

Integrated Performance Report Strategic Overview



May 2019

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for May 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 provide a report that showcases the breadth of the organisation and its achievements, meet the requirements of our regulators and provides 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 April 19, the Trust undertook work to review and refresh the summary dashboard for 2019/20 to ensure it remains fit for purpose and aligns to the Trust's updated objectives for 2019/20. These updates are planned to take effect as soon as possible with some taking effect this month. A number of other developments identified by Trust board are being worked on and will be incorporated in the IPR in the coming months. This includes further information related to mental health act assessments; additional workforce metrics to include leavers feedback; health and safety metrics; NHS access standards which we intend to flow from the end of quarter 1.

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 four strategic objectives are:

- Improving health
- Improving care
- Improving resources
- 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 successfully went live with SystmOne for mental health during February and March 2019. 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. It is currently expected that the majority of information will be available early July, although reporting against some access targets may take longer than this.

Summary

Quality

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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 2019/20. Some metrics require development and it is anticipated that these will be ready by end of quarter 1, reported from July 19 onwards.

KPI	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Year End Forecast
% service users followed up within 7 days of discharge	95%	100%	97.7%	94.9%	98.4%	96.9%	99.0%	95.4%	100%	99.2%	98.2%	96.2%	Due July 19	4
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks ¹	90%	86.7%	84.6%			84.2%			82.8%			Due July 19		95%
Out of area beds ²	Q1 940, Q2 846, Q3 752, Q4 658	375	448	620	394	200	430	269	299	163	154	207	303	1
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community Inpatient ⁹	Community 75% Inpatient 90%	81.1%	82.0%	82.8%	84.1%	84.5%	84.5%	83.8%	83.3%	83.2%	88.1%	88.0%	87.6%	4
		90.6%	93.3%	91.2%	90.1%	91.0%	92.5%	95.3%	97.4%	96.6%	90.2%	92.6%	91.5%	4
IAPT - proportion of people completing treatment who move to recovery ⁵	50%	53.2%	54.0%	52.1%	47.1%	50.8%	50.1%	57.8%	55.1%	55.0%	57.0%	53.3%	60.3%	4
Number of suicides (per 100,000) population	tbc	Reporting to commence for 19/20												
Delayed Transfers of Care	3.50%	2.6%	2.4%	2.4%	1.5%	1.6%	1.9%	1.7%	1.8%	1.6%	1.6%	1.4%	0.4%	4

Improve the quality and experience of care	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Year End Forecast
Friends and Family Test - Mental Health	85%	82%	88%	91%	88%	89%	86%	90%	87%	84%	95%	95%	86%	85%
Friends and Family Test - Community	98%	98%	99%	97%	98%	100%	97%	99%	97%	98%	99%	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	20	29	23	16	30	35	20	34	29	29	23	41	
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	14	16	14	15	14	20	11	10	13	9	3	11	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic ⁷	trend monitor	15.1%	14.1%			13.0%			16.6%			Due July 19		N/A
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ³	trend monitor	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	31.5%	26.7%	24.3%	26.3%	Due July 19	
Psychology waiting times	tbc	Reporting to commence in 19/20												
Access within one hour of referral to liaison psychiatry services and children and young peoples' equivalent in A&E departments		Reporting to commence in 19/20												

Improve the use of resources	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Year End Position	
Surplus/(Deficit)	In line with Plan	(£464k)	(£125k)	(£139k)	£424k	(£73k)	(£80k)	£158k	£714k	(£244k)	(£1240k)	(£728k)	(£457k)	(£240k)	
Agency spend	In line with Plan	£484k	£526k	£575k	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£613k	£641k	£7.1m	
CIP delivery	£1074k	£1981k	£2737k	£3615k	£4452k	£5234k	£6015k	£6779k	£8764k	£9669k	£10574k	£670k	£1353k	£10.7m	
Staffing costs compared to plan ¹⁰	tbc	Reporting to commence in 19/20										(£367k)		(£124k)	tbc
Completion of milestones assumed in the optimisation of SystmOne for mental health	tbc	Reporting to commence in 19/20													
Financial risk in forecast	0	Reporting to commence in 19/20										£1.5m		£1.5m	-

Making SWYPFT a great place to work	Target	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Year End Position
Sickness absence	4.5%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%	4.7%	4.6%	5.0%
Staff Turnover ⁶	10%	11.6%	12.4%	13.0%	12.8%	12.5%	12.3%	12.0%	12.0%	12.0%	11.9%	11.9%	10.4%	
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	75%	N/A	N/A	71%	N/A	N/A	N/A	N/A	N/A	75%	N/A	N/A	
Staff FFT survey - % staff recommending the Trust as a place to work	N/A	70%	N/A	N/A	58%	N/A	N/A	N/A	N/A	N/A	65%	N/A	N/A	N/A
Actual level of vacancies	tbc	Reporting to commence in 19/20										10.4%	10.3%	
% leavers providing feedback	tbc	Reporting to commence in 19/20												

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.

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Notes:

1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This is a new KPI introduced during 17/18 and counts first contact with service post referral. Under performance is generally due to waiting list issues. To mitigate this, the service have a management process in place for waiting lists across all our 4 community localities – generally, waits occur due to medium to long term absence within a specific locality discipline and as the member of staff returns to work the waits reduce. Specific issues are being addressed with locality commissioners where appropriate. The waiting lists are reviewed by leads regularly and allocated by clinical priority. Q2 data is currently with services to validate and will be included in next months report.

2 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to Adult Acute and PICU Mental Health Services only.

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

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

5 - 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. The reported figure is a Trust wide position.

6 - Introduced into the summary for reporting from 18/19.

7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

8 - Work has taken place to identify a suitable metric across all Trust smoking cessation services. The metric will identify the 4 week quit rate for all Trust smoking cessation services. National benchmark for 17/18 was 51%. Q1 data will be available in September18.

9 - The figure shown is the proportion of eligible clients with a cardiometabolic assessment. This may not necessarily align to the CQUIN which focuses on the quality of the assessment.

10 - Staffing costs compared to plan is reported per month not cumulative.

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Lead Director:

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

The performance information above shows the performance rating metrics for the 2017 Single Oversight Framework which captures Trust performance against quality, finance, operational metrics, strategy and leadership under one single overall rating. The most significant reasons for the Trust to be rated as 2 relates to our 16/17 agency expenditure performance and our financial risk.

Quality

- The percentage of prone restraints lasting more than 3 minutes has reduced and target met
- The number of falls has reduced this month
- Medication omissions increased since last month and targeted work underway to address this increase
- IG breaches increased after two months of significant progress but work ongoing to manage effectively

NHSI Indicators

- Not all national metric data is available yet for May.
- Most significant issue is that of 5 children and young people being placed in an adult ward (total of 29 days) in May including a 15 year old
- Inappropriate out of area bed placement days of 303 at the highest level since November 2018

Locality

- Neuro rehab open day held to market 4 available beds.
- Yorkshire smoke free tender for Barnsley due for submission in June
- Bed pressures remain across all geographies
- Barnsley early intervention in psychosis team have been invited to be part of an international research project into outcomes associated with open dialogue
- Process in place to convert use of Appleton ward from forensic learning disability to medium male secure following agreement with the specialist commissioner
- Learning disability forensic outreach service currently offering a consultancy and advisory service until further recruitment is completed. Recruitment process continues
- Consultant recruitment across CAMHS and learning disability services remains a challenge
- Out of area beds for adult acute service users in Wakefield remains at nil

Priority Programmes

- Good focus on system working across the places we work in including an agreement of 19/20 priorities for the Wakefield mental health alliance and re-design of the stroke pathway in Barnsley
- Mapping workshops have been held for all work streams involved in the care closer to home priority aimed at reducing the need for out of area bed placements
- The data catch up in respect of the SystmOne implementation is virtually complete

Finance

- Pre Provider Sustainability Funding (PSF) deficit in month 2 of £457k, which is a little better than plan. Cumulative deficit is £1.2m which is £0.1m favourable to plan and includes £0.7m of pay increases paid fully in April.
- Income was £0.1m lower than plan largely due to the fact not all neuro rehab beds were occupied
- Out of are bed costs were £0.3m in the month and £0.6m cumulatively with one service user accounting for £0.1m of this cost in April. Costs are currently higher than plan by £0.2m
- Agency staffing costs were £0.6m, 45% higher than plan
- Net savings on pay amounted to £124k in-month and £471k year-to-date
- CIP delivery of £1.353k is slightly below plan.
- Cash reduced to £24.6m in May with 2018/19 PSF monies expected in quarter 2.

Workforce

- Sickness absence reduced to 4.6% in May which is a 0.1% improvement compared to April but higher than the same month last year
- The Trust is above 80% compliance for all mandatory training programmes
- Staff turnover reduced to 10.4% in month

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

Section	KPI	Objective	CQC Domain	Owner	Target	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Year End Forecast	
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	39.8%	34.9%	35.6%	37.9%	37.0%	39.1%	34.4%	33.4%	31.5%	26.7%	24.3%	26.3%	Due July 19	N/A	
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	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	50% 1/2	31% 4/13	44% 4/9	1	
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	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	11%	36% 4/11	28% 5/18	4	
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	75%	82%	88%	91%	88%	89%	86%	90%	87%	84%	95%	95%	86%	4	
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	100%	98%	99%	97%	98%	100%	97%	99%	97%	98%	99%	98%	99%	4	
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	75%	N/A	N/A	71%	N/A	N/A	N/A	N/A	N/A	75%	N/A	N/A	N/A	
	Staff FFT survey - % staff recommending the Trust as a place to work	Improving Health	Caring	AD	N/A	N/A	70%	N/A	N/A	58%	N/A	N/A	N/A	N/A	N/A	65%	N/A	N/A	N/A	
	Number of compliments received	Improving Health	Caring	TB	N/A	109	44	27	45	48	63	26	60	49	10		15	64	N/A	
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	N/A	308											21		N/A	
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	N/A	11											0	Due July 19	N/A	
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	1	0	0	0	0	0	0	0	0	0	0	1			
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%	85.8%	86.2%	88.7%	86.3%	86.4%	86.6%	86.5%	87.5%	87.5%	Due July 19				4	
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=9	11	14	16	14	15	14	20	11	10	13	9	3	11		
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	3.5%	2.1%	2.6%	2.4%	2.4%	1.5%	1.6%	1.9%	1.7%	1.8%	1.6%	1.6%	1.4%	0.4%	4	
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	tbc	85.0%	87.5%	78.5%	84.9%	91.0%	86.5%	84.3%	83.2%	89.3%	84.6% **	Due July 19				N/A
	Number of records with up to date risk assessment - Community ¹¹					78.4%	78.3%	74.6%	77.5%	78.4%	81.7%	86.2%	93.8%	92.9%	76.4% **	Due July 19				N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1090	1039	1168	1004	863	1085	1109	985	1098	1048	1094	1153	1233	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	13	15	21	21	12	21	25	17	23	21	19	19	31	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	1	1	4	0	3	4	5	1	1	1	3	1	6	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	5	4	4	2	1	5	5	2	10	7	7	3	4	N/A	
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	17.7%	20.6%	18.4%	23.2%	22.4%	22.1%	17.8%	22.0%	29.8%	23.5%	13.9%	17.7%	24.5%	27.0%	3	
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	120%	118%	118%	117%	116%	116%	119%	118%	119%	119%	118%	118%		4	
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	100%	99.5%	96.4%	92.5%	93.7%	98.3%	99.1%	96.6%	98.7%	97.5%	96.5%	96.6%	Due July 19	4	
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	N/A	29	29	26	21	30	34	29	30	30	30	44	41	46	N/A	
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	1	0	1	0	0	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	4	
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	80%	61.3%	75.0%	76.3%	72.7%	72.7%	88.6%	81.3%	90.9%	82.4%	80.6%	88.0%	75.8%	87.5%	4	
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	TBC	40	44	43	37	52	40	41	49	39	48	59	52	40	N/A	
	Number of restraint incidents	Improving Care	Safety Domain	TB	N/A	211	143	192	151	134	190	201	136	165	168	207	287	303	N/A	
	No of staff receiving supervision within policy guidance ⁷	Improving Care	Well Led	CH	80%	82.8%		83.7%			82.5%			84.9%			Due July 19		4	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	ing commenced J	92.9%	85.7%	90.0%	89.2%	90.9%	83.3%	87.9%	80.0%	92.0%	82.6%	82.6%	85.7%		
	Smoking Cessation - 4 week quit rate ¹²	Improving Care	Effective	CH	tbc	63.0%		65%			63%			Due July 19			Due Oct 19			
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0	0	0	0	0	0	4	
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	

* 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.



Quality Headlines

- 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.
12. This metric has been identified as suitable metric across all Trust smoking cessation services. The metric identifies the 4 week quit rate for all Trust smoking cessation services. National benchmark for 17/18 was 51%. Q1 data will be available in September18.

Summary

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Quality Headlines

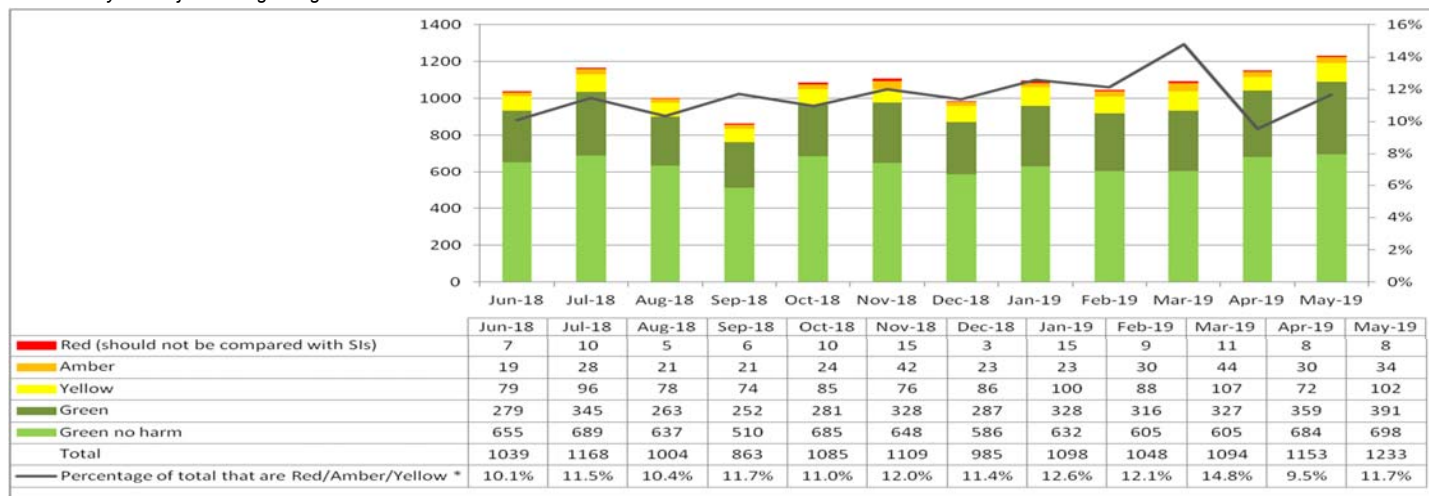
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during May has increased (303) compared to previous months, please see below headline related to reducing restrictive physical intervention, which gives more detail.
- NHS Safety Thermometer - medicines omissions – performance has continued to deteriorate in May 19 compared to previous months and stands at 27%. Some issues with data collection have been identified which are impacting on the reported position. The pharmacy team have undertaken some ward audits and it has been identified that if a patient is absent from the ward then this is being counted as an omission, this should be excluded. Further work to continue and action plans being drawn. A data collection brief has been circulated to assist with recording issues. Shared learning from both within the Trust and peer organisations is also being undertaken. Figures for medicines omissions have increased overall.
- Number of falls (inpatients) - May 19 has seen a further decrease in fall incidents during the month compared to the previous months and now sits within previous months levels. May 19 falls related to Calderdale and Wakefield remained 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.

Safety First

Summary of Incidents since June 2018

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 and 2019/20

	Q1 19/20 (Apr & May Only)	Q2 18/19	Q3 18/19	Q4 18/19	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	0	1	0	0	0	0	0	0	0	0	1	0	1	2	4
Informal patient absent without leave	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Information disclosed in error	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Lost or stolen hardware	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Lost or stolen paperwork	0	1	1	0	0	0	1	0	1	0	0	0	0	0	0	0	2
Self harm (actual harm) with suicidal intent	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	2
Suicide (incl apparent) - community team care - current episode	2	3	4	11	0	2	1	0	2	1	1	5	3	3	1	1	20
Suicide (incl apparent) - community team care - discharged	0	1	0	2	2	0	1	0	0	0	0	2	0	0	0	0	5
Suicide (incl apparent) - inpatient care - current episode	0	0	1	1	0	0	0	0	1	0	0	0	0	1	0	0	2
Unwell/Illness	0	1	1	0	0	0	1	0	0	0	1	0	0	0	0	0	2
Allegation of violence or aggression	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Physical violence (contact made) against staff by patient	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Pressure Ulcer - Category 3	1	1	0	2	1	1	0	0	0	0	0	0	0	2	0	1	5
Total	8	9	10	17	4	5	4	0	6	2	2	7	4	6	3	5	48

- 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 May 2019
- Patient safety alerts not completed by deadline of May 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 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.

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Safer Staffing

Overall Fill Rates: 117%

Registered fill rate: (day + night) 94.9%

Non Registered fill rate: (day + night) 137.9%

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

BDU Fill rates - February 19 - May 19

Overall Fill Rate	Month-Year		
Unit	Mar-19	Apr-19	May-19
Specialist Services	103%	119%	118%
Barnsley	122%	117%	107%
C & K	108%	110%	114%
Forensic	115%	112%	108%
Wakefield	140%	143%	147%
Overall Shift Fill Rate	118%	118%	117%

The figures (%) for May 2019:

Registered Staff: Days 87.5 (a decrease of 0.8 on the previous month); Nights 102.3 (a decrease of 2.7 on the previous month)

Registered average fill rate: Days and nights 94.9 (a decrease of 1.7 on the previous month)

Non Registered Staff: Days 134.4 (a decrease of 2.7 on the previous month) ; Nights 141.4 (an increase of 1.4 on the previous month)

Non Registered average fill rate: Days and nights 137.9 (a decrease of 0.6 on the previous month)

Overall average fill rate all staff: 116.4 (a decrease of 1.1 on the previous month)

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

Summary

No ward has fallen below the 90% overall fill rate. Of the 31 inpatient areas 22, a decrease of three on the previous month, (70.4%) achieved greater than 100%. Indeed of those 22 areas, 12 again achieved greater than 120% fill rate. This was consistent with the previous month.

Registered On Days (Trust Total 88.3%)

The number of wards that have failed to achieve 80% increased by one to seven (22.4%) on the previous month. Five wards were within the Forensic BDU (Bronte, Appleton, Johnson, Hepworth and Waterton). The others were Enfield Down in Calderdale and Kirklees BDU as well as Willow Ward within the Barnsley BDU. There were various factors cited including vacancies, sickness and supporting acuity across the BDU.

Registered On Nights (Trust Total 105%)

One ward (Bronte within the Forensic BDU with 72.6%) has fallen below the 80% threshold. The number of wards who are achieving 100% and above fill rate on nights fell decreased to 17 wards (54.4%) this month.

Average Fill Rates for most areas showed a marked fluctuation. Barnsley BDU decreased by 10% to 107%. Calderdale and Kirklees BDU increased by 4% to 114%. Forensic BDU were 108% a decrease of 4%. Wakefield BDU increased by 4% to 147%. Specialist services were 118% a decrease of 1%. 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

During May 19, there has been an increase in the number of confidentiality IG breaches reported compared to the reduced number reported over the last two months. These included 3 incidents of lost or stolen paperwork, 4 patient healthcare record issues and 4 information disclosed in error.

Work continues in the Trust to support services to reduce the number of IG incidents occurring.

None of these incidents required reporting to the information commissioners office.

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Commissioning for Quality and Innovation (CQUIN)

All quarter 4 submissions were undertaken to timescale. Feedback from some commissioners is still awaited and final results from the national audit by Royal College of Psychiatry awaited for the physical health CQUIN.

The Trust is currently working on the 19/20 CQUIN requirements. Applicable indicators were agreed with each commissioner as part of the contract negotiation process. Overall value of the scheme has reduced to 1.25% of contract value. The indicators have been identified as follows:

- Staff flu vaccinations (Barnsley)
- Alcohol and tobacco (Barnsley, Calderdale, Kirklees, Wakefield)
- 72hr follow up post discharge (Barnsley, Calderdale, Kirklees, Wakefield)
- Mental health data - Mental Health Data: Data Quality Maturity Index; Mental Health Data: Interventions (Barnsley, Calderdale, Kirklees, Wakefield)
- Use of anxiety disorder specific measures in IAPT (Barnsley)
- Three high impact actions to prevent hospital falls (Barnsley)
- Improving awareness and uptake of screening and immunisation services in targeted groups (Barnsley Child Health service)
- Improving physical health for people with severe mental illness (Calderdale, Kirklees, Wakefield)
- Develop and submit a quality improvement plan in Q1 and report on progress and achievement in Q4 via an annual quality report (Wakefield TB)
- Healthy weight in adult secure MH services (Forensic)

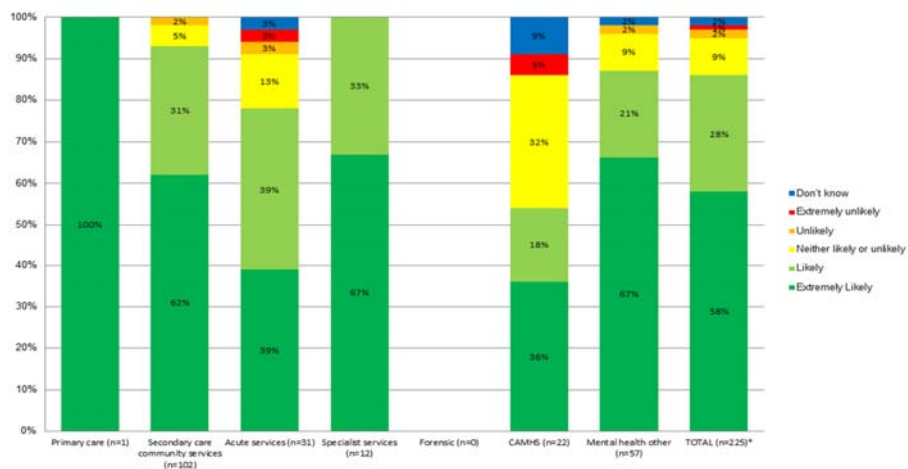
Work is underway to develop action plans to ensure maximum achievement for the year.

Patient Experience

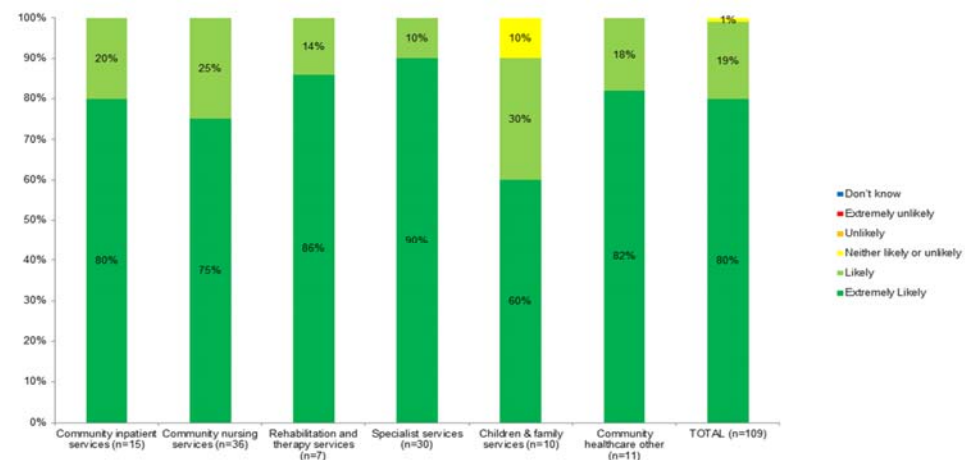
Friends and family test shows

- Community Services – 99% would recommend community services.
- Mental Health Services – 86% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust – between 36% in child and adolescent mental health services and 100% in primary care mental health services
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Returns remain low due to the Appointment Reminder / firned and family text messaging service being offline as part of the transition from RiO to SystmOne and ongoing issues with the patient experience electronic tablets. The text messaging system is due to recommence in June and a resolution should be reached by mid-July regarding the electronic tablets.

Reducing Restrictive Physical Intervention

There were 303 restraints reported in May this being a 5% increase on the April figures that stood at 288. The new data capture set on Datix is now fully in use, this means that we can now examine all levels of holds and positions of restraint Service user are held in. This does mean however that the number of levels of holds and restraint positions will appear to increase this however is not the case, in the past staff were only able to record on Datix one level of hold and one position of restraint used in any one incident where restrictive physical interventions were used, however due to the complex nature of incidents various holds and positions are often used. The new data set will ensure that we can be confident that we can see what restrictive physical interventions are being to maintain the safety of Service users and others in our care and have confidence in the transparency of our recording of such events to the optimum degree. The highest proportion of all restraints again was in the standing position 254 which equates to 29% of all positions used. Seated restraints stood at 185 that equates to 21% of all positions used. In relation to incidents of that would be deemed prone restraint, there was a 13% increase of prone restraint use in May (54) as opposed to April (46).

Please Note. The New Data set was incorporated into Datix mid-April, the changes to Daix also included the ability for staff to report/record multiple positions that are used in a single incident of restraint. Although this means that the number of restraints by position will be a higher number than the number of all restraints for any given time period it does mean that we have complete transparency of what physical interventions are being used by staff in any given incident of Restrictive Physical Intervention use, which will be needed with the Restraint Reduction Standards published in May 2019 for compliance 2020.

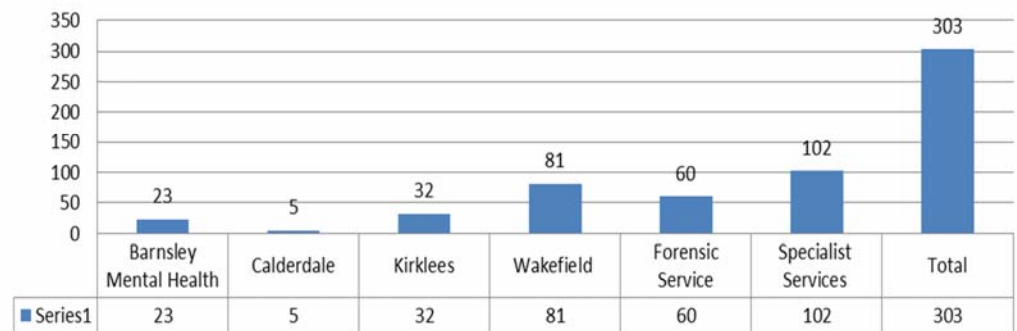
The 48 incidents of prone restraint involved 28 individual service users. Of these 48 incidents of not rolling a service user when going into prone reasons given for this were 11 to facilitate a safe seclusion exit, 22 to facilitate the administration of I.M medication, 15 due to the level of aggression displayed. 1 Incident was recorded but outside of trained techniques due to incident, for further investigation.

The RRPI 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 May 87.5% of prone restraints under 3 minutes.

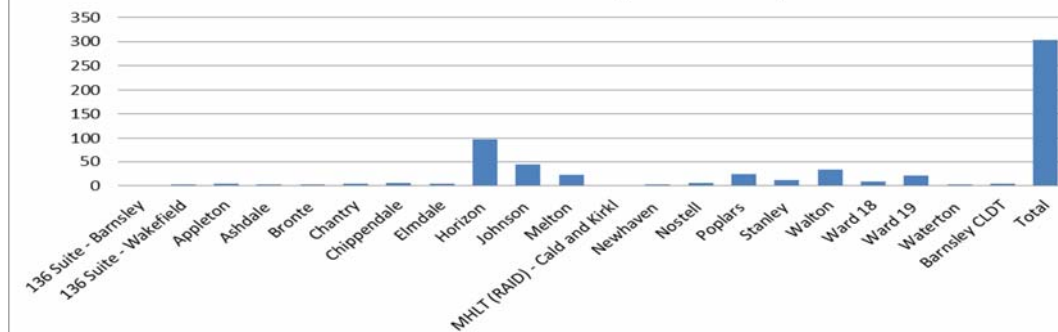
Of 303 Incidents of Restraint in May 2019 Restraint Positions Utilised



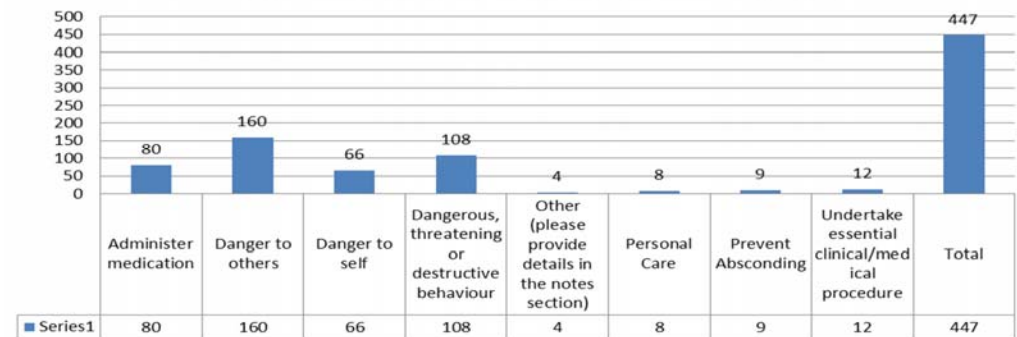
All Incidents of Restraint by BDU May 2019



All Incidents of Restraint by Team May 2019



All Restraints by Reason for Restraint May 2019



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Care Quality Commission (CQC)

Well-led inspection

CQC carried out our well-led review on the 11th and 12th June. As part of this review CQC interviewed several members of our senior executive management team and non-executive directors and held a number of focus groups.

Feedback from the well-led inspection

CQC reported that there was a strong sense of vision and values amongst leaders and commented they had experienced open and honest communication during our well led interviews. They acknowledged where progress had been made since their previous visit e.g. diversity and equality work. CQC also told us our governance structures were strong and clear although some of these needed more time to become fully embedded.

Data information requests

We continued to receive a steady flow of information data requests during and following the well-led inspection. . This was significantly less than had been requested when CQC last visited in 2018. We are not expecting any further data requests at the current time.

The next phase of the process

CQC have told us they are intending on getting our core service and well-led reports back to us by the end of July. This is earlier than expected and we will have 10 working days to then make any factual accuracy comments before the report is then made public. We must remember that CQC could undertake further visits to our core services at any time.

Safeguarding

- Conducted a quality monitoring visit to the older peoples service in Barnsley, resulting in consideration of protocols, link practitioner involvement and reporting of incidents
- Co-developed a briefing with the Barnsley Hospital safeguarding lead to support staff in care homes around where to source information to support decision making around safeguarding and pressure ulcers as part of the Barnsley safeguarding adult board subgroup work.
- Delivered domestic abuse training to the neurological rehabilitation unit as part of the actions from a domestic homicide review, contextual safeguarding training to the children's speech and language therapy team and the children's society "seen and heard" training session to the Wakefield and district safeguarding children's board (WDSCB) learning and development sub group.
- The named nurse safeguarding children hosted and chaired the regional safeguarding professionals forum.

Infection Prevention Control (IPC)

- Mandatory training for infection prevention and control and hand hygiene continues to be maintained above 80% trust training threshold.
- There have been not MRSA, C difficile MSSA for any BDU. There has been 1 ecoli bacteraemia at SRU (Barnsley), this cases will be peer reviewed at post infection review group , no internal target for these cases.
- There has been an outbreak of gastroenteritis on Chanrty ward in May affecting – 5 service users and 3 staff, ward closed for 7 days.



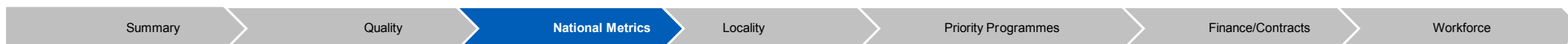
This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:

- 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	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	Q4 18/19	Apr-19	May-19	Year End Forecast	Trend				
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	96.2%	97.2%	98.0%	99.0%	99.3%	99.8%	98.2%	97.2%	97.2%	97.2%	99.3%	97.2%	99.2%	98.7%	4					
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100%	100%	100%	100%	97.9%	31% 41.3	44% 4.0	100%	100%	100%	97.9%	100%	98.7%	100%	4					
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	97.5%	97.0%	99.0%	98.8%	97.6%	95.5%	97.4%	97.4%	97.6%	97.9%	98.9%	96.8%	99.2%	Due July 19	4					
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	94.9%	98.4%	96.9%	99.0%	95.4%	100.0%	99.2%	98.2%	97.7%	97.1%	97.1%	99.2%	96.2%		4					
Data Quality Maturity Index 4	Improving Health	Responsive	CH	95%	98.2%	98.2%	98.3%	98.2%	98.1%	98.1%	98.1%	98.0%	98.2%	96.8%	98.1%	98.0%	98.0%	4						
Out of area bed days 5	Improving Care	Responsive	CH	Q1 547, Q2 494, Q3 411, Q4 329	620	394	200	430	269	299	163	154	1181	1450	899	616	207	303	1					
IAPT - proportion of people completing treatment who move to recovery 1	Improving Health	Responsive	CH	50%	52.1%	47.1%	50.8%	50.1%	57.8%	55.1%	55.0%	57.0%	54.4%	51.1%	52.4%	55.4%	53.3%	60.3%	3					
IAPT - Treatment within 6 Weeks of referral 1	Improving Health	Responsive	CH	75%	94.8%	94.0%	94.6%	96.9%	91.1%	92.4%	87.1%	86.0%	91.3%	94.3%	94.4%	88.7%	82.9%	85.7%	4					
IAPT - Treatment within 18 weeks of referral1	Improving Health	Responsive	CH	95%	99.5%	99.6%	99.7%	99.7%	99.4%	99.3%	99.0%	99.4%	99.4%	99.6%	99.6%	99.2%	98.6%	99.1%	4					
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	91.4%	90.3%	94.2%	94.7%	88.6%	85.1%	85.3%	69.2%	81.7%	90.3%	92.6%	80.5%	92.0%	72.7%	4					
% clients in settled accommodation	Improving Health	Responsive	CH	60%	78.8%	79.0%	78.5%	78.2%	78.5%	78.0%	78.2%	78.2%	79.1%	78.8%	78.2%	78.2%	87.5%	Due July 19	4					
% clients in employment6	Improving Health	Responsive	CH	10%	9.5%	8.9%	8.6%	9.0%	9.3%	9.2%	9.2%	9.2%	8.6%	8.8%	9.3%	9.2%	11.2%		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												Due June 20		2					
Mental Health Five Year Forward View					Objective	CQC Domain	Owner	Target	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	Q4 18/19	Apr-19	May-19	Year End Forecast	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	1	22	8	29	2	4	15	4	16	45	39	23	5	29	2					
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	1	2	2	3	1	1	1	1	4	6	6	3	1	5	2					
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	192		184		199		212		192	184	199	Due July 19		N/A						
Proportion of people detained under the MHA who are BAME 2	Improving Care	Safe	CH	Trend Monitor	14.1%		13.0%		16.6%		15.1%		14.1%	13.0%	16.6%	Due July 19		N/A						
NHS Standard Contract													Objective	CQC Domain	Owner			Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
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%	98.5%	99.1%	98.9%	97.0%	98.7%	98.8%	85.7%	98.6%	97.8%	98.8%	98.1%	98.9%	98.7%	99.7%	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%	100.0%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.7%	Due July 19	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%	95.5%	95.1%	91.0%	90.9%	90.8%	90.4%	90.7%	89.6%	90.8%	91.1%	90.9%	89.6%	84.1%	4						



* See key included in glossary.

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

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

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

3 - There was no April Primary submission due to the transition to MHSDS v2. Data flow monthly from May 17 onwards.

4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Single Oversight Framework operational metrics. It measures 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

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. This is largely related to the impact of transition to a new mental health clinical record system. Progress has been good on data catch up, but at this point in time additional data quality checking is required and not all information is fully available yet.
- The Trust continues to perform well against the majority of NHS Improvement metrics
- During May 2019, the number of service users aged under 18 years placed in an adult inpatient ward was 5. 1 15year old was placed in a bed in Barnsley, 4 admissions related to 17 year olds - 3 in Kirklees, 1 in Barnsley. 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.
- Inappropriate out of area bed placements amounted to 303 days in May which has increased compared to last month.
 - % 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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This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Barnsley BDU

General community services

Key Issues

- Provision of DEXA scanning ceases in June given lack of resource.
- Continence specification reviewed and re-written and submitted to CCG for approval

Strengths

- Neuro rehab unit held an open day on 21st May, to market 4 available beds. Initial interest in their use has been expressed.
- Tissue viability nurse - attended Westminster and presented at a national conference

Challenges

- Yorkshire smoke free (YSF) Barnsley tender submission is due in June.
- Child health information system (CHIS) – issues with regard to data sharing – discussions continue with partners.
- Cardiac/pulmonary rehab – remedial action plan submitted. Ongoing review of capacity and service delivery model to accommodate additional activity

Areas of Focus

- Stroke services – work continues in partnership with CCG and BHNFT in line with hyper-acute stroke unit and pathway remodelling. Proposed model to be independently assessed.
 - Children's services - commissioners have indicated that all services will be reviewed in 19/20
 - Development and mobilisation of 6 primary care networks in Barnsley and neighbourhood wellbeing teams
 - End of life (EOL) – ANP pilot going well. Electronic palliative care co-ordination systems (EPaCCs) being rolled out, majority now completed. Palliative care beds in care homes – initial meeting with CCG, draft paper prepared, further meeting June 26th. Macmillan spec being reviewed.
- EOL Strategy for re-write to be led by CCG
- Neighbourhood nursing demand and capacity paper – almost completed
 - Musculo skeletal service – intense work continues in the service to understand the elements of the pathways e.g., the top half of the pathway is where the capacity is an issue and does require additional admin resource, the case mix has been found to be different to what we were expecting, waiting times are under close review. The service assessment of what was deliverable in terms of timings of clinic slots, triage times appears to have been underestimated in eagerness to meet the financial envelope of the initial bid.

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

Barnsley BDU:

Barnsley 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. Action plans and data improvement plans are in place and there is support with staff wellbeing.
- Work continues to implement the South Yorkshire wide model for liaison and diversion services with successful recruitment to posts in each team.

Strengths

- Management of patient flow.
- Recruitment to medical posts minimising agency spending
- Early intervention in psychosis team have been invited to be part of an international research project into outcomes associated with open dialogue.
- We are taking the lead as community services with professions directorate in developing safer staffing for community services.
- We are developing Lundwood Health Centre into a community focussed hub and have recently moved senior managers into the building to co-locate with front-line services, improving our communication, visibility and support for colleagues and service users and carers.

Challenges

- Demand and capacity in community services.
- Barnsley BDU monthly sickness rates are in excess of Trust target with a hotspot in acute services. General managers continue to work 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 community services.
- Reduction of agency and bank spend in acute services.
- Work continues with partners on integrated care networks, working with the neighbourhoods already in place.
- Sickness management.

Calderdale & Kirklees BDU:

Key Issues

- Continued pressure for adult admissions within May and June.
- Older adult wards under pressure, especially females from Trust wide admissions and pressures and very high acuity and need levels. Additional workforce costs are being seen as a consequence. Management oversight is in place to look at mitigations.
- Adult bed pressure and out of area work is progressing positively in each of the workstreams.
- A bid to the integrated care system (ICS) for additional crisis home treatment team resources has been completed and will be submitted in June. Additional monies identified to contribute to a West Yorks wide ICS crisis helpline.

Strengths

- High performance on mandatory training with one training area for improvement.
- Improving access to psychological therapies has met its revised access trajectory and exceeded the 50% recovery target.
- Sickness absence is well managed across BDU another positive months performance.
- Delayed transfers of care are below the target with Kirklees being one person and Calderdale zero.
- Early intervention in psychosis sustained performance well above target for people accessing services within 14 days with all teams achieving 100%

Challenges

- Adult occupancy levels are high in inpatients and intensive home based treatment teams.
- Caseload pressures have built up in some adult community teams. Recruitment is being reviewed in order to look at workforce options to replace leavers.
- Improving access to psychological therapies target for treatment started within 6 weeks has improved on back of recruitment and agency use in spite of national psychological wellbeing practitioner recruitment difficulties.

Areas of Focus

- Work streams are progressing rapidly to focus on reduction of out of area bed usage.
- Intensive support team NHSE team to meet Trust and clinical commissioning group colleagues to discuss joint action/recovery plan and lower performance outturn on last quarter returns for 2018/19. Overall 2018/19 performance was achieved.

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Forensic BDU:

Key Issues

- 8 learning disability beds de-commissioned by NHS England. Plan in place to assess and admit out of area medium secure service users to Appleton in place once Ministry of Justice approval is granted.
- Invitation to bid for a forensic community service has been received from NHSE. The bid will be on behalf of the West Yorkshire provider collaborative and is a 2 year pilot. The service will be evaluated nationally. The aim is to provide a community model which provides an alternative option to a secure bed.
- Learning disability forensic outreach service is offering a consultancy and advisory service across the core week. Recruitment continues and a number of appointments have been made and interviews planned across several weeks.
- Work on the recovery plan for forensic child and adolescent mental health services (FCAMHS) secure estate continues with good progress being made. Results of the health needs analysis have been shared and are likely to require some service re-design.
- Regional forensic CAMHS service review has been completed as part of the national pilot. Feedback generally very positive, action plan to address suggestions in the feedback is currently being completed.
- Successful recruitment to psychology posts at Newton Lodge which has been a significant gap for several months partially covered by agency

Strengths

- Strong performance on mandatory training.
- Good track record delivering commissioning for quality and innovation (CQUIN).
- Progress being made on CQC action plans.

Challenges

- Delivering the recovery plan for the secure estate.
- Recruitment of registered staff in all disciplines. A significant resource is being utilised to optimise recruitment activity.
- High turnover.
- Reducing sickness.
- Delivery of service improvement with a view to removing the performance notice.

Areas of Focus

- FCAMHS performance notice.
- The BDU will undertake a large piece of work supported by HR and will focus on the following areas:

Leadership
Sickness/absence
Turnover
Well-being
Bullying and harassment

- Ensuring the culture remains positive and reflect the values of the organisation.

Specialist BDU:

Key Issues

- Consultant recruitment across CAMHS and learning disability remains a significant challenge – resulting in high agency use. Plans are in pace with respect to recruitment to two substantive posts in CAMHS.
- 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.
- Learning disability staff vacancies remain relatively high and this creates some challenges re waiting times for specialist interventions – most notably psychology (Barnsley/Wakefield). In the vast majority of cases those waiting are receiving support from another member of the multi-disciplinary team.

Strengths

- Learning disability (LD) teams have completed catch up activity and quality checking following the transition to SystmOne. The first reference group meeting has now been held with a focus on tailoring the system improving the LD pathway on the system so that it is tailored to the needs of clinicians and systematically records as the pathway requires
- Calderdale and Kirklees CCGs have committed to further Autism Spectrum Condition (ASC) waiting list initiative investment in 2019/20.
- All CCGs have prioritised 2019/20 investment in development of an all-age liaison model. New care models investment is also available to facilitate early implementation

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.
- CAMHS waiting list reduction. Plans focused on strengthening early help offers and robust job planning. Oversight and Assurance arrangements operational in Wakefield. Demand and capacity modelling being progressed in Barnsley CAMHS.

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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, however the acuity on the wards and maintaining safer staffing remains a significant challenge.
- 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 for presenting acute episodes, 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 has made good progress and the use of agency is now significantly reduced.

Strengths

- Management of patient flow and for Wakefield nil out of area bed usage.
- The introduction of safety crosses for medication omissions on Stanley ward has continued to be a success and has lead to no missed doses of medication in April.
- Our nurse consultant for dual diagnosis has attended a national veterans event and is leading across the BDUs and Trustwide on our accreditation under the 'getting it right first time' (GIRFT) - veterans covenant hospital alliance.

Challenges

- Adult acute occupancy and acuity levels remain high.
- Adult community medical vacancies and gaps continue to be a pressure leading to financial challenges.
- Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community.

Areas of Focus

- Admissions and discharge flow in acute adults with an emphasis on current approach to alternatives to admission and collaborative inter-agency planning.
- Continue to improve performance in service area hotspots through focussed action planning.
- Preparation for re-accreditation of memory service through 'memory services national accreditation programme in July 2019

Communications, Engagement and Involvement

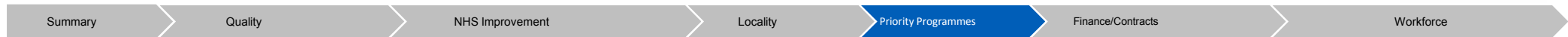
Communications and Marketing

Comms and marketing

- The #alofus staff wellbeing campaign won a national HSJ Value award for 'best communications initiative'.
- 'Our year' report being finalised. Trust prospectus in development.
- Comms plan developed for integrated care in Barnsley. Film has been produced focused on partnership working in the Dearne and is currently being shared. Website resource has been developed.
- Project plan being developed for the official opening of the Unity Centre in October, linked to mental health awareness day. Films of the build being developed with deadline digital. Development of a roadmap of estates investment across all our BDUs.
- Promotion and hosting of the phase 2 launch of the WY and Harrogate Health and Care Partnership 'Our neighbours' campaign
- Promotion of i-hub and the environmental sustainability challenge
- Support to EyUp! Charity, including developing a communications plan for activity for the rest of the year. Preparations being made for a launch of the next team challenge.
- SystmOne for mental health – CQC support, comms shared linked to the RIO turnoff and optimisation stage.
- Support to the nursing directorate for the CQC inspections
- Financial sustainability cartoon released, focused on reducing travel costs.
- Staff app – MySWYFT – has been launched and downloaded by 200 people so far. Publicity campaign planned to promote the app to staff who don't have routine access to IT.
- Comms and design support for the Calderdale arts and health report "Living a larger life".
- Taking a leading role in the development of a Kirklees wide partnership communication and engagement network.
- Working on a suite of improvements to support Barnsley improving access to psychological therapies (IAPT) increase their presence in Barnsley and make people more aware of their services.
- Support to the early stages of the flu campaign.

Engagement

- Stakeholder engagement analysis being carried out, which will then be developed into a stakeholder strategy and action plan.
- A volunteer celebration event held was held in Wakefield to coincide with volunteer week. 55 volunteers attended the celebration, each receiving a Trust thank you card. The annual volunteer awards were presented. The service is involved in the development of Wakefield Volunteer, launched on 31 May.
- Leading development of the black and minority ethnic (BAME) staff network - Supporting the building leadership for inclusion action research with the Tavistock institute, raising the profile through development of lunch and chat sessions and case studies. Support being given to the LGBTQ+ and disability networks as they establish themselves and set their scope.
- Supporting MP meetings
- Senior leader listening events preparation for June and July
- Mental health first aider training preparation for MP researchers to take place on 15 and 22 July
- Compassion Hub held in Kirklees in May, an informal special interest group which brings together people with an interest in the field of compassion. It is led by Spirit in Mind.



This is the June 2019 priority programme progress update for the integrated performance report (IPR). It is a summary of the activity conducted in the period for May 2019. The priority programme areas of work providing an update in this report are:

- Wakefield projects
- Barnsley projects
- West Yorkshire projects
- South Yorkshire projects
- Clinical record system
- Provide all care as close to home as possible (Out of Area)
- Embed #allofusimprove to enhance quality
- Make better use of digital technology.

The framework for this update is based on the Trust priorities for 2019/20 (as agreed in April 2019), and provides details of the scope, improvement aims, delivery and governance arrangements, and progress to date including risk management. Some areas of focus are for the Trust where the position is strategic and emergent; others are priority change programmes which will be delivered over 19/20. The reporting arrangements for each programme of work are identified; some are hidden as they either report elsewhere on the IPR, do not report on the IPR, or do not report this month on the IPR. The proposed delivery is in line with the agreed integrated change framework.

Priority	Scope	SRO	Change Manager	Governance Route	Improvement Aim(s)	Reporting Frequency	Narrative Update	Progress RAG rating	
IMPROVE HEALTH									
Work with our partners to join up care in Wakefield	1. To develop and deliver partnership structures and relationships that underpin integrated working 2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas as identified by the partnership groups. These include: • Elderly and frailty • Mental health (via the MH Alliance) • Dementia (via the MH Alliance) 5. SWYPFT to take a lead partnership role in the development and delivery a MH Alliance for Wakefield that oversees • the delivery of new work streams: - Crisis pathway - Personality Disorder - Suicide prevention • the delivery of the 8 projects that make up the dementia programme • the delivery of legacy commitments for the following: - Peri-natal mental health investment - Psychiatric liaison core 24 - Children and young people (CYP) eating disorders - Improving access to psychological therapies long term conditions (in partnership with Turning Point).	Sean Rayner	Sharon Carter	Transformation Board	By 31/03/20 • All primary care home neighbourhoods will have: - an established integrated leadership team - co-produced priority areas of focus - population health data pack available to underpin decisions - produced stories that demonstrate impact for the people in their area • Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Monthly on IPR	An update on progress in May is as follows: • The provider alliance agreed the priorities for 19/20 which have been approved by the Wakefield integrated care partnership (WICP, formerly the new models of care board (NMOCB)) in May. • Funding has been approved by WICP for a programme manager post to support the work of the mental health (MH) alliance. SWYPFT to host the programme manager on behalf of the Alliance. • Work is underway to produce one overarching costed proposal for the 3 areas: Adult crisis, personality disorder and chaotic lifestyle, and suicide prevention to the WICP Board on 3rd July. SWYPFT leading the production of the proposal on behalf of the provider alliance. • Work is progressing to produce 2 proposals bids for all age liaison and CYP 7 day crisis support. • In addition, a dementia work programme consisting of 8 separate projects is underway. The aim of the programme is to make Wakefield a good place to live with dementia. Each project will be informed by a project team of key stakeholders including people living with dementia and their carers.	Progress Against Plan	
							Risks are managed by each programme of work. Areas of risk to report include: Failure to deliver timely response to bids and proposals due to lack of resource, other work priorities and skills. There is a risk that the timescales are too ambitious and do not allow for sufficient time to engage with all partners and stakeholders.	Management of Risk	
							By 31/03/20 each programme area will have delivered on key improvement aims as set out at the beginning of the year.		
Work with our partners to join up care in Barnsley	1. To develop and deliver partnership structures and relationships that underpin integrated working 2. To deliver integrated care networks in the six neighbourhoods of Barnsley which meet the requirements for primary care networks whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas as identified by the partnership groups. These include: a. Frailty b. Cardio vascular disease (CVD) c. Stroke 5. To develop and deliver a communication and engagement plan that promotes integrated working, inspires staff to work in different ways and helps create an empowered public that takes more responsibility for their health and wellbeing. To underpin this work with a clear plan for SWYPFT in via the Barnsley and South Yorkshire internal integration group.	Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 All six neighbourhoods will have • an established integrated leadership team • co-produced priority areas of focus • population health data pack available to underpin decisions • produced stories that demonstrate impact for the people in their area • The integrated care outcomes framework will be used by partners to begin to demonstrate impact of the different pieces of work • Each programme area will have delivered on key improvement aims as set out at the beginning of the year	Monthly on IPR	An update on work undertaken in April and May is as follows: • Stroke: Following further exchange of information between SWYPFT/Barnsley hospitals NHS foundation Trust (BHNFT) and clinical commissioning group (CCG) discussing remodelled assumptions and proposals, an additional meeting is in place for June. • The neighbourhood nursing service specification has been reviewed and additional key performance indicators (KPIs) have been developed and approved by the alliance management team (AMT). • There was a deep dive on musculoskeletal (MSK) service in May. A new MSK steering group with a wider membership will meet on the 26 June to ensure actions from this are delivered. • RightCare Barnsley: IT proposal submitted from SWYPFT to support the service. Additional staffing requirement identified to support the service moving forward. Decisions required from AMT to support proposals made. • There was a diabetes deep dive at May's AMT where a number of issues relating to waiting lists for training and joint clinics were identified. • A falls, bone health and osteoporosis workshop was held on 5th April. The current baseline was discussed and gaps identified. A further workshop facilitated by the Royal Osteoporosis Society will take place on the 20th June 2019. An action plan will be developed at the workshop. • All general practices in Barnsley have now agreed and signed up to work as part of a Supra primary care network (PCN), and the necessary paperwork forwarded to NHS England for a go-live date of 1 July 2019. There will be 6 primary care network (PCNs) (Penistone, Central, North, North East, Dearne and South); each with a population of 30,000-50,000 patients, and each would have a clinical director to provide local autonomy and direction.	Progress Against Plan	

Summary	Quality	NHS Improvement			Locality	Priority Programmes	Finance/Contracts	Workforce	
							<p>Risks are managed by each programme of work. Areas of risk to report include: Stroke:</p> <ul style="list-style-type: none">• Finances/contracting - potential increasing risk.• 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.• Demand for radiology/ availability of diagnostic testing within required timescale• Social care not yet fully included in scope of stroke developments	Management of Risk	
							Implementation plan/key milestones: By 31/07/19 Programme areas have identified key improvement aims for 19/20 By 30/09/19 6 neighbourhoods have established leadership teams By 31/12/19 6 neighbourhoods have identified priority areas By 31/03/20 Stories have been shared from the networks, intelligent commissioning federation (ICOF) populated and shared, Programme areas have delivered on key improvement aims.		
Work with our partners to join up care in South Yorkshire	Work with our South Yorkshire (SY) partners to deliver shared objectives as described through the integrated care systems plans. As the programmes of work develop, we aim to underpin this work with a clear plan for SWYPFT via the Barnsley and SY internal integration group.	Alan Davis & Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Bi-monthly on IPR	Alan Davis will be the SWYPFT representative on the new Executive group at the integrated care system (ICS).	Progress Against Plan	
							An internal mapping exercise has been undertaken within the internal integration group to identify the key workstreams and meetings. Attendees/influencers from SWYPFT have previously been allocated to the Mental Health and Learning Disability meetings and mechanisms for reporting back are being strengthened. Work has commenced on understanding the other streams of work at an ICS level and clarifying the key areas of connection for the Trust.		
							no work programme yet identified	Management of Risk	
Working with our partners to join up care in West Yorkshire	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) Integrated Care System (ICS), including active membership of the West Yorkshire Mental Health Service Collaborative, to deliver shared objectives with our partners in the areas of: <ul style="list-style-type: none">• Forensic services including adult, children and learning disability (LD) projects• LD transforming care partnerships including SWYPFT lead role in Learning disability organisational development network (ODN)• Children and Adolescent Mental Health services whole system pathway development• Suicide Prevention• Eating Disorders• Autism and Attention deficit and hyperactivity disorder (ADHD) We aim to underpin this work with a clear plan for SWYPFT via the WY internal integration group.	Sean Rayner	Sharon Carter & Sarah Foreman	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Monthly on IPR	An update on progress in May is as follows: <ul style="list-style-type: none">• The final WY ICS strategy aims to be in situ by September.• The WY&H ICS is one of three pilot sites for the National Dementia Programme. The programme has 3 key elements - improving advance care planning, delirium awareness, and managing psychological aspects of dementia.• Health Education England (HEE) has made £700k plus funding available (non recurrent) to help progress workforce transformation across WYH.• Suicide Prevention: A deep dive on suicide prevention will be undertaken at the next SOAG meeting in June.• Adult acute mental health programme: Away day for providers and stakeholders is planned for 21/6.• The Trust has commenced on the numerous WY&H ICS bids for funding:<ul style="list-style-type: none">- Forensic trial site bid- Forensic lead provider submission- West Yorkshire ICS- MH Crisis funding. While an ICS bid, it was suggested that this should be 'built up' from 'place' proposals.- West Yorkshire ICS- mental health transformation funding. While an ICS bid, it was suggested that this should be 'built up' from 'place' proposals.• The Trust has established a WY ICS co-ordination group, providing assurance to Transformation Board. The Group will co-ordinate feedback from, and our tactical contribution to, the multiple ICS work programmes.	Progress Against Plan	
							<p>Risks are managed by each programme of work. Areas of risk to report include:</p> <p>Failure to deliver timely response to bids and proposals due to lack of resource, other work priorities and skills.</p> <p>There is a risk that the timescales are too ambitious and do not allow for sufficient time to engage with all partners.</p> <p>Stakeholder engagement remains a challenge to progression for the majority of the programmes.</p> <p>Suicide Prevention programme manager role - No further funding allocated at present, request to ICS for short term funding for this role to ensure continuity.</p> <p>West Yorkshire Forensic Lead Provider business case: whether a new models of care (NMOC) for forensics is achievable owing to financial challenges.</p>	Management of Risk	
							By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.		

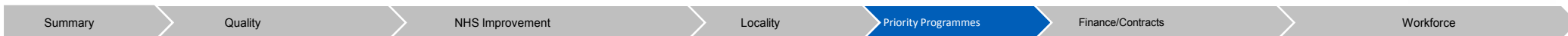
The timeline illustrates the progression of the first round of change activity (quick wins) from April 2019 to September 2019. Key milestones include:

- Apr 2019:** New project governance established; Project prioritisation and framework established.
- May 2019:** Project workshops commence; PD practitioner and Bed Manager in post.
- Jun 2019:** New programme Plan in place and agreed.
- Jul 2019:** First round of change activity (quick wins) complete; Quick win evaluation.
- Aug 2019:** Further change cycles Based on new plan.
- Sep 2019:** Change cycle start Based on new plan.

Additional context: Dashboard Development starts in May 2019.

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce
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IMPROVE RESOURCES									
Make the most of our clinical information	Delivering SystmOne optimisation plan	Salma Yasmeen	Jules Williams & Sharon Carter	Transformation Board	Completion of phase 1: implementation of clinical record system, SystmOne for MH, project closure report. Completion of phase 1: SystmOne for MH post implementation review. Build on from lessons learnt into phase 2: optimisation Co create and co deliver all priority areas of Optimisation plan (areas tbc)	Monthly on IPR	Update on May activities are as follows: - 95.5% of all Trust staff have now completed their SystmOne Training. Further training videos and guidance is in development - Work continues to refine post go live configuration based on staff feedback. - Weekly meeting continues to review and progress calls logged via service desk - A dedicated helpdesk and floor walking support was re-launched from 29/4/19 for 4 weeks to support operational staff during CQC inspection. This was well received from operational staff. - The majority of all reports now built, validation making good progress. The MHSDS and CDS have been generated and submitted. - Concerns re contacts not getting into SystmOne, have been resolved with further configuration of system. The total number of reportable contacts for May is expected to be approx. 35,000, which is in line with activity levels previously reported from RiO. From June onwards we anticipate that reportable contacts will be higher than activity levels from RiO – this is due to the fact that we are now able to report on non-diarised activity which was not reportable from RiO (e.g. ad hoc telephone calls). - Weekly communications on progress and training/guides continue to be supported by the Trust communications team - We expect data catch up activities to be complete by the 6/6/19. Audit has commenced and on track for completion by 17/6/19 to provide a level of assurance about the data that has been manually moved over. - There is a forecast underspend for phase one: implementation of the clinical record system programme of approx £30k. - Project closure report for phase one: implementation has commenced with a report to be submitted to the June Programme Steering Group. - Phase 2: Optimisation programme high level plan to be submitted to EMT 6/6/19. Change reference groups continue to meet and once the plan is approved, full activities will commence.	Progress Against Plan	
							2 risks remain: - risk that TPP failed to deliver the revised care planning documentation by the 31/5/19, which would reduce user confidence. This was scored as a 6, but given the fact that TPP have met the deadline and testing has proved successful with minor tweaks requested this is likely to be closed at the June programme steering group. - risk that sub-optimal transition from RiO to SystmOne will result in significant loss or ineffective use of data resulting in the inability to capture and share information and produce reports - this will be reviewed following successful auditing of catch up activities at the June programme steering group	Management of Risk	
							Optimisation plan in place by end of May 2019 Project closure report completed June 2019 Post implementation Review of phase 1: implementation of SystmOne completed by October 2019.		
Make better use of digital technology	Make better use of digital technology across the Trust to improve our use of resources.	Salma Yasmeen	Vicki Whyte	Transformation Board	The use of a Digital Health App Library and associated prescribing is embedded across 5 Trust services. Digital Dictation business case developed and pilot study completed and evaluated to support a decision for adoption and implementation across the Trust. Virtual Clinic business case developed and pilot study completed and evaluated to support a decision for adoption and implementation across the Trust.	Bi-monthly on IPR	An update on work undertaken in April and May is as follows: • Paper Digitisation: workshops have been finalised and the team have commenced work with the Neighbourhood nursing and Crisis Response Team in Barnsley; workshops have also been booked in with other services around the Trust - initial meetings with services are still being conducted. The team have also been working on the development of the intranet pages, accreditation documentation and have confirmed that 3 fax machines are able to be removed from the Trust, thus far. • Digital Health apps: Specification and EMT report for digital health app service with Orcha developed.	Progress Against Plan	
							Risks are managed by each project. Paper Digitalisation: - Prioritisation of services from BDUs - Co-operation from services to accommodate Paper Digitisation team	Management of Risk	
							By 30/09/19 Implementation of Digital App prescribing in place across 5 Trust Services. By 31/10/19 Business Case for Digital Dictation and Virtual Clinics submitted to Digital Strategy Group. By 31/03/20 Pilot Studies completed, evaluated and reported to Digital Strategy Group.		



MAKE THIS A GREAT PLACE TO WORK						These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR		
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RAG Ratings	
	On Target to deliver within agreed timescales/project tolerances
	On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
	Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
	Actions will not be delivered within agreed timescales/project tolerances
	Action Complete

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Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	3	1	The overall risk rating is a 3 (out of 4 with 1 being the highest). It is limited to a maximum of a 3 due to the impact of the year to date deficit position. This is in line with plan.	
2	Normalised Deficit (excl PSF)	(£1.2m)	(£0.2m)	May 2019 finance performance excluding Provider Sustainability Fund (PSF) is ahead of plan at a deficit of £0.5m. Year to date there is a deficit of £1.2m. Performance is forecast to improve over the course of the year and as such the planned £0.2m year end deficit is still considered as achievable. Continued financial control will be required to deliver this.	
3	Agency Cap	£1.3m	£7.3m	Agency expenditure was £0.6m in May, £0.2m above the agency cap set by NHS Improvement. Current year-end projection is to exceed our agency cap by £2m. Detailed plans with key milestones are being developed.	
4	Cash	£24.6m	£25.9m	The Trust cash position remains healthy at £24.6m although a focus remains on effective cash management. Cash is forecast to increase in Qtr 2 as the outstanding 2018/19 PSF (£3.8m) is received.	
5	Capital	£1m	£7m	Expenditure for the year to date, and forecast, are in line with plan.	
6	Delivery of CIP	£1.4m	£10.6m	Delivery is in line with plan for the year to date. Unidentified CIPs which require mitigation have increased to £1.6m.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

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

Priorities for the Barnsley £1.2m mental health investment plan have been agreed as improving access to psychological therapies (IAPT) expansion, extension to development of all age and crisis liaison services and support for children and young people with a diagnosis of attention deficit hyperactivity disorder (ADHD) waiting for treatment. Work continues through the Wakefield mental health alliance to agree the additional investment plans for expansion of crisis and intensive home based treatment services, personality disorder and chaotic lifestyle pathways in Wakefield.

CQUIN

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

Contracting Issues - Barnsley

The detail of the £1.2m mental health investment plan for 2019/20 has been agreed as improving access to psychological therapies (IAPT) expansion, extension to development of all age and crisis liaison services and support for children and young people with a diagnosis of attention deficit hyperactivity disorder (ADHD) waiting for treatment. Review is ongoing in relation to neighbourhood nursing.

Contracting Issues - Calderdale

Key ongoing work priorities include early intervention in psychosis (EIP), reduction in out of area (OOA) in adult mental health, continued development of perinatal services and further development of children and young people's services in line with implementation of the THRIVE model. 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

Key ongoing work priorities include continued development of psychological therapies for adults covering both core and long term conditions services, expansion of early intervention in psychosis services, continued development of perinatal services transformation of mental health services for older people to support provision of care closer to home through community based provision. Commissioners are making additional investment to support the further development of pathways for people with personality disorder.

Contracting Issues - Wakefield

Key ongoing work priorities include continued development of 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. Work continues through the mental health alliance to agree the additional investment plans for 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.

Contracting Issues - Forensics

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.

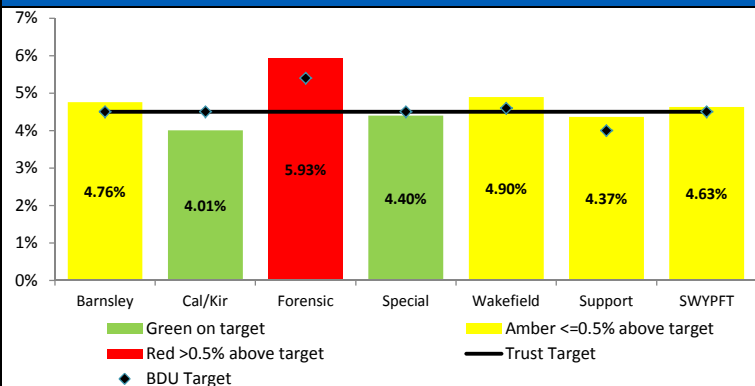
Contracting Issues - Other

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

Workforce

Human Resources Performance Dashboard - May 2019

Sickness Absence

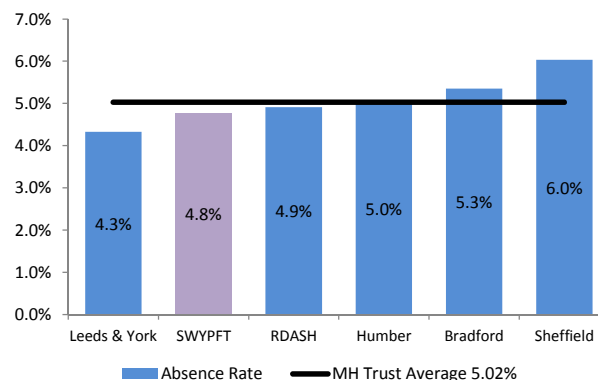


Current Absence Position and Change from Previous Month - May 2019

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.8%	3.9%	6.3%	4.4%	4.4%	4.3%	4.6%
Change	↑	↓	↑	↑	↓	↓	↓

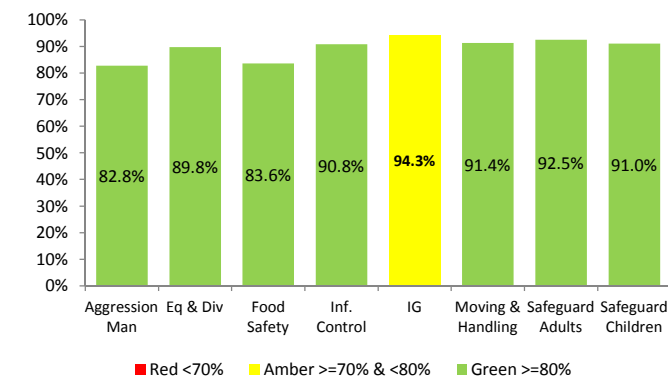
The Trust YTD absence levels in May 2019 (chart above) were above the target at 4.63%.

The YTD cost of sickness absence is £952,203. If the Trust had met its target this would have been £925,467, saving £26,736.



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%.

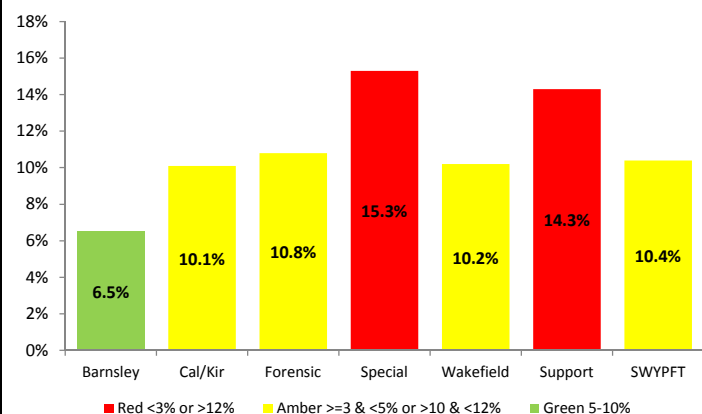
Appraisals - All Staff



The above chart shows the mandatory training rates for the Trust to the end of May 2019.

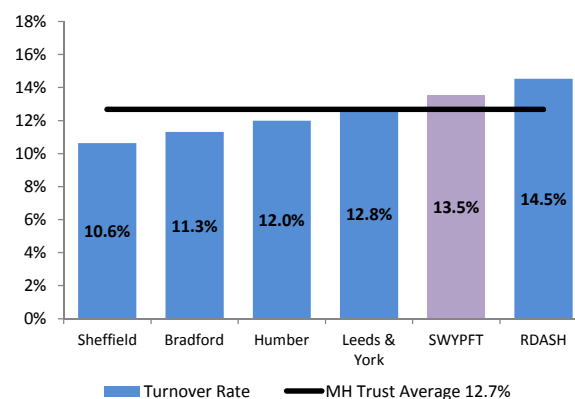
The Trust target for all mandatory training is 80% apart from Information Governance (IG) which has a target of 95%. All are based on a rolling year.

Turnover and Stability Rate Benchmark



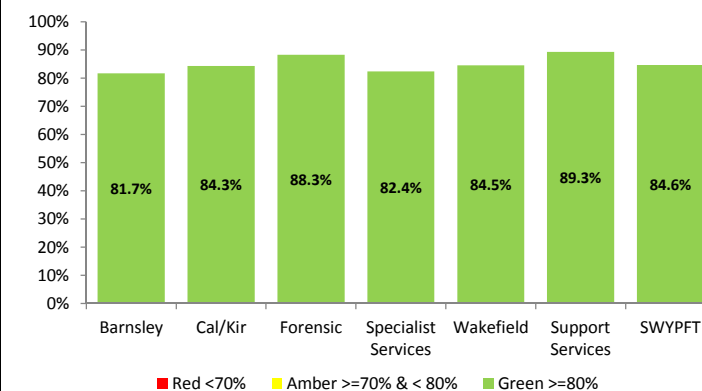
This chart shows the YTD turnover levels up to the end of May 2019.

*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 Training Attendance



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

Summary

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Workforce - Performance Wall cont...

Mandatory Training

- The Trust is above 80% compliance for all 14 mandatory training programmes with 6 being above 90%. Information Governance training has a target of 95% and is currently slightly below this.

Appraisals

- Given the fact it is the start of a new year and the appraisals process is commencing the appraisal completion rate across the Trust is low. There is focus on ensuring that all band 6 and above appraisals are scheduled in before the end of June 19.

Sickness Absence:

- The sickness rate in May has decreased slightly to 4.6%.
- Calderdale & Kirklees, Support and Wakefield services all saw an in month reduction in sickness. Forensic and Barnsley BDUs both saw an in month increase in absence.

Turnover:

- Turnover continues to be an area of focus and the recruitment and retention task group have developed an action plan which is monitored through the workforce and remuneration committee.
- May staff turnover was 10.4% which is a reduction compared to previous month (11.9%)

Summary

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Workforce - Performance Wall

Trust Performance Wall																	
Month	Objective	CQC Domain	Owner	Threshold	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.4%	4.4%	4.5%	4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%	4.7%	4.6%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	4.4%	4.4%	4.7%	4.8%	5.1%	5.7%	5.8%	5.7%	5.8%	5.1%	4.6%	4.7%	4.6%
Appraisals (Band 6 and above) ¹	Improving Resources	Well Led	AD	>=95%	26.1%	72.2%	87.7%	92.8%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%	99.1%	6.3%	19.8%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	2.8%	9.4%	21.6%	48.1%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%	97.5%	0.2%	1.5%
Aggression Management	Improving Care	Well Led	AD	>=80%	81.7%	81.6%	82.9%	83.0%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%	81.6%	82.8%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	84.0%	84.5%	84.8%	83.3%	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%	80.7%	80.2%	80.1%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	85.5%	85.8%	85.9%	86.0%	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%	88.4%	87.9%	88.7%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.8%	89.7%	89.8%	90.1%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%	90.3%	89.6%	89.8%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.8%	86.6%	86.6%	87.4%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%	84.6%	84.6%	84.6%
Food Safety	Improving Care	Well Led	AD	>=80%	77.2%	77.5%	80.8%	81.9%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%	83.4%	83.6%	83.6%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	87.3%	87.3%	87.8%	88.5%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%	89.9%	90.5%	90.8%
Information Governance	Improving Care	Well Led	AD	>=95%	92.7%	92.1%	91.9%	92.2%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%	98.5%	97.2%	94.3%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	85.9%	85.6%	85.7%	86.1%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%	90.4%	91.4%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	91.4%	91.3%	92.2%	91.7%	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%	91.7%	91.2%	91.7%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	86.8%	86.5%	88.1%	87.3%	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%	84.5%	84.2%	85.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led		>=80%	82.8%		83.7%			82.5%			84.9%			Due July 19	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	91.0%	91.3%	91.7%	91.7%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%	92.9%	92.4%	92.5%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	88.6%	89.4%	90.1%	90.4%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%	91.1%	89.6%	91.0%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	95.1%	94.9%	95.8%	95.2%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%	94.9%	94.0%	94.8%
Bank Cost	Improving Resources	Well Led	AD	-	£603k	£768k	£646k	£730k	£845k	£615k	£674k	£678k	£752k	£1048k	£772k	£625k	£844k
Agency Cost	Improving Resources	Effective	AD	-	£538k	£484k	£526k	£566k	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£613k	£641k
Overtime Costs	Improving Resources	Effective	AD	-	£13k	£5k	£11k	£5k	£8k	£4k	£5k	£7k	£7k	£8k	£48k	£12k	£28k
Additional Hours Costs	Improving Resources	Effective	AD	-	£15k	£23k	£31k	£32k	£29k	£30k	£31k	£24k	£26k	£27k	£40k	£46k	£38k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£449k	£420k	£461k	£471k	£507k	£586k	£571k	£572k	£602k	£476k	£482k	£476k	£476k
Business Miles	Improving Resources	Effective	AD	-	264k	259k	291k	269k	279k	267k	299k	279k	286k	270k	289k	274k	240k

¹ - this does not include data for medical staffing.

Publication Summary

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

Department of Health and Social Care

NHS property: guidance for NHS trusts and foundation trusts on requesting transfers of estate in the ownership of NHS property companies

This guidance allows NHS trusts and foundation trusts to apply for the transfer of ownership of properties on their estate. This is where property on a trust's estate belongs to NHS Property Services and community health partnerships. The change recognises that, in many cases, NHS trusts are best placed to judge how to use their estate to benefit the local community.

[Click here for link to guidance](#)

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

NHS Improvement provider bulletin: 22 May 2019:

Submit your board assessment framework for seven day hospital services

- Productivity benchmarking metrics for community mental health services
- Community services operating model guidance
- CQUIN: Implementing three high-impact actions to prevent hospital falls
- CQUIN: 2019/20 indicator specification
- Learning from deaths webinar
- NHS national commercial directors meeting
- Updates from our partners

NHS Improvement provider bulletin: 29 May 2019:

Never Events list: exclusion of wrong site infiltration of dental blocks

- Health and Care Innovation Expo 2019
- Leeds NHS commercial network

NHS Improvement provider bulletin: 12 June 2019:

- What is a biosimilar medicine? - an updated guide
- Optimising the nursing workforce to support retention
- Frailty toolkit: providing the best care for people living with frailty
- Aspire Together Talent Pools — nominations and applications
- Health and Care Innovation Expo 2019
- Aspire Together Talent Pool — webinars to support applications and nominations

NHS Improvement costing newsletter: 15 May 2019

Female genital mutilation: January – March 2019

NHS sickness absence rates: January 2019, provisional statistics

NHS workforce statistics: February 2019

Diagnostic imaging data set: April 2018 – January 2019

NHS vacancy statistics England: February 2015 - March 2019, provisional experimental statistics

Seasonal influenza vaccine uptake in healthcare workers in England: winter season 2018 to 2019

NHS Improvement costing newsletter: 5 June 2019

Monthly hospital activity data: April 2019



**South West
Yorkshire Partnership**
NHS Foundation Trust

Finance Report

**Month 2
(2019 / 20)**
5 ddYbXjI %

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

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Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	3	1	The overall risk rating is a 3 (out of 4 with 1 being the highest). It is limited to a maximum of a 3 due to the impact of the year to date deficit position. This is in line with plan.	
2	Normalised Deficit (excl PSF)	(£1.2m)	(£0.2m)	May 2019 finance performance excluding Provider Sustainability Fund (PSF) is ahead of plan at a deficit of £0.5m. Year to date there is a deficit of £1.2m. Performance is forecast to improve over the course of the year and as such the planned £0.2m year end deficit is still considered as achievable. Continued financial control will be required to deliver this.	
3	Agency Cap	£1.3m	£7.3m	Agency expenditure was £0.6m in May, £0.2m above the agency cap set by NHS Improvement. Current year-end projection is to exceed our agency cap by £2m. Detailed plans with key milestones are being developed.	
4	Cash	£24.6m	£25.9m	The Trust cash position remains healthy at £24.6m although a focus remains on effective cash management. Cash is forecast to increase in Qtr 2 as the outstanding 2018/19 PSF (£3.8m) is received.	
5	Capital	£1m	£7m	Expenditure for the year to date, and forecast, are in line with plan.	
6	Delivery of CIP	£1.4m	£10.6m	Delivery is in line with plan for the year to date. Unidentified CIPs which require mitigation have increased to £1.6m.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

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

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

Area	Weight	Metric	Actual Performance		Plan - Month 2	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	0.8	4	0.5	4
	20%	Liquidity (Days)	21.8	1	17.5	1
Financial Efficiency	20%	I & E Margin	-2.7%	4	-3.0%	4
Financial Controls	20%	Distance from Financial Plan	0.3%	1	0.0%	1
	20%	Agency Spend	42%	3	21%	2
Weighted Average - Financial Sustainability Risk Rating				3		3

Impact

The Trust weighted financial risk rating is currently 3. This is the capped maximum rating as we have individual metrics rated as 4. These ratings are as a direct result of the year to date deficit position and are forecast to improve over the course of the year. The forecast is to improve to 2 in Qtr 4 2019/20.

The agency rating is the only metric which is lower than planned.

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.

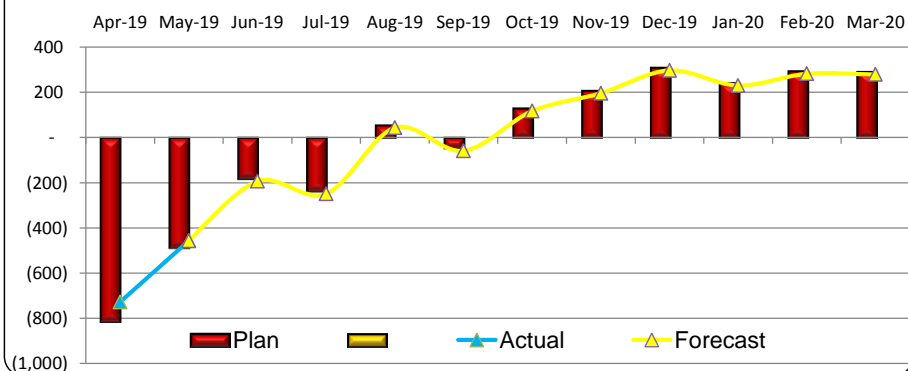
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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

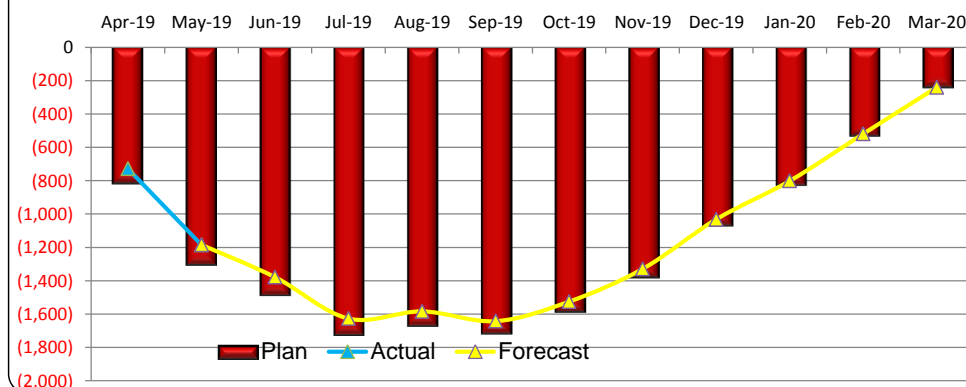
Agency Cap - A cap of £5.3m has been set for the Trust in 2019 / 2020. This metric compares performance against this cap.

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,653	17,502	(151)	Clinical Revenue	35,257	35,010	(247)	211,797	211,480	(317)
				17,653	17,502	(151)	Total Clinical Revenue	35,257	35,010	(247)	211,797	211,480	(317)
				1,192	1,280	88	Other Operating Revenue	2,261	2,423	162	12,993	13,285	292
				18,845	18,782	(63)	Total Revenue	37,518	37,433	(85)	224,790	224,765	(25)
4,123	4,013	(110)	2.7%	(14,576)	(14,452)	124	Pay Costs	(29,846)	(29,375)	471	(176,517)	(175,692)	825
				(3,606)	(3,391)	215	Non Pay Costs	(7,034)	(6,724)	310	(42,599)	(42,438)	161
				(491)	(721)	(230)	Provisions	(619)	(1,172)	(553)	2,015	1,302	(712)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,123	4,013	(110)	2.7%	(18,673)	(18,564)	108	Total Operating Expenses	(37,499)	(37,271)	228	(217,102)	(216,828)	274
4,123	4,013	(110)	2.7%	173	218	45	EBITDA	19	162	143	7,688	7,937	249
				(442)	(463)	(21)	Depreciation	(884)	(926)	(42)	(5,302)	(5,565)	(263)
				(227)	(227)	0	PDC Paid	(454)	(454)	0	(2,726)	(2,726)	0
				8	16	7	Interest Received	17	33	17	100	113	13
4,123	4,013	(110)	2.7%	(488)	(457)	31	Normalised Surplus / (Deficit) Excl PSF	(1,302)	(1,185)	117	(240)	(240)	(0)
				88	88	0	PSF (Provider Sustainability Fund)	176	176	0	1,765	1,765	0
4,123	4,013	(110)	2.7%	(400)	(369)	31	Normalised Surplus / (Deficit) Incl PSF	(1,126)	(1,009)	117	1,525	1,525	(0)
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,123	4,013	(110)	2.7%	(400)	(369)	31	Surplus / (Deficit)	(1,126)	(1,009)	117	1,525	1,525	(0)

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



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



Income & Expenditure Position 2019 / 20

The deficit run rate continued into May. The deficit is lower than the previous month due to the one off staff payment made in April 2019. Actions are focussed on returning the run rate to surplus.

Month 2

The May position is a pre PSF deficit of £457k and a post PSF deficit of £369k, this is £31k ahead of plan. The key headlines are below. Whilst favourable to plan the reporting of a deficit is a concern and the run rate must improve in order to achieve the surplus planned for the full year.

In May there is a continued underspend in both on pay and non pay categories partly offset by income being below plan.

Income

Clinical income in month 2 is £151k lower than plan. A full breakdown of income is shown on page 7.

CQUIN income risk is currently being assessed. The current position (actual and forecast) assumes 100% achievement of all schemes. It is confirmed this is a lower value than previous years as CQUIN income has reduced from 2.5% to 1.25% of applicable contract values.

Pay Expenditure

In May pay underspent by £124k. The Trust continues to run with a number of vacancies and utilises temporary staff (both internal bank and external agency) to meet clinical and service requirement. Recruitment is actively being undertaken and the Trust continues to work on its recruitment and retention action plan. Additional analysis is included within the pay information report to highlight the different expenditure levels across the services.

The NHSI maximum agency cap for 2019/20 has been set at £5.3m. In May agency costs are £641k. This is £198k (45%) higher than cap.

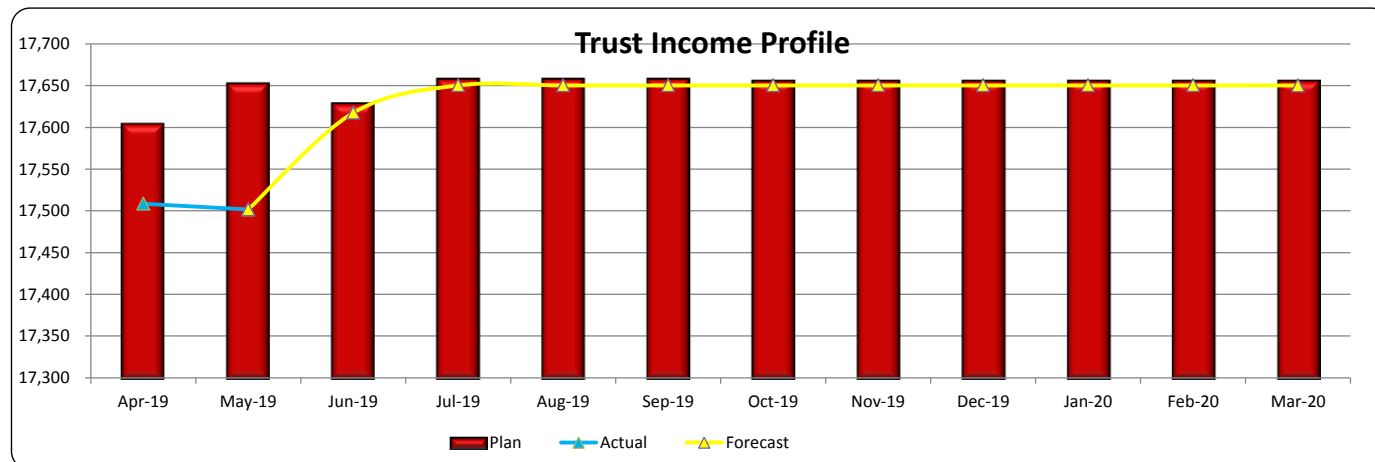
Non Pay Expenditure

Non pay is underspent by £215k in May and is at a lower level overall than in previous years. This will continue to be monitored due to the volatility in key areas such as out of area placement expenditure. More details are included within the out of area focus page.

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-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k	Total 18/19 £k
CCG	12,398	12,398	12,398	12,398	12,398	12,398	12,398	12,398	12,398	12,398	12,398	12,398	148,772	146,036
Specialist Commissioner	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	24,297	23,356
Alliance	1,295	1,295	1,295	1,295	1,295	1,295	1,295	1,295	1,295	1,295	1,295	1,295	15,540	14,596
Local Authority	441	441	444	442	442	442	442	442	442	442	442	442	5,303	5,074
Partnerships	614	614	643	643	643	643	643	643	643	643	643	643	7,654	7,172
Other	737	730	813	848	848	848	848	848	848	848	848	848	9,914	6,708
Total	17,509	17,502	17,618	17,650	17,650	17,650	17,650	17,650	17,650	17,650	17,650	17,650	211,480	202,942
18/19	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	



As in previous years the majority of Trust clinical income is in the form of block contracts. These were agreed as part of the 2019/20 annual planning process with commissioners and therefore there is currently little variance forecast from this baseline position.

Income budgets have increased in May 2019 due to additional income secured as expansion of the service already provided into Youth Offenders Institutes. This service is delivered in partnership with Leeds Community Healthcare NHS Trust.

The year to date underspend of £247k relates to:
No additional income assumed from the sale of Neuro Rehabilitation beds in Barnsley. Activity levels, and future plans, are under review.

Income lower than plan for services which are charged on actual staff in post (South Yorkshire Liaison & Diversion for Qtr 1 and Youth Offender expansion noted above)

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.

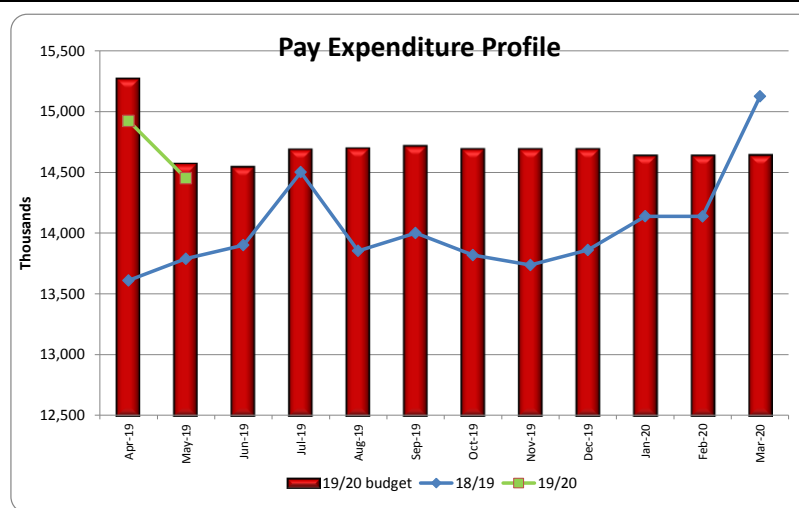
The Trust workforce strategy was approved by Trust board during 2017 / 18 and annual plans are agreed by the Workforce and Remuneration Committee. The Trust's strategic workforce plan was approved in March 2018 and is updated annually.

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-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
Substantive	13,647	12,904											26,552
Bank & Locum	663	906											1,569
Agency	613	641											1,254
Total	14,923	14,452	0	0	0	0	0	0	0	0	0	0	29,375
18/19	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
Bank as %	4.4%	6.3%											5.3%
Agency as %	4.1%	4.4%											4.3%

Year to Date Budget v Actuals - by staff group						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	3,917	2,943	100	696	3,739	178
Nursing Registered	10,610	9,031	529	93	9,653	957
Nursing	3,216	3,034	744	255	4,033	(817)
Other	7,336	7,215	75	203	7,493	(157)
Corporate Admin	2,103	1,738	38	7	1,783	320
BDU Admin	2,665	2,591	84	0	2,674	(10)
Total	29,846	26,552	1,569	1,254	29,375	471

Year to date Budget v Actuals - by service						
	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	13,011	11,157	286	826	12,268	744
Inpatient	7,242	6,311	1,106	387	7,804	(562)
BDU Support	1,246	1,212	35	0	1,247	(3)
Community	3,652	3,527	55	14	3,596	56
Corporate	4,695	4,345	87	28	4,460	236
Total	29,846	26,552	1,569	1,254	29,375	471



Key Messages

Overall pay expenditure is higher in 2019/20 than previous years. This is to be expected as a result of the national pay awards and pay increments under Agenda For Change. The Trust has also been successful in securing new services such as Liaison and Diversion from April 2019.

In May pay underspent by £124k. Year to date the underspend is £471k. Temporary staffing provided by both agency and bank staff totals £2.8m to date (9.6% of total pay expenditure) and this level of expenditure is being offset by vacancies. However additional staffing requirements and vacancies are often within different services or BDUs within the Trust. The service, quality and financial impact of this is considered as part of the monthly internal review.

Key variances above highlight that the largest area of underspend is within registered nursing due to known recruitment and retention difficulties. The current workforce strategy includes the utilisation of additional unregistered nurses to provide support. Recurrent workforce strategies have been developed and a focus on inpatient, particularly adult acute, is being undertaken.

To date the all inpatient areas, excluding Forensics, is overspent by £562k. However there is funding currently held within provisions to provide for an agreed recurrent workforce model in line with spend in 2018/19. As and when the model is finalised funding will be allocated. Taking this into account these inpatient areas would still be overspent by £190k to date.

**The NHS Improvement agency cap is
£5.3m**

**May 2019 agency spend exceeds the cap
by 47%**

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.

The maximum agency cap established by NHSI for 2019/20 is £5.3m which is £0.1m higher than the 2018/19 cap. In 2018/19 spend was £6.5m which breached the cap by £1.3m (24%). The NHSI agency cap has been profiled equally across the year with a maximum spend of £443k a month. The Trust plan assumed spend in excess of the cap at £5.9m.

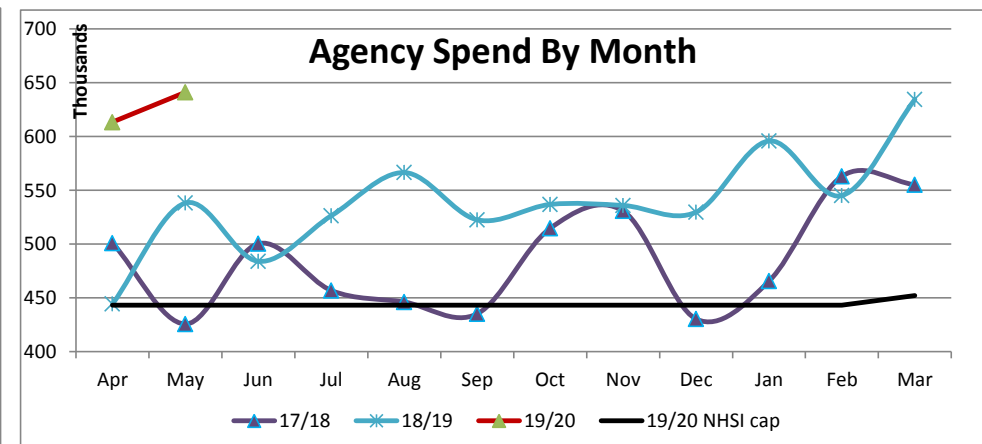
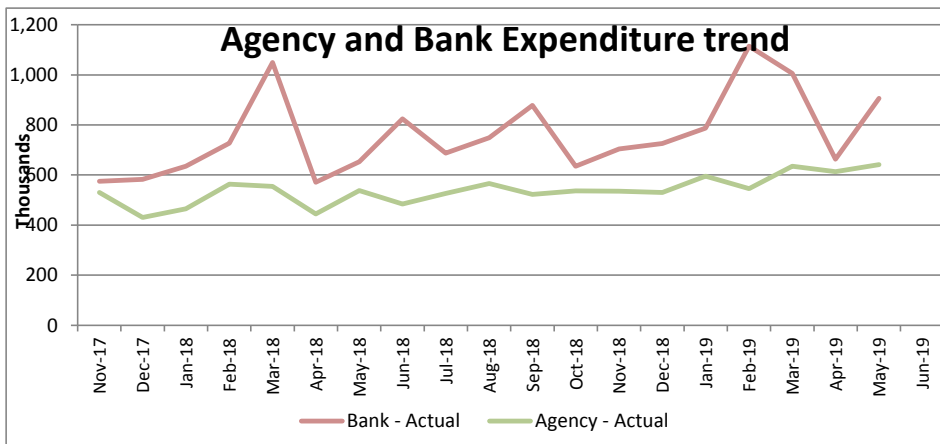
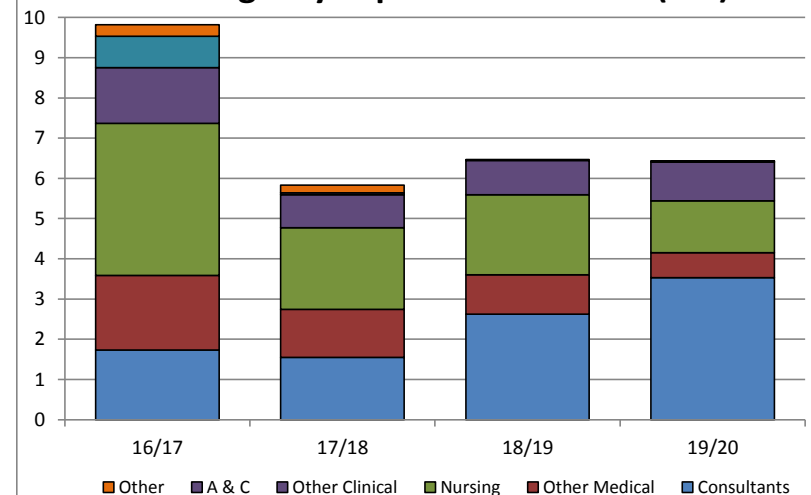
Actual agency usage continues to be reported to NHS Improvement on a weekly basis.

Month 2 agency spend is £641k, 45% above cap. This continues to be a higher rate than incurred in 2018/19. The Trust agency action group continues to progress actions to reduce this level of spend. Cumulatively agency spend is £1.25m which is 42% above cap and 28% higher than the same period last year.

The current forecast, based upon plans in place, is £7.3m. All medical post action plans have been updated with key milestones dates identified.

Bank expenditure at £906k, whilst higher than April 2019, is in line with Qtr 4 2018/19 run rates. Bank usage is not restricted to one BDU and mainly results from high acuity, high sickness and on-call cover across the wards.

Agency Expenditure Trends (£m)

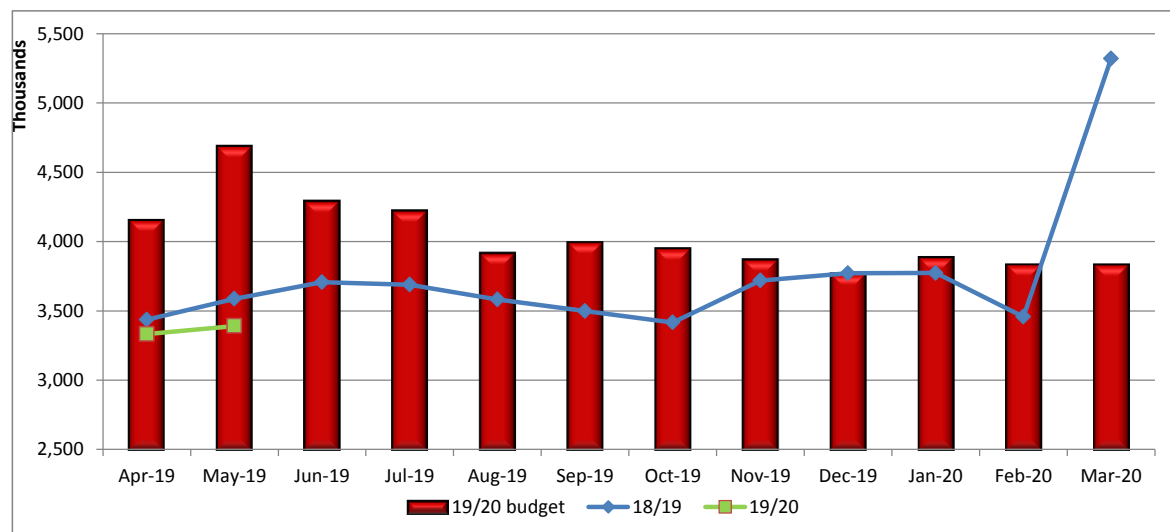


2.1 Non Pay Expenditure

Whilst pay expenditure represents over 80% of all Trust expenditure, 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-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
2019 / 2020	3,333	3,391											6,724
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

	Budget Year to date £k	Actual Year to date £k	Variance £k
Non Pay Category	£k	£k	£k
Clinical Supplies	488	434	54
Drugs	605	559	46
Healthcare subcontracting	889	904	(15)
Hotel Services	305	248	57
Office Supplies	747	758	(11)
Other Costs	744	714	29
Property Costs	1,088	1,133	(45)
Service Level Agreements	1,032	1,024	8
Training & Education	67	83	(16)
Travel & Subsistence	639	428	211
Utilities	196	222	(26)
Vehicle Costs	237	217	20
Total	7,034	6,724	310
Total Excl OOA and Drugs	5,540	5,260	280



Key Messages

Budgets and plans were reset during the 2019/20 annual planning round and, to date, there is little variation from plan. The plan included resetting those categories which have historically overspent such as healthcare subcontracting (use of out of area placements) and drugs. Whilst these variances are small the focus remains on ensuring that all spend is appropriate and provides value for money.

To date overall non pay expenditure is lower than in the previous year.

Travel and subsistence costs are currently £211k under plan for the year to date. This is being validated within the Trust non pay review group with an expectation that any savings will be taken and allocated against the currently unidentified CIP.

Other workstreams within the non pay review group includes phones, energy, rates as we continue to focus on waste reduction and value for money.

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 is for the out of area placements relating to adult acute beds including PICU in all areas. This 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
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
19/20	289	289											578

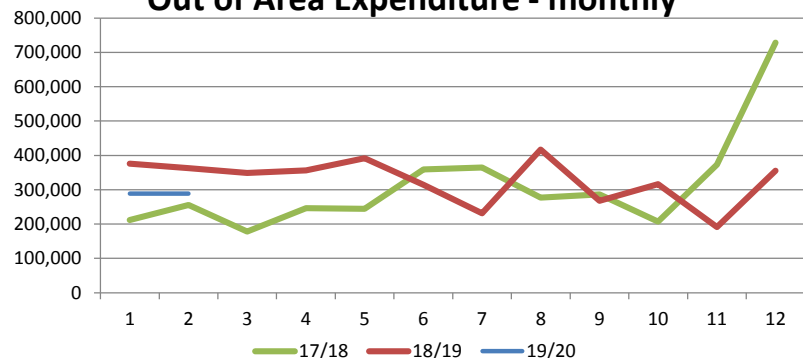
Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
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
19/20	282	356											638

Bed Day Information 2019 / 2020 (by category)

PICU	32	26											58
Acute	160	278											438
Appropriate	90	52											142
Total	282	356	0	0	0	0	0	0	0	0	0	0	638

Out of Area Expenditure - monthly



In 2019/20 the PICU out of area budget has been set to fund 2 appropriate out of area placements at any time. The acute out of area budget is phased to fund 9 out of area placements in April reducing to 5 placements by March 2020.

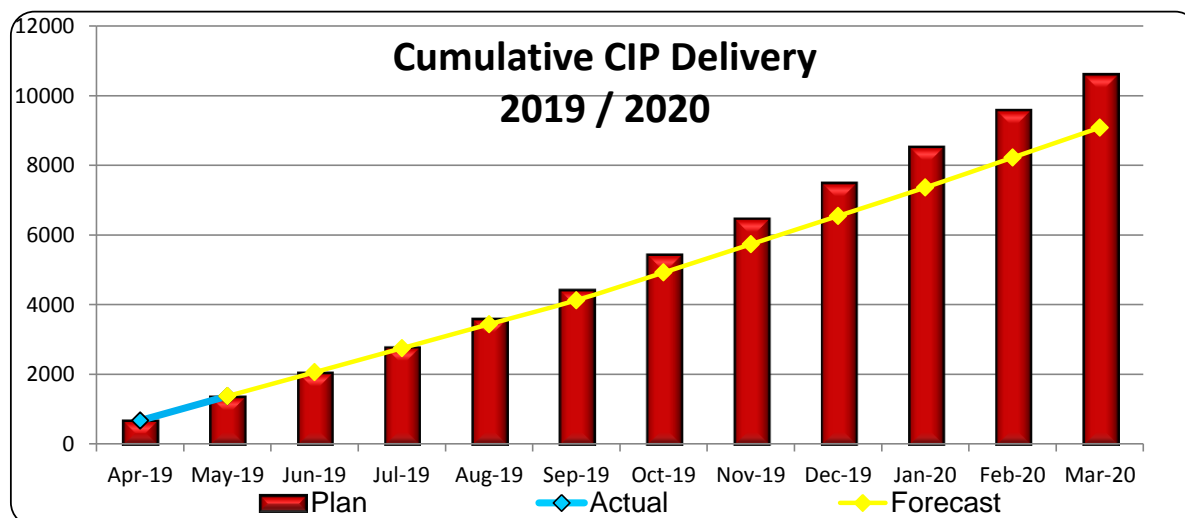
Demand for placements increased in May meaning that the year to date position is 28 more days than planned (638 used compared to 610 planned).

This activity is within a wider care closer to home programme. The objective is to reduce the use of inpatient beds (both out of areas and within the Trust), enabling more care closer to home, in a way which contributes to increased quality and safety across the whole pathway and improves staff wellbeing. Elements of this programme includes reviewing appropriate inpatient stays and ensuring the right community and primary care support.

2.1

Cost Improvement Programme 2019 / 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
TOTAL - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	688	1,376	2,066	2,790	3,615	4,439	5,455	6,481	7,507	8,542	9,596	10,624	1,376
Achieved - plan	667	1,353	2,030	2,710	3,390	4,070	4,855	5,658	6,461	7,268	8,118	8,970	1,353
Achieved - mitigation	4	19	28	38	47	57	66	75	85	94	104	113	19
Mitigations - Upside schemes									386	771	1,156	1,541	0
Shortfall / Unidentified	16	5	8	43	178	313	533	747	575	409	218	(0)	5



The Trust has set a challenging CIP target for 2019/20 of £10.6m which included £1.4m of unidentified savings at the beginning of the year.

Delivery is in line with plan for the first 2 months of 2019/20 although there has been more non-recurrent than planned.

Additional schemes need to be in place to deliver at least £1.5m cost reductions over the course of the year. Identification, and delivery, of these remains a focus for the Trust Operational Management Group.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
RECURRENT - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	405	811	1,217	1,666	2,214	2,763	3,503	4,243	4,984	5,734	6,482	7,206	811
Achieved - plan	376	771	1,157	1,561	1,964	2,368	2,880	3,399	3,917	4,446	4,998	5,551	771
Achieved - mitigation	3	17	25	33	41	50	58	66	74	83	91	99	17
Shortfall / Unidentified	26	24	35	72	208	345	565	779	992	1,205	1,394	1,555	24

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
NON RECURRENT - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	283	566	848	1,124	1,400	1,676	1,952	2,237	2,523	2,808	3,113	3,419	566
Achieved - plan	291	582	873	1,149	1,425	1,702	1,976	2,259	2,543	2,822	3,120	3,419	582
Achieved - mitigation	1	2	3	5	6	7	8	9	10	12	13	14	2
Shortfall / Unidentified	(9)	(19)	(28)	(29)	(31)	(32)	(32)	(32)	(31)	(25)	(20)	(14)	(19)

	2018 / 2019 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	100,005	100,115	100,034	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	1,003	1,686	2
Non NHS Trade Receivables (Debtors)	1,007	2,646	797	
Prepayments, Bad Debt, VAT	1,559	2,246	3,177	
Accrued Income	5,138	5,616	7,947	3
Cash and Cash Equivalents	27,823	20,750	24,643	4
Total Current Assets	38,806	32,493	38,509	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(2,826)	(3,911)	5
Capital Payables (Creditors)	(1,070)	(468)	(404)	5
Tax, NI, Pension Payables, PDC	(6,002)	(6,455)	(6,284)	
Accruals	(8,020)	(8,072)	(9,774)	6
Deferred Income	(276)	(617)	(448)	
Total Current Liabilities	(20,031)	(18,438)	(20,821)	
Net Current Assets/Liabilities	18,775	14,055	17,688	
Total Assets less Current Liabilities	118,780	114,170	117,722	
Provisions for Liabilities	(7,221)	(6,270)	(7,171)	
Total Net Assets/(Liabilities)	111,560	107,900	110,551	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,221	
Revaluation Reserve	9,453	9,845	9,453	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	48,614	51,657	7
Total Taxpayers' Equity	111,560	107,900	110,551	

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 original agreed plan for 2019/20 is £7.0m although this has subsequently reduced to £6.8m following a national request.

2. NHS trade debtors are higher than plan, a number of old invoices continue to be pursued to achieve resolution. We work to ensure that block invoices are paid in month.

3. Accrued Income is above plan as this includes the additional PSF received at 31st March 2019 which is expected to be paid in Q1 2019 (£3.8m).

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 16.

5. Creditors are higher than plan although we continue to ensure invoices are paid in line with the Better Payment Practice Code (page 17).

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

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

3.1 Capital Programme 2019 / 2020

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	3,007	69	42	(27)	2,860	(147)	2
Equipment Replacement	50	0	(3)	(3)	90	40	
IM&T	2,245	253	29	(224)	2,242	(3)	3
Major Capital Schemes							
Fieldhead Non Secure	635	424	801	377	806	171	4
Nurse Call system	600	75	0	(75)	600	0	
Clinical Record System	220	146	85	(61)	159	(61)	
VAT Refunds	0	0	0	0	0	0	
TOTALS	6,757	967	955	(12)	6,757	(0)	

National 2019 / 20 NHS capital programmes are subject to further review

Capital Expenditure 2019 / 2020

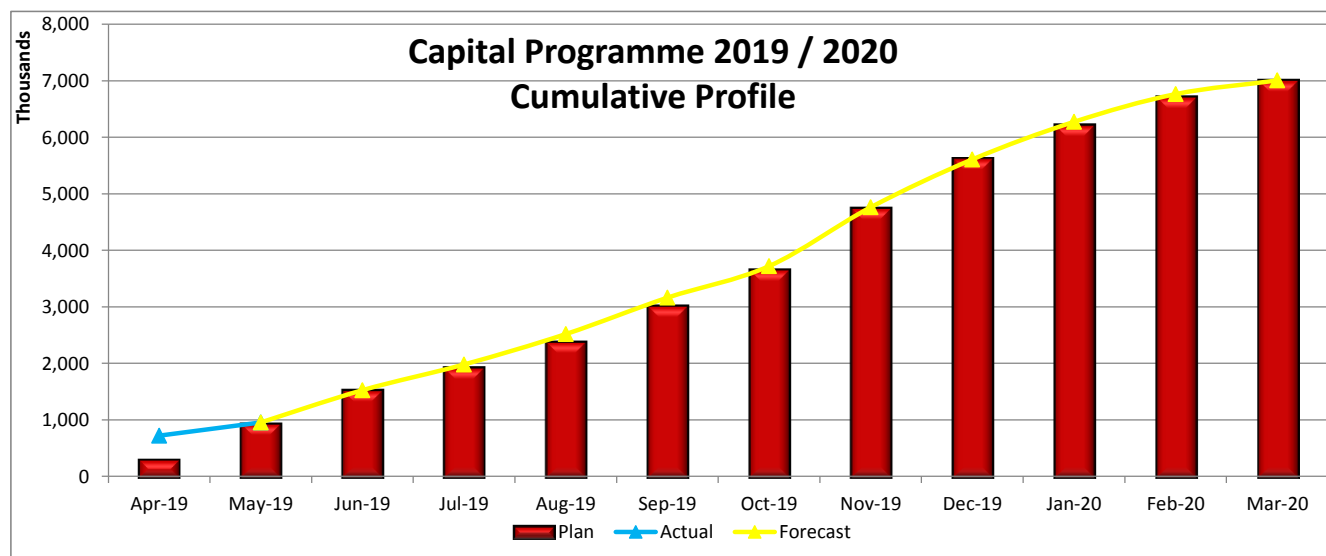
1. The originally agreed capital plan for 2019 / 20 was £7.0m and schemes are guided by the current estates and digital strategies.

NHS Improvement asked all Trusts to conduct a further review and prioritisation of their capital programmes; this led to the Trust submitting a revised capital plan of £6.8m in May 2019.

2. Expenditure is low as many schemes are in the planning stage. This is in line with the plan which is weighted towards expenditure from quarter 2.

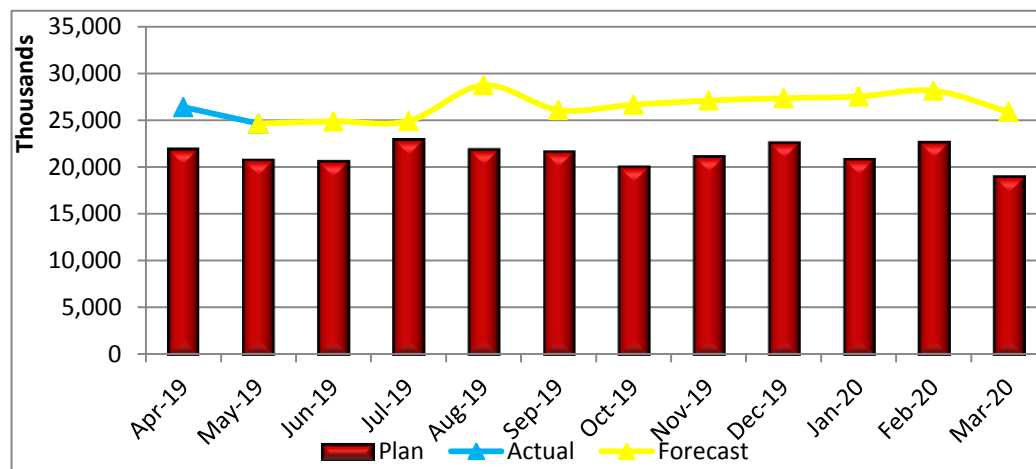
3. IM & T spend is behind the original plan. Tendering has been delayed, in conjunction with suppliers, for some of the high value hardware as the Trust works to ensure the best value for money solutions.

4. Final values for the non secure scheme are being validated. It is currently forecast to exceed the 2019/20 plan value but will be in line with the overall project budget.

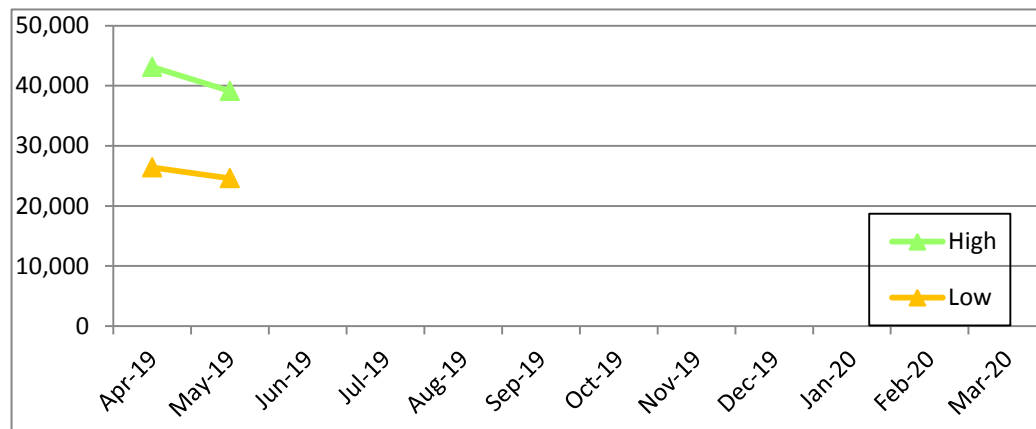


3.2

Cash Flow & Cash Flow Forecast 2019 / 2020



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	20,750	24,643	3,893



Effective cash management remains a key financial objective for 2019/20

Cash started the year higher than plan (as the plan was submitted prior to the year end position being finalised).

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.

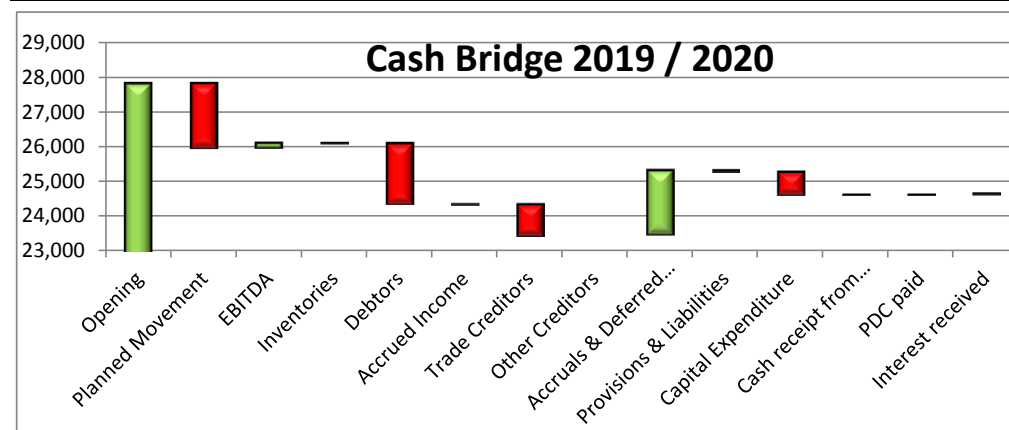
The highest balance is: £39.1m

The lowest balance is: £24.6m

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	22,617	27,823	5,206	1
Surplus / Deficit (Exc. non-cash items & revaluation)	194	338	144	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(1,137)	(2,884)	(1,747)	
Accrued Income / Prepayments	0	0	0	
Trade Payables (Creditors)	(26)	(924)	(898)	4
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	58	1,926	1,868	3
Provisions & Liabilities	(5)	(50)	(45)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(967)	(1,621)	(654)	4
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	16	33	17	
Closing Balances	20,750	24,643	3,893	



The plan value reflects the April 2019 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. The opening cash balance was higher than included in the annual plan submission.
2. The in year I & E position is better than plan.
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.

Factors which decrease the cash position against plan:

4. 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.

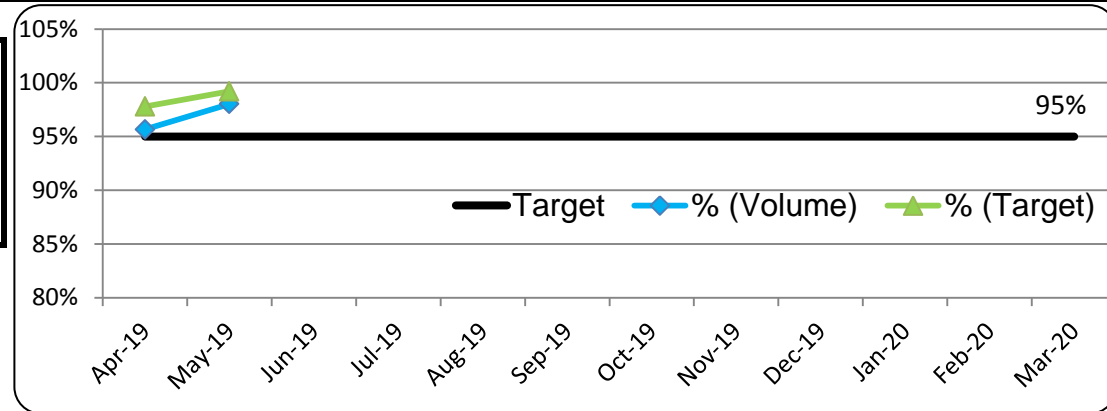
4.0

Better Payment Practice Code

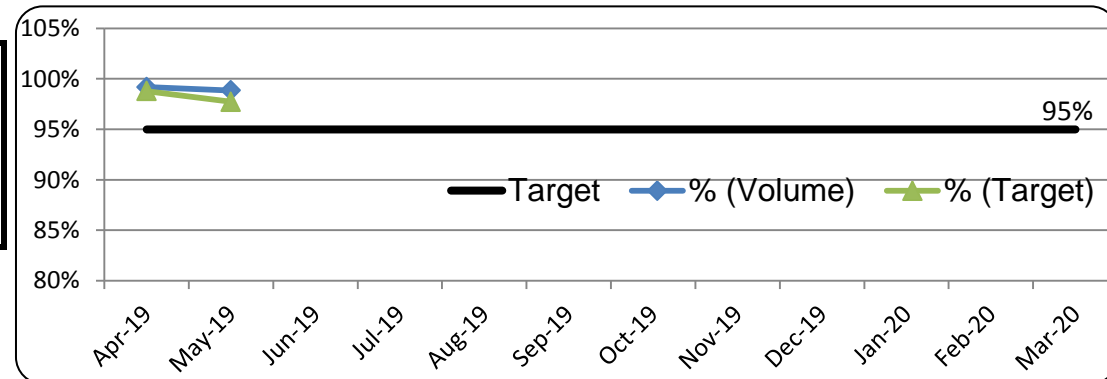
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS		
	Number	Value
	%	%
Year to April 2019	96%	98%
Year to May 2019	98%	99%



Non NHS		
	Number	Value
	%	%
Year to April 2019	99%	99%
Year to May 2019	99%	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 (£)
29-May-19	Insurance Costs	Trustwide	Zurich Insurance Company	3107662	786,290
03-May-19	Property Rental	Trustwide	Calderdale and Huddersfield NHS Foundation Trust	3105511	226,501
24-Apr-19	Membership Fees	Trustwide	Care Quality Commission	3104469	159,780
12-Mar-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3100250	153,889
29-Apr-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3104802	133,467
08-May-19	IT services	Trustwide	Daisy Corporate Services Trading Ltd	3105732	111,750
25-Mar-19	Project Support	Trustwide	Fischer Associates	3101558	109,500
30-May-19	Property Rental	Wakefield	Assura HC Ltd	3107794	90,000
10-Apr-19	Property Rental	Barnsley	Barnsley Metropolitan Borough Council	3103461	80,771
01-May-19	Purchase of Healthcare	Calderdale	Elysium Healthcare Ltd	3105655	66,583
01-Apr-19	Photocopying Rental & Charges	Trustwide	Xerox (UK) Ltd	3102294	54,389
09-May-19	Project Support	Trustwide	SSG Partners Limited	3105980	52,860
30-Apr-19	Staff Recharge	Wakefield	Wakefield MDC	3104913	47,934
03-May-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3105348	42,034
26-Apr-19	Medical & Surgical Equipment Maintenance contract	Trustwide	Mid Yorkshire Hospitals NHS Trust	3106737	39,500
09-May-19	Insurance Costs	Trustwide	Willis Limited	3105933	38,387
09-May-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3105994	33,874
21-May-19	Hearing Aids	Barnsley	Sonova UK Ltd	3107061	32,587
24-May-19	Property Rental	Barnsley	Community Health Partnerships	3107390	31,925
02-May-19	Communications	Trustwide	British Telecommunications Plc	3105234	27,676
08-May-19	Utilities	Trustwide	EDF Energy	3105700	26,740
28-May-19	Communications	Trustwide	Virgin Media Payments Ltd	3107495	25,852
24-May-19	Property Rental	Barnsley	Community Health Partnerships	3107390	25,624
28-May-19	IT services	Trustwide	Bionical Solutions Limited	3107543	25,215

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

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.0%	5.1%	5.1%	5.2%	4.7%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.2%	6.1%	5.7%	5.4%	4.7%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	96.7%	98.7%	98.7%	98.7%	8.1%	22.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	91.7%	94.1%	96.7%	96.7%	0.4%	2.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.1%	81.9%	83.6%	82.2%	77.8%	77.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.5%	82.8%	82.8%	82.7%	83.5%	82.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.9%	88.9%	86.5%	84.6%	78.0%	81.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.6%	91.8%	90.9%	89.8%	88.9%	89.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.5%	81.7%	82.4%	80.9%	81.6%	81.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.0%	77.8%	77.2%	81.7%	82.4%	83.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	89.7%	88.8%	90.4%	90.0%	89.9%	90.9%
Information Governance	Resources	Well Led	AD	>=95%	88.6%	94.1%	96.2%	97.6%	96.8%	92.6%
Moving and Handling	Resources	Well Led	AD	>=80%	86.7%	85.4%	87.3%	87.6%	87.0%	87.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.1%	90.0%	88.8%	87.4%	86.5%	88.3%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	84.0%	83.2%	84.7%	78.8%	75.6%	78.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.9%	90.6%	90.0%	89.2%	87.5%	88.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.9%	89.1%	88.8%	89.1%	85.6%	87.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.8%	95.8%	95.8%	96.2%	90.5%	93.7%
Agency Cost	Resources	Effective	AD		£68k	£46k	£30k	£37k	£28k	£57k
Overtime Costs	Resources	Effective	AD		£3k	£3k	£1k	£2k	£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£10k	£9k	£13k	£10k	£17k	£14k
Sickness Cost (Monthly)	Resources	Effective	AD		£172k	£177k	£146k	£165k	£140k	£148k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		85.79	73.4	73.85	79.37	84.36	80.88
Business Miles	Resources	Effective	AD		100k	104k	97k	97k	97k	99k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.5%	4.5%	4.5%	4.5%	4.2%	4.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.9%	5.1%	4.7%	4.2%	4.2%	3.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.7%	100.0%	100.0%	100.0%	9.7%	25.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	97.1%	97.8%	98.5%	98.5%	0.2%	1.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.2%	82.4%	82.4%	81.4%	81.9%	82.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.4%	81.6%	79.1%	77.3%	76.3%	75.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	88.0%	88.0%	89.3%	89.8%	91.2%	91.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.3%	90.5%	91.8%	90.9%	90.2%	90.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.8%	85.1%	83.6%	84.5%	84.2%	84.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	87.8%	84.6%	84.3%	83.4%	82.5%	81.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	89.9%	89.8%	90.2%	88.4%	90.1%	90.0%
Information Governance	Resources	Well Led	AD	>=95%	91.2%	97.5%	97.8%	98.8%	97.8%	95.1%
Moving and Handling	Resources	Well Led	AD	>=80%	88.8%	87.8%	88.9%	89.6%	90.5%	91.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.1%	91.9%	92.5%	91.6%	91.3%	91.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	89.1%	88.6%	87.5%	86.4%	86.9%	87.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.6%	93.9%	92.7%	91.4%	91.7%	92.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.9%	88.9%	88.0%	88.6%	89.5%	90.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.2%	94.9%	95.9%	95.9%	96.6%	96.4%
Agency Cost	Resources	Effective	AD		£105k	£101k	£102k	£135k	£146k	£157k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£1k	£1k	£2k	£7k
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£1k	£4k	£5k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£121k	£127k	£109k	£109k	£102k	£95k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		74.99	68.26	70.03	68.72	75.61	80.5
Business Miles	Resources	Effective	AD		57k	69k	64k	82k	66k	45k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	7.6%	7.7%	7.6%	7.5%	5.6%	5.9%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	8.3%	8.4%	6.5%	5.6%	5.6%	6.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	93.4%	94.6%	94.4%	94.4%	3.5%	15.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	97.2%	98.4%	98.3%	98.3%	0.7%	0.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.1%	85.1%	87.8%	87.5%	85.1%	85.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.7%	84.2%	86.2%	85.8%	83.1%	86.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	85.2%	86.4%	89.3%	89.9%	90.3%	90.2%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.6%	95.3%	95.4%	94.4%	91.1%	91.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.7%	87.8%	88.5%	87.7%	86.8%	88.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	84.1%	84.3%	87.4%	83.6%	84.3%	82.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.4%	90.6%	90.6%	90.4%	90.1%	90.4%
Information Governance	Resources	Well Led	AD	>=95%	93.1%	95.4%	97.2%	98.5%	97.0%	95.3%
Moving and Handling	Resources	Well Led	AD	>=80%	91.4%	90.6%	92.7%	94.6%	95.3%	95.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.0%	89.6%	89.9%	89.0%	89.2%	91.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	83.6%	83.3%	83.2%	81.8%	83.9%	89.7%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.3%	96.0%	96.5%	96.1%	95.1%	94.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	91.4%	93.3%	94.2%	93.6%	88.4%	89.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	86.7%	93.3%	93.1%	92.9%	90.3%	90.3%
Agency Cost	Resources	Effective	AD		£76k	£69k	£31k	£69k	£50k	£59k
Overtime Costs	Resources	Effective	AD		£0k	£2k	£0k	£0k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£2k	£1k	£2k	£1k	£1k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£80k	£88k	£56k	£55k	£52k	£59k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		57.24	48.97	62.2	64.52	78.25	84.96
Business Miles	Resources	Effective	AD		9k	8k	7k	9k	5k	6k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.1%	5.1%	5.0%	4.9%	4.4%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.6%	5.0%	4.6%	3.0%	4.4%	4.4%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.4%	99.5%	99.5%	99.5%	2.8%	10.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	90.5%	91.8%	92.7%	92.7%	0.0%	2.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.7%	85.5%	81.8%	80.9%	82.9%	81.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	78.3%	78.2%	77.4%	76.7%	78.6%	79.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.2%	92.7%	94.0%	93.6%	94.4%	95.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.2%	89.4%	88.8%	88.3%	87.5%	86.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.1%	81.0%	80.4%	80.7%	81.6%	82.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.3%	72.4%	72.4%	71.0%	73.3%	70.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	89.3%	89.1%	91.2%	90.7%	90.9%	89.4%
Information Governance	Resources	Well Led	AD	>=95%	87.7%	95.5%	98.2%	98.7%	98.2%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	89.0%	87.7%	90.5%	90.2%	89.7%	91.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.4%	93.8%	93.9%	93.4%	93.4%	91.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.8%	87.8%	86.9%	87.3%	84.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.9%	92.8%	93.2%	93.2%	93.1%	91.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.4%	92.8%	91.2%	91.2%	90.7%	90.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.8%	91.4%	91.9%	92.3%	92.8%	94.4%
Agency Cost	Resources	Effective	AD		£202k	£264k	£276k	£275k	£283k	£268k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£0k	£0k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£2k	£1k	£1k	£3k	£10k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£66k	£59k	£46k	£32k	£48k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		57.68	56.77	64.46	61.42	55.85	63.99
Business Miles	Resources	Effective	AD		43k	38k	39k	35k	34k	34k

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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.2%	4.3%	4.3%	4.3%	4.5%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.8%	5.4%	4.6%	4.3%	4.5%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.5%	99.5%	99.5%	99.5%	3.3%	12.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.3%	99.2%	99.2%	99.2%	0.0%	0.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	74.0%	76.7%	73.2%	68.0%	72.1%	80.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	85.2%	84.0%	84.0%	84.6%	76.9%	88.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.5%	87.6%	88.1%	88.5%	90.0%	89.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.4%	90.0%	88.4%	90.0%	89.1%	89.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.9%	97.2%	97.2%	97.9%	98.6%	97.1%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.3%	88.7%	89.1%	90.3%	92.0%	92.1%
Information Governance	Resources	Well Led	AD	>=95%	94.4%	97.5%	98.7%	99.2%	95.7%	94.2%
Moving and Handling	Resources	Well Led	AD	>=80%	91.4%	89.3%	86.6%	92.9%	92.4%	94.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.2%	99.0%	99.3%	99.3%	98.9%	99.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.5%	95.2%	95.2%	95.2%	90.5%	90.0%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.2%	94.5%	97.5%	97.5%	97.6%	97.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.6%	96.1%	96.8%	96.8%	96.5%	97.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Agency Cost	Resources	Effective	AD		£8k	£26k	£22k	£12k	£14k	£15k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£4k	£45k	£5k	£16k
Additional Hours Costs	Resources	Effective	AD		£7k	£10k	£7k	£17k	£10k	£8k
Sickness Cost (Monthly)	Resources	Effective	AD		£74k	£83k	£66k	£63k	£62k	£62k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		46.27	50.42	52.74	49.57	45.38	37.6
Business Miles	Resources	Effective	AD		32k	24k	23k	29k	35k	22k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.8%	4.9%	4.8%	4.8%	5.4%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.9%	5.6%	4.7%	4.7%	5.4%	4.4%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.9%	99.5%	99.5%	99.5%	4.3%	23.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	93.9%	95.8%	95.8%	95.8%	0.0%	0.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	86.2%	85.8%	86.2%	86.8%	87.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	83.0%	82.9%	81.6%	80.8%	79.0%	79.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	80.9%	82.6%	84.2%	83.6%	83.4%	82.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.3%	92.2%	91.9%	91.3%	89.8%	90.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.3%	88.0%	89.1%	86.9%	87.0%	84.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	67.4%	68.7%	73.6%	74.0%	72.7%	79.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	91.3%	90.9%	92.1%	90.5%	90.2%	91.6%
Information Governance	Resources	Well Led	AD	>=95%	90.5%	97.6%	98.5%	98.9%	98.3%	95.5%
Moving and Handling	Resources	Well Led	AD	>=80%	89.2%	89.5%	92.3%	92.6%	92.2%	93.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.2%	93.1%	92.5%	91.8%	90.8%	89.7%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.2%	87.6%	86.9%	85.6%	84.5%	83.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.6%	94.3%	94.4%	95.3%	94.9%	95.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.8%	90.9%	89.4%	90.1%	89.6%	92.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.2%	91.9%	92.7%	94.1%	93.8%	93.4%
Agency Cost	Resources	Effective	AD		£70k	£90k	£82k	£107k	£92k	£84k
Overtime Costs	Resources	Effective	AD		£1k		£1k	£0k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£1k	£5k	£3k	£3k	£4k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£59k	£68k	£53k	£58k	£71k	£59k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		45	45.52	41.04	39.69	39.49	37.44
Business Miles	Resources	Effective	AD		38k	43k	40k	37k	38k	34k

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