

Integrated Performance Report Strategic Overview



March 2019

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for March 2019. 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 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. Further review has taken place in readiness for 2019/20 and these updates will be reflected in the report covering April 2019.

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:

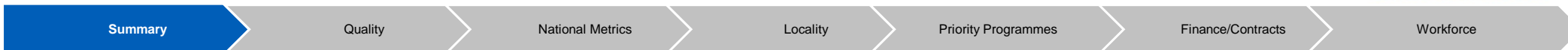
- Improving health
- Improving care
- Improving resources
- The report for 2019/20 will be updated to reflect the addition of a fourth objective - 'making SWYPFT a great place to work'

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.

The Trust went live successfully with SystmOne for mental health during February and March. This has resulted in delays to some information being available and there is increased requirement for data quality checking. As such a number of metrics are not included in this report for March. It is currently expected that the majority of information will be available early May.



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	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End Position
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End Forecast
Total number of children & young people in adult inpatient wards ⁵	0	1	0	3	3	1	2	2	3	1	1	1	1	1
% service users followed up within 7 days of discharge	95%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	100%	99.2%	Due May 19	4
% clients in settled accommodation	60%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	78.2%	78.5%	78.0%	78.2%	Due May 19	4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks ¹	95%	86.7%			84.6%			84.2%			82.8%			95%
Out of area beds ²	Q1 940, Q2 846, Q3 752, Q4 658	531	282	368	436	589	384	165	360	317	343	184	164	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community Inpatient ⁹	Community 75% Inpatient 90%		79.8%	81.1%	82.0%	82.8%	84.1%	84.5%	84.5%	83.8%	83.3%	83.2%	Due May 19	4
			89.1%	90.6%	93.3%	91.2%	90.1%	91.0%	92.5%	95.3%	97.4%	96.6%	90.2%	4
Smoking Cessation - 4 week quit rate ⁸	tbc	63%			65%			63%			Due July 19			N/A
Improve the quality and experience of care	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End Position
Friends and Family Test - Mental Health	85%	86%	75%	82%	88%	91%	88%	89%	86%	90%	87%	84%	95%	85%
Friends and Family Test - Community	98%	97%	100%	98%	99%	97%	98%	100%	97%	99%	97%	98%	99%	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	23	19	20	30	23	18	31	37	21	37	29	36	
Safer staff fill rates	90%	118%	120%	118%	118%	117%	116%	116%	119%	118%	119%	119%	118%	100%
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	8	11	14	16	14	15	14	20	11	10	13	9	
% people dying in a place of their choosing	80%	82.8%	88.5%	92.9%	85.7%	90.0%	89.2%	90.9%	83.3%	87.9%	80.0%	92.0%	82.6%	N/A
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic ⁷	trend monitor		15.1%			14.1%			13.0%			Due May 19		N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ³	trend monitor	38.1%	39.8%	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	31.5%	26.7%	Due May 19	
Improve the use of resources	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End Position
Projected CQUIN Shortfall	£4.2m	-	£160k	£252k	£379k	£379k	£261k	£204k	£204k	£204k	£204k	£204k	£134k	£134k
Surplus/(Deficit)	In line with Plan	(£292k)	(£204k)	(£464k)	(£125k)	(£139k)	£424k	(£73k)	(£80k)	£158k	£714k	(£244k)	(£1240k)	(£15644k)
Agency spend	In line with Plan	£444k	£538k	£484k	£526k	£575k	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£6.5m
CIP delivery	£1074k	£619k	£1308k	£1981k	£2737k	£3615k	£4452k	£5234k	£6015k	£6779k	£8764k	£9669k	£10574k	£10.6m
Sickness absence	4.5%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%	5.0%
Aggression Management training	>=80%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%	81.7%
Moving and Handling training	>=80%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%	90.5%
Staff Turnover ⁶	10%	9.7%	8.5%	11.6%	12.4%	13.0%	12.8%	12.5%	12.3%	12.0%	12.0%	12.0%	11.9%	11.9%

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:**
- 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. Q2 data is currently with services to validate and will be included in next months report.
 - 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.
 - 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. Data refreshed back to April 18 each month.
 - 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.
 - Further detail regarding this indicator can be seen in the National Metrics section of this report.
 - Introduced into the summary for reporting from 18/19.
 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
 - 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 September 18.
 - 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.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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

- Positive CQUIN performance in the year with circa 98% achieved
- Excellent performance on friends & family test with mental health scoring 95% and community services 99%
- Safer staffing fill rate of 118% but significant staffing challenges remain in response to increased acuity
- Total number of reported incidents remains in line with recent trend and the expected range
- An increase in the number of falls has been reported given service user acuity and complexity. Increased observations and staffing being put in place

NHSI Indicators

- Limited national metric data currently available for March given the impact of SystmOne implementation. Most data expected to be available by early May
- 4 dayas occupied by 1 young person in adult wards
- All IAPT targets have been met

Locality

- Focus being applied to the use of un-commissioned neuro rehab beds with a marketing day planned for May
- The Barnsley inpatient advocacy forum has supported a project run by the European court of human rights aiming to develop an information booklet on mental health rights for all patients on acute wards. Barnsley was the only unit nationwide to support the project to come to an inpatient facility and to facilitate engagement with the inpatient user group in this way. Service users gave their opinion on how the information could be made bolder, clearer and simpler, and have been told how this information will be used in moving forward with the development of the booklet. Service users provided positive feedback on this initiative
- Ward 18 garden area reviewed for overall safety and new anti-ligature, anti-climbing and netting. Further anti ligature work is being undertaken.
- Regional forensic child and adolescent mental health service underwent a service review as part of programmed reviews of all pilot sites.
- Adult community medical vacancies and gaps continue to be a pressure in Wakefield leading to financial and clinical continuity challenges.
- A review of the CAMHS service has recently taken place by the national intensive support team (IST). Feedback is expected on April 29th.
- Flu campaign won a national flu fighter awards for the most innovative comms

Priority Programmes

- Work has commenced on implementing the work streams agreed as part of the recommendations made in the independent SSG report in relation to improving the out of area beds position
- The use of SystmOne for mental health is becoming more embedded in daily operations. Focus remains on data catch up and support to users
- Work continues on developing the stroke pathway with Barnsley hospital and the CCG, with particular focus on the model, activity and finances

Finance

- Pre Provider Sustainability Funding (PSF) deficit in for 2018/19 of £1.6m compared to the revised plan of £2.0m.
- Since the finance report was produced correspondence has been shared by NHS Improvement indicating the draft value of provider sustainability funding for 2018/19 is £4.7m, which is £2m higher than the previous forecast and £1.6m higher than expected.
- Included in the February position it non-recurrent income of £0.35m for out of area bed usage from Calderdale CCG.
- The cumulative position is £0.5m favourable to plan and includes a significant saving in capital charges (£1.4) from a revised calculation for asset valuations, as well as one-off asset disposal gains of £0.5m and non-recurrent income support of £1.3m
- Expenditure on out of area beds of £355k takes the cumulative spend to £3.9m
- Cumulatively net savings on pay amount to £0.2m. Inpatient ward costs are overspent by £2.4m for the full year
- Agency staffing costs were £0.6m in month, and £6.5m for the full year, which is £1.2m higher than our cap and £0.7m above last year
- CIP delivery of £10.6m is £0.9m above plan with performance boosted by the reduction in capital charges.
- The cash balance remains in relative health at £27.8m
- Contracts for 19/20 with CCGs agreed and signed. Contract with specialist commissioning agreed and will be signed

Workforce

- Sickness absence reduced to 4.6% in March and to 5.0% for the full year. This compares favourably to 2017/18 when the full year rate was 5.2%
- All mandatory training targets have been achieved

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

Work has been undertaken to identify additional quality metrics, some of these are under development and are likely to be in place by the end of quarter 1. For the new indicators where historic data is available, this has been included. These indicators can be used to measure progress against some of the Trusts quality priorities for 2018-19.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Year End Position
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	Reporting commenced April 18				38.1%	39.8%	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	31.5%	26.7%	Due May 19	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	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	50% 7/14	13% 2/16	40% 4/10	20% 2/10	22% 2/9	25% 3/12	Due May 19	1
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	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	19% 10/53	12%	21% 16/76	11% 4/35	25% 3/12	10% 1/10	Due May 19	4
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	84%	84%	86%	86%	86%	75%	82%	88%	91%	88%	89%	86%	90%	87%	84%	95%	4
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	98%	98%	98%	97%	100%	98%	99%	97%	98%	100%	97%	99%	97%	98%	99%	4
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	74%	75%	N/A	76%	N/A		75%	N/A	N/A	71%	N/A	N/A	N/A	N/A	N/A	75%	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	60%	64%	N/A	67%	N/A		70%	N/A	N/A	58%	N/A	N/A	N/A	N/A	N/A	65%	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	81	113	148	64	26	109	44	27	45	48	63	26	60	49	10	Due May 19	N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	N/A	337				21	22	28	35	24	15	34	43	20	25	57		N/A
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	N/A	26				0	1	1	1	2	2	1	1	2	0	0	Due May 19	N/A
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	1	2	1	0	1	0	0	0	0	0	0	0	0	0	0		
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%	85.2%	85.6%	85.0%	84.9%	86.3%	85.8%	86.2%	88.7%	86.3%	86.4%	86.6%	86.5%	87.5%	87.5%	Due May 19	4	
	Un-outcomeed appointments ⁶	Improving Health	Effective	CH	TBC	4.3%	3.3%	2.5%	2.5%	5.4%	4.3%	4.1%	3.3%	3.2%	3.0%	3.0%	2.9%	2.8%	2.3%	2.4%	Due May 19	N/A
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=8	33	22	24	21	8	11	14	16	14	15	14	20	11	10	13	9	
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	7.5% 3.5% from Sept 17	1.6%	2.3%	2.7%	3.7%	2.7%	2.1%	2.6%	2.4%	2.4%	1.5%	1.6%	1.9%	1.7%	1.8%	1.6%	1.6%	4
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	TBC	Reporting commenced April 18				82.9%	85.0%	87.5%	78.5%	84.9%	91.0%	86.5%	84.3%	83.2%	89.3%	84.6% **	Data avail May 19	N/A
	Number of records with up to date risk assessment - Community ¹¹					Reporting commenced April 18				75.7%	78.4%	78.3%	74.6%	77.5%	78.4%	81.7%	86.2%	93.8%	92.9%	76.4% **		N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	2849	3065	2962	3441	1074	1090	1039	1168	1004	862	1085	1108	986	1099	1042	1079	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	21	13	15	22	21	13	21	28	18	25	20	25	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	3	8	9	7	2	1	1	4	0	3	5	5	1	1	1	4	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	12	17	24	11	0	5	4	4	2	2	5	4	2	11	8	7	N/A
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	18.2%	24.3%	16.5%	20.5%	19.9%	20.6%	18.4%	23.2%	22.4%	22.1%	17.8%	22.0%	29.8%	23.5%	13.9%	17.7%	3
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	109%	111.1%	114%	116.8%	118%	120%	118%	118%	117%	116%	116%	119%	118%	119%	119%	118%	4
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	107%	94.1%	99%	98.4%	99.2%	100%	99.5%	96.4%	92.5%	93.7%	98.3%	99.1%	96.6%	98.7%	97.5%	96.5%	4
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	N/A	82	92	71	98	30	29	29	26	21	30	34	29	30	30	30	44	N/A
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	2	1	2	2	0	0	1	0	1	0	0	0	0	0	0	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	0	0	0	4
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	80%	74.7%	79.5%	77.0%	75.7%	80.0%	61.3%	75.0%	76.3%	72.7%	72.7%	88.6%	81.3%	90.9%	82.4%	80.6%	88.0%	4
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	139	139	150	181	40	40	44	43	37	52	40	41	49	39	48	59	N/A
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	345	424	442	589	173	211	143	192	151	134	190	201	136	165	168	207	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Infection Prevention	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	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	CH	80%	59.3%	61.0%	64.7%	87.6%	82.8%			83.7%			82.5%			84.9%			4

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

Quality Headlines

* See key included in glossary

Figures in italics are not finalised

** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.

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 and categorisation of incidents has been updated in the year to reflect the requirements of the General Data Protection Requirements (GDPR)

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 eg 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 Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

11. Number of records with up to date risk assessment - data now available for April 18 onwards. Criteria used is - Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point whether there is a Level 1 Sainsbury's risk assessment.

Quality Headlines

During 2017/18 the Trust undertook some work to develop the key quality measures and this has continued into 18/19.

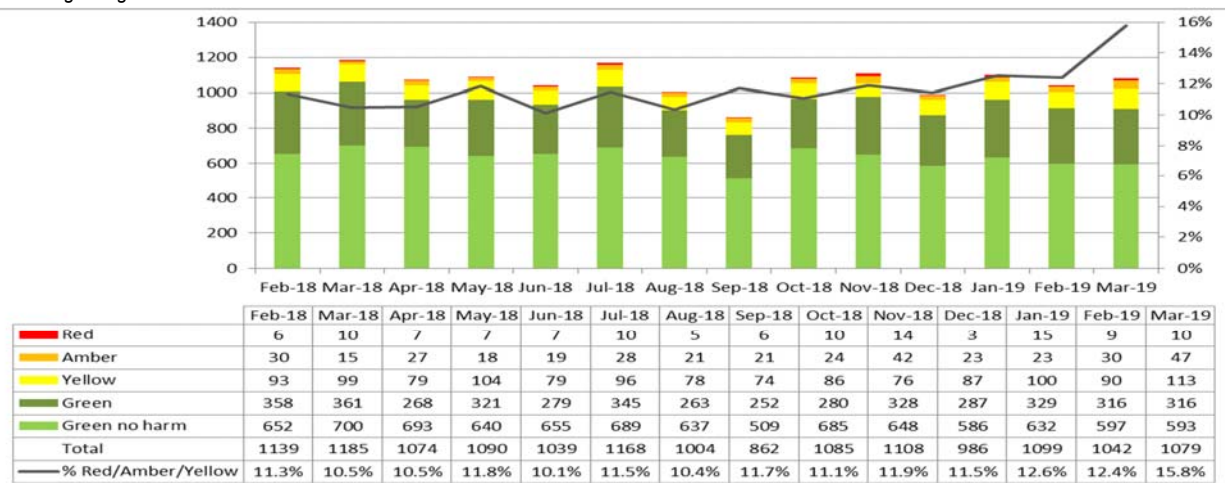
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during March has increased compared to previous months, please see below headline related to reducing restrictive physical intervention, which gives more detail.
- NHS Safety Thermometer - medicines omissions – performance continues to be sustained in March compared to previous months and stands at 17.7% for March. This 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 and overall there has been a reduction of 9%. However, the mental health safety thermometer's national data has shown that the Trust has been an outlier when benchmarked. Over the last month, there has been a focus for improvement on medicines omissions at all levels of the organisation. Wards and pharmacy teams have been working closely together on the causes and solutions to include in everyday practice. Some wards have included medicines omissions in safety crosses and others are reviewing each day. A "medicines refused? Refer to pharmacy" campaign was started during February. Ward breakdowns have also been provided giving more information to operational services. As we have previously reported, long-term plans include the procurement of Electronic Prescribing & Medicines Administration (EPMA) system which will prevent omissions.
- Number of falls (inpatients) - March has seen a further increase in fall incidents during the month compared to previous months; this was attributed to increases in Wakefield, Barnsley and Kirklees and was predominantly due to an increase in service users with high acuity high and as such increased levels of observations being put into place to mitigate the risk. Staffing has been increased as a result of the acuity and falls risks which is reflective of the current service user group awaiting longer term placements.
- % people dying in a place of their choosing - the Trust has been monitoring data for this indicator since April 2018 and has shown an improving trend which in some part is due to work undertaken to improve the collection and recording of this data.

Safety First

Summary of Incidents during 2017/18 and 2018/19

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



* 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 86% are low or no harm incidents.

Safety First cont...

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

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Informal patient absent without leave	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Information disclosed in error	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1
Lost or stolen hardware	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Lost or stolen paperwork	0	0	1	1	0	0	0	0	0	0	0	1	0	1	0	0	2
Self harm (actual harm) with suicidal intent	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1
Suicide (incl apparent) - community team care - current episode	12	4	3	4	6	3	3	1	3	0	2	1	0	2	1	1	23
Suicide (incl apparent) - community team care - discharged	2	2	1	0	2	0	0	0	0	2	0	1	0	0	0	0	5
Suicide (incl apparent) - inpatient care - current episode	1	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	2
Unwell/Illness	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0	1	2
Physical violence (contact made) against staff by patient	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	2
Pressure Ulcer - Category 3	2	1	1	0	0	0	2	0	0	1	1	0	0	0	0	0	4
Total	18	8	9	10	8	4	6	1	3	4	5	4	0	6	2	2	45

- 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://www.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, the format and content is currently being reviewed.
- No never events reported in Mar 2019
- Patient safety alerts not completed by deadline of Mar 2019 - None

Mortality

A new clinical mortality review group was held on 29/3/19 which focussed on learning and action from outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. A further group will be held in June to continue this work.

Regional work: A meeting took place 5 April 2019 with the Northern Alliance. Looked at themes, and deaths from choking were discussed. Further work to be carried out internally and regionally. Next meeting July.

Training: Further Structured Judgement Reviewer (STR) training is being arranged for July and December.

Reporting: The Trust's Learning from Healthcare Deaths information is reported through the quarterly incident reporting process. The latest report is available on the Trust website. 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 Q1-2 cases is included in the latest report.

56% of reviews completed to date rated overall care as good or excellent

SJR Themes

Risk assessment: 35% of cases reviewed were rated good or excellent

Allocation/Initial Review: 46% of cases reviewed were rated good or excellent

On-going Care: 56% of cases reviewed were rated good or excellent

Care During Admissions (where applicable): 57% of cases reviewed were rated good or excellent

Follow-up Management / Discharge: 56% of cases reviewed were rated good or excellent

End of life care: 100% of relevant cases in inpatient care were rated good or excellent

51% of reviews completed to date rated the quality of the patient record as good or excellent

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

Work to embed recording the SJR within Datix has been completed which will aid extraction of themes.

Safer Staffing

Overall Fill Rates: 118%

Registered fill rate: (day + night) 96.5%

Non Registered fill rate: (day + night) 138.5%

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

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BDU Fill rates - January 19 - March 19

Overall Fill Rate	Month-Year		
Unit	Jan-19	Feb-19	Mar-19
Specialist Services	180%	156%	103%
Barnsley	121%	123%	122%
C & K	109%	109%	108%
Forensic	116%	114%	115%
Wakefield	130%	135%	140%
Overall Shift Fill Rate	119%	119%	118%

The figures (%) for March 2019:

Registered Staff: Days 89.4% (an increase of 0.2% on the previous month); Nights 103.6% (a decrease of 2.3% on the previous month)

Registered average fill rate: Days and nights 96.5% (a decrease of 1% on the previous month)

Non Registered Staff: Days 135.1% (a decrease of 4.4 on the previous month); Nights 142.0% (an increase of 0.6% on the previous month)

Non Registered average fill rate: Days and nights 138.5% (a decrease of 1.9% on the previous month)

Overall average fill rate all staff: 118.1% (a decrease of 1.1% on the previous month)

Overall fill rates for staff for the all inpatient areas remain at 90% or above apart from Enfield Down (88.7%) which is at the end of a process to alter their establishment template.

Summary

One ward has fallen below the 90% overall fill rate. Enfield Down is currently completing a roster template change process which will give a more realistic picture going forward. Of the 31 inpatient areas 26, an increase of two on the previous month, (83.2%) achieved greater than 100%. Indeed of these 26 areas, 10 achieved greater than 120% fill rate. This was three less than the previous month.

Registered On Days (Trust Total 89.4%)

The number of wards that have failed to achieve 80% remained consistent at five (16%) on the previous month. All five wards were within the Forensic BDU (Chippendale, Priestley, Hepworth, Appleton and Johnson). There were various factors cited including vacancies, sickness and supporting acuity across the BDU.

Registered On Nights (Trust Total 103.6%)

Only one ward has fallen below the 80% threshold. This was Sandal ward within the Forensic BDU (79.4%). The number of wards who are achieving 100% and above fill rate on nights remained at 20 wards (64%) from the previous month.

Average fill rates for most areas were relatively stable. Barnsley BDU decreased by 1% to 122%. Calderdale and Kirklees BDU decreased by 1% to 108%. Forensic BDU were 115% a decrease of 1%. Wakefield BDU increased by 5% to 140%. Specialist services were 103% a decrease of 53% which was in line with an adjustment to their establishment template due to the care packages that were being delivered. Overall fill rate for the trust decreased by 1% to 118%.

Despite the achievement and above of expected fill rates, significant pressures remain on inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness.

Information Governance

A decrease in the number of confidentiality related information governance breaches was seen during March 19 with 9 breaches reported. This is just above the Trust's local threshold of 8 but is an improvement on previous months reported during 18/19. The breakdown of the nature of the incidents is as follows:

6 counts of information disclosed in error, 2 incidents relating to patient healthcare record issues, 1 incident relating to data/information lost in transit.

No incidents were reported to the information commissioner's office.

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Commissioning for Quality and Innovation (CQUIN)

Services continue to work towards the requirements for 18/19 and are now completing the final year end requirements which are due to be submitted to the commissioner at the end of April.

All CQUINs for 2018/19 have a RAG rating of green with the exception of:

- Cardio metabolic assessment and treatment for patients with psychoses - The early intervention in psychosis (EIP) element of this indicator had been rated as amber based on the 17/18 results. The Trust have their local results of the audit now and this does show some under performance against the BMI reduction element for the EIP indicator.

Other indicators that were identified as areas of risk were as follows, however, we are now forecasting these to be achieved:

- NHS staff health and wellbeing – risk in achievement was linked to the improvement of staff health and wellbeing. To achieve the required threshold means that the Trust would need to be in the top 6 of 200+ trusts nationally. The Trust has agreed some additional local measures related to staff health and wellbeing which reduces the total amount of risk associated with this indicator and these have been successfully achieved at year end..

- Flu vaccinations - the Trust exceeded the 75% threshold and therefore achieved all income associated with this indicator.

- 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 Trusts recent forecast as part of a review of the quarter 4 submissions shows a risk in achievement of £134k for the full year. The final position will be confirmed once commissioners have reviewed our quarter 4 submissions.

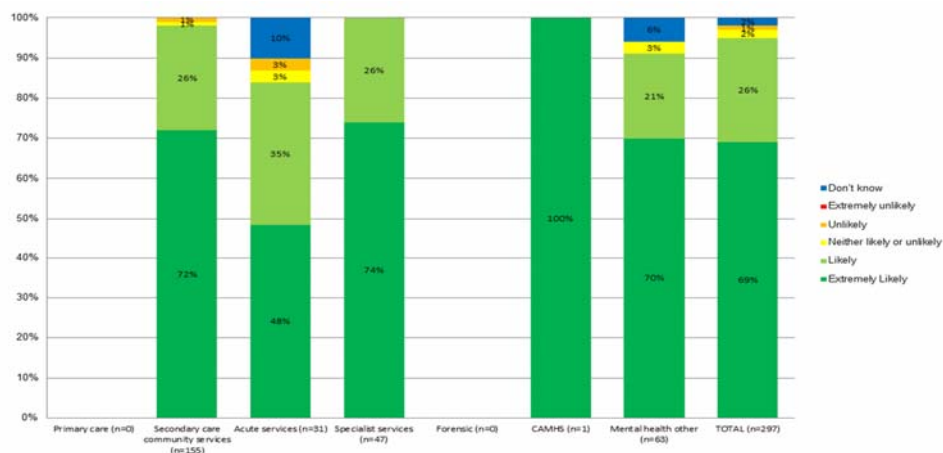
The 19/20 national CQUIN schemes have been recently published, the Trust is working with its commissioners to agree the applicable indicators for each contract. The rules state there must be a maximum of 5 indicators per contract, overall value of the scheme as reduced to 1.25% of contract value.

Patient Experience

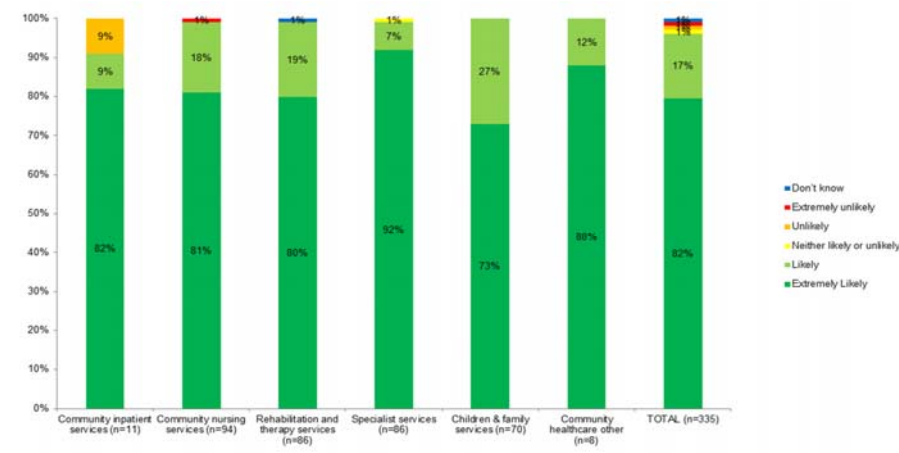
Friends and family test shows

- Community Services – 99% would recommend community services.
- Mental Health Services – 95% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 48% in acute services and 100% in child and adolescent mental health services
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Returns from secondary care community services and CAMHS were low in March due to the Appointment Reminder / FFT text messaging service being offline as part of the transition from RiO to SystmOne. The system is due to recommence in April 2019.

Reducing Restrictive Physical Intervention

There were 207 restraints reported in March this being a 23% increase on the February figures that stood at 168. The highest proportion of all restraints again was in the standing position 94 which equates to 45.5% of all incidents of restraint. Seated restraints stood at 28 that equates to 13.5% of all incidents of restraint. In relation to incidents of that would be deemed prone restraint, there was a 35% increase of prone restraint use in March (42) as opposed to February (31). There was an 80% increase in restraints face down on floor from February (10) to March (18). The use of prone restraint on beds saw a 35.5% increase from February (14) as opposed to March (19). The 42 incidents of prone restraint involved 35 individual service users. Of these 42 incidents reasons given for this positions use were 10 to facilitate a safe seclusion exit, 18 to facilitate the administration of I.M medication, 7 due to the level of aggression displayed, 5 were rolled out of the prone position asap, 1 to facilitate a search of person and 1 no reason given.

The reducing restrictive physical intervention team as always continue during training to place all the emphasis on non-physical interventions and when it comes to teaching and discussing prone restraint the course continues to inform staff of the risks associated with the prone position and the need to move from any prone restraint position as soon as possible. The Trust target of 90% of prone restraints being under 3 minutes is discussed at length and the importance of striving to maintain this is strongly emphasised. In March 88% of Prone Restraints lasted under 3 minutes

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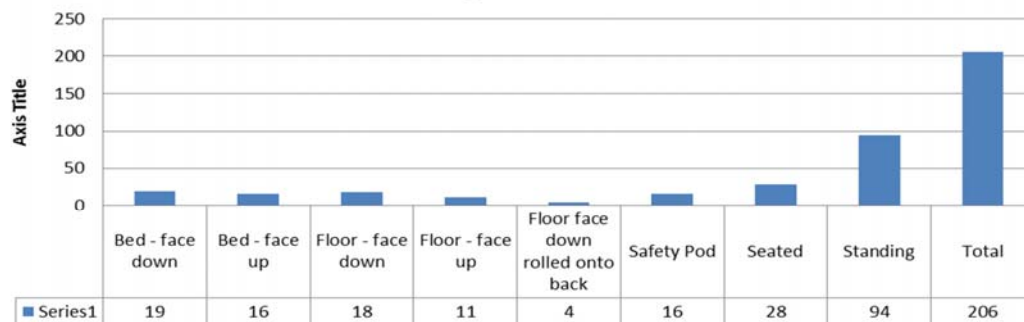
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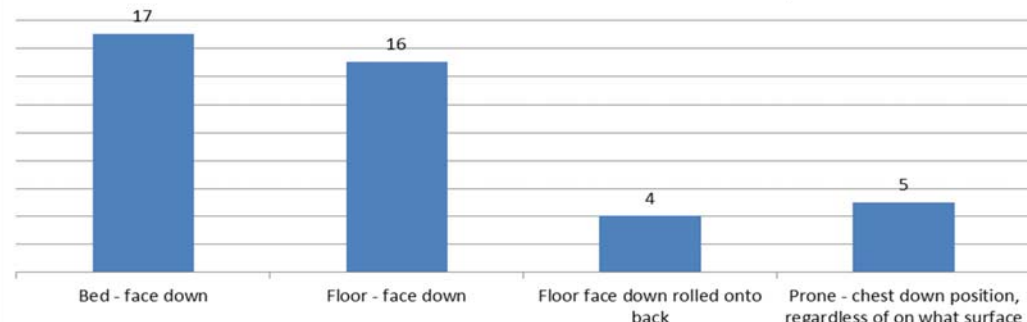
Finance/Contracts

Workforce

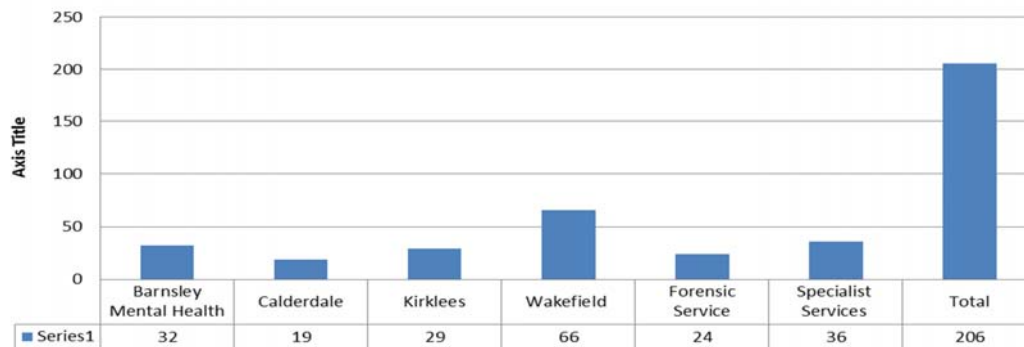
All Restraints by Position March 2019



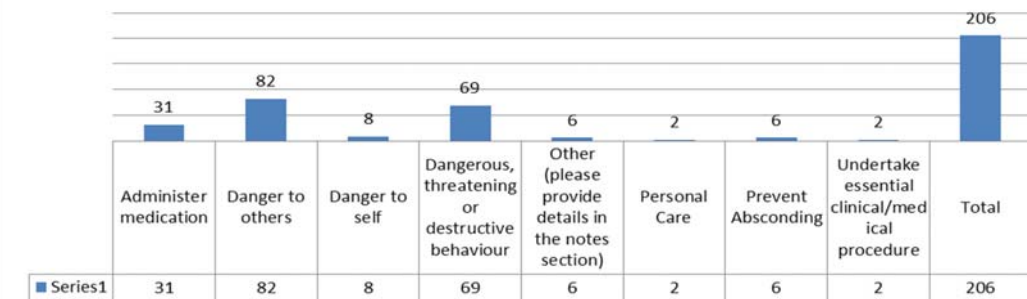
Incidents of Prone Restraint for March 2019 by Position



All Restraint Incidents by BDU March 2019



All Restraints Trustwide by Reason for Restraint March 2019



During March Wakefield BDU had the highest number for all types of incidents of restraint Trustwide and also had the highest number of all incidents of what would be identified as prone restraints Trustwide. Within the Wakefield BDU the highest incidents occurred on Walton which being a PICU one would expect high acuity.

Care Quality Commission (CQC)

CQC Inspection

The CQC have announced dates for our 2019 inspection. They have informed the Trust that they intend to undertake our well led assessment on 11th & 12th June and a desk top review of incidents, safeguarding and customer service processes on 8th & 9th May along with several focus groups.

Core service visits are expected imminently. Preparation events are planned across the Trust and intranet pages updated with a toolkit of resources.

CQC action plan update

An event was held in March 2019 to review outstanding actions from the CQC action plan. At the time of the meeting a number of actions were identified as amber/red. Following the meeting, specific focus has been targeted on these areas and the number of actions rated as red/amber has reduced.

Through discussions at the event it was acknowledged that some of the actions required proved a challenge due to the complex nature of the task. Although some of the actions have not been completed within the 2018/19 financial year, we are focussed on completing the remaining actions within one year of the CQC report; 30th June 2019.

Updates received for March 19 are included in the table below.

Blue – Action completed. Green – On-target to deliver actions within agreed timeframes. Green /Amber – 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

CAMHS: The Trust MUST ensure that staffing issues around the out of hours on call service are monitored, reviewed and resolved

Acute wards & PICU: The Trust SHOULD ensure that discharge planning meets the requirements of the Trusts policy and evidences the involvement of the patient, their carer's and other professionals.

CAMHS service have been requested to provide a deep dive into their actions and advise which areas of the plan and which locality, require intensive intervention prior to the pending CQC visit.

71% of all actions are complete, 22% are making good progress and 7% are not making the progress we would have expected but will be complete within one year of CQC report. For those actions that have been completed, it needs to be acknowledged that due to the timing of the impending inspection, some actions may not be fully embedded in practice and the benefits might not be fully realised.

Safeguarding children's activity March 2019

- Named nurse safeguarding children attended learning event in Cumbria to represent SWYPFT as part of a Child Safeguarding Practice review (CSPR)
- Named nurse safeguarding children attended Rapid review response to the suicide of two young people
- The safeguarding team hosted a safeguarding conference, with external speakers; the conference was attended by SWYPFT staff and representatives from partner agencies.
- Safeguarding team facilitated the SWYPFT Safeguarding link practitioner's forum.
- Safeguarding children nurse advisor has participated in the development of an information sharing pathway between SWYPFT and Locala (school nursing and health visiting)
- Named nurse safeguarding children attended the Kirklees safeguarding adults board development day on behalf of the safeguarding adults specialist advisor.

- Bespoke training was delivered on site to the workforce of the equipment / aids and adaptations service, this was positively received
- The specialist safeguarding advisor supported the safeguarding link forum; the named nurse for safeguarding children delivered a presentation on sexual safety and the specialist adviser updated on relevant policies and sexual safety leaflet
- The safeguarding team are in the process of updating the domestic abuse strategy
- The safe to go home project was promoted on the safeguarding stall at the Trust safeguarding conference and will go wider for invite to a task and finish project / pilot
- The safeguarding adults advisor post had been advertised, positive response and interviewing on the 10th April

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Infection Prevention Control (IPC)

- Infection prevention and control annual programme 2018-19 has been completed, all objectives achieved, annual plan 2019-20, which includes the annual audits was approved at infection prevention and control task and finish group.
- Surveillance: there has been no MRSA bacteraemia, clostridium difficile, or any other alert organisms, trust wide.
- Q4 - Wakefield - 5, Barnsley (mental health and community) - 4, Forensics - 2, Calderdale/Kirklees – 6, Specialist Services - 0 and Corporate Support Services - 0.
- Incident breakdown – 4 sharp related incidents, 1 sharp related not needle stick, 2 disposal of sharp, 2 inappropriate disposal of clinical waste, 2 outbreak/outbreak restrictions in place, 2 faeces, 3 ward cleanliness and 1 spit.
- Severity rating – 13 incidents were risk rated green and 4 yellow.
- Mandatory training figures are healthy:
Hand Hygiene-Trust wide total – 92%; Infection Prevention and Control- Trust wide total – 89%
- Policies and procedures are up to date.

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

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

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

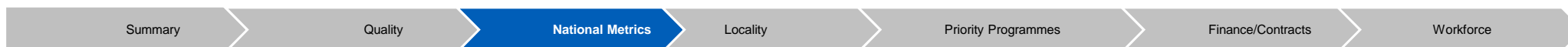
Due to the requirements of staff to support the SystmOne go live, not all performance data is available this month at the time of report submission.

NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1 18/19	Q2 18/19	Q3 18/19	Year End Position	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	97.1%	97.3%	97.2%	97.1%	96.2%	97.2%	98.0%	99.0%	99.3%	99.8%	98.2%	99.4%	97.1%	97.2%	98.6%	4	
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100%	100%	100%	100%	100%	100%	100%	100%	97.9%	98.9%	100%	100%	100%	100%	98.6%	4	
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	95.5%	98.3%	98.8%	98.9%	97.5%	97.0%	99.0%	98.8%	97.6%	95.5%	97.4%	Data avail May 19	97.6%	97.9%	98.9%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	94.3%	99.2%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	100%	99.2%	Data avail May 19	97.7%	97.1%	97.1%	4	
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.3%	98.2%	98.2%	98.2%	98.2%	98.2%	98.3%	98.2%	98.1%	98.1%	98.1%	Data avail May 19	98.2%	96.8%	98.1%	4	
Out of area bed days 5	Improving Care	Responsive	CH	Q1 940, Q2 846, Q3 752, Q4 658	531	282	368	436	589	384	165	360	317	343	184	164	1181	1409	842	1	
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	52.9%	57.2%	53.2%	54.0%	52.1%	47.1%	50.8%	50.1%	57.8%	55.0%	54.9%	56.5%	54.4%	51.1%	52.8%	3	
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	91.6%	88.0%	93.9%	93.9%	94.8%	94.0%	94.6%	96.9%	91.1%	92.3%	87.0%	85.7%	91.3%	94.3%	94.4%	4	
IAPT - Treatment within 18 weeks of referral 1	Improving Health	Responsive	CH	95%	100%	98.7%	100%	99.7%	99.5%	99.6%	99.7%	99.7%	99.4%	99.3%	99.0%	99.4%	99.4%	99.6%	99.6%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	53%	93.5%	81.0%	70.0%	92.0%	91.4%	90.3%	94.2%	94.7%	88.6%	85.1%	85.3%		81.7%	90.3%	92.6%	4	
% clients in settled accommodation	Improving Health	Responsive	CH	60%	78.9%	78.5%	79.1%	78.7%	78.8%	79.0%	78.5%	78.2%	78.5%	78.0%	78.2%	Data avail May 19	79.1%	78.8%	78.2%	4	
% clients in employment 6	Improving Health	Responsive	CH	10%	9.0%	8.7%	8.6%	8.5%	9.5%	8.9%	8.6%	9.0%	9.3%	9.2%	9.2%		8.6%	8.8%	9.3%	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	CH		Due June 19															2	

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1 18/19	Q2 18/19	Q3 18/19	Year End Position	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	2	0	14	22	1	22	8	29	2	4	15	4	16	45	39	2	
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	1	0	3	3	1	2	2	3	1	1	1	1	4	6	6	2	
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	212			192			184			Due May 19			212	192	184	N/A	
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	15.1%			14.1%			13.0%			Due May 19			15.1%	14.1%	13.0%	N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Q1 18/19	Q2 18/19	Q3 18/19	Year End 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	CH	90%	97.4%	97.7%	97.5%	98.8%	98.5%	99.1%	98.9%	97.0%	98.7%	98.8%	99.3%	97.6%	97.8%	98.8%	98.1%	4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.8%	99.9%	99.9%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.7%	90.5%	90.8%	90.5%	95.5%	95.1%	91.0%	90.9%	90.8%	90.4%	90.7%	Data avail May 19	90.8%	91.1%	90.9%	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:

- A number of metrics have not been finalised at the time of the report. Some of this relates to the impact of transition to a new mental health clinical record system, as a result some data quality issues are being experienced and we are working to resolve these as far as possible. We have informed our regulators and commissioners of the position and will keep them updated on progress and impact.
- The Trust continues to perform well against the majority of NHS Improvement metrics
- The proportion of people completing treatment who move to recovery within Improving Access to Psychological Therapies (IAPT) is above threshold for March. This is provisional data and the final data will be reported in next month's report.
- During March 2019, the number of service users aged under 18 years placed in an adult inpatient ward remained at 1 - this related to the admission of a 17 year old that turned 18 during their stay but attributed 4 days under 18 year old. The admissions continue to relate to factors 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. 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 during the year. 8 workstreams have been established following the independent review of our bed management process with the aim of reducing out of area bed placements.
- % 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 evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme.

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Barnsley BDU

General community services

Key Issues

- Epilepsy – work commenced on service demand and capacity in line with performance data. Initial information shows activity is 46% higher than plan.
- Parkinsons Service – activity level currently at +60% and continuing to rise due to demand – we are reviewing care pathway and service delivery.
- Neuro rehabilitation unit (NRU) internal work continues in relation to bed usage. NRU open day arranged for 21 May 2019

Strengths

- Health integration team (HIT) in Urban House have been shortlisted for the RCNi Nurse Awards 2019 Finals
- Paediatric therapy services - additional resources has been allocated by the commissioner for 2019/20
- Neurological rehabilitation unit – internal quality monitoring visit included 4 commissioners took place on 11 April. No areas of concern were highlighted.
- EPaCCS (Electronic Palliative Care Coordination System) – roll out to GP practices

Challenges

- Yorkshire smoke free Barnsley service out for tender in April/ May 2019
- Child health information system (CHIS) – issues with regard to data sharing under discussion.

Areas of Focus

- Stroke services – work continues in partnership with clinical commissioning group and Barnsley hospital foundation trust in line with hyper acute stroke units (HASU) and remodelling the pathway.
- Neighbourhood nursing service - Work ongoing to demonstrate activity trends and adherence to agreed model.
- Musculoskeletal service – remains challenging. Internal work underway regarding pathway/contract targets and diagnostics.

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Barnsley BDU:

Mental Health

Key Issues

- The acute service line continues to experience high demand and some staffing pressures leading to ongoing bank expenditure. This is being kept to a minimum by utilisation of resources across the wards and effective skill-mixing.
- 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.
- Demand and capacity remains a challenge in community services, particularly in the enhanced pathways. Action plans and data improvement plans are in place and there is support with staff wellbeing. Good progress is being made with partnership approaches and effective communication between the council and SWYPFT.
- Extensive work is underway across new teams and with new SWYPFT colleagues in Sheffield, Doncaster and Barnsley to implement the South Yorkshire wide model for liaison and diversion services following a successful and well-attended launch event on 8 April 2019.

Strengths

- Management of patient flow.
- The Barnsley inpatient advocacy forum has supported a project run by the European court of human rights aiming to develop an information booklet on mental health rights for all patients on acute wards. Barnsley was the only unit nationwide to support the project to come to an inpatient facility and to facilitate engagement with the inpatient user group in this way. Service users gave their opinion on how the information could be made bolder, clearer and simpler, and have been told how this information will be used in moving forward with the development of the booklet.
- Feedback from our service users about this opportunity to make a difference was really positive.
- Our early intervention in psychosis service lead a national 'at risk mental state' (ARMS) webinar this month for NHS England.

Challenges

- Demand and capacity in community services.
- Action plan continues to improve data quality and in particular performance around care programme approach reviews and 14 day access as a key performance indicator. This continues to be impacted upon by the council staff being withdrawn from the integrated teams as above.
- Monthly sickness rates are in excess of trust target with a hotspot in acute services. General managers are working with human resource business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team managers meetings and reported through to deputy director, for review at BDU level meetings.

Areas of Focus

- Admissions and discharges and patient flow in acute adults.
- Continue to improve performance and concordance in service area hotspots tracked team by team by general managers
- Demand and capacity work in single point of access and the enhanced pathway.
- Reduction of agency and bank spend in acute services.
- Work continues with partners on integrated care networks, working with the neighbourhoods already in place. SWYFT staff are represented at local and network level both developmentally and operationally.
- Local action planning in response to staff survey.
- Sickness management.

Calderdale & Kirklees BDU:

Key Issues

- Continued pressure for admissions, particularly female, however a number of beds have been internally available for males. Occupancy and acuity remains high on all female adult wards and across the business delivery unit.
- Kirklees clinical commissioning groups have agreed to commission a second personality disorder advanced practitioner post.

Strengths

- High performance on mandatory training.
- Appraisal completion over 99% across all bands.
- Sickness absence is well managed across BDU with 4.5% achieved overall for the BDU at year end.

Challenges

- Adult occupancy levels are high in inpatients and with intensive home based treatment teams.
- Caseload pressures have built up in some adult community teams. Recruitment is being reviewed in order to look at widening opportunities to replace leavers.

Areas of Focus

- Ward 18 garden area reviewed for overall safety and new anti ligature, anti climbing and netting is in place. Further anti ligature work is being undertaken.
- Improvements to access and egress from the dales to increase security is taking longer, due to increased complexity of monitoring controls. It is anticipated that the physical works will have been completed by the end of April.
- Additional fencing work at the dales garden has been commissioned due to recent absent without leaves (AWOLs). The fence height is to be increased. The work is due to be commenced in May.

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

Forensic BDU:

Key Issues

- Work is taking place with the commissioner to repurpose 8 forensic learning disability beds.
- Service review/business case as lead provider continues to progress. Following the two successful workshops collaboration with partners continues. The partnership is hopeful that an opportunity to develop a forensic community service across West Yorkshire will progress.
- Learning disability forensic outreach service recruitment to initial service continues. Team leader and key clinicians appointed on a fixed term/secondment basis. Confirmation has now been received that £1.8m will be released by clinical commissioning groups to fund the original proposal. Recruitment to the consultant psychiatrist post may be a challenge with no applicants at the first advert. Service is offering advice and consultation since 1.4.19.
- Work on the recovery plan for the secure estate is on-going.
- Occupancy levels in both medium and low secure will be scrutinised closely throughout 19/20.
- Regional forensic child and adolescent mental health service underwent a service review as part of programmed reviews of all pilot sites. Some positive verbal feedback. Official response has not yet been received.

Strengths

- Strong performance on mandatory training.
- Good track record delivering 'commissioning for quality and innovation' CQUIN.
- Progress being made on CQC action plans. Only action waiting to be addressed is the call system which is waiting a Trust wide response.

Challenges

- Delivering the recovery plan for the secure estate.
- Recruitment of band 5 nurses (23 vacancies across the business delivery unit).
- High turnover.
- Reducing sickness.
- Delivery of service improvement with a view to removing the performance notice.

Areas of Focus

- Forensic CAMHS performance notice.
- The BDU will undertake a piece of work supported by human resources and will focus on the following areas:

*Leadership

*Sickness/absence

*Turnover

*well-being

*Bullying and harassment

Specialist BDU:

Key Issues

- Consultant recruitment across CAMHS and learning disability remains a significant challenge – resulting in high agency use
- Waiting times from referral to treatment in Wakefield and Barnsley CAMHS remain a concern. New investment has been secured in Wakefield to target a waiting list initiative and an ADHD-related business case is under consideration in Barnsley. Efforts to address the position in Wakefield are being supported by a CAMHS Oversight and Assurance Forum.
- Learning disability staff vacancies remain relatively high and this creates some challenges re waiting times for specialist interventions – most notably psychology (Barnsley/Wakefield). However, in the vast majority of cases those waiting are receiving support from another member of the multi-disciplinary team. The number of 18 week breaches in March was 1 (Barnsley) and 3 (Wakefield). Recruitment efforts are being supplemented by use of bank and temporary staff - plus agency(where dictated by clinical risk)
- The recent staff survey identified significant challenges in CAMHS – most notably in the Barnsley and Wakefield teams. Locality-based workshops – supported by HR - are being arranged to discuss the detail and action plan.
- A review of the CAMHS service has recently taken place in Barnsley by the national intensive support team (IST). Feedback is expected on April 29th.

Strengths

- Learning disability community teams have strong multi-disciplinary teams in place which ensure referrals can be effectively prioritised and allocated. The team also regularly review waiting lists (weekly) with their discipline teams to ensure 18 week breaches are minimised.
- Calderdale and Kirklees CCG's have committed to further ASC waiting list initiative investment in 2019/20.
- All CCG's have prioritised 2019/20 investment in development of an all-age liaison model.

Areas for focus

- Proactively addressing vacancy levels in learning disability services and consultant posts in learning disabilities and CAMHS
- Development and implementation of the all-age service model and waiting list initiatives in CAMHS
- Ongoing focus across specialist services on staff engagement, appraisal, prevention of bullying/harassment and health and wellbeing.

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Wakefield BDU:

Key Issues

- The acute service line continues to experience high demand and staffing pressures leading to ongoing bank expenditure.
- Out of area beds for Wakefield service users has been maintained as nil usage and intensive work takes place to adopt collaborative approaches to care planning, to build community resilience; and to explore all possible alternatives at the point of admission.
- 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 in community service lines leading to continued expenditure on agency medical staffing. Action plans are in place lead by clinical leads to address this post by post.

Strengths

- Management of patient flow and for Wakefield nil out of area bed usage.
- Human resource workforce performance strong across all domains other than food safety where an action plan is in place
- The Wakefield serious incident group were joined at their latest monthly meeting by commissioners wishing to review governance and process around how security incidents are managed within the BDU. Commissioners gave very positive verbal feedback to the staff present stating that they had received assurance that all necessary steps and actions were embedded and that they had been impressed with how the meeting had worked to demonstrate reflection, connections and learning.

Challenges

- Adult community medical vacancies and gaps continue to be a pressure leading to financial and clinical continuity challenges.
- Adult acute occupancy and acuity levels remain high.
- Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community.
- Wakefield BDU sickness rates are in excess of trust target. General managers are working with human resource business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team managers meetings and reported through to deputy director, for review at BDU level meetings.

Communications, Engagement and Involvement

- Flu campaign won a national flu fighter award for most innovative comms.
- #alofus shortlisted for national HSJ value award under 'best communications initiative'.
- Internal comms survey analysis: increased staff satisfaction with 88% saying they feel kept up to date (31% increase in 3 years) and 80% satisfied with how they are communicated with (35% increase in 3 years). Action plan for further improvements developed.
- SystemOne for mental health – targeted go live messages, with regular updates and support sources
- Financial sustainability key messages launched, information governance comms plans developed.
- Promotion of members' council elections
- Supported launch of the forensic outreach liaison service
- Support to the 'Thriving after surviving' safeguarding conference and promotion of national safeguarding campaigns.
- Launch of the pharmacy and medicine optimisation strategy, including a summary infographic
- Gender pay gap reporting infographic
- Promotion and support to West Yorkshire and Harrogate health and care partnership 'our neighbours' campaign
- Week long trustwide photo shoot to support development of recruitment marketing materials



This is the April 2019 priority programme update for the integrated performance report for progress on the 2018/2019 Trust priorities. A summary of key updates for activity conducted in March includes:

Out of area:

- Bed pressures remain in the system and out of areas placements continue, though the levels fluctuate. Recent placements continue to be from the Calderdale/Kirklees locality.
- Work has taken place to establish a priority programme based on the work streams identified by SSG Health and activity highlight in the transformation review. Resources to support changes are being put in place. This includes delivery leads, clinical leads and project leads.
- A new partnership governance structure is being established to support the change programme and meetings are scheduled for April 2019 and new reporting structures will commence from May 2019.
- Project task and finish groups are being set up and will commence meeting through April and May to develop detailed plans and continue change activity.
- The new personality disorder pathway lead will be in post from mid May and recruitment of bed manager post to support inpatient changes is planned for April 2019.

Clinical record system:

The SystmOne programme team are continuing to work with services in implementing the new clinical record system and have already started to work on co-creating and delivering improvements based on the feedback received during go live such as refinement of medical care plans, the e-discharge process, tailored changes to suit individual teams - for example, Intensive home based treatment teams, and delegation of tasks such as outcoming patient appointments. Other activities include:

- Slow running issues have now been resolved following fix by TPP 210319.
- Data migration activities, scheduled for February and March, have been successfully completed.
- 96% of all Trust staff requiring SystmOne training have now completed that training. The programme team continue to monitor system implementation post go live, meeting weekly with service representatives. Provision of support to staff continues through the information, management and technology helpdesk, floor walkers and super users.
- The programme team are also supporting 'catch up' activities in preparation for the cessation of RiO access in June.
- An optimisation plan is in development for future improvements and continuation of working with teams to help each other get to grips with the new system and discover new ways of working.

Stroke services review:

- A third senior executive level meeting re: stroke pathway costings took place on 15 March 2019. Barnsley clinical commissioning group (CCG) went away to consider proposals for service model/finances against their initial referral assumptions.
- Barnsley CCG have now remodelled the pathway based on their revision of referral assumptions against actuals. This has resulted in potential changes in demand which may impact on the staffing, finance and also inpatient bed modelling. Next steps are for SWYPFT and Barnsley hospitals NHS foundation trust to receive and review evidence and consider potential effect. This additional work may impact on timescales and financial planning
- Plan is for new model developments to be presented to members council (timing to be confirmed following agreement of remodelling)

Learning disabilities operational delivery network (ODN):

SWYPFT are the lead 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 the March period includes:

- Following expressions of interest to co-lead the three community infrastructure work-streams, the adult learning disability (LD) and non-LD autism groups now have joint leadership in place.
- Task and finish groups have now been established with leads (apart from the positive risk taking group that will be reallocated to a lead).
- Following a workshop that was held on 25th January 2019 to launch the main work-stream (community infrastructure) with an objective to commence scoping of key areas of focus and prioritisation, the project group are now supporting the ODN to generate some questions to use to facilitate co-production with service users/carers
- Quarterly north region ODN meetings have met and shared information/papers as relevant. Following a recent joint meeting to plan a joint forensic event, ODNs will run events to identify best practice across the patch as well as developing a proposed model of the West Yorkshire ODN support people with complex needs and how we build that local resilience.
- Rehab utilisation work is now completed with a presentation to the NHS England (NHSE) executive strategy group on 1st March.
- Community Infrastructure work-streams have met for the first time in mid-March.
- The out of area agreement has been drafted and will be presented to NHSE executive strategy group for comment on 5th April.
- Annual review is due to take place on 12th April 2019.

The Trust is reviewing this section of the integrated performance report (IPR) and will commence reporting against the 19/20 priorities next month.

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Priority	Scope	Narrative Update	Area	RAG
IMPROVING HEALTH				
Joined Up Care				
South Yorkshire projects: Stroke service review	<p>Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on:</p> <ul style="list-style-type: none"> Stroke service review <p>As a result of the South Yorkshire integrated care system (ICS) work on the hyper-acute stroke unit (HASU) provision and the wider hospital services review SWYPFT and Barnsley Hospital NHS Foundation Trust (BHNFT) were asked to work together by clinical commissioning group (CCG) on an integrated pathway for stroke patients in Barnsley. The key themes within this are:</p> <p>MDT (Multi Disciplinary Team) working TIA (Trans Ischaemic Attacks) pathway ESD (Early Supported Discharge) pathway</p> <p>Project Objectives:</p> <ul style="list-style-type: none"> Develop integrated stroke services across Barnsley to establish improved patient flow and pathways Reduce potential duplication across the borough, in particular TIA clinics and provide a one stop shop for patients. Establish integrated MDT working across both organisations to reduce the impact of pathway handovers on patient care and improve system wide patient flow. Develop a stroke specific ESD service which will support improved patients flow from the new HASUs and enable patients to reach their rehabilitation potential closer to home as/when appropriate in their recovery journey 	<ul style="list-style-type: none"> A third senior/exec level meeting re stroke pathway costings meeting took place in March 2019. Proposals are being considered and the model and activity assumptions reviewed in further depth. An independent assessment of the model and associated costs is being planned. Plan is for new model developments to be presented to members council (timing to be confirmed following agreement of remodelling) <p>Single TIA pathway (TIA):</p> <ul style="list-style-type: none"> Ongoing monitoring and review of new process via task and finish group (TAG). <p>Stroke early support discharge (ESD):</p> <ul style="list-style-type: none"> Financial projection was discussed in more detail at the additional stocktake meeting in March. The CCG have undertaken a review of the modelling and their findings need to be considered as a next step An additional steering group has been arranged for mid-May – with a view to changing focus once model agreed and implementation can commence. An external critique is also to be undertaken to peer review and benchmark the proposal against other areas. <p>Multidisciplinary teams (MDT):</p> <ul style="list-style-type: none"> SWYPFT and BHNFT colleagues continue to meet to discuss patient flow. Proposal for project support to develop integrated dashboard reporting system to share real time information to support MDT working and decision making Continue to seek resolution for interoperability between clinical systems 	Progress Against Plan	
		<p>Initial areas of risk include:</p> <ul style="list-style-type: none"> Finances/contracting - potential increasing risk following remodelling from CCG (including transition /double running costs) Recruitment and retention - recruitment could be a challenge through 2019 if additional staffing is required to establish the new pathway. Also retaining current staff in the new model is a growing challenge. Contracting arrangements Hyper-acute stroke unit (HASU) timeline - our ability to implement in line with HASU go live could be at risk depending on when the new model is agreed. Social care not yet fully included in scope of stroke developments although they have been invited to future steering groups. Requirement for shared information technology (IT) systems 	Management of Risk	

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		<p>High level milestones:</p> <p>ESD - financial projections in place (Dec / Jan)</p> <p>ESD - senior meeting to be organised for January 2019</p> <p>ESD - service model agreement - February 2019</p> <p>ESD costing meeting February 2019</p> <p>ESD further modelling breakdown - 15 March 2019</p> <p>Review of CCG modelling (new action – Apr/May 2019)</p> <p>ESD - implementation process - timing TBC following agreement of the model</p> <p>New model presented to members council - timing TBC</p>		
South Yorkshire projects: Neurological rehabilitation	<p>Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on:</p> <ul style="list-style-type: none"> • Neurological rehabilitation unit (NRU) <p>Barnsley CCG are has reduced the number of beds they commission in the NRU from 12 to 8. NRU has always had some out of area bed usage but in light of this change we want to raise the awareness of our unit amongst out of area clinicians and commissioners, encouraging them to commission beds and/or choose our service for future referrals. We also want to raise awareness of the unit across the Trust.</p>	<p>Barnsley CCG are reducing the number of beds they commission in the next financial year for NRU from 12 to 8. NRU bed base remains at 12 with 4 beds available for out of area usage. The service aim to raise the awareness of this availability internally across the Trust and amongst out of area clinicians and commissioners, encouraging them to commission beds and/or choose the NRU service for future referrals.</p> <p>An update on activity during the period February and March is as follows:</p> <ol style="list-style-type: none"> 1) The ward manager for NRU has now left the Trust and the post is currently at advert. Cover is provided by our senior nurses with oversight from the matron 2) Planning continues in relation to the NRU open day on Tuesday 21st May; this event is to market the available beds • Banner stands have been designed and ordered through procurement. • Invites for the open day are being sent out; to the same distribution as the booklets. • Presentation is being pulled together for the open day 3) Planning continues in relation to the families and carers open day on Thursday 23rd May 2019. 4) Two consultants are due to commence in post in April 2019. 	Progress Against Plan	
		<p>Since October 2018 the decommissioning of 4 NRU beds from 12 to 8 presents a financial risk to SWYPFT in securing additional income for 4 beds from alternative commissioners.</p>	Management of Risk	
		Implementation Plan is in place		
South Yorkshire projects: Autism and ADHD	<p>Work with our South Yorkshire partners to deliver shared objectives as described through the integrated care systems plans. This includes work on:</p> <ul style="list-style-type: none"> • Autism and attention deficit hyperactivity disorder (ADHD) 	<p>This priority reports bi-monthly on the IPR. This is the latest update completed in March 2019:</p> <ul style="list-style-type: none"> • Early discussions still are taking place on developing a formal plan to take this priority forward. • However, this plan will include lessons learned from the current West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP) priority for improving autism and attention deficit hyperactivity disorder (ADHD). 	Progress Against Plan	
		<p>No known risks identified at this time.</p>	Management of Risk	
		Implementation Plan not yet available		
New Business	<p>Work across the West Yorkshire and Harrogate health & care partnership (WY&HHCP) to deliver shared objectives with our partners in the area of:</p> <ul style="list-style-type: none"> • Forensics: work with NHS and private sector partners in the region to develop and deliver a co-ordinated approach to forensic care. 	<p>A business case for a new care model for forensic services, with SWYPFT as lead provider continues to progress through the West Yorkshire forensic provider group with the intention that this is completed in May 2019. The group are also hopeful of an opportunity to bid to develop a forensic community trail site across West Yorkshire. We await the invitation to express our interest in this opportunity.</p>	Progress Against Plan	
		<p>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.</p>	Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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 child and adolescent mental health services (CAMHS)	This priority reports bi-monthly on the IPR. This is the last update completed in March 2019: • Paula Phillips will now oversee the Yorkshire and Humber (Y&H) regional forensic child and adolescent mental health service (FCAMHS) following the move of the previous manager to the secure estate work. • Referrals continue into the service at a positive rate. Referrals declined over Christmas and new year, as anticipated, however are slowly increasing to normal levels. • Band 6 mental health practitioner is now in post, commencing 25 February 2019. • Y&H team representatives have met with East Midlands FCAMHS to discuss the Bassetlaw area and cases along the border of the two regions – East Midlands are really keen to work closely with us and we have agreed to meet regularly for peer support / shared training events etc. • The team attended a PREVENT event, put on by North West FCAMHS in January – this was a really informative day • NHS England have requested an annual review now that the service has been running for a year. A date for this is set for end March/early April 2019. A full audit of the first year of the service will be compiled in preparation for this meeting. • The next national clinical network meeting will be held on 22 March 2019 in Reading and Yorkshire and Humber will be represented at this event. • The project is scheduled for closure in May 2019 incorporating the NHSE annual review and project audit, with a post implementation review scheduled for December 2019.			Progress Against Plan	
		<ul style="list-style-type: none"> There are currently no high level risks identified in this project. Risk sharing agreements are 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. Providers of trial sites were required to meet the following requirements: • Overall rated as 'Good' or 'Outstanding' by the CQC and in all safety domains (including a 'Good' or 'Outstanding' rating in all of the forensic and adult services domains) • Rating 1 or 2 in the NHS Improvement single oversight framework • Currently provide medium secure, low secure and community forensic teams. A bid was duly prepared for this opportunity and submitted. However, the bid was not successful. Following feedback on the bid, the forensic services team have continued to engage in a national network involving the successful sites, in order that learning from this can be used to inform a wave 2 bid. wave 2 was expected to be published by end of March 2019 but is yet to be published by NHSE. It is expected that wave 2 will request applications from integrated care systems (ICS) areas, rather than individual trusts.			Progress Against Plan	N/A
		Not applicable			Management of Risk	N/A
		Not applicable				

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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 learning disability (LD)		<ul style="list-style-type: none"> • SWYPFT submitted a proposal to NHSE for provision of a community forensic learning disability service to support individuals with a learning disability (LD) 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. • SWYPFT are awaiting confirmation of funding 		Progress Against Plan	N/A
			No known risks identified at this time.		Management of Risk	N/A
			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: • Reducing waiting times for ASC/ADHD assessment/diagnosis. Initially focusing on sharing evidence based improvements and learning and where possible embedding consistency of approach/ standardisation of practice. • Explore opportunities about future models.		<p>There are separate workstreams under the WY&H HCP MH Programme Board for both adults and childrens adults autistic spectrum condition (ASD)/attention-deficit/hyperactivity disorder (ADHD).</p> <ul style="list-style-type: none"> • The greater focus currently is on the Children's ASC/ADHD project which has the key objective to reduce waiting times for ASC/ADHD assessment/diagnosis by focusing on sharing evidence based improvements and learning and where possible embedding consistency of approach/standardisation of practice. There is a clear link to the adult project that needs to be maintained, and to that end it has the same key objectives as the children's. <p>Children's ASC ADHD:</p> <ul style="list-style-type: none"> • Children and young people (CYP) sharing continues between services – Mid Yorkshire sharing learning with BTHFT • CYP autism raised as area to be looked at in relation to new care models – paper going to April 2019 programme board prior to proposal being presented to NHSE on 24 April • Planning to reform with smaller group to refocus <p>Adults ASC ADHD:</p> <ul style="list-style-type: none"> • Bradford adult waiting list in much better position – hopefully to be cleared by Summer 2019 • First ODN Adult Autism meeting – to focus on access to mainstream mental health services and emergency/crisis support. Region wide survey developed with VCS colleagues working with adults with autism to find out what specific challenges to keeping psychologically well are from our autistic population 		Progress Against Plan	
			<p><u>Children's ASC ADHD high level risk:</u></p> <ul style="list-style-type: none"> • Current active risk exists around transition points (different services support assessment at different ages and interdependences with adults). Workstreams to be aligned and come together in an ASC/ADHD steering group to be established. <p><u>Adults ASC ADHD: high level risk:</u></p> <ul style="list-style-type: none"> • There is no nationally recommended pathway or specification for adult autism and ADHD - the remedy is to determine whether WY&H HCP set their own specification in light of this. • The Autism overlap with Learning Disability Transforming Care Partnership (TCP) work needs to be managed. A new West Yorkshire TCP Board being established in April – clarification whether Autism will be included in this agenda is being sought. 		Management of Risk	
			Development of an implementation plan of key milestones is yet to be finalised			

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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 the lead 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 period includes: • Following expressions of interest to co-lead the three community infrastructure work-streams, the Adult LD and Non-LD Autism groups now have joint leadership in place. • Task and finish groups have now been established with leads (apart from the positive risk taking group that will be reallocated to a lead). • Following a workshop that was held on 25th January 2019 to launch the main work-stream (community infrastructure) with an objective to commence scoping of key areas of focus and prioritisation, we are now supporting the ODN to generate some questions to use to facilitate co-production with service users/carers • Quarterly north region ODN meetings have met and shared information/papers as relevant. Following a recent joint meeting to plan a joint forensic event, ODN's will run events to identify best practice across the patch as well as developing a proposed model of how we support people with complex needs and how we build that local resilience. • Rehab utilisation work is now completed with a presentation to executive strategy group (ESG) on 1st March. • Community Infrastructure work-streams have met for the first time in mid-March. • The out of area agreement has been drafted and will be presented to ESG for comment on 5th April. • Annual review is due to take place on 12th April 2019.	Progress Against Plan	
		No specific risks identified at this point although a potential area to be mindful of is the level of engagement and commitment to ODN related work which is required of all members - ODN, wider network, work-stream leads and work-stream group members – for the ODN to be successful and productive. Whilst not having a clinical lead in post yet, the ODN have mitigated for this without affecting the programme progressing.	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	This priority reports bi-monthly on the IPR. This is the last update completed in March 2019: • 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		

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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	<p>This priority reports bi-monthly on the IPR. This is the last update completed in March 2019:</p> <ul style="list-style-type: none"> • 'New Care Models' for Eating Disorders (ED) are being established across the country as part of NHS Mental Health Forward View. • The west Yorkshire eating disorders community service is one of eleven national early-wave pilot sites to test new approaches. • A proposal to build upon the foundation of the established community services in Leeds (and including the service in Huddersfield) was accepted and funded by NHS England with the aim to replicate the community treatment and outreach approach that was working well in Leeds in each of the delivery areas making up the West Yorkshire & Harrogate sustainability and transformation partnership. [Note: there was previously no community ED provision in Calderdale and Wakefield] • The project had central co-ordination, project management and leadership from Leeds and York Partnership NHS Foundation Trust with SWYPFT with supporting. • The financial case is based on minimising the requirement for out of area placements and avoiding extended lengths of stay with the aim of reducing the cost of out of area placements by £951k. • The existing community eating disorders services (Leeds and Kirklees) have been supplement by an additional investment of £810k to form the new community service. • The new service went live on the 1st April 2018. 	Progress Against Plan	
		<p>Any implementation risks are with Leeds and do not transfer to SWYPFT. There are however a number of concerns raised about:</p> <ul style="list-style-type: none"> • Potential gaps between the new service and the previous service commissioned for Huddersfield. It's too early to be certain, but this needs monitoring in conjunction with the CCG as there may be financial risk for the Trust. • One GP practice has refused to monitor the physical health of a patient that they have argued would have been hospitalised prior to the introduction of the new model. Leeds and the Greater Huddersfield CCG are responding to this and SWYPFT medical staff have provided physical health monitoring in the interim. • Communications has been a weakness and may have contributed to some misunderstandings and dissatisfaction in both primary and secondary care. 	Management of Risk	
		Implementation plan is with Leeds		
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.	<p>Out of Area (OOA)</p> <ul style="list-style-type: none"> • Bed pressures remain in the system and out of areas placements continue, though the levels fluctuate. Recent placements continue to be from the Calderdale/Kirklees locality. • Work has taken place to establish a priority programme based on the work streams identified by SSG Health and activity highlight in the transformation review. Resources to support changes are being put in place. This includes delivery leads, clinical leads and project leads. • A new partnership governance structure is being established to support the change programme and meetings are scheduled for April 2019 and new reporting structures will commence from May 2019. • Project task and finish groups are being set up and will commence meeting through April and May to develop detailed plans and continue change activity. • The new PD pathway lead will be in post from mid May and recruitment of bed manager post to support inpatient changes is planned for April 2019. 	Progress Against Plan	
		<p>Current high 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.</p> <p>A wider risk register for programme level risks is in development and will be reported from May onwards.</p>	Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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		<pre>graph LR A[PD pathway - Practitioner appointed] --> B[Consideration of emerging findings from community review] B --> C[New change plan agreed] C --> D[Resources in place to Deliver new change place] D --> E[Change cycles Based on new plan] E --> F[New programme Plan in place] F --> G[PD practitioner and Bed Manager in post] G --> H[Dashboard development] H --> I[Change cycles Based on new plan] I --> J[First round of change activity complete and evaluated] J --> K[Change cycles Based on new plan]</pre>		
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.	<p>This priority reports bi-monthly on the IPR. This is the last update competed in March 2019:</p> <ul style="list-style-type: none">Recruitment and retention steering group is work on several themes which include:<ul style="list-style-type: none">Development of career pathways in professions. Plan to develop more visual progress opportunity for staff both within intranet and at job application, job advert/NHS Jobs e.g . fully utilising NHS Yorkshire jobs Facebook feed and development of a bespoke webpage for apprenticeshipsProcurement of Trusts bespoke on boarding process microsite ongoing.Staff ending employment procedure re-designed and in place with greater focus on feedback. Trust wide report to capture ALL staff feedback is in development.Capture of exit interview feedback from internal movement of staff has been rolled out.New retirement interview procedure is in place to focus on furthering employment within the Trust.Secured operational management group £10k funding to improve branding and awareness including SWYPFT representation at the mental health (MH) nursing recruitment fayre in Edinburgh in May 2019.Brexit retention. Work completed to identify staff in Trust liable for settlement status. No issues envisaged with retention of these staff.Recruitment process has been evaluated and review is in progress as target set to achieve 100 day turnaround currently being not achieved. A number of interventions have been put in place to improve timescales. This will be reevaluated in 4 monthsDevelopment of trainee nursing associates (TNA) and nursing apprenticeships ongoing. Workforce plans by BDU to be signed off in readiness for April 2019.Trusts clinical support workforce plan to be updated for 2019-2021 and published by April 2019 following BDU workforce plans being signed off and complete.Collaborative workforce planning ongoing across both SY&B and WY&HHCP being led by SWYPFT colleagues with the aim to be lead in production of West Yorkshire strategic workforce plans.Clinical support workforce strategy refresh will focus on further strengthening the apprenticeship model, developing clearer band 2, 3 to 4 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.	Progress Against Plan	
		<ul style="list-style-type: none">Despite ongoing work around nursing strategy and recruitment/retention, we are still seeing sustained nurse vacancies across the whole Trust (currently 53 whole time equivalents within mental health inpatient areas only). To achieve 100% nursing establishment approx. 180 additional whole-time equivalent (WTE) would be required over the next 12 months. Nurse vacancies are not reducing but not increasing either in general terms. Mitigating plans are being planned against which include greater emphasis on improving our nurse bank and increase/over recruitment into clinical support roles, alternative roles to recruitment to fill current workforce gaps in nursing including pharmacy technicians, allied health professional (AHP) roles and AHP support roles.Agency spend across Trust in excess of cap (projected £879k) above cap of £5.5m. Work within annual planning assumptions on workforce being conducted to identify ward establishment review requirements for skill mix of staff to identify reduction in agency spend.	Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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		<p>Milestones from the implementation plan for this priority:</p> <ul style="list-style-type: none"> Initial recruitment/retention steering group set up July Analysis and focus groups in high turnover areas – July Wellbeing survey deep dive done - August West Yorkshire collaborative activity to commence - September Professions workforce planning workshop underway – Jan/Feb 2019 Workforce planning cycle starts - February 2019 following workforce workshops conclusion Strategic workforce plan update and clinical workforce support strategy refresh – Two-year plan to be developed from April 2019. 		
Clinical record system	Plan and deliver a new clinical record system which supports high quality care	<p>The SystmOne team are continuing to work with services in implementing the new clinical record system and have already started to work on co-creating and delivering improvements based on the feedback received during go live such as refinement of medical care plans, the e-discharge process, tailored changes to suit individual teams - for example, intensive home based treatment teams, and delegation of tasks such as outcoming patient appointments. Other activities include:</p> <ul style="list-style-type: none"> Slow running issues have now been resolved following fix by TPP 210319. Data migration activities, scheduled for February and March, have been successfully completed. 96% of all Trust staff have now completed their SystmOne Training. The team continue to monitor system implementation post go live, meeting weekly with service representatives. The service continues to provide support through helpdesk, floor walkers and super users. The team are also supporting 'catch up' activities in preparation for the cessation of RiO access in June. An optimisation plan is in development for future improvements and continuation of working with teams to help each other get to grips with the new system and discover new ways of working. 	Progress Against Plan	
		No new risks were identified in the Risk register	Management of Risk	

Summary

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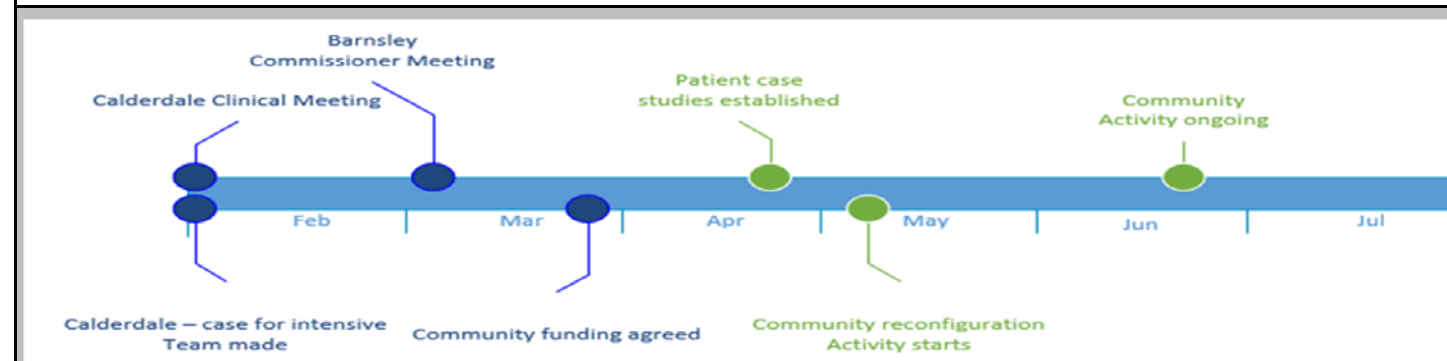
Workforce

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.

- This project is now moving forward on the basis of seeking to make improvements to community services in advance of any proposed inpatient changes.
- Further conversations have been held with commissioners and these have helped shape the local change programme.
- Local plans will be established before local community improvements are taken forward through 2019. These changes will take place as part of local partnership governance programmes as appropriate.

- 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 appropriately resourced.



Progress Against Plan

Management of Risk

RAG Ratings

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

Summary

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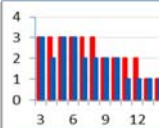
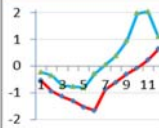
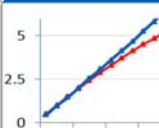
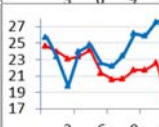
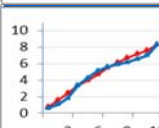
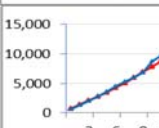
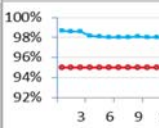
Priority Programmes

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Overall Financial Performance 2018/19

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	1	1	The financial sustainability risk rating at the end of 2018/19 is rated 1, this is the best rating possible and is in line with plan. All metrics are in line with our revised plan with the exception of agency, the breach of the agency cap by 24% has resulted in a rating of 2 compared to a planned rating of 1.	
2	Normalised Deficit (excl PSF)	(£1.6m)	(£2.0m)	A final position of £1.6m deficit has been recorded for 2018/19. This is £0.5m better than plan and will mean that Provider Sustainability Funding (PSF) of at least £2.7m will be received. The potential for further PSF will be confirmed by NHS Improvement in late April 2019; the value of this is not yet known.	
3	Agency Cap	£6.5m	£5.2m	Agency expenditure for the year of £6.5m exceeds the agency cap by £1.3m (24%).	
4	Cash	£27.8m	£18.0m	Cash remains ahead of plan primarily due to one off benefits such as asset sales, additional commissioner income and low levels of outstanding debtors.	
5	Capital	£8.3m	£8.3m	Total capital expenditure is in line with plan at £8.3m. This is an increase from the original £8.1m plan due to £0.2m additional national funding secured. The major schemes undertaken in year, non secure wards and clinical record system will both formally be completed in Q1 19/20.	
6	Delivery of CIP	£10.6m	£9.7m	The Trust has exceeded the CIP target for 2018/19 given higher capital charge savings. Of this £2.7m is identified as non recurrent.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value. Overall the Trust have maintained excellent performance against this metric and ensured that suppliers are paid in a timely manner.	

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

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Contracting - Trust Board

Contracting Issues - General

The Trust has agreed and signed 2019/20 contracts with all main CCGs Barnsley, Wakefield, Calderdale, Greater Huddersfield and North Kirklees. The contract with NHSE for secure services is being has been agreed and will be signed shortly.

CQUIN

The national CQUIN schemes for 19/20 contracts applicable to contracts has been agreed.

Contracting Issues - Barnsley

The main and alliance contracts for 2019/20 have been agreed and signed with Barnsley CCG. Growth in funding is in line with programme requirements for the Mental Health Investment Standard. Work is taking place to finalise the detail of the investment plan by the end of April across the range of identified priorities including all age liaison psychiatry, expansion of crisis resolution services for children and young people, diagnosis and treatment of ADHD in children and young people and further development of improving access to psychological therapies for long terms conditions in adults young people. Further review will take place during 2019/20 in relation to neighbourhood nursing, musculoskeletal and dementia services. The expansion plan to address pressures within children's therapy services is underway following the additional investment made in the service.

Contracting Issues - Calderdale

The 2019/20 contract has been agreed and signed. The 2019/20 contract will see growth in mental health services in line with the Mental Health Investment Standard including investment for intensive home based treatment, early intervention in psychosis, mainstreaming of investment for perinatal mental health services and children's and young people's mental health services. Further work will take place in year in relation to the transformation of mental health services for older people to support provision of care closer to home through community based provision.

Contracting Issues - Kirklees

The 2019/20 contract has been agreed and signed. The contract continues to see significant growth in mental health services in line with the Mental Health Investment Standard including investment for improving access to psychological therapies for adults covering both core and long term conditions services, early intervention in psychosis and core mental health liaison. This also includes the mainstreaming of investment for perinatal mental health services. The CCGs are also investing in the transformation of mental health services for older people to support provision of care closer to home through community based provision.

Contracting Issues - Wakefield

The 2019/20 contract has been agreed and signed. The contract, in line with the local Mental Health Alliance agreed priorities, will see growth in mental health services in line with the Mental Health Investment Standard including the mainstreaming of investment for perinatal mental health services, development of all age liaison psychiatry and the expansion of crisis services and support for addressing waiting lists for children and young people with a mental health need. Additional priority areas for investment identified are the expansion of adult crisis and intensive home based treatment services including a safe space to reduce the need for treatment out of area, the personality disorder and chaotic lifestyles pathway and suicide prevention. The Mental Health Alliance aims to review and agree the investment plans across these areas by the end of April 2019.

Contracting Issues - Forensics

The 2019/20 contract offer with NHS England for secure services has been agreed and will be signed shortly. The key priority work stream for 2019/20 remains the review and reconfiguration of the medium and low secure service beds as part of the work with NHS England in addressing future bed requirements as part of the wider regional and West Yorkshire integrated care system work.

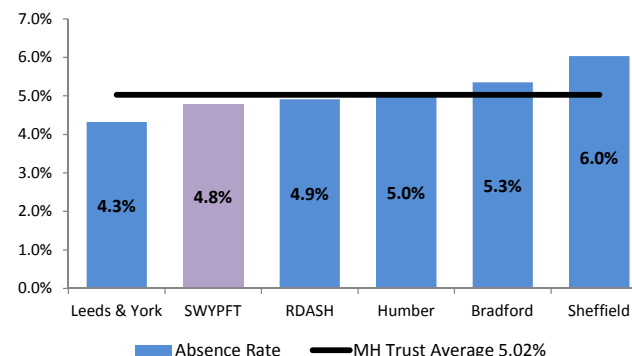
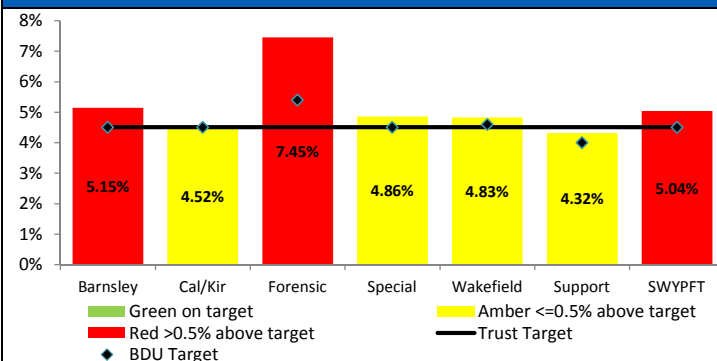
Contracting Issues - Other

The new contract for the provision of liaison and diversion services across South Yorkshire covering Barnsley, Rotherham, Doncaster and Sheffield commenced on 1 April 2019.

Workforce

Human Resources Performance Dashboard - February 2019

Sickness Absence



The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2018 to October 2018. During this time the Trust's absence rate was 4.78% which is below the regional average of 5.02%.

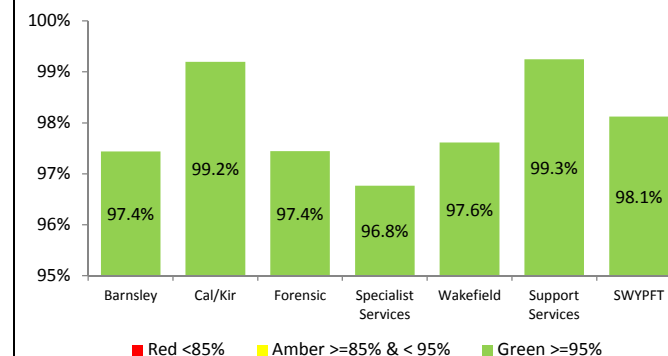
Current Absence Position and Change from Previous Month - Mar 2019

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	0.05364	4.24%	5.58%	2.98%	4.68%	4.27%	4.63%
Change	↓	↓	↓	↓	↓	↓	↓

The Trust YTD absence levels in March 2019 (chart above) were above the target at 5.04%.

The YTD cost of sickness absence is £6,053,273. If the Trust had met its target this would have been £5,404,708, saving £648,565.

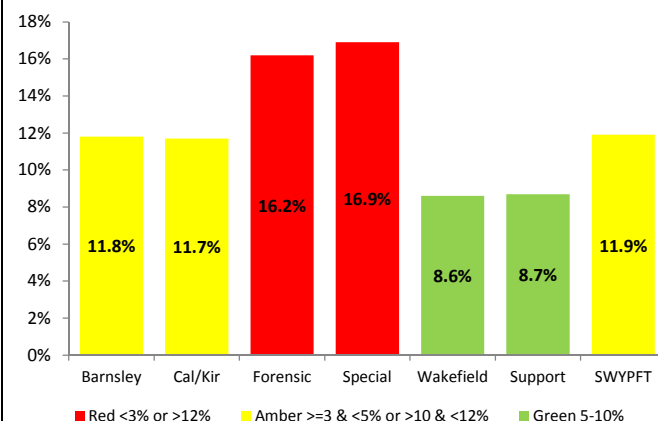
Appraisals - All Staff



The above chart shows the appraisal rates for the Trust to the end of March 2019.

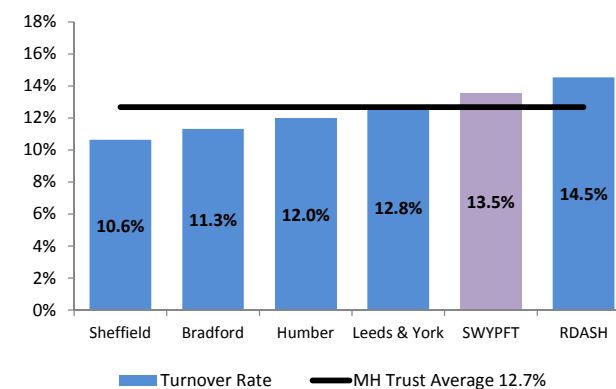
From September 2018 all staff have been included in the figures. All areas have improved, month on month, and are now well above the target of 95%.

Turnover and Stability Rate Benchmark



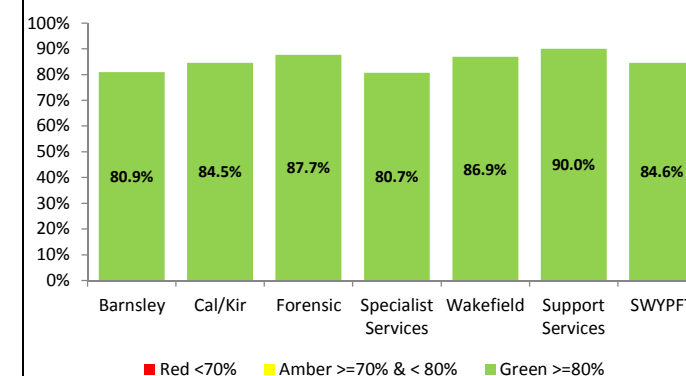
This chart shows the YTD turnover levels up to the end of March 2019.

*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 November 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 Lecture Training



The chart shows the 12 month rolling year figure for fire lectures to the end of March 2019. The Trust continues to achieve the 80% target across all BDUs.

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Workforce - Performance Wall

Trust Performance Wall																	
Month	Objective	CQC Domain	Owner	Threshold	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.3%	4.4%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.9%	4.4%	4.4%	4.4%	4.7%	4.8%	5.1%	5.7%	5.8%	5.8%	6.0%	5.2%	4.6%
Appraisals (Band 6 and above) ¹	Improving Resources	Well Led	AD	>=95%	97.8%	7.3%	26.1%	72.2%	87.7%	92.8%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%	99.1%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	96.0%	0.8%	2.8%	9.4%	21.6%	48.1%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%	97.5%
Aggression Management	Improving Care	Well Led	AD	>=80%	79.3%	79.3%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.4%	82.3%	84.0%	84.5%	84.8%	83.3%	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%	80.7%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	85.1%	85.6%	85.5%	85.8%	85.9%	86.0%	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%	88.4%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	88.5%	89.0%	89.8%	89.7%	89.8%	90.1%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%	90.3%
Fire Safety	Improving Care	Well Led	AD	>=80%	85.4%	85.3%	86.8%	86.6%	86.6%	87.4%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%	84.6%
Food Safety	Improving Care	Well Led	AD	>=80%	77.2%	76.2%	77.2%	77.5%	80.8%	81.9%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%	83.4%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	86.8%	87.0%	87.3%	87.3%	87.8%	88.5%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%	89.9%
Information Governance	Improving Care	Well Led	AD	>=95%	96.5%	92.4%	92.7%	92.1%	91.9%	92.2%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%	98.5%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	85.5%	85.2%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	90.7%	91.1%	91.4%	91.3%	92.2%	91.7%	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%	91.7%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	84.7%	85.7%	86.8%	86.5%	88.1%	87.3%	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%	84.5%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	87.6%	82.8%			83.7%			82.5%			84.9%		
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	89.9%	90.0%	91.0%	91.3%	91.7%	91.7%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%	91.1%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	87.8%	88.4%	88.6%	89.4%	90.1%	90.4%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%	92.9%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.4%	94.4%	95.1%	94.9%	95.8%	95.2%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%	94.9%
Bank Cost	Improving Resources	Well Led	AD	-	£907k	£557k	£603k	£768k	£646k	£730k	£845k	£615k	£674k	£678k	£752k	£1048k	£772k
Agency Cost	Improving Resources	Effective	AD	-	£555k	£444k	£538k	£484k	£526k	£566k	£522k	£537k	£536k	£530k	£596k	£545k	£634k
Overtime Costs	Improving Resources	Effective	AD	-	£6k	£8k	£13k	£5k	£11k	£5k	£8k	£4k	£5k	£7k	£7k	£8k	£48k
Additional Hours Costs	Improving Resources	Effective	AD	-	£23k	£29k	£15k	£23k	£31k	£32k	£29k	£30k	£31k	£24k	£26k	£27k	£40k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£483k	£430k	£449k	£420k	£461k	£471k	£507k	£586k	£580k	£580k	£612k	£476k	£482k
Business Miles	Improving Resources	Effective	AD	-	230k	274k	264k	259k	291k	269k	279k	267k	299k	279k	286k	270k	289k

¹ - this does not include data for medical staffing.

Summary

Quality

National Metrics

Locality

Priority
Programmes

Finance/Contracts

Workforce

Workforce - Performance Wall cont...

Mandatory Training

- The Trust is above 80% compliance for each of the 14 mandatory training programmes with 6 being above 90%

Appraisals

- The appraisal rates continues to be above the 95% target and at the end of March remains at 97.5%, which is slightly above the rate for the same period last year (96.7%)

Sickness Absence:

- The sickness rate in March of 4.6% which is in line with the Trust projections and the year end position for sickness absence is 5.0%, whilst higher than the target this represents a 0.2% improvement compared to last year.
- Forensic services absence increased from 6.8% to 7.4%. A targeted action plan is being agreed as part of a programme to improve staff wellbeing.
- The Trust compared to other MH/LD Trust in Yorkshire has a below average sickness rate and is the second lowest of the 6 organisations.
- Wakefield, Calderdale and Kirklees specialist services and support services sickness rate decreased with Barnsley remaining the same.

Turnover:

- Turnover continues to be an area of focus and the recruitment and retention task group have developed an action which is monitored through the workforce and remuneration committee.
- Staff turnover reduced year on year from 12.6% to 11.9%

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Guardian of Safe Working Report - Q4 (Jan-Mar 2019)

High level data

Number of doctors in training (total):	49
Amount of time available in job plan for Guardian to do the role:	1 Programmed Activity (PA)
Admin support provided to the Guardian:	Ad hoc
Amount of job-planned time for educational supervisors:	0.125 PAs per Trainee

Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps. 1 out of the 7 Wakefield posts remains vacant. On the Calderdale and Kirklees Core Training Scheme there are a number of less than full time trainees and another on maternity leave; there is therefore the equivalent of 4 out of 10 posts vacant and 4 may complete their training this summer. None of the 4 CT posts in Barnsley are vacant. There was a GPVTS vacancy in the rotation up to January but the situation in Barnsley has improved from February.

Exception reports (with regard to working hours)

There have only been a few ERs completed in SWYT since the introduction of the new contract and none during this period.

Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

Gaps by rota January/February/March '19					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	3 (2%)	0	0	3 (100%)	0
Calderdale 1st	45 (25%)	43 (96%)	0	0	2 (4%)
Kirklees 1st	15 (17%)	15 (100%)	0	0	0
Wakefield 1st	6 (3%)	6 (100%)	0	0	0
Total 1st	69 (11%)	64 (93%)	0	3 (4%)	2 (3%)
Wakefield 2nd	4 (4%)	0	0	4 (100%)	0

Costs of Rota Cover January/February/March '19					
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	0*	0	0	0	
Calderdale	43 (374)	£13187.25	0	0	£13187.25+
Kirklees	15 (112)	£7700.00	0	0	£7700.00
Wakefield	6 (73.5)	£2572.50	0	0	£2572.50
Total	64 (559.5)	£23459.75	0	0	£34806.75+

Summary

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- 2 shifts in Calderdale were covered by senior doctors stepping down who were paid according to their individual terms and conditions. *The vacant shifts in Barnsley were covered by other trust staff paid according to their own terms and conditions.
 - There continue to be a number of trainee vacancies across the trust which in turn places greater pressure on those in post. As a result of these vacancies there are numerous gaps on the rota and the lack of staff means that the remaining Trainees cannot be expected to do all the extra shifts. The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. The Medical bank seems to be working well so that fewer shifts have had to be offered to agency or external staff. In this quarter, there were 2 shifts unfilled, both in Calderdale and senior staff were required to act down.
- Issues and Actions
- Recruitment – vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through The Royal College (MTI - Medical • Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training) and a pilot Physician Associate role to address this. The first MTI (1) and WAST (2) doctors have now joined the trust and it is hoped that further such trainees will be allocated to the trust. Unfortunately there were no new core trainees appointed to the Calderdale in Kirklees scheme to start in February and initial figures suggest that while other rotations have largely been filled, there are still likely to be a number of vacancies for Calderdale and Kirklees in August.
 - Management of rota gaps – The process for managing rota gaps appears to be improving. The Medical Bank appears to have had an impact on this. Also, new administrators are developing experience and getting used to processes to manage gaps. However, there have still been 2 shifts that were un-covered and senior staff were required to act down.
 - Junior Doctors' Forum – This continues to meet quarterly, offering a forum form trainees to raise concerns about their working lives and to consider options to improve the training experience. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Medical Education.
 - Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum.
 - IT system – Initial issues with the Allocate system seem to have been resolved and this is working smoothly.

Publication Summary

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

Department of Health and Social Care

Overseas visitor charging: guidance for NHS service providers on updates to regulations

This guidance sets out how changes to charging regulations will affect how NHS organisations recover costs from overseas visitors and migrants if the UK leaves the European Union with no deal.

[Click here for link to guidance](#)

NHS England

NHS Workforce Disability Equality Standard: technical guidance

The NHS Workforce Disability Equality Standard is designed to improve the workplace experience and career opportunities for disabled people working, or seeking employment, in the NHS. Organisations will be encouraged to introduce new measures and practices that positively support disability equality in the workplace and further the involvement and engagement of disabled communities more widely in the work and aims of the NHS. This technical guidance provides detailed information and advice to support the Standard which will apply to all NHS trusts and foundation trusts from 1 April 2019.

[Click here for guidance](#)

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

[Learning disability services monthly provisional statistics \(assuring transformation: March 2019, mental health statistics data set: January 2019, final\)](#)

[Direct access audiology waiting times: February 2019](#)

[Out of area placements in mental health services: January 2019](#)

[Provisional monthly hospital episode statistics for admitted patient care, outpatient and accident and emergency data: April 2018 –February 2019](#)

[Psychological therapies: reports on the use of Improving Access to Psychological Therapies \(IAPT\) services, England January 2019 final including reports on the IAPT pilots](#)

[Community services statistics: December 2018](#)

[Diagnostics waiting times and activity: February 2019](#)

[Referral to treatment waiting times statistics for consultant-led elective care: February 2019](#)

[Delayed transfers of care: February 2019](#)

[Early intervention in psychosis: February 2019](#)

[Monthly hospital activity data: February 2019](#)

Publication Summary

Cover of vaccination evaluated rapidly (COVER) programme 2018 to 2019: quarterly data

Weekly national flu reports: 2018 to 2019 season

Mixed sex accommodation breaches: February 2019

NHS Improvement provider bulletin: 17 April 2019:

- New reference price for adalimumab
- Opportunity for views to be submitted related to the 2019/20 national tariff consultation process
- Reducing inappropriate polypharmacy
- Financial planning workbooks
- Midlands and East of England: safeguarding — gangs and county lines

NHS Improvement provider bulletin: 3 April 2019:

- Extension of pause on the use of vaginal mesh
- New ambulances to be purchased in line with the standard ambulance vehicle specification from 1 April
- Changes to self-certification communications
- NHS England and NHS Improvement funding and resource publication
- NHS Assembly membership
- 2017/18 reference cost benchmarking tool now available
- Developing workforce safeguards
- NHS optical voucher values/hospital eye service maximum charge from 1 April
- Gender pay gap report
- Updates from NHSI partners

NHS Improvement provider bulletin: 27 March 2019:

- Change to venous thromboembolism (VTE) data collection
- Workforce deployment software supplier contracts — renewal guidance
- 2019/20 national tariff published
- Official statistics on patient safety incident reporting and latest patient safety review and response report
- Updates from NHSI partners



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 12
(2018 / 19)
Appendix 1**



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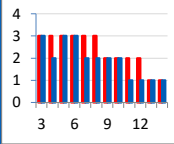
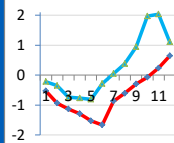
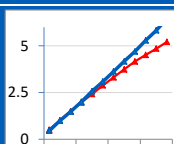
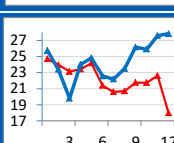
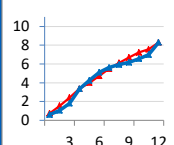
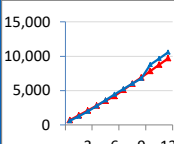
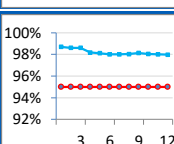





With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators
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Performance Indicator		Year End Position	Year End Plan	Narrative	Trend
1	NHS Improvement Finance Rating	1	1	The financial sustainability risk rating at the end of 2018/19 is rated 1, this is the best rating possible and is in line with plan. All metrics are in line with our revised plan with the exception of agency, the breach of the agency cap by 24% has resulted in a rating of 2 compared to a planned rating of 1.	
2	Normalised Deficit (excl PSF)	(£1.6m)	(£2.0m)	A final position of £1.6m deficit has been recorded for 2018/19. This is £0.5m better than plan and will mean that Provider Sustainability Funding (PSF) of at least £2.7m will be received. The potential for further PSF will be confirmed by NHS Improvement in late April 2019; the value of this is not yet known.	
3	Agency Cap	£6.5m	£5.2m	Agency expenditure for the year of £6.5m exceeds the agency cap by £1.3m (24%).	
4	Cash	£27.8m	£18.0m	Cash remains ahead of plan primarily due to one off benefits such as asset sales, additional commissioner income and low levels of outstanding debtors.	
5	Capital	£8.3m	£8.3m	Total capital expenditure is in line with plan at £8.3m. This is an increase from the original £8.1m plan due to £0.2m additional national funding secured. The major schemes undertaken in year, non secure wards and clinical record system will both formally be completed in Q1 19/20.	
6	Delivery of CIP	£10.6m	£9.7m	The Trust has exceeded the CIP target for 2018/19 given higher capital charge savings. Of this £2.7m is identified as non recurrent.	
7	Better Payment	98%		This performance is based upon a combined NHS / Non NHS value. Overall the Trust have maintained excellent performance against this metric and ensured that suppliers are paid in a timely manner.	

Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels	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		Revised Plan - Month 12	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	2.7	1	2.5	1
	20%	Liquidity (Days)	21.1	1	17.2	1
Financial Efficiency	20%	I & E Margin	0.5%	2	0.3%	2
Financial Controls	20%	Distance from Financial Plan	0.2%	1	0.0%	1
	20%	Agency Spend	24.0%	2	-0.1%	1
Weighted Average - Financial Sustainability Risk Rating				1		1

Impact

The Trust has achieved a financial sustainability risk rating of 1, the highest rating available. The overall risk rating is based on a weighted average, the capital service capacity, liquidity and distance from plan metrics all scored level 1. The I & E margin score was under a 1% surplus and as such achieved level 2, agency spend also achieved level 2. It should be noted the original plan was to achieve a financial risk rating of 2. This improved to 1 when the revised control total of £2m deficit was accepted.

Definitions

Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

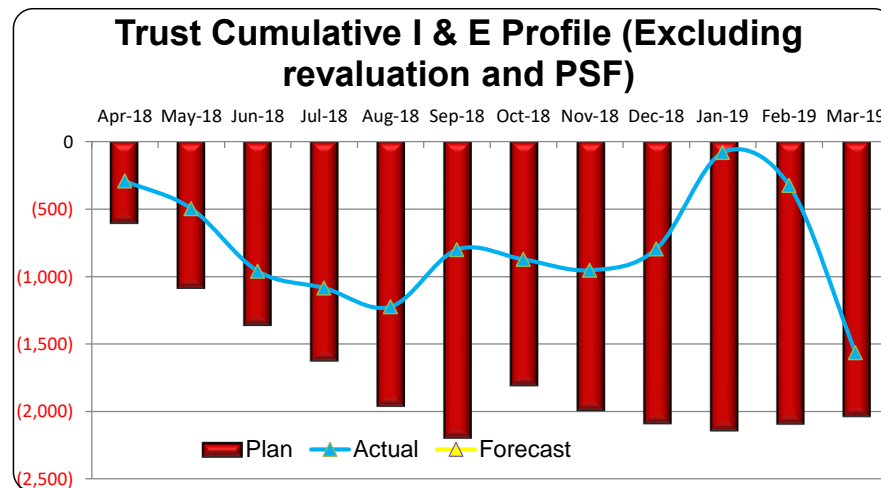
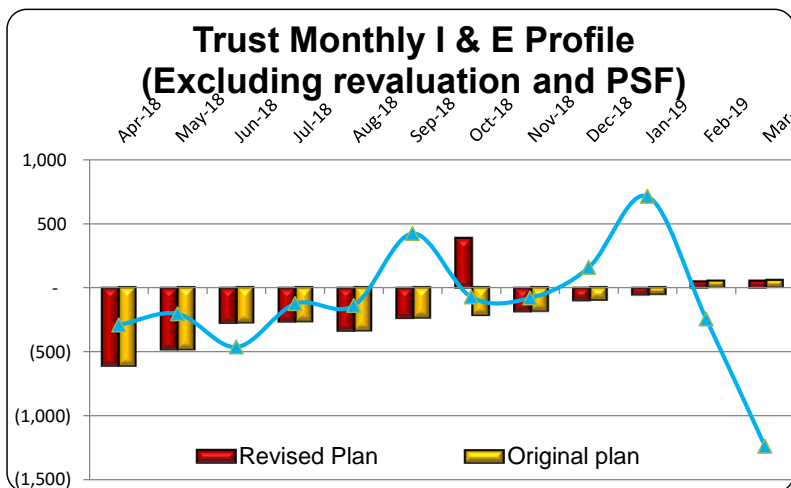
Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

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

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

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

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year End Budget	Year End Actual	Year End Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k
				16,881	17,506	625	Clinical Revenue	201,471	202,942	1,471
				16,881	17,506	625	Total Clinical Revenue	201,471	202,942	1,471
				1,518	1,419	(99)	Other Operating Revenue	13,971	14,457	486
				18,399	18,925	526	Total Revenue	215,442	217,399	1,957
4,108	4,112	4	0.1%	(14,251)	(15,304)	(1,053)	Pay Costs	(168,709)	(168,476)	233
				(3,815)	(5,321)	(1,507)	Non Pay Costs	(42,610)	(44,959)	(2,349)
				499	1,130	631	Provisions	2,602	1,708	(894)
				0	(26)	(26)	Gain / (loss) on disposal	600	500	(100)
4,108	4,112	4	-0.1%	(17,566)	(19,521)	(1,954)	Total Operating Expenses	(208,117)	(211,227)	(3,111)
4,108	4,112	4	-0.1%	833	(596)	(1,428)	EBITDA	7,326	6,172	(1,154)
				(470)	(456)	14	Depreciation	(5,671)	(4,741)	930
				(310)	(204)	106	PDC Paid	(3,726)	(3,156)	570
				4	16	13	Interest Received	45	161	116
4,108	4,112	4	-0.1%	56	(1,240)	(1,295)	Normalised Surplus / (Deficit) Excl PSF	(2,026)	(1,564)	462
				310	310	0	PSF (Provider Sustainability Fund)	2,670	2,670	0
4,108	4,112	4	-0.1%	366	(930)	(1,295)	Normalised Surplus / (Deficit) Incl PSF	644	1,106	462
				0	(775)	(775)	Revaluation of Assets	0	(11,856)	(11,856)
4,108	4,112	4	-0.1%	366	(1,705)	(2,071)	Surplus / (Deficit)	644	(10,750)	(11,394)



The Trust has delivered its financial target for 2018/19. Significant financial pressures, arising from demand, have been offset by one off savings and actions.

Update to plan

The plan position was updated in October 2018 as agreed by Trust board to reflect the one-off gain on the disposal of Trust properties. The Trust has agreed a revised control total of £2.0m deficit (pre PSF) for 2018/19 and a surplus of £644k including PSF.

Month 12

The March position is a pre PSF deficit of £1.2m and a post PSF deficit of £0.9m. The normalised full year position is a pre PSF deficit of £1.6m, which whilst £0.5m favourable to plan, has only been made possible by a number of non-recurrent measures. The underlying position remains adverse to this.

The key pressures remain as previous months and are outlined below; workforce pressures and out of area bed usage continue to be the most significant although these are partially mitigated through savings elsewhere within the Trust, and receipt of non-recurrent income.

Income

At month 12 income is £0.6m higher than plan. A full breakdown of income is shown on page 7.

An estimate of current CQUIN risk has been included in this position. This will be fully agreed with commissioners once actual performance is confirmed.

Pay Expenditure

The full year pay saving was £0.2m. Spend in March was higher than the standard profile as all costs incurred but not yet paid e.g. bank shifts, enhancements etc. are estimated and included in the position. The standard run rate, which continues to flag pressures in inpatient service requirements, is being reviewed as part of the overall recruitment and retention action plan. Additional analysis is included within the pay information report to highlight the different expenditure levels across the services.

March agency costs are 77% higher than the month's plan with full year expenditure of £6.5m exceeding the NHSI agency cap of £5.2m by £1.3m. Bank costs also continue to increase. The amount spent on temporary staffing this year totals £15.8m 9.4% of the total workforce expenditure. Additional information is provided in the pay and agency section.

Inpatient wards across the Trust continue reporting significant pressures. Across all inpatient wards (excluding Forensic BDU) the average overspend each month is £235k, due to high occupancy, high acuity levels, vacancies and sickness.

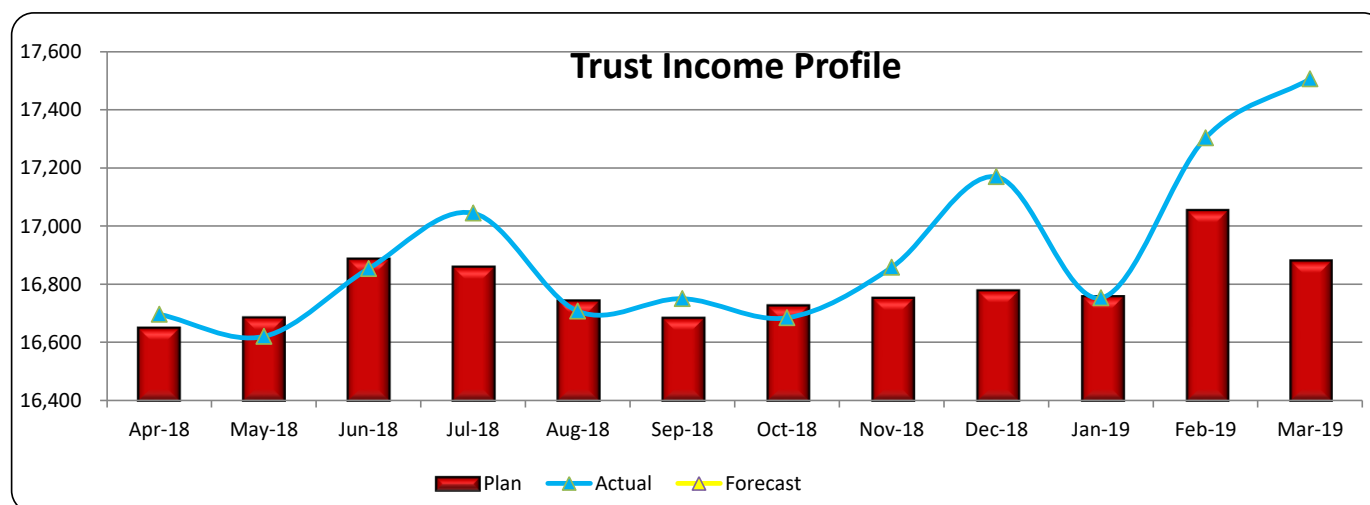
Non Pay Expenditure

Non pay overspent by £2.3m in 2018/19. Excluding out of area beds and drugs costs this reduces to £0.2m. Out of area bed spend is £355k in-month and £3.9m cumulatively. More details are included within the out of area focus page. Drugs costs remains a pressure, overall spend has reduced from 2017/18 however this is primarily due to decommissioning of services. A year on year comparison of current services shows a marginal increase in costs.

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. This is subject to regular discussions and triangulation with commissioners to ensure that we have no differences of expectation. This is periodically formally assessed by NHS Improvement.

	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	11,948	11,872	12,023	12,290	12,004	12,429	12,663	146,036	151,142
Specialist Commissioner	1,946	1,946	1,946	1,946	1,872	1,931	2,035	1,946	1,946	1,946	1,946	1,946	23,356	23,661
Alliance	1,053	1,105	1,079	1,079	1,270	1,270	1,257	1,298	1,282	1,290	1,288	1,324	14,596	11,478
Local Authority	430	413	422	438	426	426	416	437	437	437	375	416	5,074	4,851
Partnerships	577	577	577	585	655	595	561	612	611	559	605	659	7,172	6,838
Other	558	567	543	543	560	579	542	542	604	516	660	497	6,709	6,981
Total	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,858	17,169	16,752	17,303	17,506	202,942	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	



Year end income positions have been agreed with the main CCG commissioners. This includes an agreed estimate of CQUIN performance; which will be confirmed in early 19/20.

Income is higher than plan in month due to:

Additional commissioner investment to support costs incurred to deliver in year activity. This includes both inpatient activity over the course of the year and also additional investment in areas such as CAMHS waiting lists to deliver increased levels of activity.

Contracts, with the main commissioners, have been agreed for 2019/20.

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 80% 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. Additional analysis has been included to highlight the varying levels of overspend by service and is the focus of the key messages below.

	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	12,578	13,290	12,529	12,600	12,647	12,498	12,605	12,755	12,478	13,486	152,658
Bank & Locum	571	652	839	687	749	878	635	704	726	787	1,114	1,006	9,349
Agency	444	538	484	526	575	522	537	536	530	596	545	634	6,468
Total	13,610	13,789	13,901	14,503	13,854	14,000	13,819	13,738	13,861	14,138	14,137	15,126	168,476
17/18	13,752	13,992	14,161	13,804	13,854	13,645	13,646	13,876	13,629	13,788	13,781	14,087	166,257
Bank as %	4.2%	4.7%	6.0%	4.7%	5.4%	6.3%	4.6%	5.1%	5.2%	5.6%	7.9%	6.6%	5.5%
Agency as %	3.3%	3.9%	3.5%	3.6%	4.2%	3.7%	3.9%	3.9%	3.8%	4.2%	3.9%	4.2%	3.8%

Year to Date Budget v Actuals - by staff group						
	Budget £k	Substantive £k	Temp £k	Agency £k	Total £k	Variance £k
Medical	22,161	18,141	484	3,580	22,206	(45)
Nursing Registered	60,584	52,753	3,069	599	56,421	4,163
Nursing	17,985	17,275	4,608	1,408	23,290	(5,305)
Other	40,039	39,594	504	857	40,955	(916)
Corporate Admin	15,225	14,069	175	0	14,244	981
BDU Admin	12,715	10,826	508	25	11,359	1,356
Total	168,709	152,658	9,349	6,468	168,476	233

Year to date Budget v Actuals - by service						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	71,971	63,743	1,796	4,225	69,764	2,207
Inpatient	42,909	37,846	6,546	1,953	46,345	(3,436)
BDU Support	7,002	6,351	168	2	6,521	480
Community	20,366	19,403	355	199	19,957	409
Corporate	26,462	25,315	484	90	25,889	573
Total	168,709	152,658	9,349	6,469	168,476	233

Key Messages

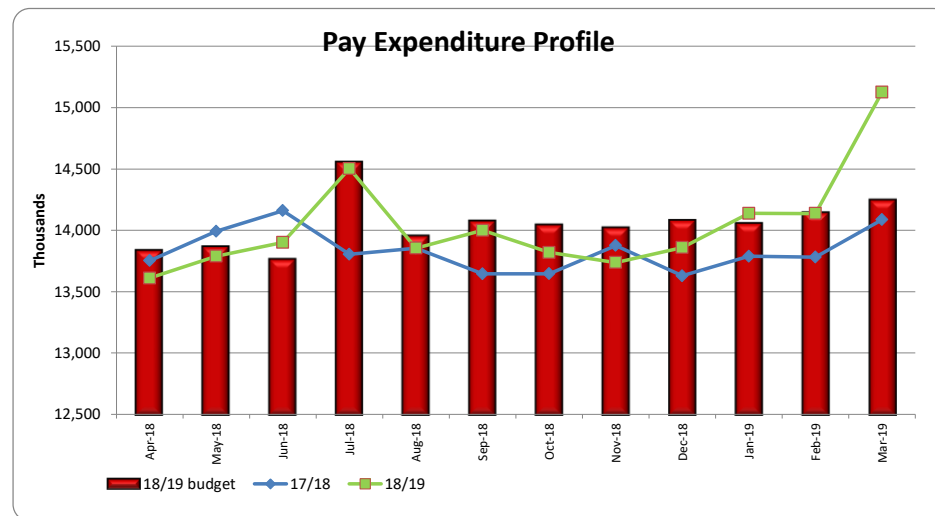
In absolute terms pay expenditure has increased from £166.3m to £168.5m year on year (1.3%). As a proportion of Trust healthcare income this is a reduction from 84% to 83%.

The annual overspend on inpatient services (excluding forensics) is £2.4m. In March this equates to an additional 150 members of staff. Of the 19 wards (excluding Forensics), 15 are reporting an overspend. The majority of wards are commissioned and staffed to operate at 85% occupancy level. Due to high demand many are operating at 100% and therefore require additional staff. Additional staffing requirements are often exacerbated by high observation levels, escorts, vacancies and sickness.

The overspend on inpatient areas is offset by underspends across all other service areas, more noticeably in mental health community (£2.2m).

Full year bank expenditure is £9.3m, £1.9m (25%) higher than the same period in 2017/18 and agency expenditure is £640k (11%) higher than 2017/18. Where contracts have been agreed with agencies to supply agency workers under the NHS capped rates e.g. nursing, the comparative hourly rates between bank and agency do not differ substantially. Where rates have not been agreed or preferred suppliers are unable to meet demand, agency rates can exceed bank by up to 30%. These rates differences are more pronounced in specific medical staffing groups such as CAMHS.

Across the year medical staffing is underspent by £45k, and is running with circa 47 WTE vacancies, half of which are covered by temporary staffing and some by additional allowances to substantive staff.



The NHS Improvement agency cap is £5.2m

The year end position exceeds the cap by £1.2m

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 have increased again this year to a value in excess of £0.5m 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 cap has been profiled to reduce spend across the year as actions have their desired impact. The profile reduces from £500k per month in April 2018 to £359k per month in March 2019. The year end position exceeds cap by £1.2m (24%).

At month 12 agency spend is £634k, which is the highest monthly expenditure of the year.

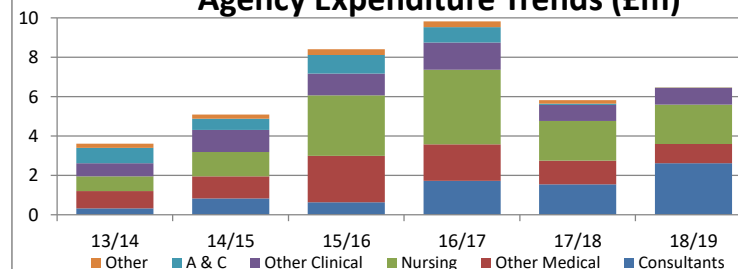
Agency expenditure for the full year totals £6.5m, £640k higher than expenditure in 2017/18. Consultant agency spend increased by £1.1m (69%) compared to 2017/18, Other medical decreased by £0.2m, nursing and other clinical remained at similar levels, whilst admin and clerical and other reduced significantly.

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.

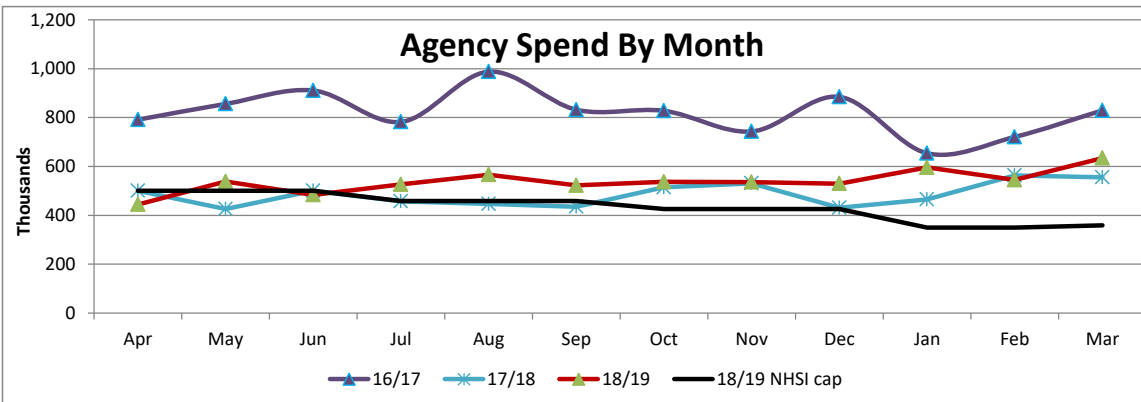
Bank expenditure in March is £1.0m. The increase is not restricted to one BDU and mainly results from high acuity, high sickness and on-call cover.

In 2018/19, 82% of bank expenditure has been on nursing staff, of which 83% is across the Trust's 30 wards. Bank nursing expenditure on 4 wards, Johnson, Sandal, Nostell and Walton accounts for 27% of total ward bank nursing expenditure.

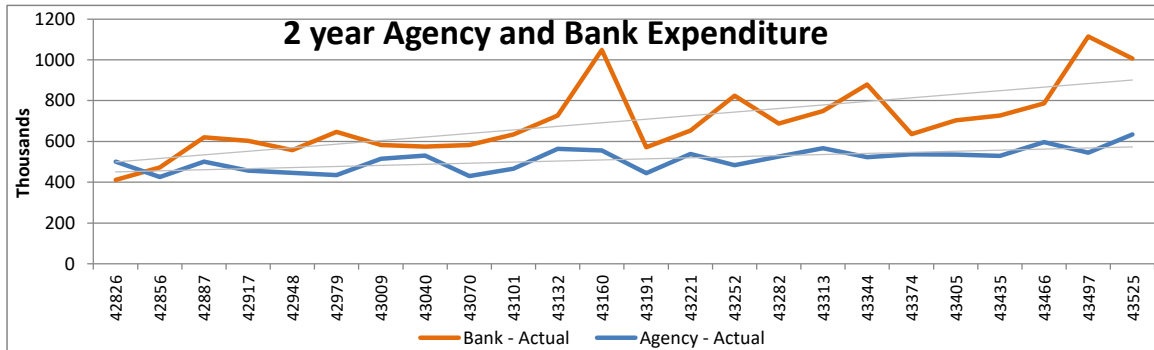
Agency Expenditure Trends (£m)



Agency Spend By Month



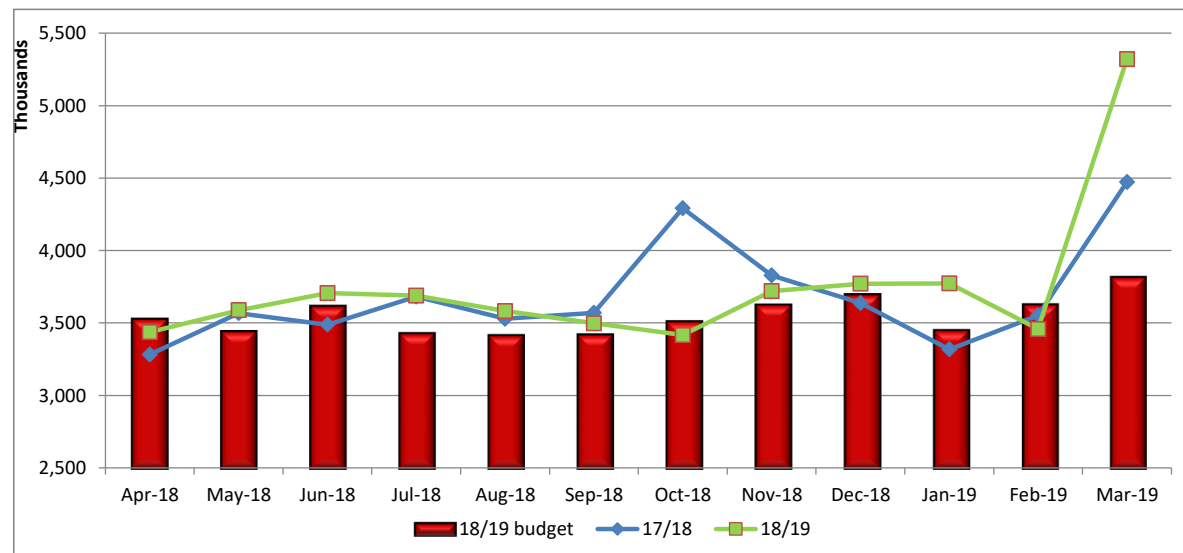
2 year Agency and Bank Expenditure



Whilst pay expenditure represents over 80% of all Trust costs, 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	3,498	3,417	3,719	3,771	3,773	3,458	5,321	44,959
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

	Budget Year End £k	Actual Year End £k	Variance £k
Non Pay Category	£k	£k	£k
Clinical Supplies	2,717	3,161	(444)
Drugs	2,940	3,371	(430)
Healthcare subcontracting	4,617	6,355	(1,738)
Hotel Services	1,862	1,887	(24)
Office Supplies	5,311	5,138	173
Other Costs	5,113	5,191	(78)
Property Costs	6,528	6,883	(354)
Service Level Agreements	6,153	6,042	110
Training & Education	971	650	321
Travel & Subsistence	3,758	3,474	284
Utilities	1,321	1,395	(74)
Vehicle Costs	1,317	1,414	(96)
Total	42,610	44,959	(2,349)
Total Excl OOA and Drugs	35,052	35,234	(181)



Key Messages

Healthcare subcontracting relates to the purchase of all non-Trust bed capacity and is overspending by £1.7m. As a constant and significant pressure the out of area focus provides further details on this.

Drugs expenditure is £430k overspent against budget, the Pharmacy team continue to review prescribing practices, standardise drugs and ensure that price changes are proactively managed. Property costs is overspent by £354k, this includes small overspends on rates, materials and repairs. Clinical supplies is £444k overspent mainly due to overspends against budget for disability living aids and general clinical supplies.

Excluding these specific issues good non-pay expenditure control has occurred across the majority of areas throughout the year. The largest favourable variances to budget are within travel and subsistence, training & education and office supplies.

2.1

Out of Area Beds Expenditure Focus

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

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

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

This analysis excludes activity relating to locked rehab in Barnsley.

Out of Area Expenditure Trend (£)

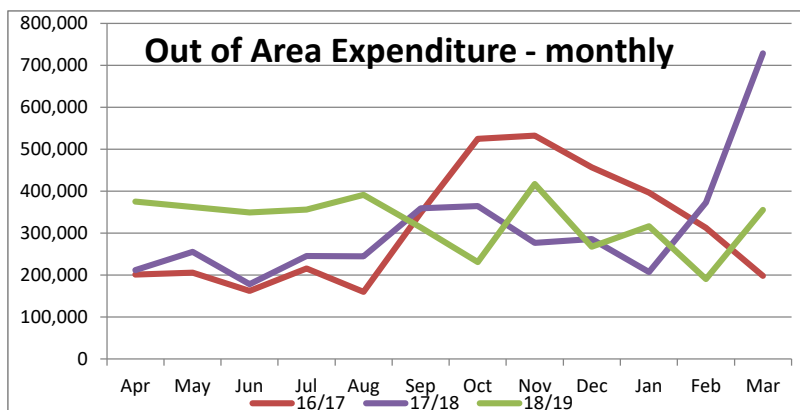
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929

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	501	680	473	245	508	329	358	197	220	4,904

Bed Day Information 2018 / 2019 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	316	207	142	91	76	30	48	41	31	31	28	55	1,096
Acute	278	157	258	348	542	401	127	396	278	288	129	124	3,326
Gender	13	10	12	62	62	42	70	71	20	39	40	41	482
Total	607	374	412	501	680	473	245	508	329	358	197	220	4,904



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.

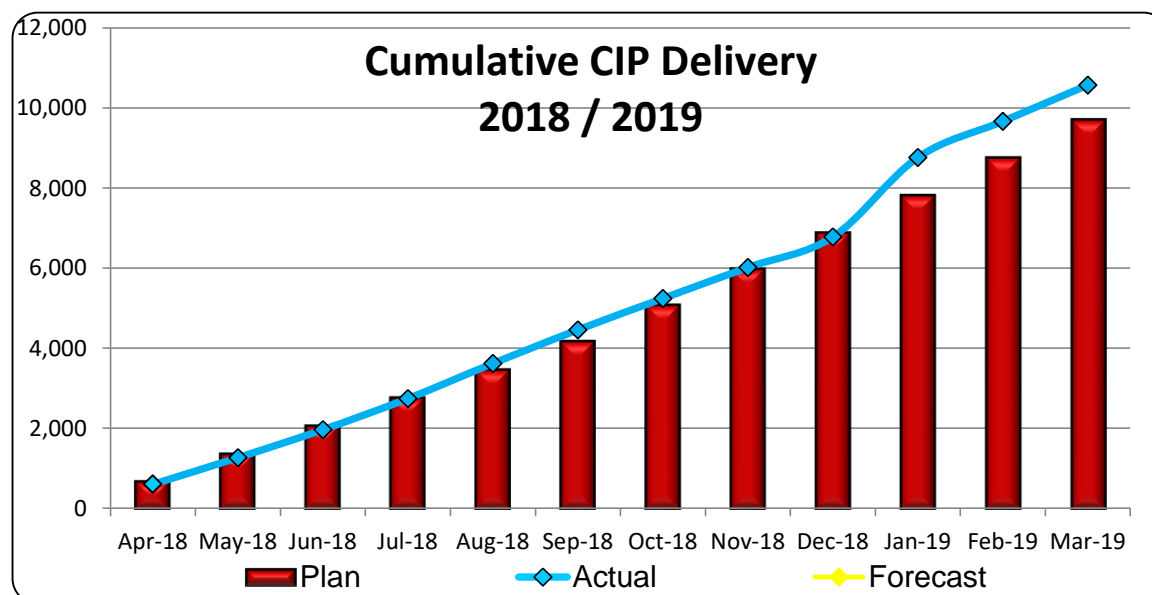
In March acute activity reduced over the course of the month to 3 female patients out of area. PICU activity steadily increased over the same period, 5 male patients were placed out of area at the end of March, 3 of these were placed in gender specific environments, 1 of them is a patient awaiting a forensic placement and is high cost. Action plans continue to be implemented, with one general manager now responsible for the adult wards plus out of area placements across the Trust. Workstreams are being set up to implement other plans.

2.1 Cost Improvement Programme 2018 / 2019

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	£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	9,701

Delivery as originally planned	555	1,136	1,699	2,259	2,827	3,394	3,975	4,560	5,139	5,739	6,342	6,945	6,945
Mitigations - Recurrent & Non-Recurrent	39	124	260	478	788	1,061	1,264	1,455	1,640	3,025	3,327	3,628	3,628
Mitigations - Upside schemes													0
Total Delivery	595	1,260	1,959	2,737	3,615	4,455	5,240	6,015	6,779	8,764	9,669	10,574	10,574

Variance	(96)	(122)	(132)	(61)	114	251	139	17	(116)	941	907	873	873
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The Trust had set a challenging CIP target for 2018/19 of £9.7m which included £1.6m of unidentified savings at the beginning of the year.

A number of upsides, including the positive impact from the asset revaluation exercise, identified against this target have materialised in year which has resulted in savings of £10.6m, £0.9m more than plan, being identified. This has helped to support the overall delivery of the 2018/19 control total.

Of this value £2.7m (25%) had been identified as non-recurrent. This has been reviewed as part of the annual planning process and an indicative £0.2m will be converted into recurrent savings in 2019/20.

	2017 / 2018 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	123,810	126,239	100,006	1
Current Assets				
Inventories & Work in Progress	232	232	259	
NHS Trade Receivables (Debtors)	1,388	2,907	3,012	
Non NHS Trade Receivables (Debtors)	1,913	3,177	1,074	2
Other Receivables (Debtors)	1,219	1,000	1,513	3
Accrued Income	3,660	4,650	3,067	4
Cash and Cash Equivalents	26,559	17,974	27,824	5
Total Current Assets	34,971	29,940	36,749	
Current Liabilities				
Trade Payables (Creditors)	(4,158)	(4,440)	(4,800)	6
Capital Payables (Creditors)	(1,142)	(792)	(1,070)	6
Tax, NI, Pension Payables	(5,782)	(6,000)	(5,880)	
Accruals	(5,799)	(6,000)	(8,020)	7
Deferred Income	(670)	(670)	(276)	
Total Current Liabilities	(17,552)	(17,902)	(20,045)	
Net Current Assets/Liabilities	17,419	12,038	16,703	
Total Assets less Current Liabilities	141,229	138,277	116,709	
Provisions for Liabilities	(6,490)	(4,740)	(7,221)	
Total Net Assets/(Liabilities)	134,739	133,537	109,489	
Taxpayers' Equity				
Public Dividend Capital	44,015	44,015	44,221	
Revaluation Reserve	24,938	24,938	9,453	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	60,566	59,364	50,595	8
Total Taxpayers' Equity	134,739	133,537	109,489	

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

1. Capital expenditure is detailed on page 14. The full programme has been spent with the reduction in asset value due to the impact of the asset revaluation exercise in January 2019.

2. Non-NHS debtors, and debtors generally continue to be lower than plan. Work continues to ensure that this positive position is maintained.

3. Other debtors variance, including prepayments, is due to payment timing for licences and the lease car insurance.

4. Accrued income is lower than planned with as many invoices as possible raised prior to year end.

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 16.

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

7. Accruals are higher than plan as some invoices have not yet been received.

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

	Annual Budget £k	Year End Actual £k	Year End Variance £k	Note
Maintenance (Minor) Capital				
Facilities & Small Schemes	1,628	1,576	(52)	3
Equipment Replacement	0	64	64	
IM&T	1,610	1,343	(267)	
Major Capital Schemes				
Fieldhead Non Secure	4,229	4,452	223	4
Clinical Record System	828	917	88	
VAT Refunds	0	(56)	(56)	
TOTALS	8,295	8,295	0	1, 2

The capital programme for 2018/19 has been fully utilised.

Capital Expenditure 2018 / 2019

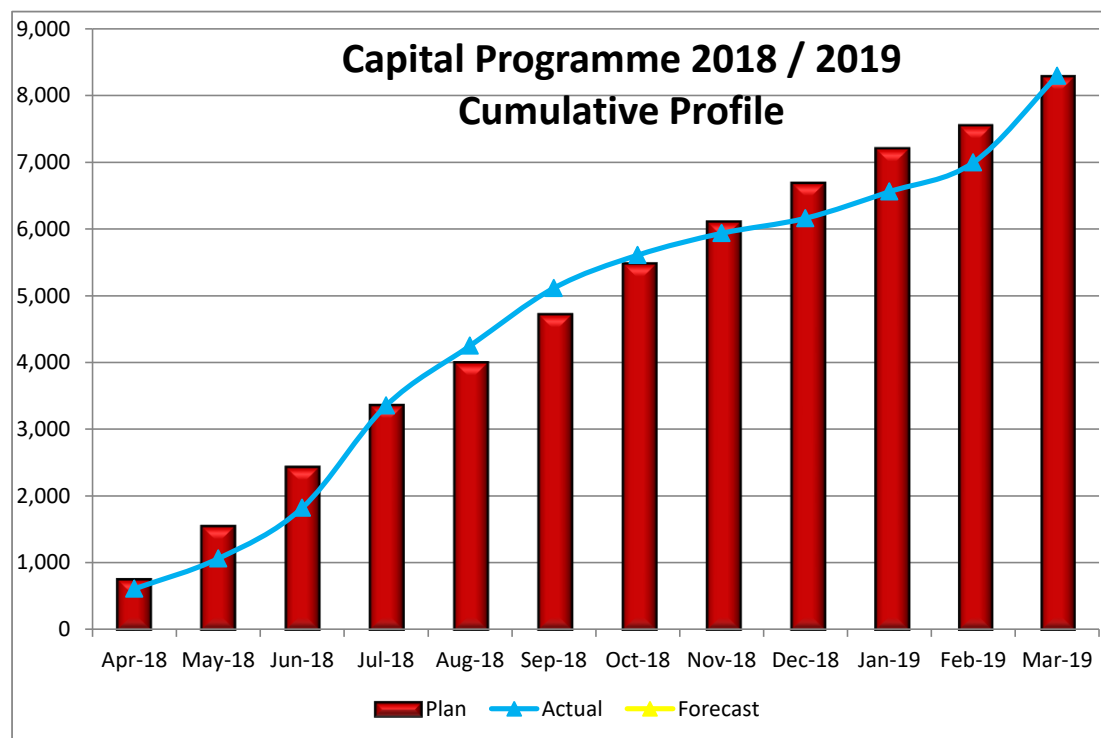
1. The originally agreed capital plan for 2018 / 19 was £8.1m and schemes are guided by the current estates and digital strategy. A further £195k was secured throughout 2018/19 from national funding.

2. All schemes have completed with the exception of the continuation of the main schemes for non secure ward environments and the mental health clinical record system.

These are due to complete in Q1 2019/20.

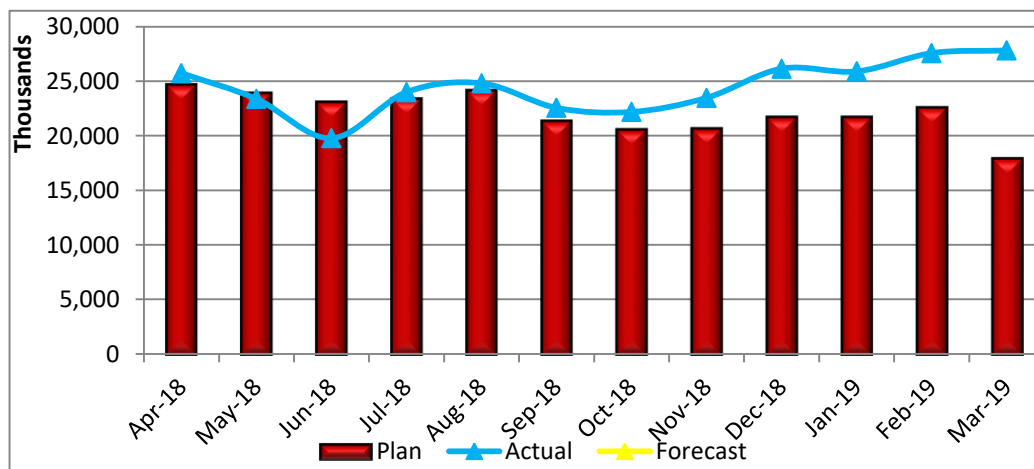
3. An extensive and changing minor capital programme was delivered which continues to help underpin the Trust's activities and ensure we have a safe, effective and pleasant environment for all who come into contact with the Trust.

4. VAT claims for capital programmes are being chased. These will be added back into the capital programme as and when confirmed.

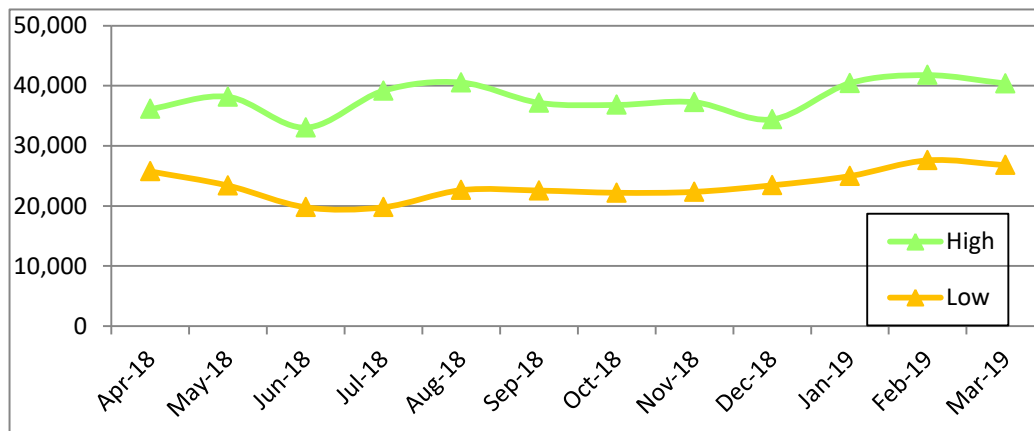


3.2

Cash Flow & Cash Flow Forecast 2018 / 2019



	Plan £k	Actual £k	Variance £k
Opening Balance	26,559	26,559	
Closing Balance	17,974	27,824	9,850



Effective cash management remains a key financial objective. Continued effort has helped to secure a healthy year end cash balance.

Overall cash remains higher than plan due to one off benefits in previous months such as asset sales, additional commissioner income and continued low debtor levels.

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

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

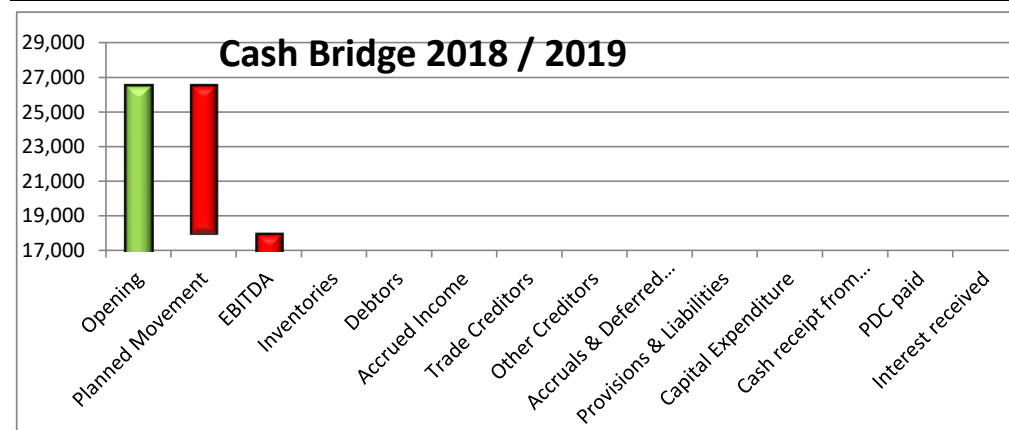
The highest balance is: £40.4m

The lowest balance is: £26.8m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	26,559	26,559	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	8,196	#VALUE!	#VALUE!	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	(27)	(27)	
Receivables (Debtors)	(3,600)	(834)	2,766	2
Accrued Income / Prepayments	0	348	348	5
Trade Payables (Creditors)	350	788	438	
Other Payables (Creditors)	0	207	207	
Accruals & Deferred income	(1,750)	1,827	3,577	3
Provisions & Liabilities	0	730	730	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(8,100)	(8,368)	(268)	6
Cash receipts from asset sales	0	1,295	1,295	4
PDC Dividends paid	(3,726)	(3,205)	521	
PDC Dividends received			0	
Interest (paid)/ received	45	161	116	
Closing Balances	17,974	#VALUE!	#VALUE!	



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

Factors which increase the cash position against plan:

1. The overall I & E position is better than plan. This does not include the lower than plan depreciation costs which is a non cash item.
2. Debtors are lower than plan and have been a key part of the teams approach to maximising cash. This has been reflected in a revised plan for 2019/20.
3. 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.
4. Cash receipts from the sale of Trust assets
5. Accrued income is lower than planned with as many invoices raised prior to year end as possible. Prepayments are also lower than plan with some agreements expiring as at 31st March 2019 and the new year invoices have not yet been received.

Factors which decrease the cash position against plan:

6. Creditors, and capital creditors, are higher 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.

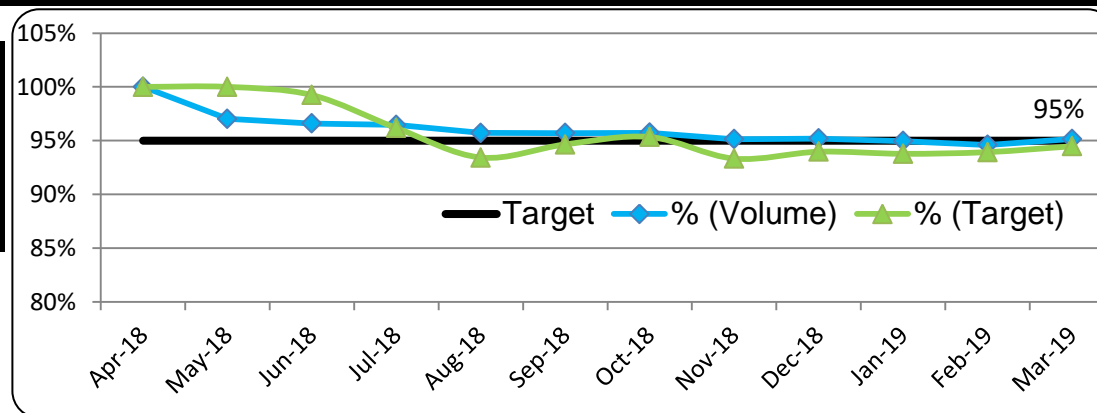
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Better Payment Practice Code

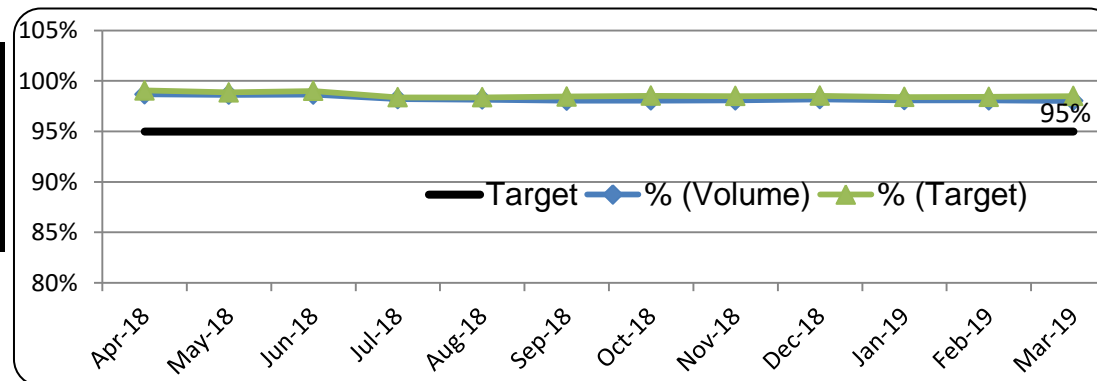
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS		
	Number	Value
	%	%
Year to February 2019	95%	94%
Year to March 2019	95%	94%



Non NHS		
	Number	Value
	%	%
Year to February 2019	98%	98%
Year to March 2019	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.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
18-Mar-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3100943	121,808.39
04-Mar-19	Property Rental	Kirklees	Bradbury Investments Ltd	3099159	118,518.12
21-Feb-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3099273	105,625.09
22-Feb-19	IT Services	Trustwide	Softcat Ltd	3098252	101,878.80
06-Mar-19	IT Services	Trustwide	Daisy Corporate Services Trading Ltd	3099663	93,125.00
20-Feb-19	Property Rental	Wakefield	Assura HC Ltd	3099712	90,000.00
25-Mar-19	Project Support	Trustwide	Fischer Associates	3101560	69,830.00
19-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3101021	52,440.00
29-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3102055	52,440.00
05-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3099477	47,304.60
05-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3099484	47,304.60
19-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3101064	47,196.00
22-Mar-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3101425	44,122.11
05-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3099477	43,700.00
05-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3099484	43,700.00
25-Feb-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3098344	41,544.32
14-Mar-19	Purchase of Healthcare	Forensics	Sheffield Children's NHS Foundation Trust	3100602	37,086.75
29-Jan-19	Staff recharge	Trustwide	Leeds and York Partnership NHS FT	3095755	36,658.70
07-Mar-19	Staff recharge	Trustwide	Leeds and York Partnership NHS FT	3099760	35,636.02
08-Mar-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3099817	35,351.47
28-Mar-19	Staff recharge	Trustwide	Leeds and York Partnership NHS FT	3102192	34,882.40
21-Mar-19	Staff recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	3101372	34,812.44
28-Feb-19	IT Equipment	Trustwide	Dell Corporation Ltd	3098901	34,731.36
04-Mar-19	Property Rental	Kirklees	Mid Yorkshire Hospitals NHS Trust	3099226	34,425.51
21-Mar-19	Property Rental	Kirklees	Mid Yorkshire Hospitals NHS Trust	3101320	34,425.51
12-Feb-19	Staff recharge	Trustwide	Greater Manchester Mental Health NHS Foundation Trust (GMMH)	3097209	31,542.67
01-Mar-19	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3099000	31,415.92
06-Mar-19	Property Rental	Barnsley	Community Health Partnerships	3099585	31,178.18
21-Mar-19	Property Rental	Barnsley	Community Health Partnerships	3101311	31,066.10
01-Feb-19	Staff recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3096065	29,452.53
05-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3099472	29,160.00
01-Mar-19	Electricity	Trustwide	EDF Energy	3098968	29,058.25
21-Mar-19	Staff recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3101318	27,736.98
05-Mar-19	IT Equipment	Trustwide	Dell Corporation Ltd	3099467	27,456.00
01-Feb-19	Staff recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3096064	27,390.46
04-Mar-19	Property Rental	Kirklees	Bradbury Investments Ltd	3099163	27,107.82
11-Mar-19	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	3100056	27,014.50
28-Feb-19	Communications	Trustwide	Virgin Media Payments Ltd	3098875	25,806.44
19-Mar-19	Communications	Trustwide	Vodafone Corporate Ltd	3101016	25,745.23
06-Mar-19	Electricity	Trustwide	EDF Energy	3099611	25,332.84
06-Mar-19	Property Rental	Barnsley	Community Health Partnerships	3099587	25,050.61

- * Recurrent - an action or decision that has a continuing financial effect
- * Non-Recurrent - an action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned.
So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- * Surplus - Trust income is greater than costs
- * Deficit - Trust costs are greater than income
- * Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- * Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year
- * Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2018 / 2019 the Trust were set a control total deficit.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.
- * Provider Sustainability Fund (PSF) - is an income stream distributed by NHS Improvement to all providers who meet certain criteria (this was formally called STF - Sustainability and Transformation Fund)

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.5%	4.8%	5.0%	5.1%	5.1%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.6%	6.7%	6.2%	6.1%	5.7%	5.4%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	90.2%	96.2%	96.7%	98.7%	98.7%	98.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	77.7%	90.9%	91.7%	94.1%	96.7%	96.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.5%	82.4%	81.1%	81.9%	83.6%	82.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.5%	80.4%	82.5%	82.8%	82.8%	82.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.3%	88.2%	88.9%	88.9%	86.5%	84.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.5%	92.0%	92.6%	91.8%	90.9%	89.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.9%	86.6%	87.5%	81.7%	82.4%	80.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	74.1%	77.0%	75.0%	77.8%	77.2%	81.7%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	89.8%	90.0%	89.7%	88.8%	90.4%	90.0%
Information Governance	Resources	Well Led	AD	>=95%	90.9%	89.3%	88.6%	94.1%	96.2%	97.6%
Moving and Handling	Resources	Well Led	AD	>=80%	83.5%	85.2%	86.7%	85.4%	87.3%	87.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	87.5%	89.0%	89.1%	90.0%	88.8%	87.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.1%	85.0%	84.0%	83.2%	84.7%	78.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.1%	90.7%	90.9%	90.6%	90.0%	89.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.4%	89.4%	89.9%	89.1%	88.8%	89.1%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.2%	95.4%	95.8%	95.8%	95.8%	96.2%
Agency Cost	Resources	Effective	AD		£90k	£73k	£68k	£46k	£30k	£37k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£3k	£3k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£15k	£17k	£10k	£9k	£13k	£10k
Sickness Cost (Monthly)	Resources	Effective	AD		£185k	£183k	£172k	£177k	£146k	£165k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		77.74	84.42	85.79	73.4	73.85	79.37
Business Miles	Resources	Effective	AD		105k	107k	100k	104k	97k	97k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.4%	4.4%	4.5%	4.5%	4.5%	4.5%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.4%	4.5%	4.9%	5.1%	4.7%	4.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.4%	99.7%	99.7%	100.0%	100.0%	100.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	92.8%	95.4%	97.1%	97.8%	98.5%	98.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.2%	80.6%	82.2%	82.4%	82.4%	81.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.2%	79.5%	78.4%	81.6%	79.1%	77.3%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	87.7%	87.7%	88.0%	88.0%	89.3%	89.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.9%	90.4%	91.3%	90.5%	91.8%	90.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.7%	87.7%	88.8%	85.1%	83.6%	84.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	84.1%	88.1%	87.8%	84.6%	84.3%	83.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	88.1%	87.6%	89.9%	89.8%	90.2%	88.4%
Information Governance	Resources	Well Led	AD	>=95%	94.9%	92.7%	91.2%	97.5%	97.8%	98.8%
Moving and Handling	Resources	Well Led	AD	>=80%	88.5%	89.0%	88.8%	87.8%	88.9%	89.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.9%	91.4%	91.1%	91.9%	92.5%	91.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.6%	89.7%	89.1%	88.6%	87.5%	86.4%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.4%	93.6%	94.6%	93.9%	92.7%	91.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.4%	86.2%	89.9%	88.9%	88.0%	88.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.7%	95.2%	95.2%	94.9%	95.9%	95.9%
Agency Cost	Resources	Effective	AD		£103k	£114k	£105k	£101k	£102k	£135k
Overtime Costs	Resources	Effective	AD		£1k	£4k	£2k	£2k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£1k	£0k	£1k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£105k	£121k	£127k	£109k	£109k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		78.65	79.51	74.99	68.26	70.03	68.72
Business Miles	Resources	Effective	AD		54k	77k	57k	69k	64k	82k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	7.5%	7.6%	7.6%	7.7%	7.6%	7.5%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	8.1%	7.6%	8.3%	8.4%	6.5%	5.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.7%	93.3%	93.4%	94.6%	94.4%	94.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	89.7%	95.2%	95.2%	95.2%	95.2%	95.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Information Governance	Resources	Well Led	AD	>=95%	91.2%	89.8%	93.1%	95.2%	95.2%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Agency Cost	Resources	Effective	AD		£44k	£62k	£76k	£69k	£31k	£69k
Overtime Costs	Resources	Effective	AD		£0k		£0k	£2k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£3k	£2k	£1k	£2k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£76k	£69k	£80k	£88k	£56k	£55k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		63.16	63.48	57.24	48.97	62.2	64.52
Business Miles	Resources	Effective	AD		5k	4k	9k	8k	7k	9k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.8%	5.0%	5.1%	5.1%	5.0%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.6%	6.3%	5.6%	5.0%	4.6%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	77.3%	90.5%	90.5%	91.8%	92.7%	92.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.6%	77.7%	95.2%	95.2%	95.2%	95.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	77.7%	79.0%	78.3%	78.2%	77.4%	76.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.0%	73.3%	73.3%	72.4%	72.4%	71.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Information Governance	Resources	Well Led	AD	>=95%	92.1%	87.4%	87.7%	95.2%	95.2%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.2%	95.2%
Agency Cost	Resources	Effective	AD		£221k	£202k	£202k	£264k	£276k	£275k
Overtime Costs	Resources	Effective	AD		£0k	£0k	£0k	£1k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£2k	£1k	£1k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£82k	£73k	£66k	£59k	£46k	£32k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		63.85	57.17	57.68	56.77	64.46	61.42
Business Miles	Resources	Effective	AD		37k	44k	43k	38k	39k	35k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.0%	4.1%	4.2%	4.3%	4.3%	4.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.2%	5.0%	4.8%	5.4%	4.6%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.6%	77.3%	74.0%	76.7%	73.2%	68.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	77.8%	75.0%	75.0%	75.0%	75.0%	75.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	25.0%	0.0%	75.0%	75.0%	75.0%	75.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Information Governance	Resources	Well Led	AD	>=95%	91.8%	90.4%	94.4%	95.0%	95.0%	95.0%
Moving and Handling	Resources	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	50.0%	70.0%	70.0%	70.0%	70.0%	70.0%
Agency Cost	Resources	Effective	AD		£5k	£16k	£8k	£26k	£22k	£12k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£1k	£0k	£4k	£45k
Additional Hours Costs	Resources	Effective	AD		£12k	£9k	£7k	£10k	£7k	£17k
Sickness Cost (Monthly)	Resources	Effective	AD		£71k	£81k	£74k	£83k	£66k	£63k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		42.92	41.1	46.27	50.42	52.74	49.57
Business Miles	Resources	Effective	AD		32k	28k	32k	24k	23k	29k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.7%	4.8%	4.8%	4.9%	4.8%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.9%	5.1%	4.9%	5.6%	4.7%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	89.9%	93.4%	93.9%	95.0%	95.0%	95.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.2%	78.3%	75.0%	75.0%	75.0%	75.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	78.2%	78.4%	75.0%	75.0%	75.0%	75.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.9%	69.7%	67.4%	68.7%	73.6%	74.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Information Governance	Resources	Well Led	AD	>=95%	92.7%	90.0%	90.5%	95.0%	95.0%	95.0%
Moving and Handling	Resources	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	70.0%	70.0%	70.0%	70.0%	70.0%	70.0%
Agency Cost	Resources	Effective	AD		£73k	£68k	£70k	£90k	£82k	£107k
Overtime Costs	Resources	Effective	AD		£0k		£1k		£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£2k	£1k	£5k	£3k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£62k	£61k	£59k	£68k	£53k	£58k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		42.47	45.36	45	45.52	41.04	39.69
Business Miles	Resources	Effective	AD		34k	39k	38k	43k	40k	37k

Glossary

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

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

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

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