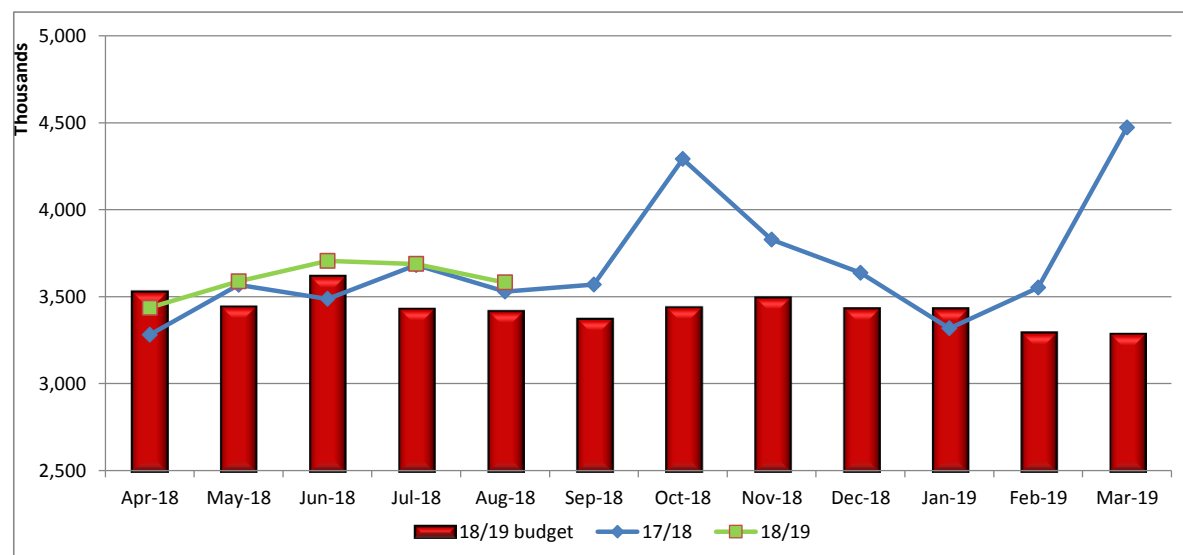
Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £863k. As a fluctuating pressure the out of area focus provides further details on this. This is an increase in variance from month 4 as the out of area budget profile assumed reduced usage over the course of the year.

Drugs expenditure is the second highest overspend category. As at August 2018 this is £173k overspent against budget. A more detailed breakdown of drugs expenditure is included within this report on page 13.

Excluding those two key areas we continue to see good non-pay expenditure control across the majority of areas. The largest favourable variances to budget are within travel and subsistence and other costs.

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	357	392								1,836

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
16/17	294	272	343	310	216	495	755	726	679	624	416	364	5,494
17/18	282	367	253	351	373	427	479	434	414	276	626	762	5,044
18/19	607	374	412	502	669								2,564

Bed Day Information 2018 / 2019 (by category)

	Apr	May	Jun	Jul	Aug								Total
PICU	316	207	142	91	76								832
Acute	278	157	258	349	542								1,584
Gender	13	10	12	62	51								148
Total	607	374	412	502	669								2,564

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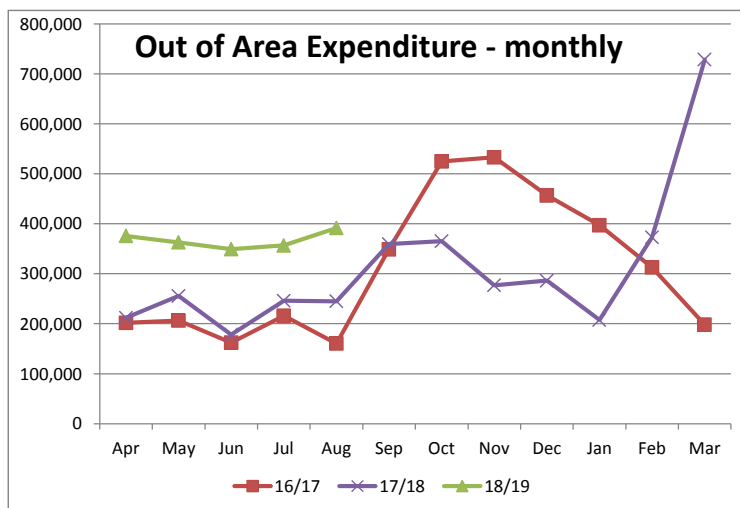
Due to the increasing levels of high demand from January to March 2018 the out of area budget has been weighted to account for higher spend at the start of the year reducing significantly across the year as actions from the project board are implemented.

Acute activity in August 2018 has reached exceptionally high levels. 167 bed days were needed in one week, the highest level since weekly reporting began in October 2016.

PICU activity over the past 11 weeks has been consistently lower than in the previous 12 months. Typically 27 bed days are needed each week.

The net effect has resulted in the year to date variance increasing to £823k (£588k at month 4). Actual expenditure to date equates to the full year budget.

The out of area project board continue to review activity and are implementing actions to improve patient flow and ensure best value e.g criteria led discharge.

The drugs budget has overspent significantly in recent years. In 2017/18 drugs overspend was £0.8m and the current forecast for 2018/19 is an overspend of £0.7m. This page analyses and explains changes in expenditure over the past 3 years and reports on cost pressures and savings being made to achieve the 2017/18 CIP and potential future savings.

This analysis excludes drugs relating to stop smoking services.

Drugs expenditure over the last 3 years has consistently been just below £3m. During this time drugs budgets within Calderdale, Kirklees, Specialist and Forensics have remained broadly unchanged, with CIPs and new investment driving the changes. Barnsley BDU drugs budget has reduced by £254k across the three years following decommissioning and changes to service provision in intermediate care and memory services.

Drugs expenditure exceeds budget in all BDUs with the exception of forensic services.

Trustwide Drugs (£m) — Budget, Actual for 2016/17, 2017/18, 2018/19
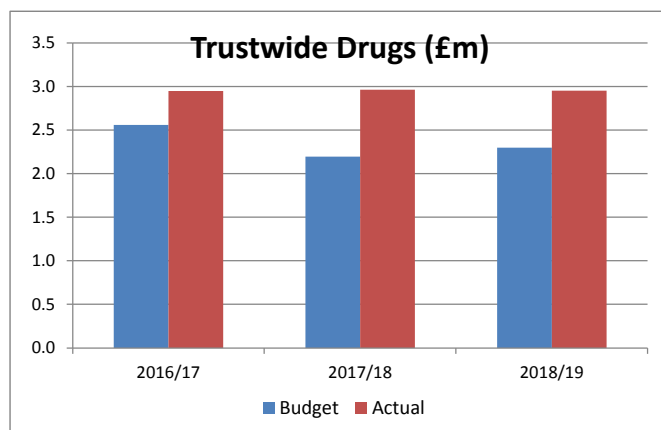
Cost improvement programme	Full year effect (£'000s)	2018/19 Savings (£'000s)
Drug price reductions	80	15
Direct prescribing	120	0
Drug switches	45	5
Increasing shared care	60	0
Other	48	48
Total Savings	353	68

Top 10 Drug trend (£m) — £ 16/17, £ 17/18, £18/19 Forecast

Legend:
- Clozapine 25mg
- Paliperidone 50mg/0.5ml
- Zuclopenthixol decanoate 500mg/1ml
- Risperidone 37.5mg
- Risperidone 50mg
- Paliperidone 75mg/0.75ml
- Clozapine 100mg
- Paliperidone 100mg/1ml
- Paliperidone 150mg/1.5ml
- Aripiprazole 400mg pre-fild
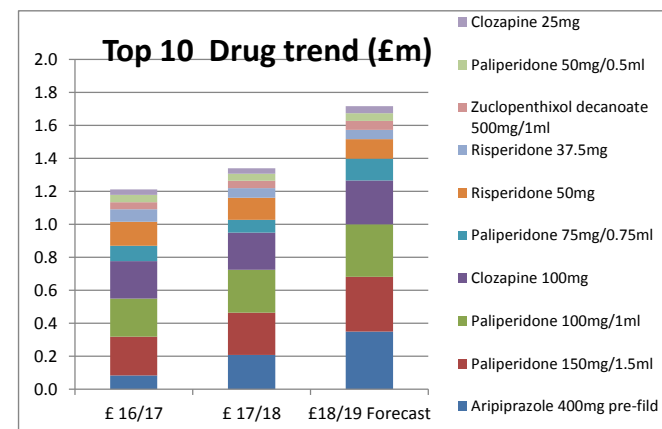
The table above outlines the £353k possible drugs savings identified. Using the Refine/ Define programme the Drug and Therapeutics committee have identified a number of drug preparation switches which will not impact clinically on patients. The savings are dependant on prescribers actioning the switches, quarter 1 data shows very limited progress has been made. The remaining CIPs are forecast to achieve later than planned but continue to be progressed.

In 2018/19 circa £1.7m (60%) of expenditure is on the top 10 drugs prescribed, this includes various concentrations of the same drug. By comparison expenditure on the same 10 drugs totalled £1.2m in 2016/17. During the last few years several low cost drugs in tablet form (less than £1/day) e.g. fluphenazine have become unavailable and are being replaced by drugs at a significantly higher cost e.g. Aripiprazole (slow release injection) which costs in excess of £8/day. Expenditure on this drug has increased from £83k in 2016/17 to a forecast expenditure of £350k in 2018/19, in additional to increased demand, the cost of these drugs are increasing 4% each year. Whilst being significantly more expensive, service users benefit from using slow release drugs through fewer attendances to clinics and no daily medicine to take. Studies have evidenced the high costs of these drugs are offset by fewer inpatient and depot clinics attendances.

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	3,501	9,701

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
Delivery as originally planned	555	1,136	1,699	2,259	2,827	3,391	3,975	4,560	5,145	5,743	6,352	6,960	2,827	6,960
Mitigations - Recurrent & Non-Recurrent	39	124	260	478	788	957	1,136	1,319	1,498	1,667	1,836	2,005	788	2,005
Mitigations - Upside schemes							123	246	369	492	615	735	0	735
Total Delivery	595	1,260	1,959	2,737	3,615	4,348	5,234	6,125	7,012	7,903	8,803	9,701	3,615	9,701

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
Variance	(96)	(122)	(132)	(61)	114	145	133	128	118	80	41	0	114	0

Cumulative CIP Delivery 2018 / 2019

Legend: Plan, Actual, Forecast
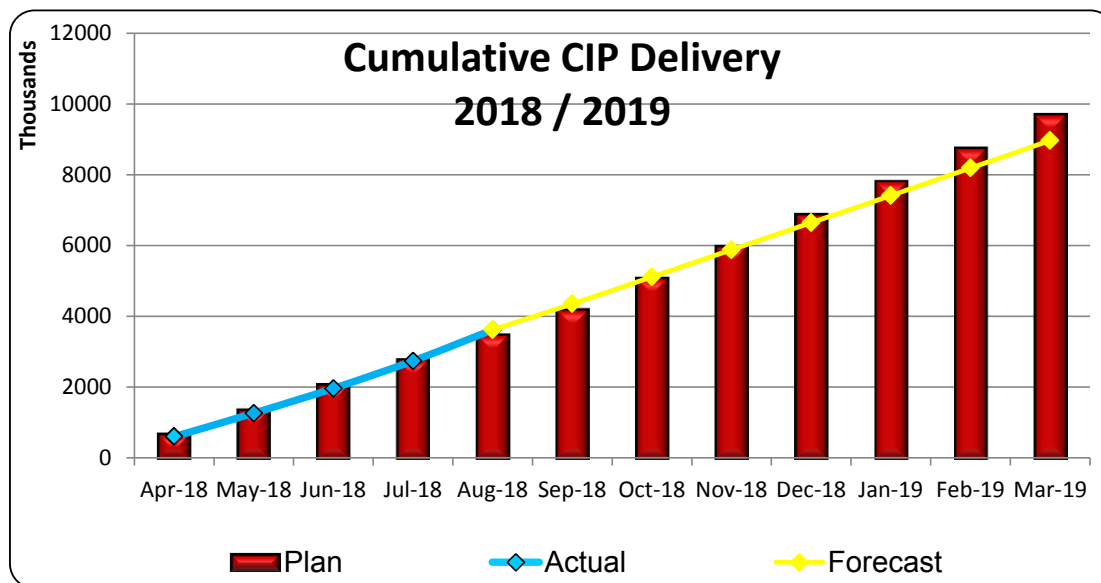
The Trust has a CIP requirement for 2018 / 19 totalling £9.7m. This included £1.6m of unidentified savings at the beginning of the year.

Delivery of schemes continue to be monitored. Through identified mitigations the current CIP performance is ahead of plan which is supporting the better than plan overall financial position. The currently unidentified gap is £0.7m. This is an reduction in the gap of £0.3m when compared to last month. The majority of these are schemes which hold non-clinical vacancies.

A number of opportunities are currently being finalised to support further closure of this gap. The detailed workings will validate this and confirm final values.

3.0 Balance Sheet 2018 / 2019

	2017 / 2018 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	123,810	124,803	125,053	1
Current Assets				
Inventories & Work in Progress	232	232	232	
NHS Trade Receivables (Debtors)	1,388	2,007	2,425	
Non NHS Trade Receivables (Debtors)	1,867	2,977	2,040	2
Other Receivables (Debtors)	1,219	1,000	2,476	3
Accrued Income	3,660	4,650	3,129	4
Cash and Cash Equivalents	26,559	24,188	24,814	5
Total Current Assets	**34,925**	**35,054**	**35,116**	
Current Liabilities				
Trade Payables (Creditors)	(4,158)	(5,890)	(4,190)	6
Capital Payables (Creditors)	(1,142)	(1,892)	(984)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(7,303)	
Accruals	(5,799)	(6,000)	(6,526)	7
Deferred Income	(670)	(670)	(869)	
Total Current Liabilities	**(17,552)**	**(20,452)**	**(19,872)**	
Net Current Assets/Liabilities	**17,373**	**14,602**	**15,244**	
Total Assets less Current Liabilities	**141,183**	**139,405**	**140,297**	
Provisions for Liabilities	(6,490)	(6,240)	(6,410)	
Total Net Assets/(Liabilities)	**134,693**	**133,165**	**133,887**	
Taxpayers' Equity				
Public Dividend Capital	44,015	44,015	44,015	
Revaluation Reserve	24,938	24,938	25,328	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	60,520	58,992	59,325	8
Total Taxpayers' Equity	**134,693**	**133,165**	**133,887**	

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 / 18 to highlight accrued income and payables due to tax, National Insurance (NI) and pension arrangements.

1. Capital expenditure is detailed on page 17. Year to date spend is now above plan.

2. Non-NHS Debtors are lower than plan. £1m of the current balance relates to Locala,this is under 30 days and payment will be chased in due course.

3. Other Receivables includes prepayments. This is currently higher than plan and the majority relates to payment timing for licences and the lease car insurance.

4. Accrued income is currently lower than plan, invoices continue to be raised on a timely basis.

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 19.

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 receipt of invoices.

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

Capital Programme 2018 / 2019

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	1,628	386	318	(68)	1,731	103	3
Equipment Replacement	0	0	27	27	27	27	
IM&T	1,550	720	635	(85)	1,417	(133)	2
Major Capital Schemes							
Fieldhead Non Secure	4,229	2,459	3,053	594	4,229	(0)	4
Clinical Record System	828	440	269	(172)	883	55	
VAT Refunds	0	0	(52)	(52)	(52)	(52)	
TOTALS	**8,235**	**4,005**	**4,249**	**244**	**8,235**	**(0)**	1

The next phase of the Fieldhead non-secure project is due to open in September 2018.

Capital Programme 2018 / 2019 Cumulative Profile

Legend: Plan, Actual, Forecast

Capital Expenditure 2018 / 2019

1. The originally agreed capital plan for 2018 / 19 was £8.1m and schemes are guided by the current estates and digital strategy. A further £135k has been added from national funding.

2. IM & T schemes are progressing in line with original plans with the exception of the Business Intelligence scheme. This has been postponed pending completion of the clinical record system implementation.

3. Some schemes have been delayed due to accessibility. These are still planned to be completed in year. The year to date position also reflects that schemes which have been completed have done so within original planned values.

4. The main Fieldhead non secure scheme continues although the profile of expenditure is different to that orignally planned.
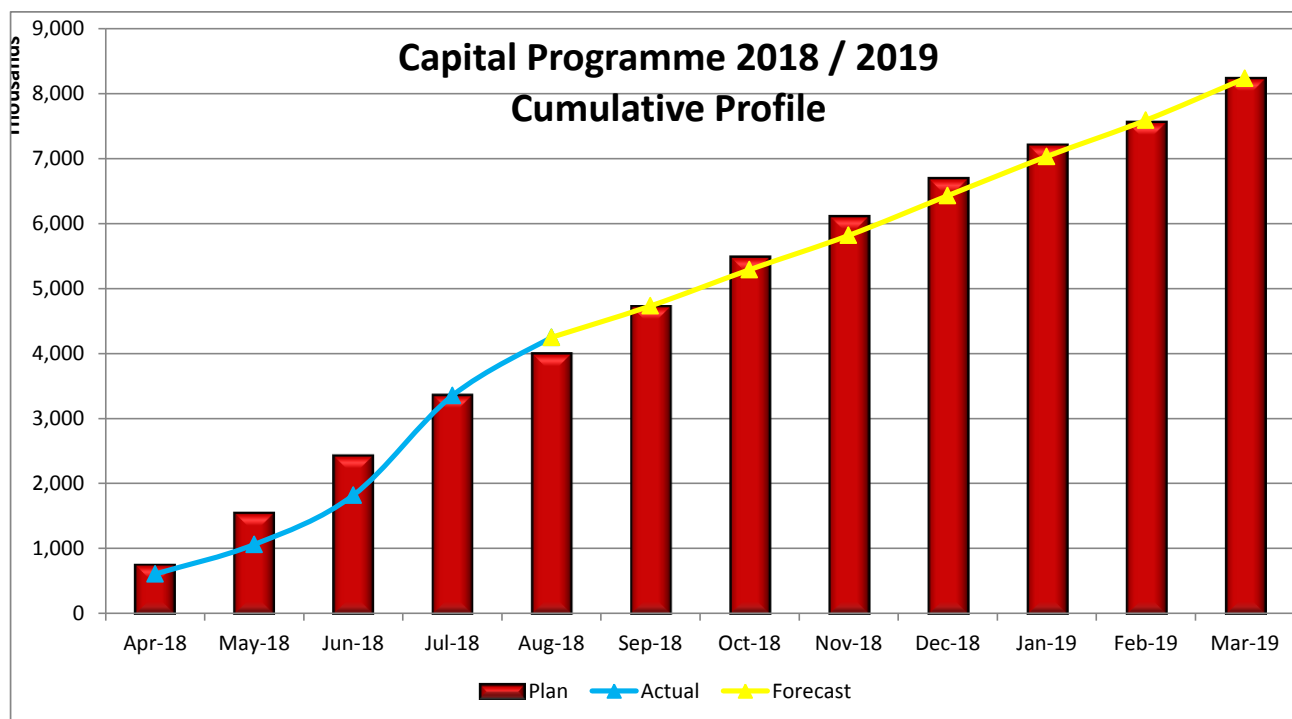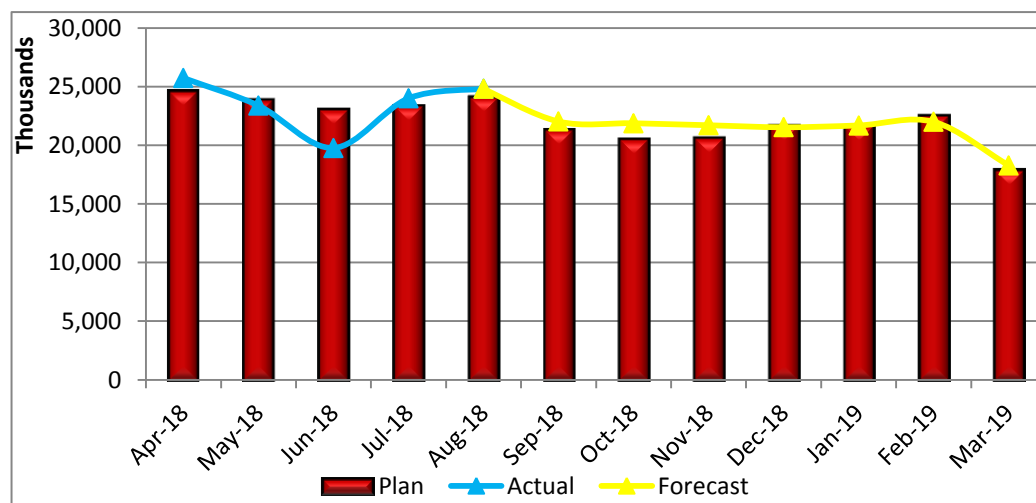
	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	24,188	24,814	626
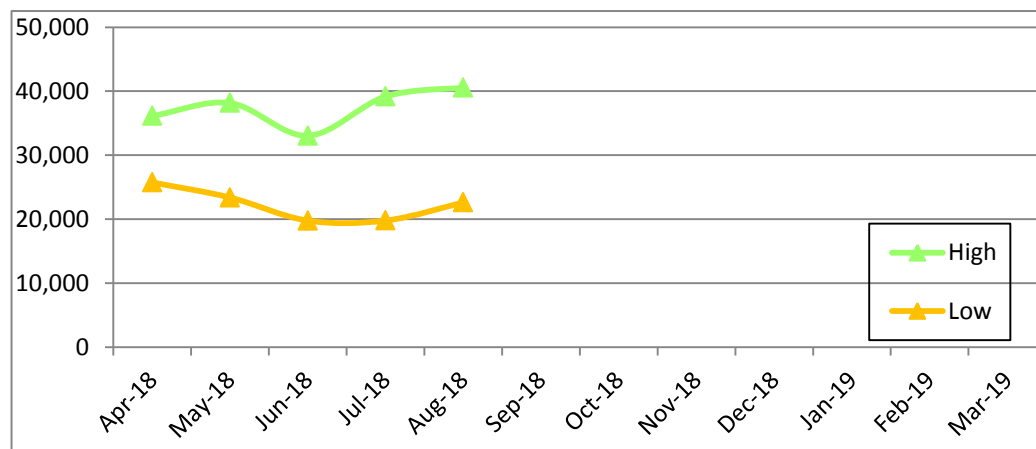
The cash position continues to improve; monies have been received in relation to the sale of Castle Lodge.

Cash remains slightly above plan although it will reduce in September due to the payment of Public Dividend Capital (PDC) as planned. Cash was received in month for the sale of Castle Lodge (£0.7m).

A detailed reconciliation of working capital compared to plan is presented on page 19.

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: £40.5m
The lowest balance is: £22.6m

This reflects cash balances built up from historical surpluses.

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**26,559**	**26,559**	**0**	
Surplus / Deficit (Exc. non-cash items & revaluation)	2,372	3,010	638	1
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(2,500)	(1,162)	1,338	3
Accrued Income / Prepayments	0	(773)	(773)	4
Trade Payables (Creditors)	1,350	2	(1,348)	5
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	(250)	926	1,176	2
Provisions & Liabilities	0	(80)	(80)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,363)	(4,408)	(1,045)	5
Cash receipts from asset sales	0	700	700	
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	20	40	20	
Closing Balances	**24,188**	**24,814**	**627**	
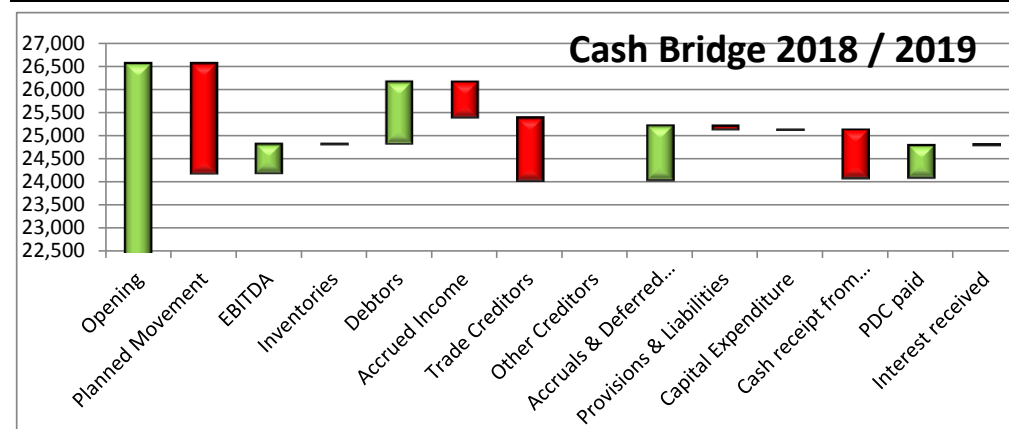
The plan value reflects the April 2018 submission to NHS Improvement.

Factors which increase the cash positon 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 compared to plan.

2. Accruals are higher than plan due to the timing of invoices received. Deferred income is higher than plan primarily due to project income received for Altogether Better.

3. Debtors are lower than plan. Work has continued in August to reduce outstanding debt and the focus remains on cash management through reduction of debtors.

A number of aged debts remain and we continue to engage with all parties to resolve these.

Factors which decrease the cash position against plan:

4. Prepayments are higher than plan, mainly due to the timing of payments made for software licences and the lease car insurance. It is Trust policy to not routinely pay in advance for goods and services and therefore these are exceptional cases.

5. Creditors, and capital 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.

Cash Bridge 2018 / 2019

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 July 2018	96%	96%
Year to August 2018	96%	93%
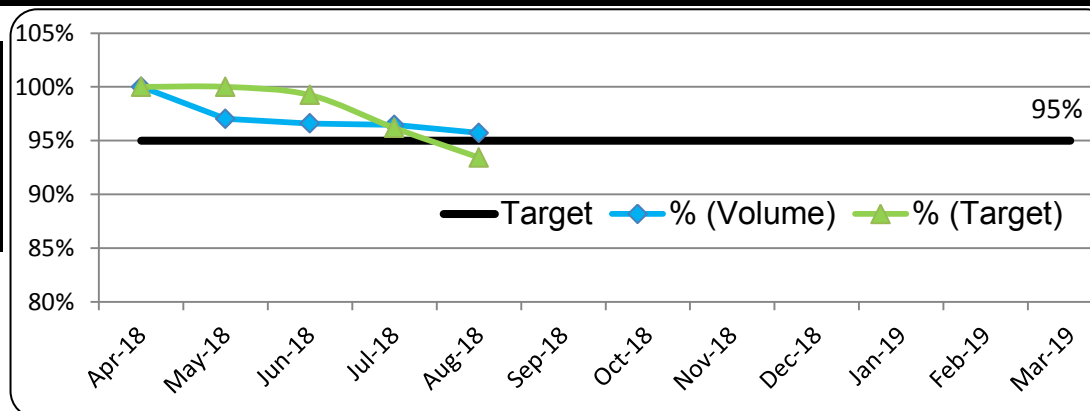
Non NHS

	Number %	Value %
Year to July 2018	98%	98%
Year to August 2018	98%	98%
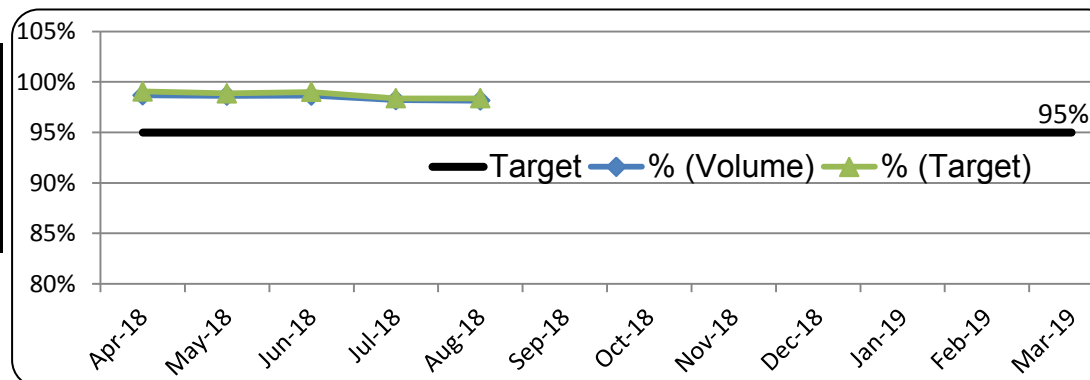
	4.1		Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.
The transparency information for the current month is shown in the table below.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
02-Aug-18	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3079258	219,053
17-Aug-18	Legal/Prof fees	Trustwide	NHS Litigation Authority	3080663	61,855
27-Jul-18	Drugs FP10´s	Trustwide	NHSBSA Prescription Pricing Division	3078620	49,347
02-Jul-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3075941	48,173
07-Aug-18	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3079488	46,731
24-Aug-18	Drugs FP10´s	Trustwide	NHSBSA Prescription Pricing Division	3081108	44,715
24-Jul-18	Property Rental	Kirklees	Mid Yorkshire Hospitals NHS Trust	3078170	34,426
20-Aug-18	Training	Trustwide	The Inspiring Leaders Network Limited	3080739	26,310

* 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)

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.1%	4.4%	4.2%	4.0%	4.0%	4.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.8%	4.4%	4.0%	3.6%	3.8%	4.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	96.7%	7.0%	25.4%	70.6%	83.5%	87.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.3%	1.0%	2.5%	6.1%	16.9%	35.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.9%	81.3%	81.9%	82.9%	82.8%	83.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.7%	80.2%	83.0%	84.0%	84.5%	83.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.9%	90.8%	90.4%	90.3%	88.9%	87.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.4%	91.3%	92.1%	92.0%	92.5%	92.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.1%	84.2%	86.4%	86.8%	88.2%	87.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	63.3%	60.7%	63.2%	61.1%	65.7%	70.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.6%	85.8%	86.4%	87.1%	88.0%	87.7%
Information Governance	Resources	Well Led	AD	>=95%	96.8%	91.6%	91.9%	91.6%	91.5%	91.5%
Moving and Handling	Resources	Well Led	AD	>=80%	83.9%	82.1%	81.5%	81.4%	81.3%	81.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	83.3%	84.3%	84.7%	84.6%	87.2%	86.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	76.3%	78.9%	81.4%	80.6%	84.7%	84.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.2%	89.9%	90.9%	91.2%	91.1%	90.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.9%	88.2%	88.9%	89.3%	90.1%	90.1%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	93.2%	95.6%	96.3%	96.3%	96.8%	95.7%
Agency Cost	Resources	Effective	AD		£87k	£78k	£79k	£55k	£93k	£59k
Overtime Costs	Resources	Effective	AD		£1k	£3k	£5k	£4k	£4k	£1k
Additional Hours Costs	Resources	Effective	AD		£13k	£14k	£8k	£11k	£15k	£17k
Sickness Cost (Monthly)	Resources	Effective	AD		£132k	£116k	£120k	£105k	£105k	£118k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		166.52	79.14	92.5	91.03	91.39	71.1
Business Miles	Resources	Effective	AD		90k	96k	93k	90k	106k	102k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.3%	4.9%	4.8%	4.7%	4.7%	4.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.2%	4.9%	4.7%	4.4%	4.6%	3.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.9%	6.1%	33.8%	81.6%	96.5%	99.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.9%	0.0%	1.5%	9.4%	22.5%	54.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.5%	78.4%	80.7%	81.0%	83.1%	83.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.7%	80.9%	84.3%	85.4%	85.9%	85.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	86.7%	86.9%	86.2%	86.5%	86.8%	86.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.8%	88.1%	89.0%	89.7%	90.1%	90.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.4%	84.7%	88.1%	88.3%	85.0%	86.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.6%	76.5%	78.7%	75.7%	81.3%	81.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	87.2%	87.3%	87.7%	87.6%	87.6%	88.7%
Information Governance	Resources	Well Led	AD	>=95%	98.3%	93.6%	93.1%	93.0%	94.1%	93.2%
Moving and Handling	Resources	Well Led	AD	>=80%	84.3%	85.8%	88.2%	88.3%	87.4%	87.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.9%	93.1%	93.9%	94.0%	93.9%	92.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.8%	91.4%	91.9%	91.8%	92.1%	90.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.6%	89.8%	89.9%	90.2%	90.9%	90.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	85.1%	85.3%	84.5%	86.0%	87.2%	86.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.1%	95.4%	95.9%	95.7%	97.2%	95.8%
Agency Cost	Resources	Effective	AD		£133k	£98k	£143k	£104k	£89k	£112k
Overtime Costs	Resources	Effective	AD		£4k	£3k	£8k	£1k	£4k	£3k
Additional Hours Costs	Resources	Effective	AD		£1k	£3k	£0k	£2k	£2k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£118k	£112k	£110k	£95k	£104k	£84k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		62.79	58.91	62.81	60.56	66.97	75.42
Business Miles	Resources	Effective	AD		53k	70k	53k	58k	64k	59k

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.8%	6.2%	6.1%	6.0%	6.5%	7.0%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	7.1%	6.2%	6.0%	6.0%	7.8%	9.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.7%	14.1%	32.1%	80.0%	83.8%	85.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.0%	3.1%	8.1%	16.4%	32.3%	56.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.9%	85.1%	88.1%	87.1%	88.4%	87.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.6%	88.0%	87.3%	84.8%	86.5%	85.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	85.8%	86.3%	86.5%	87.7%	85.4%	85.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.5%	90.2%	91.7%	93.7%	94.3%	95.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.7%	90.4%	92.7%	90.3%	88.9%	88.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	85.3%	85.4%	84.4%	87.9%	88.5%	89.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	91.4%	89.7%	90.5%	90.5%	91.6%	90.0%
Information Governance	Resources	Well Led	AD	>=95%	96.4%	91.9%	92.4%	92.9%	94.3%	93.0%
Moving and Handling	Resources	Well Led	AD	>=80%	90.9%	90.2%	91.2%	90.8%	92.1%	91.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.9%	92.2%	92.9%	92.7%	92.1%	91.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	83.9%	83.4%	83.6%	83.0%	82.8%	82.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.2%	89.0%	91.9%	93.4%	94.8%	94.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.3%	86.8%	87.5%	89.1%	91.3%	91.3%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	86.4%	87.5%	83.3%	82.6%	95.5%	98.0%
Agency Cost	Resources	Effective	AD		£35k	£41k	£39k	£39k	£54k	£51k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£0k	£-1k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£0k	£1k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£65k	£59k	£56k	£54k	£74k	£82k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		45.42	52.45	49.26	53.13	55.59	69.76
Business Miles	Resources	Effective	AD		4k	7k	9k	6k	7k	9k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.6%	5.4%	5.6%	5.1%	4.7%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.1%	5.4%	5.7%	4.1%	3.6%	4.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.4%	1.8%	14.7%	51.7%	72.5%	89.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	99.0%	0.0%	4.0%	7.9%	31.0%	54.1%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.9%	76.8%	80.9%	81.5%	82.6%	80.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.5%	87.9%	86.2%	85.0%	85.2%	80.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	86.0%	86.2%	90.2%	90.2%	90.2%	91.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.9%	86.0%	87.0%	85.7%	85.1%	87.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.0%	81.8%	81.6%	80.9%	80.8%	85.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.2%	68.0%	68.0%	69.2%	73.1%	76.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.3%	87.4%	88.2%	86.2%	85.5%	87.4%
Information Governance	Resources	Well Led	AD	>=95%	95.3%	92.4%	93.6%	92.0%	91.0%	92.8%
Moving and Handling	Resources	Well Led	AD	>=80%	86.1%	86.0%	86.8%	87.2%	85.8%	87.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.5%	92.6%	92.9%	91.3%	92.8%	92.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	84.1%	84.6%	87.1%	85.5%	87.7%	87.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.0%	89.6%	89.7%	89.6%	89.9%	88.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.3%	89.3%	89.5%	88.6%	88.7%	89.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	91.0%	92.3%	95.0%	94.5%	94.5%	95.3%
Agency Cost	Resources	Effective	AD		£182k	£144k	£183k	£193k	£187k	£231k
Overtime Costs	Resources	Effective	AD					£1k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£3k	£0k	£1k	£1k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£64k	£65k	£63k	£46k	£45k	£47k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		53.28	43.32	41.54	48.85	50.3	52.67
Business Miles	Resources	Effective	AD		35k	38k	39k	39k	41k	40k

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.6%	3.5%	3.6%	3.9%	4.0%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.1%	3.5%	3.8%	4.4%	4.5%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.0%	8.9%	17.7%	71.6%	92.2%	96.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	96.8%	0.2%	1.0%	10.3%	17.7%	51.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.2%	76.6%	79.5%	78.0%	78.1%	80.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	92.3%	92.3%	92.9%	92.0%	92.0%	92.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	33.3%	33.3%	33.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.4%	87.9%	89.0%	87.3%	86.8%	85.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.4%	88.5%	89.7%	88.4%	88.3%	89.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	98.2%	97.3%	97.3%	97.1%	95.1%	95.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.3%	87.7%	88.6%	86.9%	87.2%	88.9%
Information Governance	Resources	Well Led	AD	>=95%	95.7%	92.9%	93.7%	92.0%	89.2%	91.9%
Moving and Handling	Resources	Well Led	AD	>=80%	90.6%	90.1%	92.9%	92.0%	91.3%	90.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.9%	99.1%	98.9%	99.2%	99.3%	99.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.7%	84.6%	85.2%	90.9%	90.0%	85.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.9%	92.3%	94.0%	94.4%	94.7%	95.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.6%	94.8%	95.9%	95.4%	96.0%	96.4%
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			£0k		£-9k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£0k	£0k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£6k	£8k	£5k	£6k	£10k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£65k	£54k	£55k	£61k	£65k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		64.78	30.78	35.33	35.6	31.96	33.31
Business Miles	Resources	Effective	AD		19k	32k	35k	30k	36k	25k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.9%	2.7%	3.0%	3.5%	4.1%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	3.3%	2.7%	3.2%	4.5%	5.8%	5.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.8%	11.7%	33.2%	77.8%	92.7%	94.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.2%	0.4%	2.6%	10.0%	24.1%	55.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.1%	77.7%	80.2%	79.5%	81.5%	82.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.9%	80.0%	80.9%	82.9%	81.0%	79.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	76.7%	76.8%	74.6%	74.9%	77.8%	78.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.6%	88.0%	87.4%	87.3%	87.2%	87.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.8%	82.9%	84.3%	85.8%	86.2%	85.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	67.4%	64.4%	64.9%	66.2%	71.0%	72.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.7%	85.7%	85.1%	86.0%	87.2%	89.5%
Information Governance	Resources	Well Led	AD	>=95%	94.5%	91.6%	91.4%	91.7%	91.6%	91.4%
Moving and Handling	Resources	Well Led	AD	>=80%	78.3%	79.1%	80.5%	80.0%	79.9%	83.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.7%	90.3%	90.2%	90.2%	90.8%	90.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	84.5%	83.8%	85.1%	85.2%	88.1%	88.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.4%	88.4%	88.9%	88.5%	88.9%	89.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	83.9%	85.9%	84.5%	87.5%	87.0%	88.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.9%	93.8%	93.4%	93.0%	93.4%	93.3%
Agency Cost	Resources	Effective	AD		£116k	£83k	£95k	£92k	£103k	£123k
Overtime Costs	Resources	Effective	AD		£1k		£0k		£2k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k	£2k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£39k	£29k	£44k	£53k	£72k	£72k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		60.66	56.33	53.65	48.67	47.15	51.62
Business Miles	Resources	Effective	AD		29k	31k	35k	36k	37k	35k

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