

Integrated Performance Report Strategic Overview



June 2019

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for June 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 during quarter 2.

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. Particular issues relate to access target metrics and the recording of care plan approach information (CPA).

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

This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and refreshed for 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Year End Forecast |
| % service users followed up within 7 days of discharge | 95% | 97.7% | 94.9% | 98.4% | 96.9% | 99.0% | 95.4% | 100% | 99.2% | 98.2% | 96.2% | 97.2% | 100% | 4 |
| % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks ¹ | 90% | 84.6% | | | 84.2% | | | 82.8% | | | Due end July 19 | | | 95% |
| Out of area beds ² | Q1 940, Q2 846, Q3 752, Q4 658 | 448 | 620 | 394 | 200 | 430 | 269 | 299 | 163 | 154 | 207 | 303 | 195 | 1 |
| Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA Community Inpatient ⁹ | Community 75% Inpatient 90% | 82.0% | 82.8% | 84.1% | 84.5% | 84.5% | 83.8% | 83.3% | 83.2% | 88.1% | 88.0% | 87.6% | 87.1% | 4 |
| | | 93.3% | 91.2% | 90.1% | 91.0% | 92.5% | 95.3% | 97.4% | 96.6% | 90.2% | 92.6% | 91.5% | 92.1% | 4 |
| IAPT - proportion of people completing treatment who move to recovery ⁵ | 50% | 54.0% | 52.1% | 47.1% | 50.8% | 50.1% | 57.8% | 55.1% | 55.0% | 57.0% | 54.4% | 55.6% | Due end July 19 | 4 |
| Number of suicides (per 100,000) population ⁶ | tbc | Reporting to commence for 19/20 | | | | | | | | | | 0.67% | | N/A |
| Delayed Transfers of Care | 3.50% | 2.4% | 2.4% | 1.5% | 1.6% | 1.9% | 1.7% | 1.8% | 1.6% | 1.6% | 1.4% | 0.4% | 0.6% | 4 |
| Improve the quality and experience of care | Target | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Year End Forecast |
| Friends and Family Test - Mental Health | 85% | 88% | 91% | 88% | 89% | 86% | 90% | 87% | 84% | 95% | 95% | 86% | 86% | 85% |
| Friends and Family Test - Community | 98% | 99% | 97% | 98% | 100% | 97% | 99% | 97% | 98% | 99% | 98% | 99% | 97% | 98% |
| Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) ⁴ | trend monitor | 29 | 23 | 16 | 30 | 35 | 20 | 33 | 29 | 30 | 23 | 37 | 36 |  |
| IG confidentiality breaches | <=8 Green, 9 - 10 Amber, 11+ Red | 16 | 14 | 15 | 14 | 20 | 11 | 10 | 13 | 9 | 3 | 11 | 12 | |
| Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic ⁷ | trend monitor | 14.1% | | 13.0% | | 16.6% | | 14.5% | | N/A | | | | N/A |
| Total number of Children and Younger People under 18 in adult inpatient wards | TBC | 3 | 1 | 2 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 5 | 3 | |
| CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ³ | trend monitor | 35.6% | 37.9% | 37.0% | 39.1% | 34.4% | 33.4% | 31.5% | 26.7% | 24.3% | 27.0% | 29.5% | 32.7% |  |
| Psychology waiting times ¹² | 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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Year End Position |
| Surplus/(Deficit) | In line with Plan | (£125k) | (£139k) | £424k | (£73k) | (£80k) | £158k | £714k | (£244k) | (£1240k) | (£728k) | (£457k) | (£145k) | (£240k) |
| Agency spend | In line with Plan | £526k | £575k | £522k | £537k | £536k | £530k | £596k | £545k | £634k | £613k | £641k | £691k | £7.1m |
| CIP delivery | £1074k | £2737k | £3615k | £4452k | £5234k | £6015k | £6779k | £8764k | £9669k | £10574k | £670k | £1353k | £2018k | £10.7m |
| Staffing costs compared to plan ¹⁰ | tbc | Reporting to commence in 19/20 | | | | | | | | | | (£367k) | (£124k) | (£268k) |
| Completion of milestones assumed in the optimisation of SystmOne for mental health ¹¹ | tbc | Reporting to commence in 19/20 | | | | | | | | | | | | tbc |
| Financial risk in forecast | 0 | Reporting to commence in 19/20 | | | | | | | | | | £1.5m | £1.5m | £2.8m |
| Making SWYPFT a great place to work | Target | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Year End Position |
| Sickness absence | 4.5% | 4.5% | 4.5% | 4.6% | 4.8% | 4.9% | 5.0% | 5.1% | 5.1% | 5.0% | 4.7% | 4.6% | 4.8% | 5.0% |
| Staff Turnover ⁶ | 10% | 12.4% | 13.0% | 12.8% | 12.5% | 12.3% | 12.0% | 12.0% | 12.0% | 11.9% | 11.9% | 10.4% | 12.0% | |
| Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment | 80% | N/A | N/A | 71% | N/A | N/A | N/A | N/A | N/A | 75% | N/A | N/A | 75% | |
| Staff FFT survey - % staff recommending the Trust as a place to work | N/A | N/A | N/A | 58% | N/A | N/A | N/A | N/A | N/A | 65% | N/A | N/A | 66% | N/A |
| Actual level of vacancies | tbc | Reporting to commence in 19/20 | | | | | | | | | | 10.4% | 10.3% | 10.7% |
| % 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.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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 psychiatric intensive care unit 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 - Calculation for this is the number of suicides of services users under the care of the Trust during the reporting period (as recorded on our risk management system), divided by NHS registered population as per office of national statistics data.
- 7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
- 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.
- 11 - Milestones assumed in the optimisation of SystmOne for mental health - reporting of this will commence once the optimisation plan is agreed. We anticipate this will be at some point during quarter 3
- 12 - Psychology waiting times - reporting of this will commence once the SystmOne optimisation plan is agreed. We anticipate this will be at some point during quarter 3.

Lead Director:

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

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

Quality

- Positive progress on prone restraint continues for this month
- Safer staffing fill rates remain positive reflecting the sustained increase in acuity – some wards continue to experience difficulties in maintaining appropriate levels.
- Action to address medicine omissions position achieves desired improvement
- Decrease in supervision levels under investigation

NHSI Indicators

- The Trust is meeting the target performance majority of national metrics
- 3 young people placed in adult wards during June equating to 56 beds days

Locality

- Significant demand pressures with intermediate care in Barnsley
- Barnsley early intervention in psychosis team has achieved 'top performing' status in a national audit
- Successful with bids for additional crisis home treatment investment
- Detailed plans in place to re-purpose beds in Appleton ward following de-commissioning of 8 forensic learning disability beds
- Waiting time from referral to treatment in Barnsley and Wakefield child and adolescent mental health services remain an issue
- Nostell ward in Wakefield has been participating in the national reducing restrictive practices collaborative and the latest performance has shown a 50% reduction.

Priority Programmes

- Work continues with all partners to join up care with high focus on the development of primary care networks and our role in them
- Within the West Yorkshire & Harrogate integrated care system (ICS) areas of focus include a number of transformational funding bids, forensics provider collaborative and suicide prevention
- Action plans relating to CAMHS have been added to the priority programmes section of the report. An overarching improvement plan has been pulled together with specific action plans developed.
- SystmOne implementation is currently in stabilisation. Work continues to refine post go live configuration based on user feedback

Finance

- Pre Provider Sustainability Funding (PSF) deficit in month 2 of £145k, which is £37k favourable to plan. Cumulative deficit is £1.3m which is £150k favourable to plan. The cumulative position includes £0.7m of pay increases paid fully in April.
- Cumulative income is £0.3m lower than due to creation of a number of reserves relating to CQUIN and occupancy, and also income received from the spot purchase of beds.
- Out of area bed costs were £158k, which is the lowest value for some time. Cumulative spend is 39% lower than the corresponding period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend is 41% above the cap
- Net savings on pay amounted to £268k in-month and £0.7m year-to-date
- CIP delivery of £2.0m is virtually in line with plan at this stage of the year
- Cash increased to £25.2m in June with 2018/19 PSF monies expected in July to increase the short term cash balance.

Workforce

- Sickness absence reduced to 5.2% in June and 4.9% cumulatively which is a 0.4% improvement compared to the first quarter last year
- The Trust is above 80% compliance for all mandatory training programmes
- Staff turnover increased to 12.0% in month with the most notable issues in the forensics and specialist services BDUs
- Actual level of vacancies (pre use of temporary staffing) increased slightly in month from 10.3% to 10.7%

Quality Headlines

| Section | KPI | Objective | CQC Domain | Owner | 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 | Jun-19 | Year End Forecast | |
|-------------------------|--|--|----------------|---------------|---------------|--------------|-------------|--------------|--------------|-------------|-----------|----------|-------------|-------------|-------------|-------------|-------------|--------------|-------------------|-----|
| Quality | CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵ | Improving Health | Responsive | CH | TBC | 34.9% | 35.6% | 37.9% | 37.0% | 39.1% | 34.4% | 33.4% | 31.5% | 26.7% | 24.3% | 27.0% | 29.5% | 32.7% | N/A | |
| Complaints | Complaints closed within 40 days | Improving Health | Responsive | TB | 80% | 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 | 26% 4/15 | 1 | |
| | % of feedback with staff attitude as an issue | Improving Health | Caring | AD | < 20% | 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 | 17% 12/71 | 4 | |
| Service User Experience | Friends and Family Test - Mental Health | Improving Health | Caring | TB | 85% | 82% | 88% | 91% | 88% | 89% | 86% | 90% | 87% | 84% | 95% | 95% | 86% | 86% | 4 | |
| | Friends and Family Test - Community | Improving Health | Caring | TB | 98% | 98% | 99% | 97% | 98% | 100% | 97% | 99% | 97% | 98% | 99% | 98% | 99% | 97% | 4 | |
| Quality | Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment | Improving Health | Caring | AD | 80% | 75% | N/A | N/A | 71% | N/A | N/A | N/A | N/A | N/A | 75% | N/A | N/A | 75% | N/A | |
| | Staff FFT survey - % staff recommending the Trust as a place to work | Improving Health | Caring | AD | N/A | 70% | N/A | N/A | 58% | N/A | N/A | N/A | N/A | N/A | 65% | N/A | N/A | 66% | N/A | |
| | Number of compliments received | Improving Health | Caring | TB | N/A | 44 | 27 | 45 | 48 | 63 | 26 | 60 | 49 | 10 | | 15 | 64 | 14 | N/A | |
| | Number of Duty of Candour applicable incidents ⁴ | Improving Health | Caring | TB | N/A | | | | | 308 | | | | | | 21 | 39 | | N/A | |
| | Duty of Candour - Number of Stage One exceptions ⁴ | Improving Health | Caring | TB | N/A | | | | | 11 | | | | | | 1 | 4 | | N/A | |
| | Duty of Candour - Number of Stage One breaches ⁴ | Improving Health | Caring | TB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | % Service users on CPA given or offered a copy of their care plan | Improving Care | Caring | CH | 80% | 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 | 14 | 16 | 14 | 15 | 14 | 20 | 11 | 10 | 13 | 9 | 3 | 11 | 12 | | |
| | Delayed Transfers of Care ¹⁰ | Improving Care | Effective | CH | 3.5% | 2.6% | 2.4% | 2.4% | 1.5% | 1.6% | 1.9% | 1.7% | 1.8% | 1.6% | 1.6% | 1.4% | 0.4% | 0.6% | 4 | |
| | Number of records with up to date risk assessment - Inpatient ¹¹ | Improving Care | Effective | CH | 95% | 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 | Improving Care | Effective | CH | 95% | 78.3% | 74.6% | 77.5% | 78.4% | 81.7% | 86.2% | 93.8% | 92.9% | 76.4% ** | | | | | | N/A |
| | Total number of reported incidents | Improving Care | Safety Domain | TB | trend monitor | 1039 | 1168 | 1004 | 864 | 1085 | 1109 | 986 | 1098 | 1049 | 1096 | 1157 | 1265 | 1063 | N/A | |
| | Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) ¹ | Improving Care | Safety Domain | TB | trend monitor | 15 | 21 | 21 | 12 | 21 | 25 | 17 | 23 | 21 | 20 | 19 | 28 | 27 | N/A | |
| | Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ¹ | Improving Care | Safety Domain | TB | trend monitor | 1 | 4 | 0 | 3 | 4 | 5 | 1 | 1 | 1 | 3 | 1 | 5 | 3 | N/A | |
| | Total number of patient safety incidents resulting in death harm. (Degree of harm subject to change as more information becomes available) ¹ | Improving Care | Safety Domain | TB | trend monitor | 4 | 4 | 2 | 1 | 5 | 5 | 2 | 9 | 7 | 7 | 3 | 4 | 6 | N/A | |
| | MH Safety thermometer - Medicine Omissions | Improving Care | Safety Domain | TB | 17.7% | 18.4% | 23.2% | 22.4% | 22.1% | 17.8% | 22.0% | 29.8% | 23.5% | 13.9% | 17.7% | 24.5% | 27.0% | 15.8% | 3 | |
| | Safer staff fill rates | Improving Care | Safety Domain | TB | 90% | 118% | 118% | 117% | 116% | 116% | 119% | 118% | 119% | 119% | 118% | 118% | 117% | 116% | 4 | |
| | Safer Staffing % Fill Rate Registered Nurses | Improving Care | Safety Domain | TB | 80% | 99.5% | 96.4% | 92.5% | 93.7% | 98.3% | 99.1% | 96.6% | 98.7% | 97.5% | 96.5% | 96.6% | 94.9% | 92.1% | 4 | |
| | Number of pressure ulcers (attributable) ¹ | Improving Care | Safety Domain | TB | N/A | 29 | 26 | 21 | 30 | 34 | 29 | 30 | 30 | 30 | 44 | 41 | 46 | 34 | N/A | |
| | Number of pressure ulcers (avoidable) ² | Improving Care | Safety Domain | TB | 0 | 1 | 0 | 1 | 0 | 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% | 75.0% | 76.3% | 72.7% | 72.7% | 88.6% | 81.3% | 90.9% | 82.4% | 80.6% | 88.0% | 75.8% | 87.5% | 90.6% | 4 | |
| | Number of Falls (inpatients) | Improving Care | Safety Domain | TB | TBC | 44 | 43 | 37 | 52 | 40 | 41 | 49 | 39 | 48 | 59 | 52 | 37 | 41 | N/A | |
| | Number of restraint incidents | Improving Care | Safety Domain | TB | N/A | 143 | 192 | 151 | 134 | 190 | 201 | 136 | 165 | 168 | 207 | 287 | 303 | 193 | N/A | |
| | No of staff receiving supervision within policy guidance ⁷ | Improving Care | Well Led | CH | 80% | 82.8% | | 83.8% | | | 82.6% | | | 86.7% | | | 69.9% | | 4 | |
| | % people dying in a place of their choosing | Improving Care | Caring | CH | 80% | 92.9% | 85.7% | 90.0% | 89.2% | 90.9% | 83.3% | 87.9% | 80.0% | 92.0% | 82.6% | 82.6% | 85.7% | 100% | | |
| | Smoking Cessation - 4 week quit rate 12 | Improving Care | Effective | CH | tbc | 63.0% | | 65% | | | 63% | | | 67% | | | | | | |
| | 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.

- 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 confidentiality 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. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in the latest month and this is expected to continue.
- 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. The national quit rate for quarters 1-3 2018-19 was 52%. Q1 data will be available in September 18.

Quality Headlines

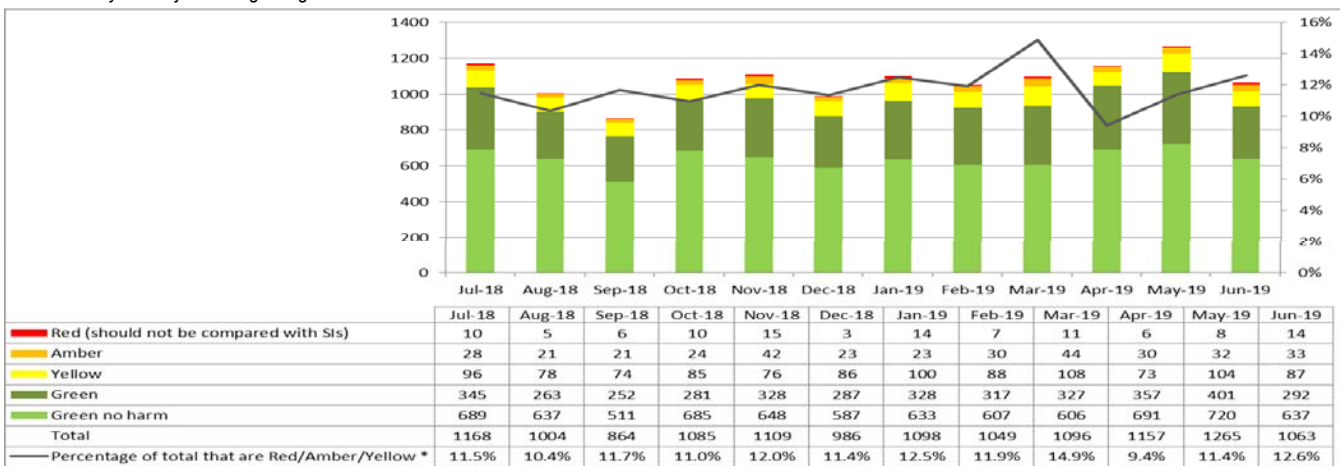
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during June has decreased (193) compared to previous months.
- NHS Safety Thermometer - medicines omissions – performance has improved significantly in June compared to previous months and stands at 15.8%. Work continues across services to improve performance. 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) - June 19 has seen a slight increase in fall incidents during the month compared to the previous months. June 19 falls related to Calderdale, Kirklees and Wakefield remain 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 | Q2 18/19 | Q3 18/19 | Q4 18/19 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Total |
|--|-------------|-------------|-------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Death - cause of death unknown/ unexplained/ awaiting confirmation | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 4 |
| Informal patient absent without leave | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Information disclosed in error | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Lost or stolen hardware | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Lost or stolen paperwork | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Self harm (actual harm) with suicidal intent | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 3 |
| Suicide (incl apparent) - community team care - current episode | 4 | 3 | 4 | 11 | 2 | 1 | 0 | 2 | 1 | 1 | 5 | 3 | 3 | 1 | 1 | 2 | 22 |
| Suicide (incl apparent) - community team care - discharged | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 4 |
| Suicide (incl apparent) - inpatient care - current episode | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| Unwell/Illness | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Allegation of violence or aggression | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Homicide by patient | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Physical violence (contact made) against staff by patient | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Pressure Ulcer - Category 3 | 1 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 4 |
| Total | 14 | 9 | 10 | 17 | 5 | 4 | 0 | 6 | 2 | 2 | 7 | 4 | 6 | 3 | 5 | 6 | 50 |

- 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 June 2019
- Patient safety alerts not completed by deadline of June 2019 - None

Mortality

The clinical mortality review group was held on 07/06/19 which focussed on learning and action from outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. The group focused on the record keeping theme and produced two learning library templates which will be shared with comms and promoted across the Trust.

Regional work: A meeting took place 5 July 2019 with the Northern Alliance. The meeting provided an update on work being undertaken around learning from choking incidents and a review of the policies across the region. The Trust has been approached to completed a SJRR case study (to be completed in August 2019).

Training: Further Structured Judgement Reviewer training is being arranged for September 2019.

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 (2018/19), the updated report is currently in draft.

-Structured Judgement Reviews (SJR) – There are currently no SJRs to be allocated and all reviews are currently being completed within the allocated timescale. There are no second reviews awaiting sign off.

Safer Staffing

Overall Fill Rates: 116%

Registered fill rate: (day + night) 92.1%

Non Registered fill rate: (day + night) 138.1%

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

BDU Fill rates - April 19 - June 19

| Overall Fill Rate | Month-Year | | |
|--------------------------------|-------------|-------------|-------------|
| Unit | Apr-19 | May-19 | Jun-19 |
| Specialist Services | 119% | 118% | 118% |
| Barnsley | 117% | 107% | 110% |
| C & K | 110% | 114% | 115% |
| Forensic | 112% | 108% | 106% |
| Wakefield | 143% | 147% | 140% |
| Overall Shift Fill Rate | 118% | 117% | 116% |

The figures (%) for June 2019:

Registered Staff - Days 85.1% (a decrease of 2.4% on the previous month); Nights - 99.0% (a decrease of 3.3% on the previous month)

Registered average fill rate - Days and nights 92.1% (a decrease of 2.8% on the previous month)

Non Registered Staff - Days 133.8% (a decrease of 0.6% on the previous month); Nights 142.3% (an increase of 0.9% on the previous month)

Non Registered average fill rate -Days and nights 138.1% (an increase of 0.2% on the previous month)

Overall average fill rate all staff - 115.7% (a decrease of 0.7% on the previous month)

Summary

No ward has fallen below the 90% overall fill rate. Of the 31 inpatient areas 22, consistent with the previous month, (70.4%) achieved greater than 100%. Indeed of those 22 areas, 11 (35.2%) achieved greater than 120% fill rate. This was a decrease of one ward on the previous month.

Registered On Days (Trust Total 85.1%)

The number of wards that have failed to achieve 80% increased by one to eight (25.6%) on the previous month. Four wards were within the Forensic BDU (Appleton, Johnson, Hepworth and Waterton). The others were Ward 18 in Calderdale and Kirklees BDU as well as Willow Ward and Stroke Rehab within the Barnsley BDU. There was also Crofton within the Wakefield BDU. There were various factors cited including vacancies, sickness and supporting acuity across the BDU. When these situations arise the Safer Staffing Project Manager supports ward staff to consider clinical resources across the site and re-deploy where appropriate. The proactively works to ensure that wards are safely staffed by accessing Bank staff initially and agency as a last resort. The Safe Staffing project Manager has also produced escalation plans for individual ward areas where required.

Registered On Nights (Trust Total 99%)

One ward (Elmdale within the C&K BDU with 76.6%) has fallen below the 80% threshold. The number of wards who are achieving 100% and above fill rate on nights fell increased to 18 wards (57.6%) this month.

Average Fill Rates for most areas showed a marked fluctuation. Barnsley BDU increased by 3% to 110%. Calderdale and Kirklees BDU increased by 1% to 115%. Forensic BDU were 106% a decrease of 2%. Wakefield BDU decreased by 7% to 140%. Specialist services were 118% . Overall fill rate for the trust decreased by 1% to 116%.

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 June 19, there has been a slight increase in the number of confidentiality IG breaches reported compared to the reduced number reported over the last two months. These included 7 counts of information disclosed in error, 2 patient healthcare record issues, 2 lost or stolen paperwork, and 1 lost or stolen hardware.

Work continues in the Trust to support services to reduce the number of IG incidents occurring. Letters are sent to teams with breaches asking for completion of action plans and regular communications continues.

None of these incidents required reporting to the information commissioner's office.

Summary

Quality

National Metrics

Locality

Priority Programmes

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Workforce

Commissioning for Quality and Innovation (CQUIN)

All quarter 4 submissions were undertaken to timescale and the final position agreed across all contracts.

The Trust is currently working on the 19/20 CQUIN requirements and preparing the Q1 submissions. 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)

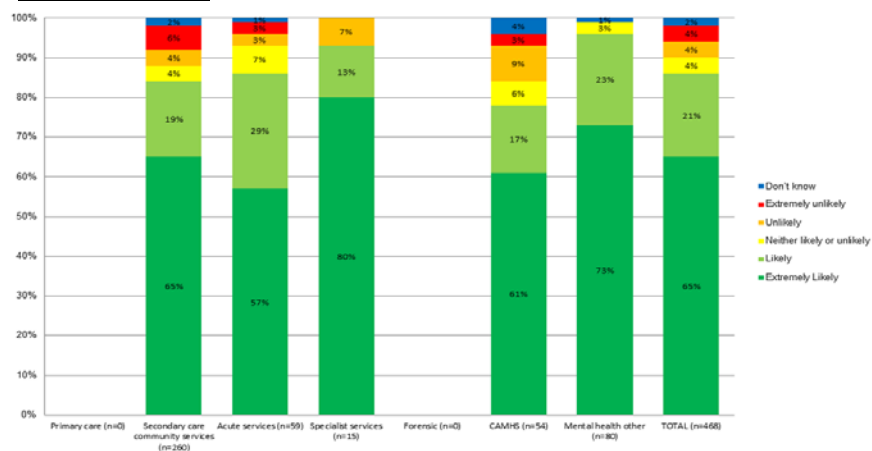
Work is underway to develop action plans to ensure maximum achievement for the year.

Patient Experience

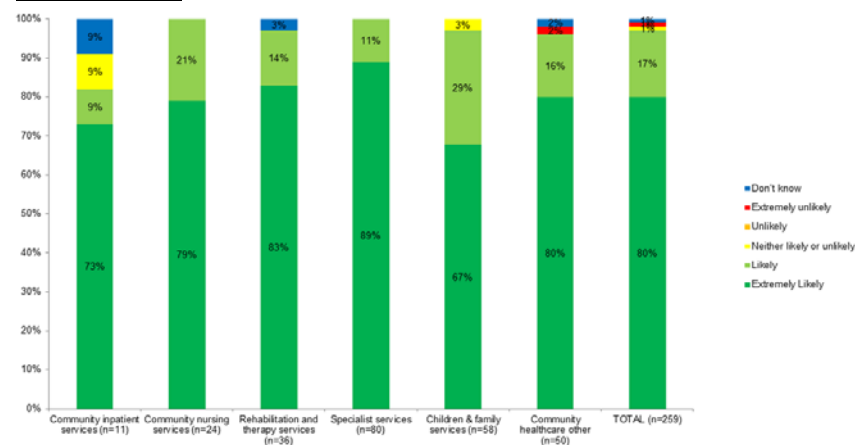
Friends and family test shows

- 90% of respondents would recommend Trust services
- The number of responses increased by 119% in June (732) from the previous month (May 334) and 52% compared to June 18 (481)
- Returns have increased due to the number of returns from the community services, the text message service recommencing and the use of volunteers collecting feedback on acute wards
- Text messages provided 30% of responses in June
- The number of responses for acute wards increased by 52%.
- Areas under development are Carers survey, CAMHS, Learning Disabilities and Recovery Colleges.

Mental Health Services



Community Services



Friends and family test feedback is viewed by business delivery units either via the live dashboard or in bespoke reports. Data is used to inform trends and to focus on areas of good practice and areas for improvement. The Trust asks 2 open ended questions:

What was good about your experience?

What would have made your experience better?

Free text responses are used to demonstrate specific positives and improvements that could be made.

During June 19, community services dipped just below threshold and this related to 4 service lines within child and family services and is linked to the low response rate - 2 respondents that responded 'Neither likely or unlikely', 3 respondents that responded 'Don't know', 1 respondents that responded 'Extremely unlikely'. The Trust continues to perform well against other providers for the friends and family test metric.

Summary

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Care Quality Commission (CQC)

CQC draft reports

We are expecting our core services and well-led draft reports to be sent to us by either Friday 26th July or Monday 29th July at the latest. We will then have 10 working days two weeks to comment on any factual inaccuracies within the reports before they are made final.

The Factual Accuracy Check (FAC) process

The Quality Improvement and Assurance Team (QIAT) has sent out some information explaining the FAC process and what key individuals need to do when they receive their reports. Five FAC meetings have also been set up for the 1st and 2nd August. These will be with each of the four core services recently visited by CQC, plus another meeting in relation to the well-led report. The purpose of these meetings will be to review and discuss our draft reports and to decide where we may want to challenge any factual inaccuracies within the reports. QIAT will then collate all of the information and complete the FAC template before it is sent off to the Operational Management Group (OMG) and then the Executive Management Team (EMT) for sign off. The information will then be submitted to CQC who will decide whether to accept or reject the FAC challenges before the report is made public in August 2019.

Safeguarding

Safeguarding Adults

- Delivered domestic abuse training to stroke unit – an action from domestic homicide review (Barnsley).
- The section 11 for Calderdale was completed and submitted.
- The seen and heard training was delivered to support the safeguarding week in the west (Kirklees).
- Partner achievements information submitted to Kirklees safeguarding adult board.
- Information provided to the clinical governance meeting of audit conducted by the safeguarding adult board manager (Barnsley) regarding LGBTQ information and support in care homes.
- Support / advice to stroke unit regarding a 17 year old inpatient.

Safeguarding Children

- Named nurse safeguarding children has worked alongside single point of access practitioners to embed 'routine enquiry' for domestic abuse into assessments.
- The safeguarding team delivered the children's society 'seen and heard' training in three localities for West Yorkshire safeguarding week.
- Safeguarding childrens nurse advisor delivered 'the impact of parental mental illness training' as part of the multi-agency training offer in Barnsley.
- Safeguarding childrens nurse advisor attended the 'reducing parental conflict stakeholder workshop' in Calderdale.

Infection Prevention Control (IPC)

- Annual Infection prevention and control annual programme 2018-19 has been completed, all objectives achieved, annual plan 2019-20 has been produced and approved. Annual IPC programme 2019-20 Q1 objectives have been achieved.
- Surveillance: there has been no MRSA Bacteraemia, MSSA bacteraemia, or Clostridium difficile. There has been 1 ecoli bacteraemia case (SRU) which has been presented at the post incident review panel (no set trajectory for these cases).
- Q1 - Wakefield - 4, Barnsley (mental health and community) – 3, Forensics - 3, Calderdale/Kirklees – 3, Specialist Services - 3 and Corporate Support Services - 0.
- Incident breakdown – 3- Ward/ unit cleanliness issues, 2 exposure to blood, 2 sharp related incidents, no injury, 1 sharp related, injury, 2 waste disposal, 1 outbreak ward closed, 1 failure in communication, 1 e.coli bacteraemia, 1 faeces, 1 pathogen and 1 spit.
- Severity rating – 13 incidents were risk rated green and 3 yellow.
- Mandatory training figures are healthy - Hand Hygiene-Trust wide Total – 93%; Infection Prevention and Control- Trust wide Total – 91%;
- Policies and procedures are up to date.

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

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 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Q1 18/19 | Q2 18/19 | Q3 18/19 | Q4 18/19 | Apr-19 | May-19 | Jun-19 | Year End Forecast | Trend | | | | |
| Max time of 18 weeks from point of referral to treatment - incomplete pathway | Improving Care | Responsive | CH | 92% | 97.1% | 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% | 98.7% | 4 | | | | | |
| Maximum 6-week wait for diagnostic procedures | Improving Care | Responsive | CH | 99% | 100% | 100% | 100% | 100% | 100% | 97.9% | 31% 4/42 | 44% 1/0 | 100% | 100% | 100% | 97.9% | 100% | 98.7% | 100% | 100% | 4 | | | | | |
| % Admissions Gate kept by CRS Teams | Improving Care | Responsive | CH | 95% | 98.9% | 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% | 100.0% | 100.0% | 4 | | | | | |
| % SU on CPA Followed up Within 7 Days of Discharge | Improving Care | Safe | CH | 95% | 97.7% | 94.9% | 98.4% | 96.9% | 99.0% | 95.4% | 100.0% | 99.2% | 98.2% | 97.7% | 97.1% | 99.2% | 96.2% | 97.2% | 100% | 4 | | | | | | |
| Data Quality Maturity Index 4 | Improving Health | Responsive | CH | 95% | 98.2% | 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 | 436 | 620 | 394 | 200 | 430 | 269 | 299 | 163 | 154 | 1181 | 1450 | 899 | 616 | 207 | 303 | 195 | 1 | | | | | |
| IAPT - proportion of people completing treatment who move to recovery 1 | Improving Health | Responsive | CH | 50% | 54.0% | 52.1% | 47.1% | 50.8% | 50.1% | 57.8% | 55.1% | 55.0% | 57.0% | 54.4% | 51.1% | 52.4% | 55.4% | 54.4% | 55.6% | | 3 | | | | | |
| IAPT - Treatment within 6 Weeks of referral 1 | Improving Health | Responsive | CH | 75% | 93.9% | 94.8% | 94.0% | 94.6% | 96.9% | 91.1% | 92.4% | 87.1% | 86.0% | 91.3% | 94.3% | 94.4% | 88.7% | 83.1% | 86.6% | | 4 | | | | | |
| IAPT - Treatment within 18 weeks of referral 1 | Improving Health | Responsive | CH | 95% | 99.7% | 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% | 92.0% | 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% | 88.0% | 4 | | | | | |
| % clients in settled accommodation | Improving Health | Responsive | CH | 60% | 78.7% | 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% | | | 4 | | | | | |
| % clients in employment 6 | Improving Health | Responsive | CH | 10% | 8.5% | 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% | Due July 19 | | 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 | | Inpatient 88% Community - 78% EIP - 94.4% | | | | | | | | | | | | | Due June 20 | | 2 | | | | | | |
| Mental Health Five Year Forward View | | | | | Objective | CQC Domain | Owner | Target | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Q1 18/19 | Q2 18/19 | Q3 18/19 | Q4 18/19 | Apr-19 | May-19 | Jun-19 | Year End Forecast | Trend |
| Total bed days of Children and Younger People under 18 in adult inpatient wards | Improving Care | Safe | CH | TBC | 22 | 1 | 22 | 8 | 29 | 2 | 4 | 15 | 4 | 16 | 45 | 39 | 23 | 5 | 29 | 56 | 2 | | | | | |
| Total number of Children and Younger People under 18 in adult inpatient wards | Improving Care | Safe | CH | TBC | 3 | 1 | 2 | 2 | 3 | 1 | 1 | 1 | 1 | 4 | 6 | 6 | 3 | 1 | 5 | 3 | 2 | | | | | |
| Number of detentions under the Mental Health Act | Improving Care | Safe | CH | Trend Monitor | 192 | | | 184 | | | 199 | | | 212 | 192 | 184 | 199 | 214 | | | 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% | 14.5% | | | N/A | | | | | |
| NHS Standard Contract | | | | | Objective | CQC Domain | Owner | Target | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Q1 18/19 | Q2 18/19 | Q3 18/19 | Q4 18/19 | Apr-19 | May-19 | Jun-19 | Year End Forecast | Trend |
| Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1 | Improving Health | Responsive | CH | 90% | 98.8% | 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% | 99.9% | 100.0% | 99.9% | 100.0% | 99.9% | 99.9% | 99.9% | 99.9% | 99.9% | 99.9% | 99.9% | 99.9% | 99.7% | | | | 4 | | | | | |
| Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance | Improving Health | Responsive | CH | 90% | 90.5% | 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% | Due July 19 | | 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

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 reported figures are in line with 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.

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 June 2019, the number of service users aged under 18 years placed in an adult inpatient ward was 3 and all were aged 17 year old - 2 were admissions in May which continued into June and who have subsequently been discharged, 1 admission in June to a Calderdale ward and discharged early July. 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 195 days in June, a decrease of 108 days compared to May.
- % 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.

Summary

Quality

National Metrics

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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 ceased June 24th 2019
- Yorkshire Smoke Free (YSF) Barnsley tender submission and presentation – awaiting outcome.
- Predicated staffing shortages in childrens speech and language therapy (SALT) in autumn due to multiple maternity leave/staff changes which will have an impact on service delivery, working on a remedial action plan for cover
- Musculoskeletal (MSK) - referrals into the service and increasing waiting times, action plan in place to reduce waiting times
- Intermediate Care (IMC) - received winter pressure monies to increase support worker capacity over winter. Difficulty in reducing this caseload since monies stopped. Currently working at 106 (threshold 50-70). Whole system pressures across Barnsley due to increased activity
- Sickness levels above our usual average this is mainly is due to long term sickness which are genuine cancer diagnosis and treatment pathways for our staff

Strengths

- Neuro rehabilitation unit (NRU) – successful negotiations underway with commissioners regarding use of uncommissioned beds.
- Yorkshire smoke free (YSF) Wakefield pregnancy is currently one of the best performing services in Yorkshire and has been used by the commissioner as an excellent example of partnership work between the local authority, SWYPFT and Mid Yorks Trust.
- Live Well Wakefield interviewing for 7 additional social prescribing workers for the 7 primary care homes (PCH) – a result of funding from public health England via clinical commissioning groups and PCHs
- Health Integration Team (HIT) Urban House – finalists at last week's RCNi awards.
- Childrens SALT therapists delivering Elklan training are rated as AAA (highest rating) by their tutors. Elklan is an accredited training scheme.
- Lead Nurse TB – now undertaking lead nurse role for TB control board nationally
- Advanced nurse practitioner pilot in collaboration with Macmillan
- Introduction of nursing associate role to neighbourhood nursing service (NNS) and continence and urology service
- MSK – up-skilled clinicians to take on some of the extended scope practitioner role
- Intermediate care (IMC)- flexible staff who work to put the patient centre and front. Good team work with Barnsley hospitals NHS Foundation Trust and other alliance partners to support flow of patients through the intermediate care pathway.

Challenges

- Contract with Zest will end on 25 July 2019.
- Continuing to deliver high quality services against the increasing demand
- Medication errors, exploring the linkages to increased workloads
- Pulmonary Rehab remedial action plan in place with CCG 2 weekly meetings and work plan
- MSK - IT infrastructure – the whole service is on full clinical records and works over 6 sites including a local leisure centre. Despite clinicians having 4g SIM and VPN we still have times when the Wi-Fi drops and records are lost. Working with IT on a solution.
- IMC - Neighbourhood and agile working whilst maintaining group identity and to ensure staff don't become isolated and still meet frequently to move the service forward.
- IMC - training and development of care staff in the care homes, change in ethos from care to rehabilitation.

Areas of Focus

- Stroke Services – work continues in partnership with CCG and BHNFT in line with hyper acute stroke unit (HASU) and remodelling. Awaiting final independent review of proposed early supported discharge model.
- Childrens therapy – additional resource mobilisation plan being implemented. Demand and capacity work being undertaken.
- Demand and capacity work streams across a range of services e.g. palliative care, epilepsy, parkinsons, aids and adaptations
- MSK - currently looking at new ways to meet the demand of referrals coming through the system and best utilise expertise within the service.
- MSK - introducing a telephone assessment for physiotherapy patients identified at triage to self-manage or be suitable for group sessions
- IMC - building relationships with other partners such as YAS (Yorkshire Ambulance Service) to increase our hospital avoidance caseload.
- Engagement in the emerging work on the Integrated neighbourhood team specification from the CCG, which has a deadline of late August for completion .

Summary

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Barnsley BDU:

Barnsley Mental Health

Key Issues

- The acute service line continues to experience high demand, staffing pressures and acuity leading to pressures on the wards and on-going 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, with additional out of hours clinics being explored in the core pathway to meet demand.
- We are working with the clinical commissioning group (CCG) and primary care partners to scope and plan more closely integrated services at neighbourhood and primary care network level.

Strengths

- Barnsley early intervention in psychosis service (EIP) have achieved 'Top Performing' status in the national clinical audit of psychosis (NCAP) results out last week, moving up from 'Requires Improvement' last year.
- Management of patient flow.
- Continued success in recruitment to medical posts minimising agency spending

Challenges

- Demand and capacity in community services continues to be a challenge.
- Care programme approach (CPA) reviews performance requires improvement, this is thought to be a combination of practitioner pressure and data quality, more support and training is being given to teams in how to record reviews accurately on SystmOne.
- 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 (HR) business partners to review all cases and to ensure robust process and appropriate support is in place. This is monitored through team manager's 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.
- Sickness management.

Calderdale & Kirklees BDU:

Key Issues

- Older adult wards remain under pressure with very high acuity and need levels particular end of life care which increases the need for additional staff.
- A bid to the integrated care systems (ICS) for additional crisis home treatment team resources (£500K) has been successful and will commence to bring in the extra staff resources.
- The 2018 national audit of early intervention in psychosis (EIP) is due to be published and the target is "PERFORMING WELL" with all the 5 Trust teams in this category and 4 teams in the "TOP PERFORMING" category meaning we are in the top 20% of performance in the country.

Strengths

- High performance on mandatory training continues.
- Sickness absence levels are low across all service lines.
- Improving access to psychological therapies (IAPT) performance continues to improve now workforce has been stabilised.
- Delayed transfers of care (DTOC) remain extremely well managed and this is reported positively by out CCG and is reflective in high national performance key performance indicators (KPIs).

Challenges

- Adult occupancy levels remain high in inpatients, intensive home based treatment team (IHBT) and on community caseloads.
- Recruitment is progressing positively in community teams.

Areas of focus

- Work streams are progressing rapidly to focus on reduction of out of area bed usage.
- CORE team model review across the Trust is underway.



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| <p>Forensic BDU:</p> <p>Key Issues</p> <ul style="list-style-type: none"> • 8 Learning disability beds de-commissioned by NHS England (NHSE). Detailed 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. Weekly liaison with NHSE to monitor the plan. • Occupancy for medium secure above 90%. • Bid for a forensic community service has been submitted to NHSE, with further work to be completed by the end of August • Learning disability forensic outreach and liaison service (LD FOLS) 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 with key stakeholder events having taken place. • Regional FCAMHs service review has been completed as part of the national pilot. Feedback generally very positive, Action plan now completed. • Programme of organisational development in place across the BDU looking at culture, well-being, reducing sickness, improving engagement and communication. <p>Strengths</p> <ul style="list-style-type: none"> • Strong performance on mandatory training. • Good track record delivering CQUINs. • Progress being made on CQC action plans. Only action waiting to be addressed is the call system which is waiting a Trust wide response. <p>Challenges</p> <ul style="list-style-type: none"> • Delivering the recovery plan for the secure estate. This includes service improvement with a view to removing the performance notice. • Recruitment of registered staff in all disciplines. A significant resource is being utilised to optimise recruitment activity. • High turnover. • Reducing sickness. <p>Areas of Focus</p> <ul style="list-style-type: none"> • FCAMHs performance notice. • The BDU will undertake a large piece of work supported by human resources and will focus on the following areas: <ul style="list-style-type: none"> *Leadership *Sickness/Absence *Turnover *well-being *Bullying and Harassment • Ensuring the culture remains positive and reflect the values of the organisation. | |
| <p>Specialist BDU:</p> <p>Key Issues</p> <ul style="list-style-type: none"> • Waiting times from referral to treatment in Wakefield and Barnsley child and adolescent mental health services (CAMHs) remain a concern. New investment has been secured in Wakefield and Barnsley (attention deficit hyperactivity disorder specific) to implement waiting list initiatives. • Community learning disability staff vacancies remain relatively high – particularly in Calderdale/Wakefield and this creates some challenges re waiting times for specialist interventions. However, in the vast majority of cases those waiting are receiving support from another member of the multi-disciplinary team. • With respect to SystmOne implementation clinicians are continuing to learn new processes to ensure accurate recording. Targeted support/training is being provided. <p>Strengths</p> <ul style="list-style-type: none"> • Plans are in place with respect to recruitment to three substantive posts in CAMHs – reducing reliance on agency. • Calderdale and Kirklees clinical commissioning groups (CCGs) have committed to further autistic spectrum condition (ASC) waiting list initiative investment in 2019/20. • All CCGs have prioritised investment in development of an all-age liaison model. In Calderdale, Kirklees and Wakefield this will be supported non-recurrently in 19/20 through new care models investment. <p>Areas for focus</p> <ul style="list-style-type: none"> • Robust action plans are being developed with regard to CAMHs waiting time. within an improvement programme support/governance framework. In Barnsley this incorporates the service response to the recent NHSI intensive support team review. • Proactively addressing vacancy levels in learning disability services (including consultant posts) | |



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

Wakefield BDU:

Key Issues

- The acute Service line continues to experience high demand and staffing pressures leading to ongoing bank expenditure, however the acuity on the wards and maintaining safer staffing remains a significant challenge. Support for staff wellbeing is a priority.
- 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 (ALOS) 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.

Strengths

- Management of patient flow and for Wakefield nil out of area (OOA) bed usage.
- Wakefield early intervention in psychosis service (EIP) have achieved 'Top Performing' status in the National Clinical Audit of Psychosis (NCAP) results out last week, moving up from 'Requires Improvement' last year.
- Nostell ward has been participating in the national reducing restrictive practice (RRP) collaborative, as part of the mental health safety improvement programme established by NHSI in partnership with the care quality commission, with the aim of reducing the number of restraints, seclusions and rapid tranquilisations by 33% in the wards that are selected to take part. The latest performance for Nostell shows a 50% reduction (in excess of the 33%) target, and they were singled out for this success in recent national communications around the programme.
- As part of the care closer to home project, and in line with recognised excellent practice, practitioners from other BDUs have been observing the collaborative care meetings in Wakefield in readiness for establishing the model in their own areas.

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.
- Care programme approach (CPA) reviews performance requires improvement, this is thought to be a combination of practitioner pressure and data quality, more support and training is being given to teams in how to record reviews accurately on S1.
- Mandatory training figures have reduced in certain areas – action plans are in place for each team and are being tracked by General Managers. These include specific plans relating to fire training and inpatient areas.

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.
- Support for staff wellbeing across the BDU and in particular the wellbeing of staff in the acute service line.

Communications, Engagement and Involvement

Communications and Marketing

- Project plan being developed for the Unity Centre opening in October, including films with Deadline Digital showing the build progress. Development of a roadmap of estates investment across all our BDUs.
- Developing a film to promote the autism friendly environments training.
- Promotion of the i-hub environmental challenge.
- Comms and design support for the Calderdale arts and health report "Living a larger life".
- Supported the launch of the forensic outreach liaison service with key messages, digital leaflets and a service directory page on our website.
- Leading on the co-development of a partnership communication campaign with Barnsley Hospital, the CCG and Local Authority to promote alliance working and partnership working successes. Film on the learning from the Dearme pilot has been produced.
- Active supporters of the West Yorkshire and Harrogate Health and Care Partnership with the 'Our Neighbours' campaign.
- Ran workshops at the West Yorkshire and Harrogate Health and Care Partnership communications and engagement network on internal comms.
- Support to EyUp! Development of internal and external infographic posters summarising the successful bids for 2018-19 - 'Where has the money been spent?' Preparations for Team Challenge 2019.
- Promotion of the MySWYFT staff app aimed at those that do not have access to Trust information every day. So far feedback has been positive. More targeted promotion planned.
- Worked with Barnsley speech and language therapy to implement a new resource library on their section of the website which will allow schools and parents to search for practical resources and download in order to help with their child's individual needs.
- New financial messages produced. IG campaign supported.
- Ongoing support to recruitment and retention, to attract new staff and help retain those already employed in the Trust.
- Continued promotion of leadership and management development courses, alongside supporting the development of a toolkit for managers.

Engagement

- Director listening events arranged in all BDU areas, along with director walkabouts in areas identified through the staff survey as wanting more director contact.
- Promotion of Members' Council elections.
- Support for all staff networks, including the relaunch of the LGBT+ network.
- Stakeholder engagement analysis being carried out, which will then be developed into a stakeholder strategy and action plan.
- Trustwide prospectus developed which will be used to inform stakeholders about the Trust and what our offer is in each area.
- Co-ordinating engagement briefings for EMT colleagues in advance of Overview and Scrutiny and Health and Wellbeing Board meetings and meetings with local MPs.
- Mental Health First Aid Training for MP researchers planned for July.
- Working with West Yorkshire and Harrogate Partnership. We are actively involved in engagement activity relating to learning disability services and are involved in the West Yorkshire Mental Health and Learning Disabilities Collaborative comms and engagement network. Meetings held this month.
- Working on renewal of volunteering accreditation and assessment.
- 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.

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| Summary | Quality | NHS Improvement | Locality | Priority Programmes | Finance/Contracts | Workforce |
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This is the July 2019 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for June 2019. The priority programme areas of work providing an update in this report are:

- Wakefield Projects
- Barnsley Projects
- West Yorkshire Projects
- Clinical Record System
- Make care quickly and easily available, to reduce waiting times (initial focus on Barnsley CAMHs)
- Embed #allofusimprove to enhance quality
- Provide all care as close to home as possible (Out of Area)

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 2019/20. 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 - CYP Eating Disorders - IAPT-LTC (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 | <p>Update on June/July activities are as follows:</p> <ul style="list-style-type: none">• The Wakefield partnership has continued to progress the integration agenda through the Integrated Care Partnership (ICP), previously the New Models of Care Board (NMoC). The Mental Health Alliance has worked together to agree the priorities for 2019/20 in line with the MH investment standard. The detailed proposals to support the priorities (including proposals that have now been approved against the WY&H ICS bid for transformation funding for community crisis care as highlighted below) were presented to the 3 July ICP Board meeting, for approval, and the 9 July Wakefield CCG Governing Body meeting. The proposals were well received by both Boards, and now with CCG Governing Body approval, the Alliance is moving to implementation phase of the proposals.• Wakefield Primary Care Networks - The Trust's director of provider development is the SRO for this programme (on behalf of the ICP Board). There will be seven PCHs in Wakefield, which became 'live' on 1 July 2019, in line with the national timetable. The Trust's service offer in Wakefield is being aligned to PCHs, and the lessons from this work (plus the equivalent work in Barnsley) will help shape the Trust's place based service configuration going forward. <p>All 7 PCHs have supported the approach to their social prescribing link workers being employed through Live Well Wakefield, via a memorandum of understanding.</p> <ul style="list-style-type: none">• End of Life Care Alliance <p>The proposed Memorandum of Understanding has been reviewed, and confirmation sent of our acceptance of this.</p> | 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. | | |

| Summary | Quality | NHS Improvement | | | Locality | Priority Programmes | Finance/Contracts | Workforce | |
|--|---|-----------------|------------|----------------------|--|---------------------|--|-----------------------|--|
| Work with our partners to join up care in Barnsley | <p>1. To develop and deliver partnership structures and relationships that underpin integrated working</p> <p>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</p> <p>3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us</p> <p>4. To deliver improvement programmes in key areas as identified by the partnership groups. These include:</p> <p>a. Frailty</p> <p>b. CVD</p> <p>c. Stroke</p> <p>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.</p> <p>To underpin this work with a clear plan for SWYPFT in via the Barnsley and SY internal integration group.</p> | Salma Yasmeen | Sue Barton | Transformation Board | By 31/03/20 All six neighbourhoods will have | Monthly on IPR | <p>An update on work undertaken in June is as follows:</p> <ul style="list-style-type: none"> Stroke: Following a further meeting with CCG on 10th June 2019, commissioners requested a written response to their additional queries which was submitted 5th July. An independent review of the proposals is to be undertaken and then CCG will then arrange a further senior/exec level meeting. An additional steering group meeting is arranged for 24th July; weekly project team meetings continue, including finance colleagues when appropriate; TAG groups continue for TIA A multiagency group of people attended the NHS(I) 2 day training on 'Transforming Care through Systems Leadership' event in York. This training offered the opportunity for senior people in the system to explore a range of models and evidence based approaches to deliver and sustain change. 4 further days are planned. Area based representatives have been identified for all agencies and meetings have commenced in all 6 neighbourhoods. Clinical Directors have been identified and work is ongoing to connect the neighbourhood work with the development of the Primary Care Networks which went live on 1 July 2019. Each neighbourhood has received a composite set of information for their area - as set out in the plan for Population Health Management - which provides data and information which can form the basis of the discussion around priorities. | Progress Against Plan | |
| | | | | | | | <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 following remodelling from CCG. 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 | |
| | | | | | | | <p>Implementation plan/key milestones:</p> <p>By 31/07/19 Programme areas have identified key improvement aims for 19/20</p> <p>By 30/09/19 6 neighbourhoods have established leadership teams</p> <p>By 31/12/19 6 neighbourhoods have identified priority areas</p> <p>By 31/03/20 Stories have been shared from the networks, ICOF populated and shared, Programme areas have delivered on key improvement aims.</p> | | |

| Summary | Quality | NHS Improvement | Locality | Priority Programmes | Finance/Contracts | Workforce | | | |
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| 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 LD projects• LD transforming care partnerships• Children and Adolescent Mental Health services whole system pathway development• Suicide Prevention• Autism and 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 | Update on June/July activities are as follows: Inaugural meeting of SWYPFTs WY internal integration group was held on 2nd July. The workstream map was updated with Trust named inputs to the workstreams. Group meeting to be used for any tactical discussion and coordination of key points from, and response into, ICS meetings. Key workstream updates are: <ul style="list-style-type: none">• The programme has been successful in securing £173k from NHSE/I to assist with post-vention work following a suicide, with an additional £114k for male suicide prevention. The programme was also likely to receive circa £1.4m of flexible transformation funding, the need to complete a proposition for the funding would remain a priority. It was agreed that further links should be made with the Improving Population Health and Primary Care Networks so that housing, social and economic factors amongst others could be understood as part of the PHM Learning Cycle. The Trust is leading this programme on behalf of the Partnership. Funding for programme manager has been secured.• Out of area placements remains a risk and continues to challenge the system and collaborative developments around bed management continue to take place to offer a standardised improved offer.• The recent bid for Children and Young People Tier 4 CAHMS provision had also been supported and was recognised as a positive step forward. The Trust is a key partner in both these programmes of work.• Organisations from across the partnership including the Trust and programme areas, including cancer, improving planned care and mental health, have come together to develop a health champions network of people with learning disabilities from across the area. A local organisation BTM will lead on the development of this work over the next 12 months.• The Trust has been working with our partners in the the West Yorkshire Mental Health, Learning Disability and Autism collaborative to develop proposals to bid for ICS transformation funding:<ul style="list-style-type: none">- A WY&H ICS bid for Transformation funding (Wave 1) for community mental health was made by the deadline of 21 June 2019. This comprised two components: Specialist community rehabilitation service (to be tested in Kirklees, Calderdale, and Leeds); Young person offer focusing on early intervention for vulnerable people in defined populations (to be tested in Wakefield, Bradford, and Leeds). This proposal was unfortunately not supported. A feedback conference call is taking place on 31 July 2019.- A WY&H ICS bid for Transformation funding for community crisis care was made by the deadline of 24 June 2019. This bid comprised some elements that were WY-wide and most elements that were place-based. Confirmation was received on 12 July 2019 that all the proposals in this bid would be funded. The Trust is in the process of working through with each CCG in our districts the implementation arrangements for the proposals.• NHS England specialised commissioning - have invited 'Applications' from the ICS by 5 July 2019 to move to steady state commissioning for CAMHS tier 4, adult eating disorder, and forensics. The intention is that by 2022/23, there will be 100% Provider Collaborative coverage nationally across all specialised mental health, learning disabilities and autism services. If successful this would result in four year contracts being awarded to the provider collaborative to lead on the delivery of these services for the Partnership. This builds on the new care model pilots that have been running for 12 months. The Trust submitted a Lead Provider collaborative application for adult secure on 4 July 2019 and is a key partner in the other two service areas outlined above. The next step following submission will be a Yorkshire & Humber Panel for NHS-led provider collaboratives to take place on 22 July 2019.• Specialist Community Forensic Team Pilot Wave 2 Selection - The Trust submitted a proposal as lead provider on behalf of the adult secure collaborative against this invitation for bids. On 11 July 2019, the Trust received notification that the proposal had been judged as 'Category Three' (of four categories). This category's definition comprises: Proposal included some good responses, but significant concerns and several answers require clarification and/or significant amendments; will require discussions with regional colleagues and applicants to identify whether these can be addressed and will require an amended proposal; expect to require additional 2-4 weeks to original timescales. The Trust will now work with NHS England and provider collaborative partners to take the proposal to the next stage. | 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. Stakeholder engagement remains a challenge to progression for the majority of the programmes. West Yorkshire Forensic Lead Provider Business Case: whether a NMOC for forensics is achievable owing to financial challenges. | 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 AMH IPTD work from April 2015 to September 2015. Key milestones include:

- April 2015:** Project governance established, Project workshops commence, Dashboard development starts, Stocktake and challenges.
- May 2015:** New programme plan in place and agreed, Meetings held, Caseload review activity.
- June 2015:** New referral process planning with commissioner, GP level, 111 workshop, Caseload tracking tool developed.
- July 2015:** TIPD risk strategy agreed, CIO refresh starts, CIO refresh in Calderdale, Initial SIU Engagement (SFA).
- August 2015:** HBT deployment model considered, Further SIU engagement, Perinatal Workflow in place, Review impact of context clearing.
- September 2015:** SFA Triage tool pilot, Community group plans for small group of TIPD, SIU in place.


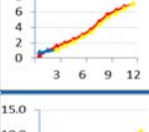
Other ongoing activities include: Project prioritization and framework established, PD practitioner and Best Manager in suit, SPA test reminder live, Change cycle start based on new plan, Demand and capacity ability starts, and AMH HBT workshop.

| Summary | Quality | NHS Improvement | | Locality | Priority Programmes | Finance/Contracts | Workforce | | |
|---|---|-----------------------------|--------------------------------|----------------------|---|-------------------|--|-----------------------|--|
| Embed #allofusimprove to enhance quality | To build improvement capability and capacity in the Trust. To use improvement tools in key projects and capture the impact. | Tim Breedon & Salma Yasmeen | Vicki Whyte | EMT | Capability across the Trust will be increased A network of #allofusimprove Champions and Facilitators will be in place across the Trust to support continuous improvement. The #allofusimprove toolkit and helpdesk will be refreshed to support people to 'do and share' their improvements ideas. I Hub will be re-launched and used to strengthen the sharing, development and embedding of improvement and innovation across the Trust | at key milestones | Reported In June 2019 - activity made towards achieving key milestones: • Re-launched i hub with rolling programme of Trust priority conversations • 227 staff across the Trust currently completing the IHI Certificate of Quality & Safety. • 23 staff completed IHI Certificate and are now Trust Improvement Facilitators • 4 members of staff are 80% through QSIR practitioner training with ACT Academy. • Case studies published on intranet demonstrating impact. • Learning Library established to share learning from experience. • Knowledge Café on Benefits, Welfare Reform and Poverty completed. | Progress Against Plan | |
| | | | | | | | no key risks identified | Management of Risk | |
| | | | | | | | By 1/05/19 I Hub Relunched. By 31/08/19#allofusimprove toolkit updated and in place. By 31/03/20: 250 people to complete quality improvement training 24improvement case studies developed and shared 4 x QI Silver Training sessions held 20 x Improvement Coaching & Mentoring sessions held. | | |
| 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 June activities are as follows: The project is currently in stabilisation, following Go Lives' on 25th February, 5th March 2019 and delta cut on 13th March 2019 - Catch up activities have now been completed and verified internally by clinical leads - The majority of all reports now built, validation making good progress. The MHSDS and CDS have been generated and submitted. - 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-diarsed activity which was not reportable from RiO (e.g. ad hoc telephone calls). - Project closure report for phase one: implementation has been submitted to the July Programme Steering Group for review. - Phase 2: Optimisation programme high level plan submitted to and approved by EMT on 20th June 2019. Change reference groups continue to meet as engagement vehicles for service and system improvement. From these groups: - Further training videos and guidance are in development and specific training sessions delivered as requested - Work continues to refine post go live configuration based on staff feedback. - AWorkshop is being planned for wider staff engagement on optimisation approach, scheduled for August 9th 2019. | Progress Against Plan | |
| | | | | | | | The programme level risk that remains is - "the 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" has been reviewed and incorporated into a BAU level Risk to be agreed at PSG on the 23rd July 2019. Risks to be identified as part of optimisation work plan. | 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 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 | | |

| Progress against plan rating | Risk Rating | Likelihood |
|---|----------------|---|
| On target to deliver within agreed timescales / project tolerances | Consequence | 1 Rare 2 Unlikely 3 Possible 5 Almost certain |
| Ability/confidence to deliver actions within agreed timescales / project tolerances | 5 Catastrophic | 5 10 15 20 25 |
| Ability/capacity to deliver actions within agreed timescales / project tolerances | 4 Major | 4 8 12 20 |
| Actions will not be delivered within agreed timescales / project tolerances | 3 Moderate | 3 6 9 15 |
| Action complete | 2 Minor | 2 4 6 10 |
| | 1 Negligible | 1 2 3 5 |

Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

| Performance Indicator | | Year to date | Forecast | Narrative | Trend |
|-----------------------|--------------------------------|--------------|----------|---|---|
| 1 | NHS Improvement Finance Rating | 3 | 2 | The overall risk rating is 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) | (£1.3m) | (£0.2m) | June 2019 finance performance excluding Provider Sustainability Fund (PSF) is ahead of plan at a deficit of £0.1m. Year to date there is a deficit of £1.3m. 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 and increased cost improvements will be required to deliver this. |  |
| 3 | Agency Cap | £1.9m | £7.4m | Agency expenditure is higher than plan with £0.6m spent in June, £0.2m above the agency cap set by NHS Improvement. Current year-end projection is to exceed our agency cap by £2.1m. |  |
| 4 | Cash | £25.2m | £25.7m | The Trust cash position remains healthy at £25.2m. Cash is forecast to increase in Qtr 2 as the outstanding 2018/19 PSF (£3.8m) is received. |  |
| 5 | Capital | £1.1m | £7m | Expenditure for the year to date, and forecast, are in line with plan. All Trusts have been asked to review the prioritisation of capital schemes with a view to making a reduction in 2019/20. |  |
| 6 | Delivery of CIP | £2.1m | £10.6m | Delivery is in line with plan for the year to date. Unidentified CIPs which require mitigation have increased to £1.9m (from £1.6m last month) due to a revised assessment against the consolidation of temporary staffing scheme. |  |
| 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

Additional recurrent and non-recurrent mental health investments have now been agreed through the Wakefield Mental Health Alliance and approved through the Wakefield CCG Governing Body. The priority areas agreed which will have a direct impact on SWYPFT in 2019/20 relate to recurrent investments to increase capacity within the intensive home based treatment team, expand capacity for police liaison and provide new capacity to offer dialectic behavioural therapy within community mental health teams.

CQUIN

The national CQUIN schemes for 19/20 contracts applicable to contracts have 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. Additional recurrent and non-recurrent mental health investments have now been agreed through the Wakefield Mental Health Alliance and approved through the Wakefield CCG Governing Body. The priority areas agreed which will have a direct impact on SWYPFT in 2019/20 relate to recurrent investments to increase capacity within the intensive home based treatment team, expand capacity for police liaison and provide new capacity to offer dialectic behavioural therapy within community mental health teams.

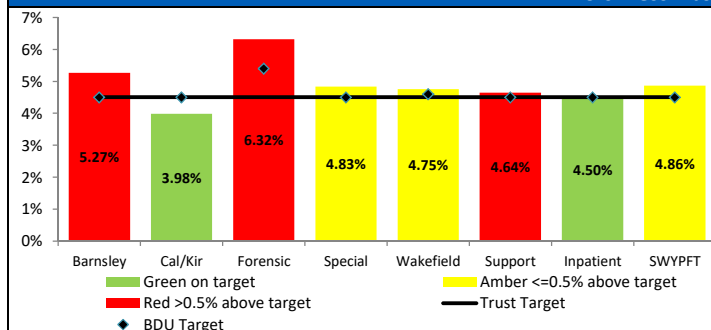
Contracting Issues - Forensics

The 2019/20 contract offer with NHS England is agreed. 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.

Workforce

Human Resources Performance Dashboard - June 2019

Sickness Absence

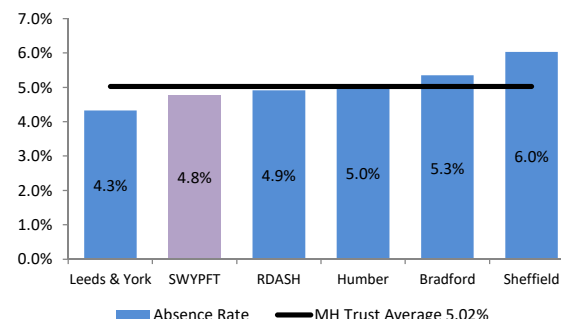


Current Absence Position and Change from Previous Month - June 2019

| | Barn | Cal/Kir | Fore | Spec | Wake | Supp | Inpat | WYPF |
|--------|------|---------|------|------|------|------|-------|------|
| Rate | 5.9% | 3.8% | 7.1% | 4.9% | 3.9% | 4.9% | 5.9% | 5.2% |
| Change | ↑ | ↓ | ↑ | ↓ | ↓ | ↑ | ↑ | ↑ |

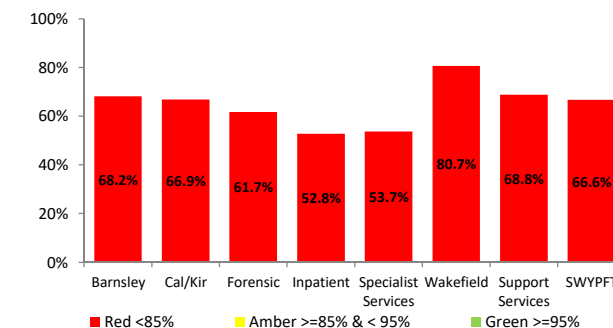
The Trust YTD absence levels in June 2019 (chart above) were above the target at 4.86%.

0
0



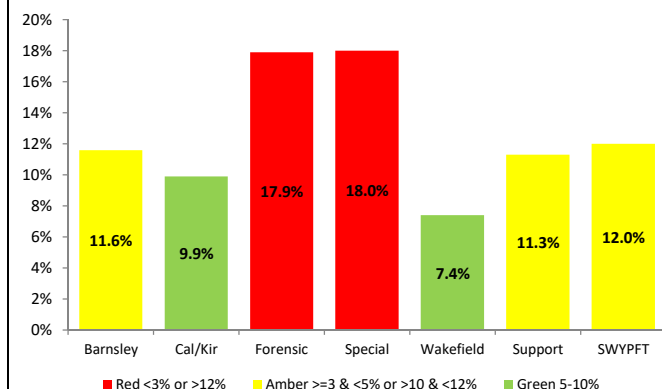
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the period April 2018 to October 2018. During this time the Trust's absence rate was 4.78% which is below the regional average of 5.02%.

Appraisals Band 6 & Above



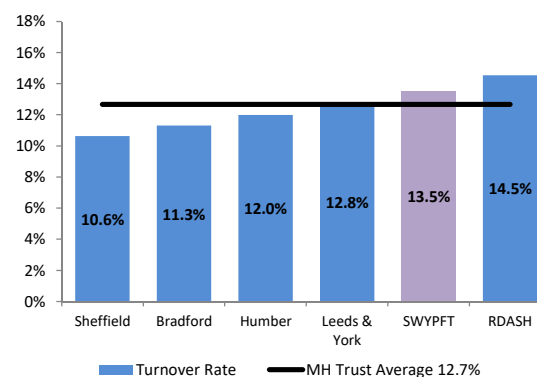
The above chart shows the appraisal rates for the Trust to the end of June 2019. From June to August, the figures will only include staff on Band 6 and above. From September's report onwards, they will include all staff. The Trust target for appraisals for staff on Band 6 and above is to reach 95% by the end of June each year.

Turnover and Stability Rate Benchmark



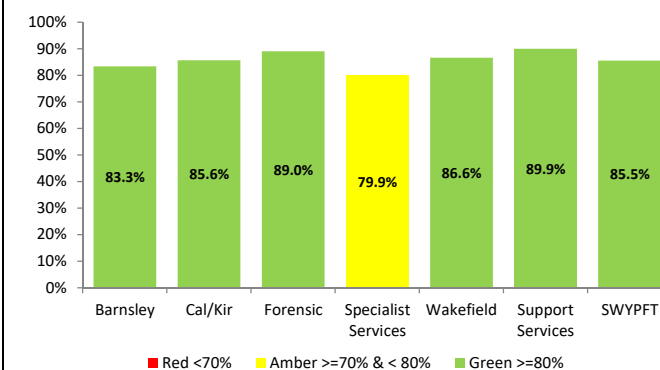
This chart shows the YTD turnover levels up to the end of June 2019.

*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 June 2019. Specialist Services have dropped slightly but all other BDUs and the Trust continue to achieve the 80% target.

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Workforce - Performance Wall

| Trust Performance Wall | | | | | | | | | | | | | | | | | |
|---|----------------------|------------|-------|---------------------|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Improving Resources | Well Led | AD | <=4.5% | 4.4% | 4.5% | 4.5% | 4.6% | 4.8% | 4.9% | 5.0% | 5.1% | 5.1% | 5.0% | 4.7% | 4.7% | 4.9% |
| Sickness (Monthly) | Improving Resources | Well Led | AD | <=4.4% | 4.4% | 4.7% | 4.8% | 5.1% | 5.7% | 5.8% | 5.7% | 5.8% | 5.1% | 4.6% | 4.7% | 4.7% | 5.2% |
| Appraisals (Band 6 and above) 1 | Improving Resources | Well Led | AD | >=95% | 72.2% | 87.7% | 92.8% | 95.0% | 95.8% | 98.1% | 98.2% | 99.1% | 99.1% | 99.1% | 6.3% | 19.8% | 66.2% |
| Appraisals (Band 5 and below) | Improving Resources | Well Led | AD | >=95% | 9.4% | 21.6% | 48.1% | 78.6% | 87.2% | 94.3% | 95.0% | 96.5% | 97.5% | 97.5% | 0.2% | 1.5% | 7.8% |
| Aggression Management | Improving Care | Well Led | AD | >=80% | 81.6% | 82.9% | 83.0% | 82.2% | 81.3% | 81.4% | 82.5% | 83.1% | 82.9% | 81.7% | 81.6% | 82.8% | 84.0% |
| Cardiopulmonary Resuscitation | Improving Care | Well Led | AD | >=80% by 31/3/17 | 84.5% | 84.8% | 83.3% | 81.6% | 80.1% | 80.2% | 81.2% | 82.1% | 81.4% | 80.7% | 80.2% | 80.1% | 81.3% |
| Clinical Risk | Improving Care | Well Led | AD | >=80% by 31/3/17 | 85.8% | 85.9% | 86.0% | 85.8% | 85.8% | 86.1% | 87.4% | 87.8% | 88.7% | 88.4% | 87.9% | 88.7% | 88.3% |
| Equality and Diversity | Improving Health | Well Led | AD | >=80% | 89.7% | 89.8% | 90.1% | 89.8% | 90.2% | 90.7% | 91.3% | 90.9% | 91.0% | 90.3% | 89.6% | 89.8% | 90.3% |
| Fire Safety | Improving Care | Well Led | AD | >=80% | 86.6% | 86.6% | 87.4% | 86.3% | 86.8% | 86.7% | 88.1% | 85.2% | 84.9% | 84.6% | 84.6% | 84.6% | 85.7% |
| Food Safety | Improving Care | Well Led | AD | >=80% | 77.5% | 80.8% | 81.9% | 81.7% | 81.9% | 84.1% | 82.2% | 82.3% | 83.7% | 83.4% | 83.6% | 83.6% | 83.3% |
| Infection Control and Hand Hygiene | Improving Care | Well Led | AD | >=80% | 87.3% | 87.8% | 88.5% | 89.1% | 89.3% | 89.1% | 89.7% | 89.5% | 90.4% | 89.9% | 90.5% | 90.8% | 91.1% |
| Information Governance | Improving Care | Well Led | AD | >=95% | 92.1% | 91.9% | 92.2% | 92.1% | 92.3% | 90.2% | 90.8% | 96.1% | 97.6% | 98.5% | 97.2% | 94.3% | 94.5% |
| Moving and Handling | Improving Resources | Well Led | AD | >=80% | 85.6% | 85.7% | 86.1% | 87.2% | 87.3% | 88.6% | 89.0% | 87.8% | 88.9% | 90.5% | 90.4% | 91.4% | 91.8% |
| Mental Capacity Act/DOLS | Improving Care | Well Led | AD | >=80% by 31/3/17 | 91.3% | 92.2% | 91.7% | 90.9% | 91.4% | 92.6% | 92.3% | 92.7% | 92.5% | 91.7% | 91.2% | 91.7% | 91.6% |
| Mental Health Act | Improving Care | Well Led | AD | >=80% by 31/3/17 | 86.5% | 88.1% | 87.3% | 85.9% | 85.8% | 87.7% | 86.7% | 86.7% | 86.4% | 84.5% | 84.2% | 85.2% | 86.8% |
| No of staff receiving supervision within policy guidance | Quality & Experience | Well Led | | >=80% | 82.8% | 83.8% | | | 82.6% | | | 86.7% | | | 69.9% | | |
| Safeguarding Adults | Improving Care | Well Led | AD | >=80% | 91.3% | 91.7% | 91.7% | 91.5% | 92.1% | 93.0% | 93.7% | 93.2% | 93.4% | 92.9% | 92.4% | 92.5% | 93.2% |
| Safeguarding Children | Improving Care | Well Led | AD | >=80% | 89.4% | 90.1% | 90.4% | 90.0% | 90.4% | 89.4% | 91.4% | 91.3% | 90.9% | 91.1% | 89.6% | 91.0% | 91.7% |
| Sainsbury's clinical risk assessment tool | Improving Care | Well Led | AD | >=80% | 94.9% | 95.8% | 95.2% | 94.6% | 94.6% | 94.1% | 94.5% | 93.9% | 94.5% | 94.9% | 94.0% | 94.8% | 95.1% |
| Bank Cost | Improving Resources | Well Led | AD | - | £768k | £646k | £730k | £845k | £615k | £674k | £678k | £752k | £1048k | £772k | £625k | £844k | £695k |
| Agency Cost | Improving Resources | Effective | AD | - | £484k | £526k | £566k | £522k | £537k | £536k | £530k | £596k | £545k | £634k | £613k | £641k | £619k |
| Overtime Costs | Improving Resources | Effective | AD | - | £5k | £11k | £5k | £8k | £4k | £5k | £7k | £7k | £8k | £48k | £12k | £28k | £34k |
| Additional Hours Costs | Improving Resources | Effective | AD | - | £23k | £31k | £32k | £29k | £30k | £31k | £24k | £26k | £27k | £40k | £46k | £38k | £37k |
| Sickness Cost (Monthly) | Improving Resources | Effective | AD | - | £420k | £461k | £471k | £507k | £586k | £571k | £572k | £602k | £476k | £482k | £479k | £494k | £521k |
| Business Miles | Improving Resources | Effective | AD | - | 259k | 291k | 269k | 279k | 267k | 299k | 279k | 286k | 270k | 289k | 274k | 240k | 293k |
| Health & Safety | | | | | | | | | | | | | | | | | |
| Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations) | Improving Resources | Effective | AD | - | Reporting commenced 19/20 | | | | | | | | | | 7 | | |

1 - this does not include data for medical staffing.

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Workforce - Performance Wall cont...

Mandatory Training

- The Trust is above 80% compliance for all 14 mandatory training programmes with 7 being above 90%. Information Governance training has a target of 95% and is currently slightly below this.

Appraisals

- Appraisal completion rate for band 6 and above has increased to 66.2% however performance to end of June is below expected levels and is below the level achieved for the same time last year. There is a time lag in terms of recording appraisals so an increase is expected by the end of July.

Sickness Absence

- The sickness rate in June has increased slightly to 5.2% and is 4.9% cumulative. This compares to 5.3% in Q1 last year. Both Forensic and Barnsley BDUs had sickness absence in excess of target in month.

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.
- June staff turnover was 12% which is an increase compared to previous month, with particular hotspots in Forensic and Specialist services BDUs.

Health & Safety

- During quarter 1 there were 7 RIDDOR incidents, 6 physical assaults and 1 injury during restraint.

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Guardian of Safe Working Report - Q1 (April - June 2019)

High level data

| | |
|---|----------------------------|
| Number of doctors in training (total): | 50 |
| Amount of time available in job plan for Guardian to do the role: | 1 Programmed Activity (PA) |
| Admin support provided to the Guardian: | Ad hoc |
| Amount of job-planned time for educational supervisors: | 0.25 PAs per Trainee |

Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps. 1 out of the 7 Wakefield posts remains vacant. On the Calderdale and Kirklees Core Training Scheme there are a number of less than full time trainees and another on maternity leave; there is therefore the equivalent of 4 out of 10 posts vacant. None of the 4 CT posts in Barnsley are vacant.

Exception reports (with regard to working hours)

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

Fines

There have been none within this reporting period.

Work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

| Gaps by rota April/May/June '19 | | | | | |
|---------------------------------|-------------------------|------------------------------------|--|---|-------------------|
| Rota | Number (%) of rota gaps | Number (%) covered by Medical Bank | Number (%) covered by agency/ external | Number (%) covered by other trust staff | Number (%) vacant |
| Barnsley 1st | 0 | 0 | 0 | 0 | 0 |
| Calderdale 1st | 36 (20%) | 36 (100%) | 0 | 0 | 0 |
| Kirklees 1st | 11 (12%) | 11 (100%) | 0 | 0 | 0 |
| Wakefield 1st | 0 | 0 | 0 | 0 | 0 |
| Total 1st | 47 (7%) | 47 (100%) | 0 | 0 | 0 |
| Wakefield 2nd | 14 (15%) | 0 | 0 | 14 (100%) | 0 |

| Costs of Rota Cover April/May/June '19 | | | | | |
|--|--|-----------------------------|----------------------------------|-----------------------|------------|
| 1 st On-Call Rotas | Shifts (Hours) Covered by Medical Bank | Cost of Medical Bank Shifts | Shifts (Hours) Covered by Agency | Cost of Agency Shifts | Total Cost |
| Barnsley | 0 | 0 | 0 | 0 | 0 |
| Calderdale | 36 (361) | £12635.00 | 0 | 0 | £12635.00 |
| Kirklees | 11 (168) | £5880.00 | 0 | 0 | £5880.00 |
| Wakefield | 0 | 0 | 0 | 0 | 0 |
| Total | 47 (529) | £18515 | 0 | 0 | £18515.00 |

There continue to be a number of trainee vacancies across the trust which in turn places greater pressure on those in post. As a result of these vacancies there are numerous gaps on the rota and the lack of staff means that the remaining Trainees cannot be expected to do all the extra shifts. The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. The Medical bank seems to be working well so that no shifts were unfilled and none have had to be offered to agency staff during this quarter.

Issues and Actions

- Recruitment – vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through The Royal College (MTI - Medical Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training) and a pilot Physician Associate role to address this. The first MTI (1) and WAST (1) doctors have now joined the trust and we expect more to join us in the summer. Unfortunately there were no new core trainees appointed to the Calderdale in Kirklees scheme to start in February 2019 but recruitment figures for August 2019 are better. 3 vacancies will be advertised for the February 2020 rotation. For August 2019 all vacant slots have been filled by MTI and WAST doctors. The Leeds-Wakefield rotation and the South Yorkshire Rotation are both fully recruited for August 2019 and no gaps are expected for February 2020.
- Management of rota gaps – The process for managing rota gaps appears to be improving. The Medical Bank appears to have had an impact on this with all 1st on-call vacant slots filled by the medical bank in this quarter. Also, new administrators are developing experience and getting used to processes to manage gaps.
- Junior Doctors' Forum – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education.
- Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum.
- IT system – Initial issues with the Allocate system seem to have been resolved and this is working smoothly. However, additional information explaining the work schedules has been sent to trainees on non-resident rotas as the standard information generated by the system was found to insufficient.

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Responsible Officer Quarterly Report – Q1 (April - June 2019)

| | |
|---|------|
| MEDICAL APPRAISALS 1.4.19 – 30.6.19 | |
| Number expected to be undertaken in period | 28 |
| Number undertaken in period | 27 |
| Number not undertaken for which the RO accepts postponement is reasonable | 1 |
| Percentage of appraisals taken place | 96% |
| Percentage of appraisals signed off in period as satisfactory | 100% |
| MEDICAL REVALIDATIONS 1.4.19 – 30.6.19 | |
| Number of revalidation recommendations due in period | 14 |
| Number of positive recommendations | 12 |
| Number of deferrals | 2 |
| Number of non-engagements | 0 |
| Percentage of revalidation recommendations made | 100% |
| RESPONDING TO CONCERNS | |
| Number of active cases under Maintaining High Professional Standards procedures | 0 |

Publication Summary

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

| |
|--|
| <p>Department of Health and Social Care Reducing the need for restraint and restrictive intervention This guidance from the DHSC and Department for Education is for health services, social care services and special education settings. It sets out how to support children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties who are at risk of restrictive intervention. Click here for link to guidance</p> |
| <p>NHS long term plan implementation framework Following the publication of the NHS long-term plan, NHS England and NHS Improvement committed to publishing an implementation framework, setting out further detail on how it would be delivered. Local systems are developing their five-year strategic plans, which will describe the population needs and case for change in each area, then propose practical actions that the system will take to deliver the commitments set out in the NHS long-term plan. The framework summarises these commitments alongside further information to help local system leaders refine their planning and prioritisation. This includes detail about where additional funding will be made available to support specific commitments and where activity will be paid for or commissioned nationally. Click here for link to framework</p> |

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

Learning disability services monthly statistics, provisional statistics (assuring transformation: May 2019, mental health statistics data set: March 2019 final)

Diagnostic imaging dataset: February 2019

Direct access audiology waiting times: April 2019

- NHS Improvement provider bulletin: 19 June 2019:
- Amendment to national safety standards for invasive procedures (NatSSIPs)
 - Share your views on maximising the success of new-in-post executive and non-executive directors
 - Proposed changes to agency rules — consultation response
 - Model Ambulance webinar
 - Updates from our partners

Care Quality Commission (CQC) - 2018 adult inpatient survey: statistical release: Findings from this latest annual survey of people who stayed as an inpatient in hospital show that most people had confidence in the doctors and nurses treating them and felt that staff answered their questions clearly. However, there has been no overall improvement in the responses since the survey was last carried out, and this year’s results show an increase in those reporting lengthy delays, greater dissatisfaction with the amount of information provided when leaving hospital, and those who felt a lack of involvement in their care.

NHS workforce statistics: March 2019 (including supplementary analysis on pay by ethnicity)

NHS sickness absence rates: February 2019, provisional statistics

NHS staff earnings estimates to March 2019, provisional statistics

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

- NHS Improvement provider bulletin: 3 July 2019:
- Staff flu immunisation campaign
 - Medicines and medical products supply: Government updates no-deal EU Exit plans
 - Launch of the NHS Patient Safety Strategy
 - Making data count — strengthening your decisions
 - Opportunity to build quality and service improvement capability
 - Same Day Emergency Care (SDEC) — Commissioning for Quality and Innovation (CQUIN) — third webinar
 - Updates from our partners

Psychological therapies: annual report on the use of IAPT services, 2018/19

Out of area placements in mental health services: April 2019

Community services statistics: March 2019

Diagnostics waiting times and activity: May 2019

Learning disability services monthly statistics (assuring transformation): June 2019

NHS Improvement provider bulletin: 17 July 2019

Diagnostic imaging dataset: March 2019

Direct access audiology waiting times: May 2019

Number of children and young people accessing NHS funded community mental health services in England: April 2018 to March 2019, experimental statistics



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report



**Month 3
(2019 / 20)
Appendix 1**



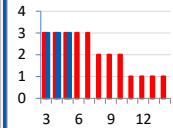
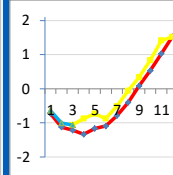
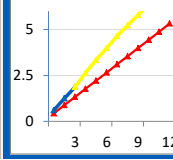
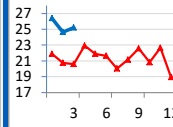
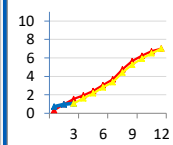
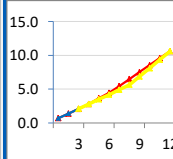
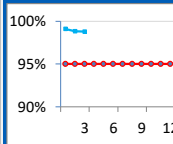
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


With **all of us** in mind.

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| Performance Indicator | | Year To Date | Forecast | Narrative | Trend |
|-----------------------|--------------------------------|--------------|----------|---|---|
| 1 | NHS Improvement Finance Rating | 3 | 2 | The overall risk rating is 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) | (£1.3m) | (£0.2m) | June 2019 finance performance excluding Provider Sustainability Fund (PSF) is ahead of plan at a deficit of £0.1m. Year to date there is a deficit of £1.3m. 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 and increased cost improvements will be required to deliver this. |  |
| 3 | Agency Cap | £1.9m | £7.4m | Agency expenditure is higher than plan with £0.6m spent in June, £0.2m above the agency cap set by NHS Improvement. Current year-end projection is to exceed our agency cap by £2.1m. |  |
| 4 | Cash | £25.2m | £25.7m | The Trust cash position remains healthy at £25.2m. Cash is forecast to increase in Qtr 2 as the outstanding 2018/19 PSF (£3.8m) is received. |  |
| 5 | Capital | £1.1m | £7m | Expenditure for the year to date, and forecast, are in line with plan. All Trusts have been asked to review the prioritisation of capital schemes with a view to making a reduction in 2019/20. |  |
| 6 | Delivery of CIP | £2.1m | £10.6m | Delivery is in line with plan for the year to date. Unidentified CIPs which require mitigation have increased to £1.9m (from £1.6m last month) due to a revised assessment against the consolidation of temporary staffing scheme. |  |
| 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%, exceptional downward trend requiring immediate action, outside Trust objective levels | Plan |  |
| Amber | Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels | Actual |  |
| Green | In line, or greater than plan | Forecast |  |

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

| Area | Weight | Metric | Actual Performance | | Plan - Month 3 | |
|---|--------|------------------------------|--------------------|-------------|----------------|-------------|
| | | | Score | Risk Rating | Score | Risk Rating |
| Financial Sustainability | 20% | Capital Service Capacity | 1.5 | 3 | 1.2 | 4 |
| | 20% | Liquidity (Days) | 22.4 | 1 | 17.1 | 1 |
| Financial Efficiency | 20% | I & E Margin | -1.9% | 4 | -2.2% | 4 |
| Financial Controls | 20% | Distance from Financial Plan | 0.3% | 1 | 0.0% | 1 |
| | 20% | Agency Spend | 41% | 3 | 20% | 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.

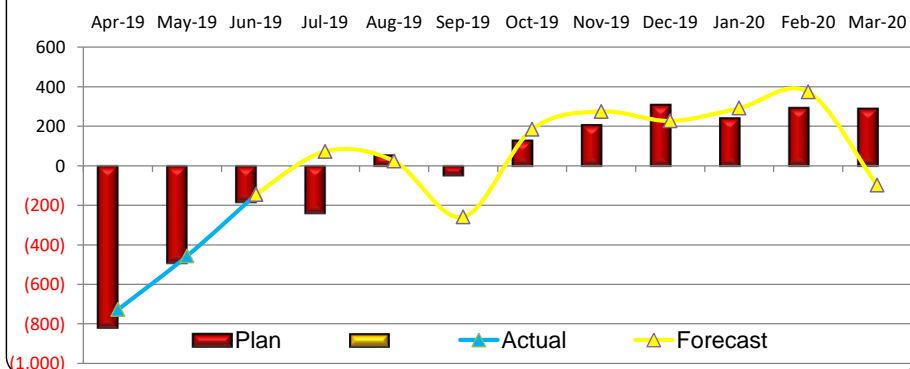
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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.

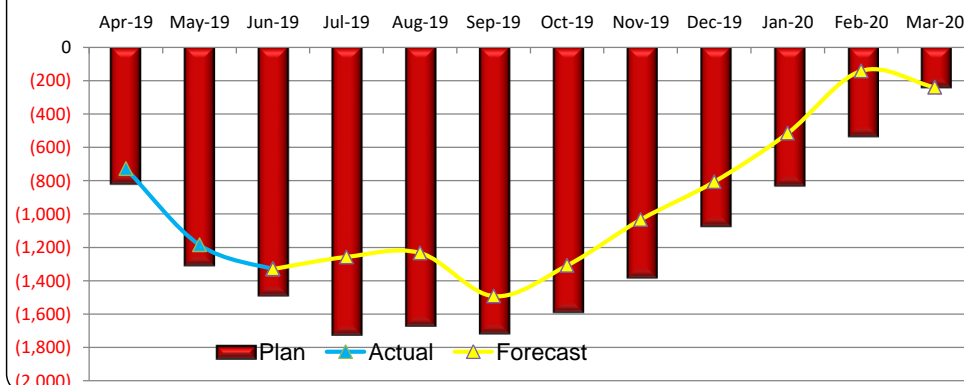
| Budget Staff | Actual worked | Variance | | This Month Budget | This Month Actual | This Month Variance | Description | Year to Date Budget | Year to Date Actual | Year to Date Variance | Annual Budget | Forecast Outturn | Forecast Variance |
|--------------|---------------|--------------|-------------|-------------------|-------------------|---------------------|--|---------------------|---------------------|-----------------------|------------------|------------------|-------------------|
| WTE | WTE | WTE | % | £k | £k | £k | | £k | £k | £k | £k | £k | £k |
| | | | | 17,648 | 17,373 | (275) | Clinical Revenue | 52,906 | 52,384 | (522) | 211,993 | 211,428 | (564) |
| | | | | 17,648 | 17,373 | (275) | Total Clinical Revenue | 52,906 | 52,384 | (522) | 211,993 | 211,428 | (564) |
| | | | | 1,094 | 1,201 | 107 | Other Operating Revenue | 3,358 | 3,624 | 266 | 12,931 | 13,410 | 478 |
| | | | | 18,743 | 18,575 | (168) | Total Revenue | 56,264 | 56,008 | (256) | 224,924 | 224,838 | (86) |
| 4,120 | 4,002 | (118) | 2.9% | (14,590) | (14,322) | 268 | Pay Costs | (44,430) | (43,697) | 732 | (176,879) | (175,602) | 1,277 |
| | | | | (3,404) | (3,276) | 128 | Non Pay Costs | (10,447) | (10,000) | 447 | (42,393) | (42,382) | 11 |
| | | | | (270) | (447) | (177) | Provisions | (889) | (1,619) | (730) | 2,036 | 1,075 | (961) |
| | | | | 0 | 0 | 0 | Gain / (loss) on disposal | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,120 | 4,002 | (118) | 2.9% | (18,264) | (18,045) | 219 | Total Operating Expenses | (55,765) | (55,316) | 449 | (217,236) | (216,909) | 327 |
| 4,120 | 4,002 | (118) | 2.9% | 479 | 529 | 51 | EBITDA | 498 | 691 | 193 | 7,688 | 7,929 | 241 |
| | | | | (442) | (463) | (21) | Depreciation | (1,326) | (1,389) | (63) | (5,302) | (5,564) | (262) |
| | | | | (227) | (227) | 0 | PDC Paid | (682) | (682) | 0 | (2,726) | (2,726) | 0 |
| | | | | 8 | 16 | 7 | Interest Received | 25 | 49 | 24 | 100 | 121 | 21 |
| 4,120 | 4,002 | (118) | 2.9% | (182) | (145) | 37 | Normalised Surplus / (Deficit) Excl PSF | (1,484) | (1,330) | 154 | (240) | (240) | 0 |
| | | | | 89 | 89 | 0 | PSF (Provider Sustainability Fund) | 265 | 265 | 0 | 1,765 | 1,765 | 0 |
| 4,120 | 4,002 | (118) | 2.9% | (93) | (56) | 37 | Normalised Surplus / (Deficit) Incl PSF | (1,219) | (1,065) | 154 | 1,525 | 1,525 | 0 |
| | | | | 0 | 0 | 0 | Revaluation of Assets | 0 | 0 | 0 | 0 | 0 | 0 |
| 4,120 | 4,002 | (118) | 2.9% | (93) | (56) | 37 | Surplus / (Deficit) | (1,219) | (1,065) | 154 | 1,525 | 1,525 | 0 |

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



Produced by Performance & Information

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



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Income & Expenditure Position 2019 / 20

The June run rate remained in deficit but improved from previous months. Actions are focussed on returning the run rate to surplus.

Month 3

The June position is a pre PSF deficit of £145k and a post PSF deficit of £56k, this is £37k 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 £0.2m deficit plan for the full year.

In June 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 3 is £275k lower than plan. A full breakdown of income is shown on page 7.

CQUIN income risk has been assessed. The current position includes an 8% YTD underachievement, the forecast assumes this will be recovered. 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 June pay underspent by £268k. 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 June agency costs are £619k. This is £176k (40%) higher than cap.

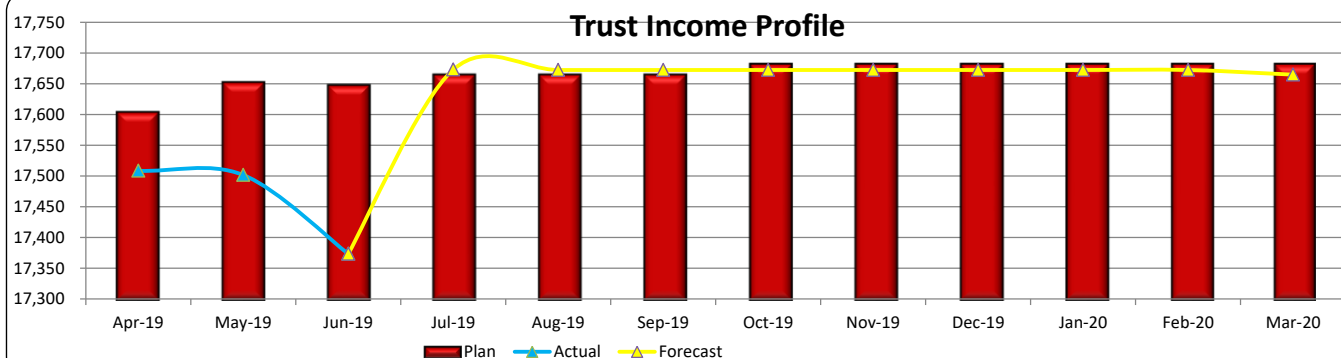
Non Pay Expenditure

Non pay is underspent by £128k in June 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 | 12,242 | 12,410 | 12,410 | 12,410 | 12,410 | 12,410 | 12,410 | 12,410 | 12,410 | 12,410 | 148,726 | 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 | 460 | 446 | 446 | 446 | 446 | 446 | 446 | 446 | 446 | 446 | 5,353 | 5,074 |
| Partnerships | 614 | 614 | 670 | 649 | 649 | 649 | 649 | 649 | 649 | 649 | 649 | 642 | 7,734 | 7,172 |
| Other | 737 | 730 | 681 | 848 | 848 | 848 | 848 | 848 | 848 | 848 | 848 | 848 | 9,778 | 6,708 |
| Total | 17,509 | 17,502 | 17,373 | 17,673 | 17,672 | 17,672 | 17,672 | 17,672 | 17,672 | 17,672 | 17,672 | 17,665 | 211,428 | 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 | |



CQUIN schemes for 2019/20 are being finalised with commissioners. Based on these schemes potential risks have been assessed and the financial risk is incorporated into the year to date position.

This equates to a potential loss of income of £144k (year to date) although the forecast assumes this will be recovered and is the majority of the income reduction in the graph to the left..

Other variances to plan include:

Level of income realised from the sale of Neuro Rehabilitation beds in Barnsley. Activity levels, and future plans, are under review.

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.

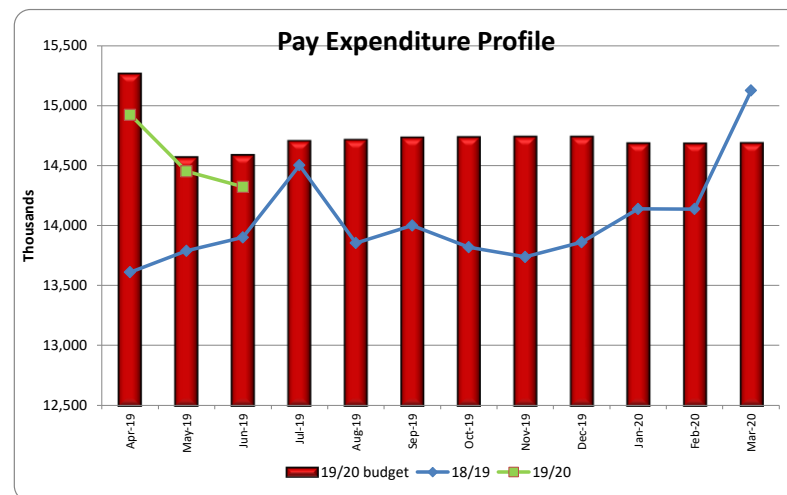
The Trust workforce strategy was approved by Trust board during 2017 / 18 and annual plans are agreed by the Workforce and Remuneration Committee. The Trust's strategic workforce plan was approved in March 2018 and is updated annually.

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 | 12,980 | | | | | | | | | | 39,532 |
| Bank & Locum | 663 | 906 | 723 | | | | | | | | | | 2,292 |
| Agency | 613 | 641 | 619 | | | | | | | | | | 1,873 |
| Total | 14,923 | 14,452 | 14,322 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 43,697 |
| 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% | 5.0% | | | | | | | | | | 5.2% |
| Agency as % | 4.1% | 4.4% | 4.3% | | | | | | | | | | 4.3% |

| Year to Date Budget v Actuals - by staff group | | | | | | |
|--|---------------|-------------------|--------------|--------------|---------------|----------------|
| | Budget £k | Substantive £k | Bank £k | Agency £k | Total £k | Variance £k |
| Medical | 5,869 | 4,480 | 128 | 1,021 | 5,630 | 239 |
| Nursing Registered | 15,852 | 13,414 | 798 | 132 | 14,344 | 1,508 |
| Nursing Unregistered | 4,772 | 4,514 | 1,075 | 403 | 5,992 | (1,220) |
| Other | 10,869 | 10,698 | 108 | 304 | 11,110 | (240) |
| Corporate Admin | 3,116 | 2,847 | 53 | 10 | 2,910 | 206 |
| BDU Admin | 3,952 | 3,579 | 129 | 3 | 3,711 | 240 |
| Total | 44,430 | 39,532 | 2,292 | 1,873 | 43,697 | 732 |

| Year to date Budget v Actuals - by service | | | | | | |
|--|---------------|-------------------|--------------|--------------|---------------|----------------|
| | Budget £k | Substantive £k | Bank £k | Agency £k | Total £k | Variance £k |
| MH Community | 19,330 | 16,634 | 428 | 1,221 | 18,282 | 1,049 |
| Inpatient | 11,004 | 9,433 | 1,636 | 595 | 11,664 | (660) |
| BDU Support | 1,856 | 1,798 | 53 | 3 | 1,854 | 2 |
| Community | 5,413 | 5,226 | 80 | 21 | 5,327 | 85 |
| Corporate | 6,826 | 6,441 | 95 | 34 | 6,570 | 256 |
| Total | 44,430 | 39,532 | 2,292 | 1,873 | 43,697 | 732 |



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) with further investment forecast throughout the course of the year (IAPT, additional bids).

In June pay underspent by £268k. Year to date the underspend is £732k. Temporary staffing provided by both agency and bank staff totals £4.2m to date (9.5% 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 inpatient areas, excluding Forensics, are overspent by £133k. Development of a substantive workforce model for these areas, ensuring safety and quality, continues. Funding, based on historical levels of spend, is currently held in provisions to fund this and will be released as the model is agreed. The model includes skill mix of staff and development of additional roles such as Training Nurse Associates (TNA).

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

**Quarter 1 agency spend exceeds the cap
by £0.5m**

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.

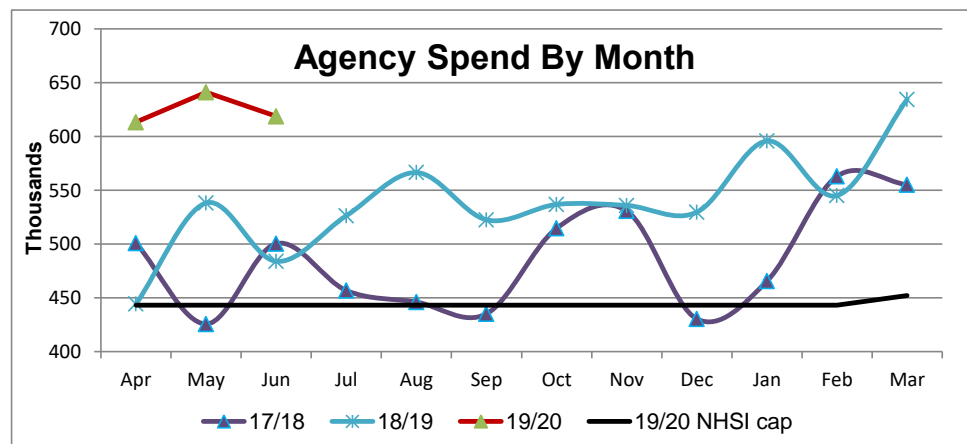
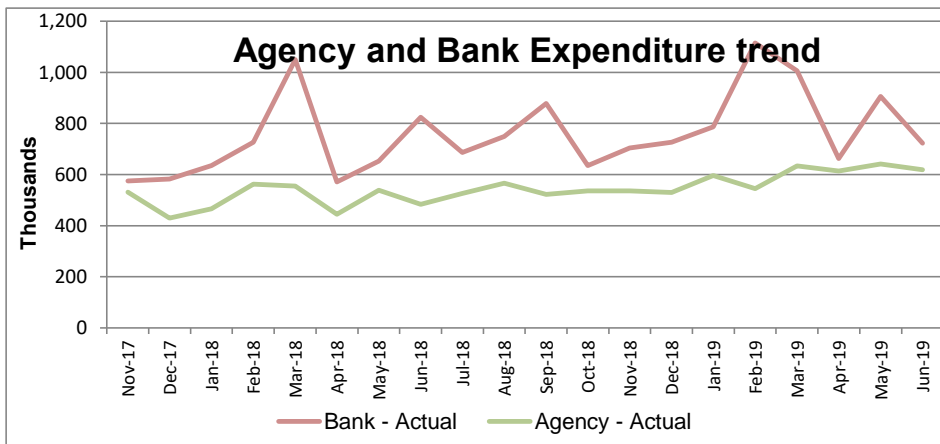
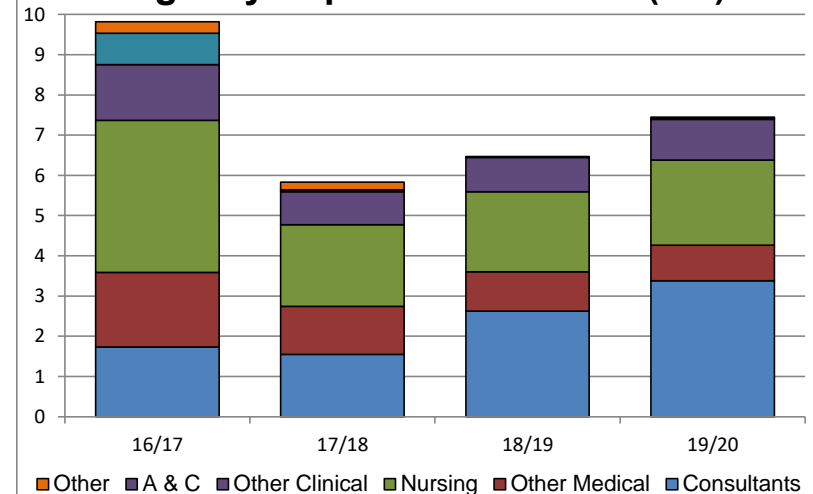
Actual agency usage continues to be reported to NHS Improvement on a weekly basis.

Month 3 agency spend is £619k, 40% 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 £1.87m which is 41% above cap and 28% higher than the same period last year.

The current forecast, based upon plans in place, is £7.4m. All medical and other clinical post action plans have been updated with key milestones dates identified.

Bank expenditure at £723k, is in line with 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)



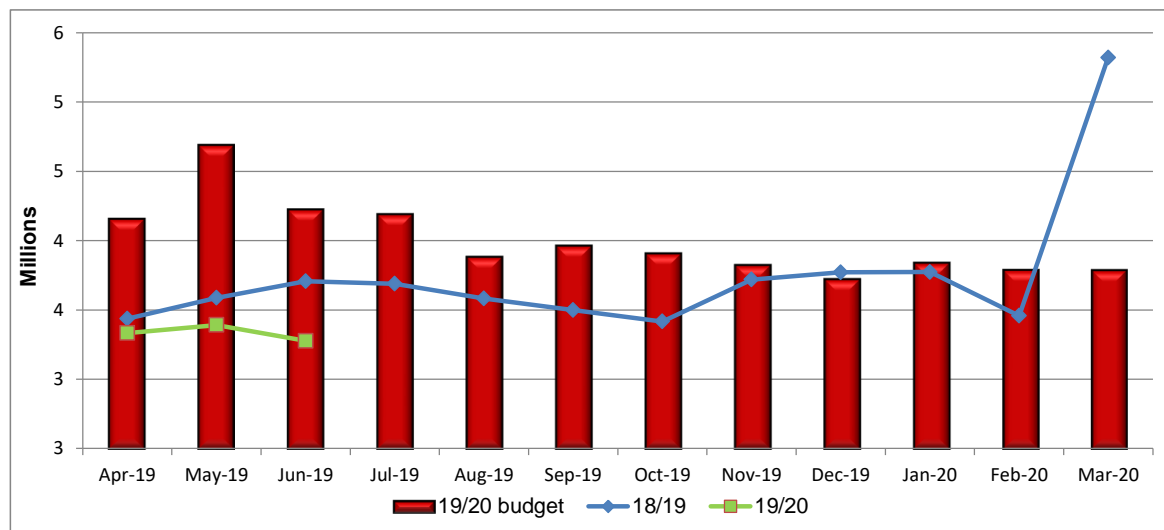
2.1

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 |
|---------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|
| 2019/20 | 3,333 | 3,391 | 3,276 | | | | | | | | | | 10,000 |
| 2018/19 | 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 | | | |
| Clinical Supplies | 724 | 633 | 91 |
| Drugs | 910 | 837 | 73 |
| Healthcare subcontracting | 1,321 | 1,284 | 37 |
| Hotel Services | 457 | 366 | 91 |
| Office Supplies | 1,087 | 1,129 | (41) |
| Other Costs | 1,169 | 1,063 | 106 |
| Property Costs | 1,632 | 1,704 | (72) |
| Service Level Agreements | 1,548 | 1,535 | 13 |
| Training & Education | 113 | 121 | (9) |
| Travel & Subsistence | 873 | 684 | 189 |
| Utilities | 281 | 322 | (40) |
| Vehicle Costs | 332 | 321 | 11 |
| Total | 10,447 | 10,000 | 447 |
| | 8,216 | 7,879 | 337 |



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

et during the 2019/20 annual planning round and, to date, there is little variation from plan. The plan included resetting those categories which have is healthcare subcontracting (use of out of area placements) and drugs. Whilst these variances are small the focus remains on ensuring that all spend is ue for money.

enditure is lower than in the previous year.

nd is within the travel and subsistence costs category which is currently £189k under plan.

Other workstreams within the non pay review group includes telecoms, IT contracts and estates 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 | 222 | 158 | | | | | | | | | | 669 |

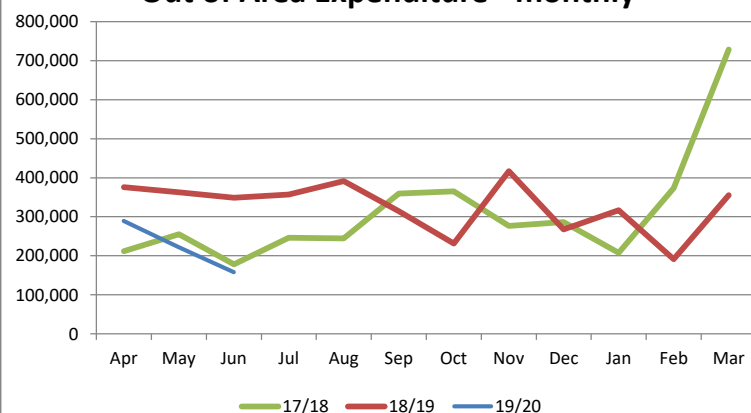
Bed Day Trend Information

| | 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 | 354 | 234 | | | | | | | | | | 870 |

Bed Day Information 2019 / 2020 (by category)

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| PICU | 32 | 26 | 30 | | | | | | | | | | 88 |
| Acute | 160 | 277 | 174 | | | | | | | | | | 611 |
| Appropriate | 90 | 51 | 30 | | | | | | | | | | 171 |
| Total | 282 | 354 | 234 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 870 |

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 has reduced by 33% between May and June meaning that the year to date position is 69 less days than planned (870 used compared to 939 planned).

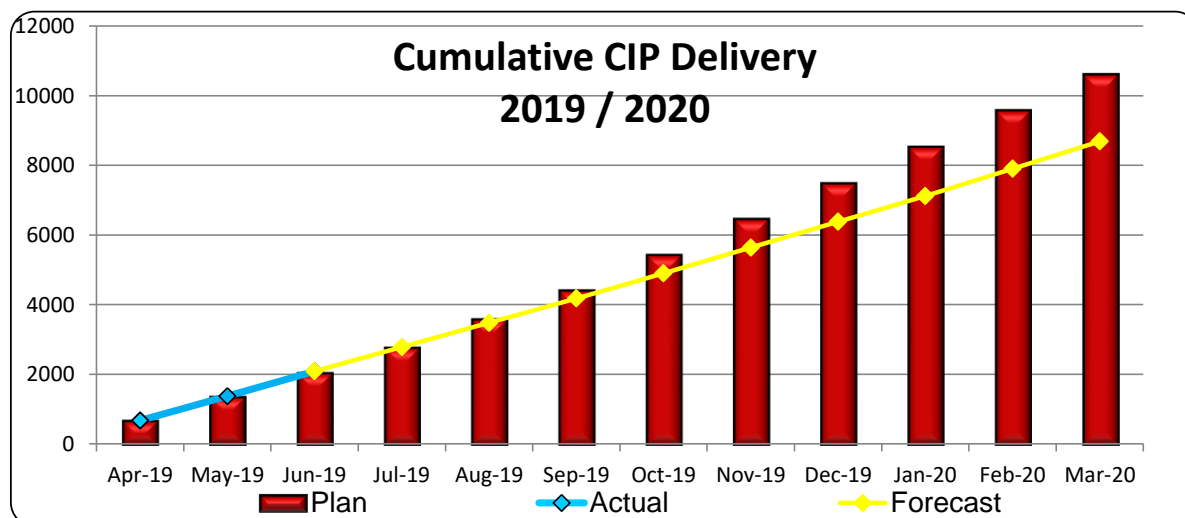
Expenditure in quarter 1 of £669k is £418k lower than the same period in 2018/19.

This activity is within a wider care closer to home programme. The objective is to reduce the use of inpatient beds (both out of area 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 | 2,066 |
| Achieved - plan | 669 | 1,353 | 2,018 | 2,691 | 3,365 | 4,039 | 4,739 | 5,456 | 6,173 | 6,890 | 7,649 | 8,411 | 2,018 |
| Achieved - mitigation | 4 | 19 | 69 | 92 | 115 | 138 | 161 | 184 | 207 | 230 | 253 | 276 | 69 |
| Mitigations - Upside schemes | | | | | | | | | 485 | 969 | 1,454 | 1,938 | 0 |
| Shortfall / Unidentified | 15 | 4 | (21) | 7 | 134 | 262 | 555 | 841 | 642 | 454 | 240 | (0) | (21) |



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.

This has increased to £1.9m due to forecast risks against a number of key schemes; drugs cost reductions, non pay savings and implementation of a consolidated temporary staffing solution.

The majority of schemes, 123 out of 127 (97%) identified within BDUs and corporate services have delivered as planned. The remaining 4 have been substituted in full.

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|--------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| RECURRENT - CUMULATIVE | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Target | 418 | 838 | 1,258 | 1,720 | 2,282 | 2,844 | 3,598 | 4,352 | 5,106 | 5,870 | 6,632 | 7,368 | 1,258 |
| Achieved - plan | 378 | 772 | 1,186 | 1,597 | 2,008 | 2,418 | 2,858 | 3,305 | 3,752 | 4,204 | 4,678 | 5,155 | 1,186 |
| Achieved - mitigation | 3 | 17 | 66 | 87 | 109 | 131 | 153 | 175 | 197 | 218 | 240 | 262 | 66 |
| Shortfall / Unidentified | 38 | 50 | 7 | 36 | 165 | 295 | 587 | 873 | 1,158 | 1,448 | 1,713 | 1,951 | 7 |

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|----------------------------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| NON RECURRENT - CUMULATIVE | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Target | 269 | 538 | 808 | 1,070 | 1,332 | 1,595 | 1,857 | 2,129 | 2,400 | 2,672 | 2,964 | 3,256 | 808 |
| Achieved - plan | 291 | 582 | 832 | 1,095 | 1,357 | 1,620 | 1,881 | 2,151 | 2,421 | 2,686 | 2,971 | 3,256 | 832 |
| Achieved - mitigation | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 9 | 10 | 12 | 13 | 14 | 3 |
| Shortfall / Unidentified | (23) | (46) | (28) | (29) | (31) | (32) | (32) | (32) | (31) | (25) | (20) | (14) | (28) |

| | 2018 / 2019 Plan (YTD) Actual (YTD) | | | Note |
|--|-------------------------------------|-----------------|-----------------|------|
| | £k | £k | £k | |
| Non-Current (Fixed) Assets | 100,005 | 100,258 | 99,675 | 1 |
| Current Assets | | | | |
| Inventories & Work in Progress | 259 | 232 | 259 | |
| NHS Trade Receivables (Debtors) | 3,019 | 1,840 | 2,520 | 2 |
| Non NHS Trade Receivables (Debtors) | 1,007 | 1,814 | 1,084 | 3 |
| Prepayments, Bad Debt, VAT | 1,559 | 2,614 | 2,685 | |
| Accrued Income | 5,138 | 5,575 | 7,239 | 4 |
| Cash and Cash Equivalents | 27,823 | 20,592 | 25,213 | 5 |
| Total Current Assets | 38,806 | 32,667 | 38,999 | |
| Current Liabilities | | | | |
| Trade Payables (Creditors) | (4,663) | (2,856) | (3,578) | 6 |
| Capital Payables (Creditors) | (1,070) | (555) | (388) | |
| Tax, NI, Pension Payables, PDC | (6,002) | (6,682) | (6,574) | |
| Accruals | (8,020) | (8,063) | (10,009) | |
| Deferred Income | (276) | (689) | (474) | |
| Total Current Liabilities | (20,031) | (18,845) | (21,024) | |
| Net Current Assets/Liabilities | 18,775 | 13,822 | 17,975 | |
| Total Assets less Current Liabilities | 118,780 | 114,080 | 117,650 | |
| Provisions for Liabilities | (7,221) | (6,273) | (7,155) | |
| Total Net Assets/(Liabilities) | 111,560 | 107,807 | 110,495 | |
| 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 | 48,521 | 51,601 | 7 |
| Total Taxpayers' Equity | 111,560 | 107,807 | 110,495 | |

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. This has increased following the raising of the Quarter 1 invoices; these are expected to be paid in July.

3. Non NHS debtors are lower than plan. All debts continue to be pursued.

4. Accrued income is above plan as this includes the additional PSF received at 31st March 2019 which is expected to be paid in Q2 2019 (£3.8m).

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

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

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 | 123 | 91 | (32) | 2,856 | (151) | 2 |
| Equipment Replacement | 50 | 20 | (3) | (23) | 90 | 40 | |
| IM&T | 2,245 | 403 | 30 | (373) | 2,204 | (41) | |
| Major Capital Schemes | | | | | | | |
| Fieldhead Non Secure | 635 | 635 | 806 | 171 | 806 | 171 | 3 |
| Nurse Call system | 600 | 150 | 0 | (150) | 600 | 0 | |
| Clinical Record System | 220 | 220 | 134 | (86) | 200 | (20) | |
| VAT Refunds | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTALS | 6,757 | 1,551 | 1,058 | (493) | 6,756 | (1) | |

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

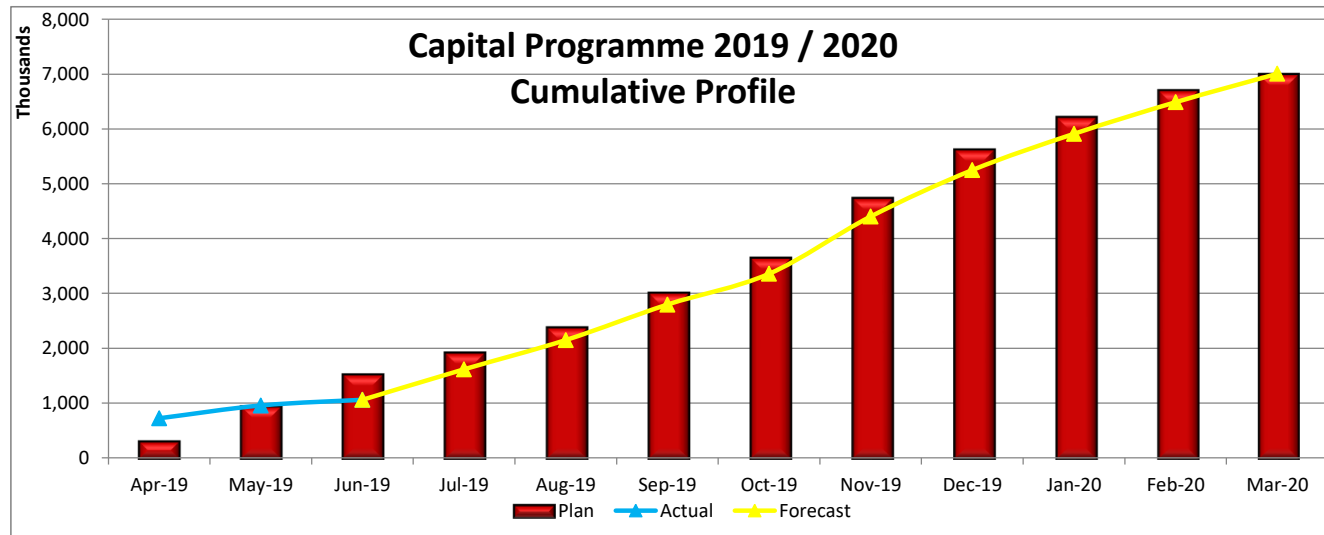
Capital Expenditure 2019 / 2020

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. National reviews are ongoing.

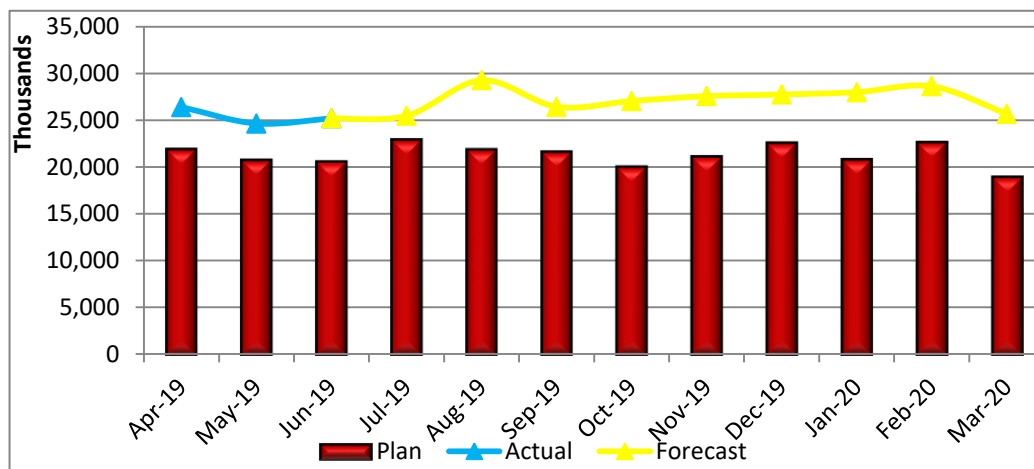
2. Procurement, ensuring best possible value for money, continue for the IM & T schemes. Hardware orders have now been placed and this is forecast to come back in line with plan.

3. Procurement of the nurse call system continues.

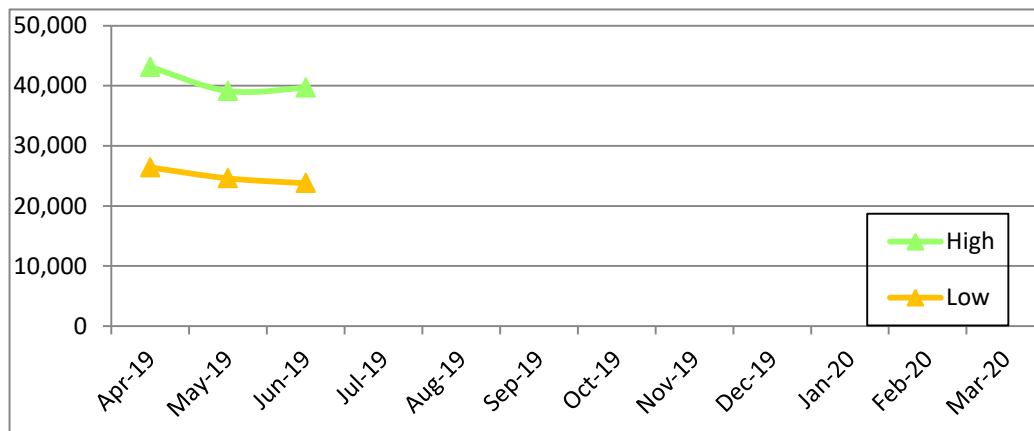


3.2

Cash Flow & Cash Flow Forecast 2019 / 2020



| | Plan £k | Actual £k | Variance £k |
|-----------------|------------|--------------|----------------|
| Opening Balance | 22,617 | 27,823 | |
| Closing Balance | 20,592 | 25,213 | 4,622 |



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.

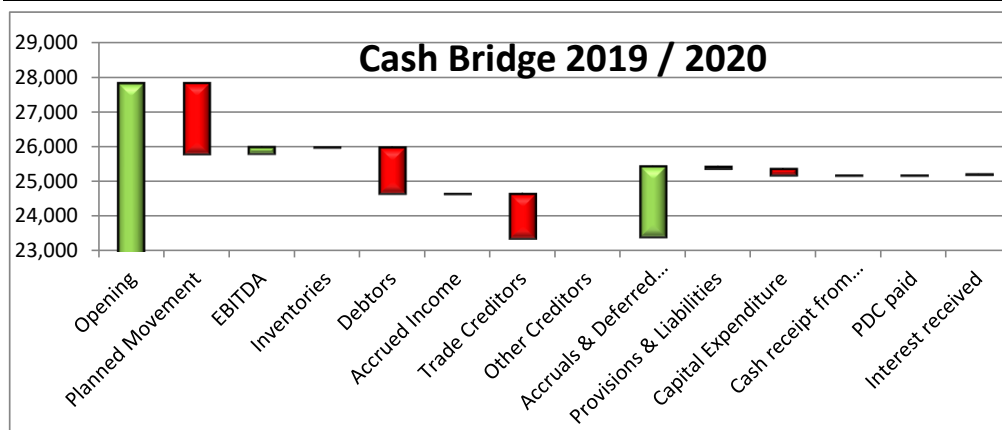
The highest balance is: £39.7m

The lowest balance is: £23.8m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

| | Plan £k | Actual £k | Variance £k | Note |
|---|---------------|---------------|----------------|----------|
| Opening Balances | 22,617 | 27,823 | 5,206 | 1 |
| Surplus / Deficit (Exc. non-cash items & revaluation) | 761 | 956 | 195 | 2 |
| <i>Movement in working capital:</i> | | | | |
| Inventories & Work in Progress | 0 | 0 | 0 | |
| Receivables (Debtors) | (1,469) | (2,804) | (1,335) | 3 |
| Accrued Income / Prepayments | 0 | 0 | 0 | |
| Trade Payables (Creditors) | 82 | (1,194) | (1,276) | 4 |
| Other Payables (Creditors) | 0 | 0 | 0 | |
| Accruals & Deferred income | 130 | 2,188 | 2,058 | |
| Provisions & Liabilities | (2) | (66) | (64) | |
| <i>Movement in LT Receivables:</i> | | | | |
| Capital expenditure & capital creditors | (1,551) | (1,740) | (189) | |
| Cash receipts from asset sales | 0 | 0 | 0 | |
| PDC Dividends paid | 0 | 0 | 0 | |
| PDC Dividends received | | | 0 | |
| Interest (paid)/ received | 24 | 49 | 25 | |
| Closing Balances | 20,592 | 25,213 | 4,622 | |



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.

Factors which decrease the cash position against plan:

3. Debtors are higher than planned. Work is ongoing to reduce these further and to resolve any old debt.
4. 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.

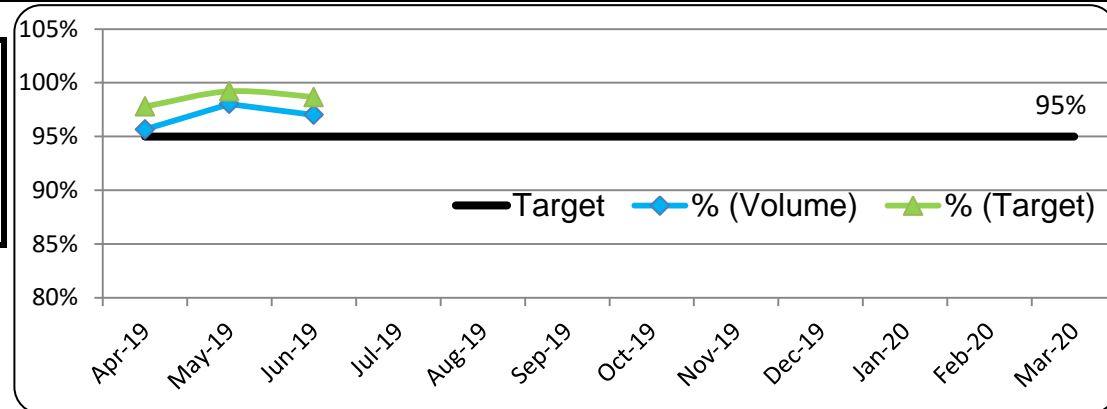
4.0

Better Payment Practice Code

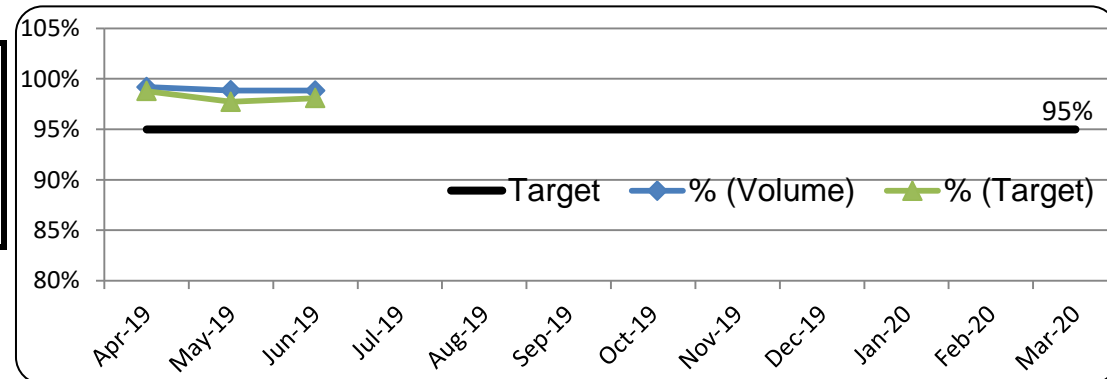
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 May 2019 | 98% | 99% |
| Year to June 2019 | 97% | 99% |



| Non NHS | | |
|-------------------|--------|-------|
| | Number | Value |
| | % | % |
| Year to May 2019 | 99% | 98% |
| Year to June 2019 | 99% | 98% |



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 (£) |
|--------------|------------------------|--------------|--|--------------------|------------|
| 19-Jun-19 | Property rental | Calderdale | Calderdale and Huddersfield NHS Foundation Trust | 3109656 | 226,501 |
| 04-Jun-19 | Property rental | Calderdale | Calderdale and Huddersfield NHS Foundation Trust | 3108053 | 226,501 |
| 30-May-19 | IT Services | Trustwide | Trustmarque Solutions Ltd | 3107758 | 205,388 |
| 03-Jun-19 | Property rental | Kirklees | Bradbury Investments Ltd | 3107936 | 118,518 |
| 30-May-19 | IT Services | Trustwide | Trustmarque Solutions Ltd | 3107759 | 116,047 |
| 07-Jun-19 | IT Services | Trustwide | Daisy Corporate Services Trading Ltd | 3108544 | 93,125 |
| 11-Jun-19 | IT Services | Trustwide | Servelec Healthcare Limited | 3109039 | 73,322 |
| 16-May-19 | CNST contributions | Trustwide | NHS Litigation Authority | 3106655 | 64,044 |
| 20-Jun-19 | CNST contributions | Trustwide | NHS Litigation Authority | 3109773 | 64,044 |
| 17-Jun-19 | Drugs | Trustwide | Lloyds Pharmacy Ltd | 3109507 | 43,016 |
| 08-May-19 | Drugs | Trustwide | Lloyds Pharmacy Ltd | 3105678 | 42,172 |
| 31-May-19 | Drugs | Trustwide | NHSBSA Prescription Pricing Division | 3107795 | 41,520 |
| 07-Jun-19 | Staff Recharge | Trustwide | Leeds and York Partnership NHS FT | 3108515 | 33,976 |
| 10-Jun-19 | Purchase of Healthcare | Trustwide | Cygnat Health Care Ltd | 3108802 | 32,889 |
| 28-Jun-19 | Property Rental | Barnsley | Community Health Partnerships | 3110504 | 31,925 |
| 24-May-19 | Property Rental | Barnsley | Community Health Partnerships | 3107388 | 31,925 |
| 12-Jun-19 | Property Rental | Barnsley | Community Health Partnerships | 3109102 | 31,925 |
| 05-Jun-19 | Purchase of Healthcare | Forensics | Cloverleaf Advocacy 2000 Ltd | 3108310 | 31,416 |
| 03-Jun-19 | Property Rental | Kirklees | Bradbury Investments Ltd | 3107934 | 27,108 |
| 07-Jun-19 | Electricity | Trustwide | EDF Energy | 3108513 | 26,753 |
| 14-Jun-19 | Communications | Trustwide | Vodafone Corporate Ltd | 3109394 | 26,464 |
| 04-Jun-19 | Communications | Trustwide | Vodafone Corporate Ltd | 3108059 | 26,334 |
| 03-Jun-19 | IT Services | Trustwide | Trustmarque Solutions Ltd | 3107948 | 26,239 |
| 08-May-19 | Drugs | Trustwide | Lloyds Pharmacy Ltd | 3105678 | 25,758 |
| 28-Jun-19 | Property Rental | Barnsley | Community Health Partnerships | 3110504 | 25,624 |
| 24-May-19 | Property Rental | Barnsley | Community Health Partnerships | 3107388 | 25,624 |
| 12-Jun-19 | Property Rental | Barnsley | Community Health Partnerships | 3109102 | 25,624 |
| 17-Jun-19 | Drugs | Trustwide | Lloyds Pharmacy Ltd | 3109507 | 25,301 |

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

Appendix 2 - Workforce - Performance Wall

| Barnsley District | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 5.1% | 5.1% | 5.2% | 4.9% | 4.9% | 5.3% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 6.1% | 5.7% | 5.4% | 4.9% | 5.0% | 5.9% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 95.1% | 95.1% | 95.1% | 8.1% | 22.1% | 68.2% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 94.1% | 95.1% | 95.1% | 0.4% | 2.7% | 13.7% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 77.8% | 77.9% | 95.1% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 78.0% | 95.1% | 95.1% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 77.8% | 77.2% | 95.1% | 95.1% | 95.1% | 79.3% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Information Governance | Resources | Well Led | AD | >=95% | 94.1% | 95.1% | 95.1% | 95.1% | 92.6% | 92.9% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 78.8% | 75.6% | 78.6% | 95.1% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Agency Cost | Resources | Effective | AD | | £46k | £30k | £37k | £28k | £57k | £46k |
| Overtime Costs | Resources | Effective | AD | | £3k | £1k | £2k | £3k | £1k | £0k |
| Additional Hours Costs | Resources | Effective | AD | | £9k | £13k | £10k | £17k | £14k | £15k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £177k | £146k | £165k | £135k | £142k | £166k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 73.4 | 73.85 | 79.37 | 84.36 | 80.88 | 78.97 |
| Business Miles | Resources | Effective | AD | | 104k | 97k | 97k | 97k | 99k | 109k |

| Calderdale and Kirklees District | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 5.1% | 5.1% | 5.2% | 4.9% | 4.9% | 5.3% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 5.1% | 4.7% | 4.4% | 5.1% | 4.9% | 5.9% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 95.1% | 95.1% | 95.1% | 9.7% | 25.1% | 66.9% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 94.1% | 95.1% | 95.1% | 0.2% | 1.7% | 5.3% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 79.1% | 77.3% | 76.3% | 75.1% | 75.9% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 78.9% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Information Governance | Resources | Well Led | AD | >=95% | 94.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% | 95.1% |
| Agency Cost | Resources | Effective | AD | | £101k | £102k | £135k | £146k | £157k | £120k |
| Overtime Costs | Resources | Effective | AD | | £2k | £1k | £1k | £2k | £7k | £2k |
| Additional Hours Costs | Resources | Effective | AD | | £0k | £1k | £4k | £5k | £4k | £1k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £127k | £109k | £109k | £92k | £94k | £84k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 68.26 | 70.03 | 68.72 | 75.61 | 80.5 | 71.04 |
| Business Miles | Resources | Effective | AD | | 69k | 64k | 82k | 66k | 45k | 65k |

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

| Forensic Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Resources | Well Led | AD | <=5.4% | 7.7% | 7.6% | 7.5% | 5.6% | 5.9% | 6.3% |
| Sickness (Monthly) | Resources | Well Led | AD | <=5.4% | 8.4% | 6.5% | 5.6% | 5.6% | 6.2% | 7.1% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 94.6% | 94.4% | 94.4% | 3.5% | 15.5% | 58.8% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | | | | | 0.7% | 3.6% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | | | | | | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Information Governance | Resources | Well Led | AD | >=95% | | | | | | |
| Moving and Handling | Resources | Well Led | AD | >=80% | | | | | | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Agency Cost | Resources | Effective | AD | | £69k | £31k | £69k | £50k | £59k | £65k |
| Overtime Costs | Resources | Effective | AD | | £2k | £0k | £0k | £1k | £0k | £0k |
| Additional Hours Costs | Resources | Effective | AD | | £1k | £2k | £1k | £1k | £2k | £3k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £88k | £56k | £55k | £52k | £59k | £67k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 48.97 | 62.2 | 64.52 | 78.25 | 84.96 | 88.64 |
| Business Miles | Resources | Effective | AD | | 8k | 7k | 9k | 5k | 6k | 8k |

| Specialist Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.5% | 5.1% | 5.0% | 4.9% | 5.1% | 4.8% | 4.8% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.5% | 5.0% | 4.6% | 4.9% | 5.4% | 5.1% | 4.9% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | | | | 2.8% | 10.9% | 53.7% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 91.8% | 92.7% | 92.7% | 0.0% | 2.4% | 9.4% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 78.2% | 77.4% | 76.7% | 78.6% | 79.0% | 78.1% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Equality and Diversity | Resources | Well Led | AD | >=80% | | | | | | |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | | | | | | 79.8% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 72.4% | 72.4% | 71.0% | 73.3% | 70.0% | 73.3% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Information Governance | Resources | Well Led | AD | >=95% | | | | | | |
| Moving and Handling | Resources | Well Led | AD | >=80% | | | | | | |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | | | | | | |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | | | | | | |
| Agency Cost | Resources | Effective | AD | | £264k | £276k | £275k | £283k | £266k | £258k |
| Overtime Costs | Resources | Effective | AD | | £1k | £0k | £0k | £1k | £2k | £2k |
| Additional Hours Costs | Resources | Effective | AD | | £1k | £1k | £3k | £10k | £5k | £5k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £59k | £46k | £32k | £48k | £59k | £53k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 56.77 | 64.46 | 61.42 | 55.85 | 63.99 | 0 |
| Business Miles | Resources | Effective | AD | | 38k | 39k | 35k | 34k | 34k | 45k |

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

| Support Services | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.0% | 4.30% | 4.30% | 4.30% | 4.60% | 4.50% | 4.60% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.0% | 5.40% | 4.60% | 4.30% | 4.60% | 4.40% | 4.90% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 95.00% | 95.00% | 95.00% | 3.30% | 12.90% | 66.70% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 95.00% | 95.00% | 95.00% | 0.00% | 0.20% | 2.50% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 76.70% | 73.20% | 68.00% | 72.10% | 75.00% | 79.30% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 76.90% | 80.00% | 80.00% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Information Governance | Resources | Well Led | AD | >=95% | 95.00% | 95.00% | 95.00% | 95.00% | 94.20% | 94.30% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Agency Cost | Resources | Effective | AD | | £26k | £22k | £12k | £14k | £15k | £6k |
| Overtime Costs | Resources | Effective | AD | | £0k | £4k | £45k | £5k | £16k | £29k |
| Additional Hours Costs | Resources | Effective | AD | | £10k | £7k | £17k | £10k | £8k | £11k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £83k | £66k | £63k | £64k | £64k | £68k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 50.42 | 52.74 | 49.57 | 45.38 | 37.6 | 43.44 |
| Business Miles | Resources | Effective | AD | | 24k | 23k | 29k | 35k | 22k | 27k |

| Wakefield District | | | | | | | | | | |
|---|----------------------|------------|-------|-----------|--------|--------|--------|--------|--------|--------|
| Month | Objective | CQC Domain | Owner | Threshold | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
| Sickness (YTD) | Resources | Well Led | AD | <=4.6% | 4.9% | 4.8% | 4.8% | 5.7% | 5.2% | 4.8% |
| Sickness (Monthly) | Resources | Well Led | AD | <=4.6% | 5.6% | 4.7% | 4.7% | 5.6% | 4.7% | 5.0% |
| Appraisals (Band 6 and above) | Resources | Well Led | AD | >=95% | 95.00% | 95.00% | 95.00% | 4.3% | 23.8% | 80.7% |
| Appraisals (Band 5 and below) | Resources | Well Led | AD | >=95% | 95.00% | 95.00% | 95.00% | 0.0% | 0.8% | 13.9% |
| Aggression Management | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Cardiopulmonary Resuscitation | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 79.0% | 79.6% | 80.00% |
| Clinical Risk | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 79.5% |
| Equality and Diversity | Resources | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Fire Safety | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Food Safety | Health & Wellbeing | Well Led | AD | >=80% | 68.7% | 73.6% | 74.0% | 72.7% | 79.3% | 75.0% |
| Infection Control and Hand Hygiene | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Information Governance | Resources | Well Led | AD | >=95% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Moving and Handling | Resources | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Mental Capacity Act/DOLS | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Mental Health Act | Health & Wellbeing | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Safeguarding Adults | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Safeguarding Children | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Sainsbury's clinical risk assessment tool | Quality & Experience | Well Led | AD | >=80% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| Agency Cost | Resources | Effective | AD | | £90k | £82k | £107k | £92k | £84k | £24k |
| Overtime Costs | Resources | Effective | AD | | | £1k | £0k | £1k | £2k | £1k |
| Additional Hours Costs | Resources | Effective | AD | | £5k | £3k | £3k | £4k | £5k | £3k |
| Sickness Cost (Monthly) | Resources | Effective | AD | | £68k | £53k | £58k | £58k | £48k | £40k |
| Vacancies (Non-Medical) (WTE) | Resources | Well Led | AD | | 45.52 | 41.04 | 39.69 | 39.49 | 37.44 | 31.39 |
| Business Miles | Resources | Effective | AD | | 43k | 40k | 37k | 38k | 34k | 39k |

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