

# Integrated Performance Report

## Strategic Overview



**February 2017**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report for February 2017. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the 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. The report is now more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is continue to develop the report such that it can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated.

It is recognised that for future development stronger focus on outcomes is required and a clearer approach to monitoring progress against Trust objectives would be beneficial.

The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions and will contribute towards streamlining the number of different reports that the board receives.

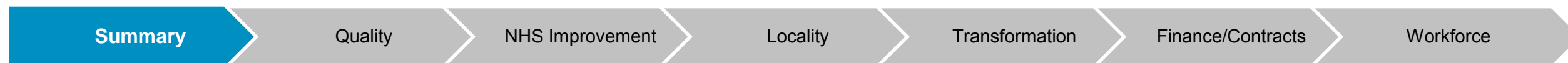
The Trust's three strategic objectives are:

- Improve people's health and reduce health inequalities
- Improve the quality and experience of care
- Improve our use of resources

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Strategic Summary
- Quality
- NHS Improvement (formerly Monitor)
- Locality
- Transformation
- 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.



Section	KPI	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year End Forecast
NHS Improvement Compliance	NHS Improvement Governance Risk Rating (FT)	Green	Green	Green	Green	Green	Green	Green	Not applicable after 30th Sept 16						N/A
	NHS Improvement Finance Risk Rating (FT)	4	4	4	4	4	4	4	Not applicable after 30th Sept 16						N/A
	Single Oversight Framework metric		Not Applicable prior 1st Oct 16						2	2	2	2	2		2
CQC	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		Green

From 1st October 2016, the following ratings apply:

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

#### Lead Director:

The performance information above shows the previous ratings for governance and finance to September. From October onwards the performance rating metrics have changed to be in line with the new 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 are the CQC rating of 'requires improvement' and the level of spend above our agency staff expenditure ceiling.

#### Areas to Note:

##### Finance

- Pre STF surplus of £0.5m in February including an interim insurance settlement of £0.5m
- Cumulative pre STF surplus of £0.3m
- Out of area beds (£0.3m) and agency costs (£0.7m), whilst improving , continue to be financial pressures
- Use of resources risk rating of 3 due to agency spend above the ceiling
- CIP delivery of £8.2m is £0.9m below plan
- Cash is currently £28.3m with capital expenditure £2.4m below plan

##### Quality

- Safer staffing fill rates remain positive but increased acuity remains a challenge across services
- Incident reporting levels are within the anticipated range
- 5 serious incidents reported during the month.
- The remaining CQC reports are expected by the end of March

##### NHSI

- Threshold for vast majority of NHSI metrics is being achieved
- Data completeness of 60.7% is well below the 85% threshold

##### Contracting

- The Trust has worked with its CCGs to respond to the NHS England request to identify mental health investment plans in line with the five year forward view

##### Workforce

- Sickness absence in February was 5.9% taking the cumulative position to 5.1%
- Staff appraisal rate is now 93.4%

Summary

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## Quality Headlines (& CQUINS performance on a quarterly basis)

As identified in previous months, work has been undertaken to identify additional quality metrics. These have now been included and are reported against from September 16 onwards - where historic data is available, this has been included.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Year End Forecast Position *		
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Quality & Experience	Safe	TB	6	0	3	0	0	0	0	0	0	0	0	0	0	1	0	1	4		
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	data not avail	4		
Outcomes	% SU on CPA in Employment	Health & Wellbeing	Responsive	DS	10%	7.2%	7.6%	7.4%	7.3%	6.9%	7.0%	7.2%	7.0%	6.7%	6.9%	6.5%	6.5%	6.2%	6.18%	6.45%	1		
	% SU on CPA in Settled Accommodation	Health & Wellbeing	Responsive	DS	60%	64.4%	62.8%	64.1%	62.3%	60.0%	67.9%	64.6%	65.8%	67.0%	64.4%	64.4%	63.7%	62.9%	62.56%	62.89%	4		
Complaints	% of feedback with staff attitude as an issue	Quality & Experience	Caring	DS	< 20%	14% 23/179	13% 20/156	14% 20/140	15% 31/211	8% 4/53	23% 12/53	11% 7/62	8% 4/52	9% 4/45	6% 4/65	22% 12/54	18% 8/44	13% 8/60	9% 9/57	6% 3/52	4		
Service User Experience	Friends and Family Test - Mental Health	Quality & Experience	Caring	DS	80%	77%	83%	79%	78%	74%	72%	70%	70%	77%	64%	67%	76%	71%	87%	76%	2		
	Friends and Family Test - Community	Quality & Experience	Caring	DS	95%	98%	99%	97%	98%	99%	98%	99%	98%	98%	97%	97%	98%	99%	99%	99%	4		
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A					1083	1195	1231	1168	1128	1108	1006	1173	1114	1097	924	N/A		
	Total number of patient safety incidents resulting in severe harm and death	Quality and Experience	Safety Domain	TB	N/A					3	6	1	2	11	8	7	5	7	7	8	N/A		
	Total number of patient safety incidents resulting in moderate or severe harm and death	Quality and Experience	Safety Domain	TB	N/A					17	35	21	19	29	32	29	23	21	22	24	N/A		
	MH Safety thermometer - Medicine Omissions	Quality and Experience	Safety Domain	TB	17.7%					11.8%	20.7%	17.7%	17.4%	19.6%	16.0%	18.7%	22.9%	data not avail	data not avail	data not avail	3		
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%					108%	107%	111%	111%	109%	109%	113%	117%	112%	116%	115%	4		
	Safer Staffing % Fill Rate Registered Nurses	Quality and Experience	Safety Domain	TB	80%					98%	98%	101%	98%	93%	91%	95%	99.5%	96.1%	93.8%	96.3%	4		
	Number of pressure ulcers (attributable) 1	Quality and Experience	Safety Domain	TB	N/A					24	40	34	23	38	34	21	23	34	33	32	N/A		
	Number of pressure ulcers (avoidable) 2	Quality and Experience	Safety Domain	TB	0					0	0	1	1	1	2	0	2	0	1	1	3		
	Complaints closed within 40 days	Quality and Experience	Responsive	DS	80%	Reporting established from Sept 16										8	8	7% 1/14	0.00%	47% 7/15	10% 1/10	1	
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development																	
	Un-outcomed appointments	Quality and Experience	Effective	KT/SR/CH	TBC	To be included from October 16										2.2%	3.2%	3.5%	2.9%	2.9%	2.7%		
	Data completeness	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development																	
	Number of Information Governance breaches 3	Quality and Experience	Effective	MB	<=8	Reporting from April 16			16	8	12	8	10	7	10	8	11	12	10	n/a			
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Quality and Experience	Caring	AD	80%	To be included from October 16										79.26%	Avail end of Q4					N/A	
	Staff FFT survey - % staff recommending the Trust as a place to work	Quality and Experience	Caring	AD	N/A	To be included from October 16										65.19%						N/A	
	Number of compliments received	Quality and Experience	Caring	DS	N/A	To be included from October 16										26	33	79	29	31	12		
	Eliminating Mixed Sex Accommodation Breaches	Quality and Experience	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4		
	Number of Duty of Candour applicable incidents	Quality and Experience	Caring	TB	N/A	73								86		31	26	26	33	35	N/A		
	Duty of Candour - Number of Stage One exceptions	Quality and Experience	Caring	TB	N/A	Reporting established from Oct 16										0**	0**	0**		1	N/A		
	Duty of Candour - Number of Stage One breaches	Quality and Experience	Caring	TB	0	Reporting established from Oct 16										0***	0***	0***		0			
	% Service users on CPA given or offered a copy of their care plan	Quality and Experience	Caring	KT/SR/CH	80%	85.8%	84.3%	85.2%	85.6%	85.8%	85.6%	85.3%	85.0%	85.0%	85.2%	83.0%	83.0%	82.6%	82.8%	4			
	% of prone restraint with duration of 3 minutes or less	Quality and Experience	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16										72%	89%	80%	80%	83%	62%	61%	64%

\* See key included in glossary

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

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

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

\*\* Data will be added retrospectively when the housekeeping is completed.

\*\*\* we currently have no confirmed breaches but housekeeping is underway regarding any outstanding incidents where clarification is required.

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## Quality Headlines (& CQUINS performance on a quarterly basis)

We have previously reported that work had been undertaken to identify some additional key quality measures relating to eliminating mixed sex accommodation, Duty of Candour, service users on CPA given or offered a copy of their care plan and prone restraint. These metrics are now available in the report in the table above and reporting commenced from April 16 onwards where data is available (please note, historic data has been provided where available). There are a few areas remaining that require additional development; these relate to:

- Referral to Treatment waiting times - we are awaiting some national guidance on this - this was anticipated to be received during November but remains outstanding. This will relate to CAMHS services. We will align our reporting to this once the report criteria is published.
- Data completeness - this indicator is being developed and will focus on the completeness of the clinical record.

Historically we have not reached the target in achieving 10% of CPA service users in employment and the current trajectory does not suggest this will be achieved at the year end. The indicator parameters only include clients on CPA within the age range 18-69 years old. The Trust is currently undertaking a pilot project in Barnsley covering all mental health service users (regardless of CPA status or age) which is focusing on employment, volunteering and training. Focus will also be placed on the collection of this data for all adults to align to the NHSI Single Oversight Framework.

NHS Safety Thermometer - Medicines Omissions – this is an indicator within the CQUINS for the west and has been identified as at risk of achievement. Data remains unavailable due to problems with national software system, however work continues to improve the position and has been positively reviewed by commissioners.

Friends and Family Test - 76% would recommend mental health services. This has reduced from 87% in January, in the main as a consequence of the inclusion of Forensic Services (in January a detailed survey was substituted for the friends and family test in Forensics).

Some minor amendments have been made to this dashboard since last month, these relate to:

- % Complaints with Staff Attitude as an Issue – we have amended the wording of this to % of feedback with staff attitude as an issue. We have also amended the threshold to be <20% rather than <25%. This has changed the achieved performance in May and October to red rather than green.
- Complaints closed over 40 days – we have removed this indicator as this can be derived from the existing indicator Complaints closed within 40 days which we will report as a %.
- Complaints closed within 40 days – we have change the objective to quality and experience as this was linked to the wrong objective in previous reports. We have also identified a target of 80%.

## Commissioning for Quality and Innovation (CQUIN)

The Trust submitted its quarter 3 returns at the end of January. Validation by all commissioners has not yet been undertaken due to a national delay with the Mental Health Safety thermometer reports - this is expected to be available during March. The final quarter 3 position is expected to be included in next months report.

A financial loss of £119k is anticipated in Q3. Areas of under-performance relate to:

- Mental Health Currencies adherence to red rules in Barnsley and Calderdale.
- Cluster review (clusters 4-17 and cluster 18-21) in Barnsley and Calderdale.
- Medicine omissions - some risk associated with achievement of this for Calderdale, Kirklees and Wakefield.

The Trust forecast out turn for 16/17 based on Q3 forecast performance is 87% achievement. Focus is on improving this position.

For 2017/18 the CQUIN schemes will be part of a national two year scheme and will run until 2018/2019. The scheme is intended to deliver clinical quality improvements and drive transformational change, supporting the ambitions of the Five Year Forward View and directly linking to the NHS Mandate. A number of the indicators work across partner organisations and collaboration will be required. The national CQUIN indicators on improving the health of our staff, and Physical Health for people with Severe Mental Illness are retained from the 2016/17 scheme and new indicators for the Trust will be:

- Proactive and Safe Discharge
- Wound Care
- Preventing ill health by risky behaviours – alcohol and tobacco
- Personalised Care / support planning
- Child and Young Person MH Transition
- Improving services for people with mental health needs who present to A&E

A Trust lead for each of these indicators have been identified, some preliminary discussions have taken place with commissioners and work continues to review the indicators in conjunction with the commissioner and work streams are being established. Progress on this will be monitored via the Trust CQUINS leads group.

0.5% of CQUIN for 17/18 is dependent upon achievement of 16/17 control total and 17/18 STP performance.

Forensic services will continue with the national forensic scheme, this will include 2 indicators, both of which the indicators are a continuation of the 2016/17 scheme:

- Recovery colleges for medium and low secure patients
- Reducing restrictive practices within adult low and medium secure services.



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## Quality Headlines (& CQUINS performance on a quarterly basis)

### Safety First

#### Summary of Q1, Q2, Q3 and Jan, Feb 17

Summary of Incidents	Q1	Q2	Q3	Jan-17	Feb-17
Green no harm	2148	2039	1931	649	526
Green	978	966	969	316	281
Yellow	292	310	290	99	85
Amber	80	73	66	26	26
Red (should not be compared with SIs)	9	15	23	7	6
<b>Total</b>	<b>3507</b>	<b>3403</b>	<b>3279</b>	<b>1097</b>	<b>924</b>

- All serious incidents are investigated using Root Cause and Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly incident reports, available on the patient safety support team intranet pages.
- Incident reporting levels remain within the normal range.
- Risk panel remains in operation and scans for themes that require further investigation. Monthly report for Operational Management Group now in place.

No never events reported in February.

#### Summary of SIs reported in Q1, Q2, Q3 and Jan 17, Feb 17

Summary of Serious Incidents	Q1	Q2	Q3	Jan-17	Feb-17
Suicide (incl apparent) - community team care - current episode	2	7	5	0	2
Death - other cause	1	1	3	1	0
Suicide (incl apparent) - community team care - discharged	3	0	1	0	0
Self harm (actual harm) with suicidal intent	1	0	2	0	1
Pressure Ulcer - grade 3	1	1	0	0	2
Information disclosed in error	2	0	0	4	1
Physical violence (contact made) against other by patient	1	0	1	1	0
Slip, trip or fall - patient	1	0	1	0	0
Suicide (incl apparent) - inpatient care - current episode	0	1	1	1	1
Suicide (incl apparent) - inpatient care - discharged	0	0	0	0	1
Fire / Fire alarm related incidents	0	0	1	0	0
Formal patient absent without leave	0	1	0	0	0
Inappropriate Sexual Behaviour (including assault)	0	1	0	0	0
Physical violence (contact made) against patient by patient	0	1	0	0	0
Patient healthcare record issues	0	0	0	0	1
Physical violence (contact made) against staff by patient	1	0	0	1	1
<b>Total</b>	<b>13</b>	<b>13</b>	<b>15</b>	<b>8</b>	<b>10</b>

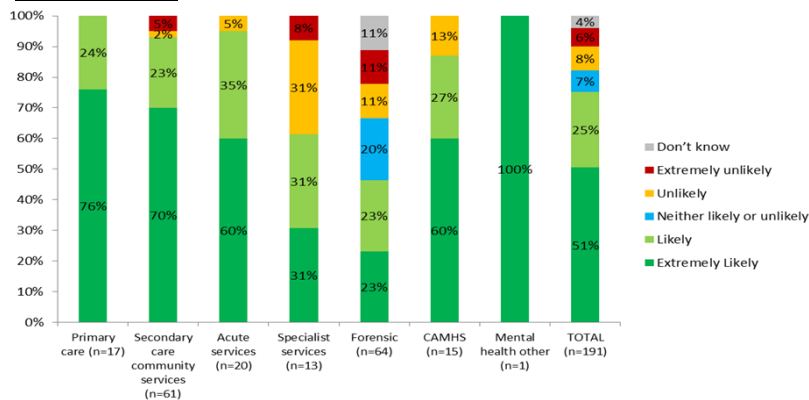
The DoN and Deputy Chair attended a NHSI seminar on the revised reporting arrangements for mortality reviews which confirmed that the requirements will have resource implication.

### Patient Experience

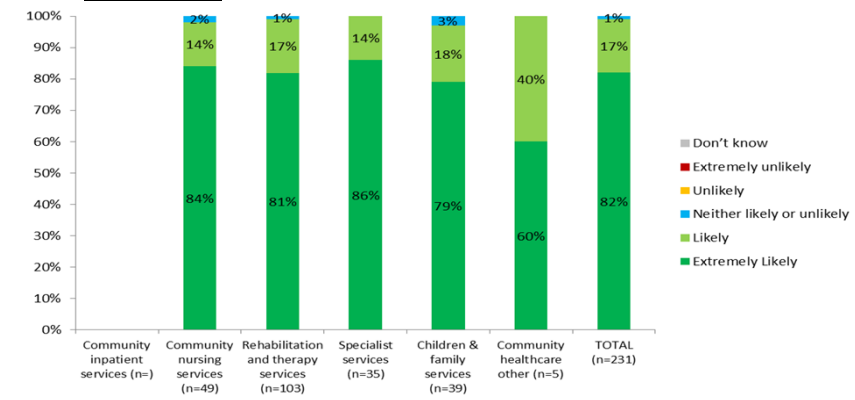
#### Friends and family test shows

- Community Services – 99% would recommend community services.
- All service lines achieved 60% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 76% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 23% (Forensic) and 100% (Mental Health Other)
- Small numbers stating they were extremely unlikely to recommend.
- We have seen an increase in the number recommending CAMHS services from 75% in January to 87% in February.

#### Mental Health Services



#### Community Services





# Quality Headlines (& CQUINS performance on a quarterly basis)

## Safer Staffing

% overall Trust - safer staff fill rates - 115%  
 % Fill Rate Registered Nurses - 93.4% Day duty, 101.5% Night duty

**Average Fill Rate by BDU**

Average Fill Rate	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Specialist Services	243%	224%	237%	222%	225%	197%
Barnsley	111%	110%	113%	111%	112%	110%
C & K	109%	114%	121%	111%	117%	108%
Forensic	106%	109%	112%	107%	116%	120%
Wakefield	105%	110%	109%	109%	109%	113%
Grand Total	111%	113%	117%	112%	116%	115%

Barnsley and Wakefield fill rates have remained consistent over the last 3 months, with Calderdale dropping 8% following a rise in January. Forensic fill rate has continued to climb and is now 121% which is reflective of the reported acuity within the MSU in particular. Specialist services has shown a significant drop in fill rates which is due to several things including the absence of a bespoke care package, increased scrutiny and flexibility from the management team in the utilisation of its resources. No ward fell below a 90% overall fill rate in the period of February 2017 which is an improvement from 1 ward last month and safe levels have been maintained utilising the professional guidance tool.

The number of wards who are achieving 100% and above overall fill rate has remained around 80%, >< 4%, for the last few months. Several areas have maintained the percentage of rates for qualified to 100% and above.

Safer Staffing % Fill Rate Registered Nurses nights = Feb 17 101.5% (4.5% decrease on January)

On Night duty 20 inpatient areas (66%) achieved this, which is an decrease of 5 wards, with 2 areas falling below 80%. These were Ashdale and Elmdale. Ashdale have currently 3 x band 5 vacancies and 1 on secondment reports the ward. Both are less than 6% below our 80% threshold.

Safer Staffing % Fill Rate Registered Nurses days = Feb 17 93.4% (0.4% decrease on January)

In days it remains 8 wards (26.4%) achieving at least 100% qualified fill rate, which is consistent with the previous month. There continues to be high levels of acuity, in particular levels of observation and other clinical acuity, and the resultant need being fulfilled through non-registered staff.

Two wards had a monthly aggregate of less than 80% RN on days fill rate. This was a decrease of 1 ward on the previous month. This was Waterton from the forensic BDU ,which continues to support the service as a whole, and again Enfield Down.

## Quality Headlines (& CQUINS performance on a quarterly basis)

### CQC Inspection Update

The following shows the Trust's progress to date against the findings from the CQC action plan. This table was last updated in February 2017.

	Feb-17			Jan-17	
	Must (N=33)	Should (n=60)		Must (N=33)	Should (n=60)
Blue	27 (82%)	49 (83%)	Blue	27 (82%)	56 (93%)
Green	2 (6%)	6 (11%)	Green	3 (9%)	2 (3%)
Amber/Green	3 (9%)	1 (2%)	Amber/Green	3 (9%)	0
Amber/Red	1 (3%)	1 (2%)	Amber/Red	0	1 (1.5%)
Red	0	1 (2%)	Red	0	1 (1.5%)

NB-See key in glossary for RAG rating definition

### CQC action plan headlines

- Services continue to actively monitor their progress with their action plans.
- The majority of actions have been fully completed.
- Only a few actions have not been fully met which is reflected in the amber/green and amber/red ratings. In some cases this is because the timescales for completion of actions have not yet lapsed e.g. MHA/MCA.
- We now understand that the CQC will not be holding a Quality Summit once the revisit results are published, however we are considering holding a similar style event with partners.

### Monitoring of actions against our CQC action plan by The CQC

The CQC have now re-visited all of our core services that required improvement or had a regulatory breach from their previous visit in March 2016. They also carried out our 'well-led review in January 2017.

CQC re-visit reports have now been finalised for the following core services:

- Community services for older people and Long stay and rehabilitation services have received a re-rating status of overall good. There are no requires improvement domains in any of these services.
- Wards for Older People remains rated as good. However the previous CQC Requirement Notice (Regulation breach) in relation to an issue with lines of sight no longer applies and the service is compliant in every domain.
- Re-visit draft reports for Community services for people with Learning Disability and Autism, Forensic service and CAMHS are at the draft stage and we have now returned our factual comments. Subject to any changes to ratings our Forensics and CAMHS services have been re-rated to good whilst the Community LD and Autism remained as 'requires improvement.'
- We have received our reports for the adult inpatient MH wards and our well led review. They are subject to factual accuracy check at present.

### CQC findings-risks and mitigating actions:

The following findings will need addressing following our CQC re-visit and progress will be monitored through governance groups and our CQC action plan. Further actions may be required depending on the findings from our Adult Mental Health In-patient Services for WAA and 'well-led' review report.

- Recording of capacity & consent remains inconsistent although we have told CQC about the actions we are taking to address this. There is an ongoing range of MHA/MCA training across a number of venues and staff training figures are improving. CQC identified Gaskell ward as an area of 'excellence' in the recording of capacity assessments and their recording templates are being shared with other teams and services to implement. Audits are also being undertaken to make sure learning and good practice is being implemented within practice.
- Waiting times to initial assessment and treatment for specialist clinics are an issue within our Community LD and Autism service, mainly within Barnsley and Kirklees. Access to treatment in Barnsley CAMHS also remains an issue although CQC did find that progress was being made in managing risks and reducing waiting times.
- Within Community LD services staff were unable to access risk assessment information because they were either stored in different formats, locations or had not been migrated onto the electronic records. Actions are being considered as to how we improve this practice to make sure any risks to service users are fully understood and properly managed.

### Other CQC information

- CQC have increased regulatory service provider fees. For NHS Trusts this will mean an increase of annual fees which will be from £115,565 to £332,249 depending on annual turnover.
- The CQC have completed their consultation with providers about 'Next Phase of Regulation' proposals. The new approach will begin in April 2017 and is a more risk based model. Service providers will have an annual 'well-led' review and at least one core service will be inspected. Frequency of inspections is linked to overall ratings and there are a number of changes and additions to the existing Key Lines of Enquiry (KLOE's).

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### Safeguarding Children and Adults Quality Headlines

#### Prevent:

Data flow to NHS England and the CCG's has received positive comment in the operational actions the Trust has taken in regards to the provision and uptake of training. The Operational Lead for Prevent and the Assistant Director of Nursing and Quality have maintained strong links with the regional NHS England Prevent Co-ordinator. This relationship has ensured that the trust remains knowledgeable about changes in legislation and provides intelligence which can assist in preventing people being drawn into terrorism. The prevent leads for Kirklees and Calderdale recently provided a presentation to the Safeguarding Children Link professional Forum; this demonstrates multi-partnership working and was well received by the attendees.

#### FGM:

The relationship between safeguarding and the performance management team has ensured that the appropriate systems are in place to capture this data. Consequently the safeguarding team have been able to offer assistance and guidance to practitioners to ensure that the service users receive the appropriate support and intervention. The data also assists with the development of services nationally to support women and their children.

#### Human Trafficking:

The safeguarding adults team have attended a train the trainer session and Human Trafficking training has been delivered to the safeguarding children link professionals and a community mental health team.

#### The Safeguarding Adults forum:

This has been opened up to all practitioners and also partner agencies. An external speaker has also presented at the forum.

Following two incidents, a liaison meeting has been established to improve professional relationships, share good practice between SWYPFT and CHFT and ultimately improve outcomes for people who use our services. The meeting is quarterly and involves a number of professionals including, Matron's, Clinical leads for A&E, PGC's, Safeguarding Specialist Adviser and a Medic from IHBTT.

#### Safeguarding weeks:

The safeguarding team participated in the West Yorkshire safeguarding week in October 2016. Plans are already in progress to further support this in 2017 and also the safeguarding week in Barnsley in July 2017.

#### Comms:

The safeguarding team have worked closely with the Trust Comms team to ensure that information is provided to practitioners in a timely manner, thus ensuring that practitioners have up to date information and knowledge to assist them in the delivery of care. The team have also contributed to national campaigns and with the support of the comms teams have tweeted information and supported a 'thunderclap'.

#### Training Figures:

SWPFT remain above the set target of 80% for all levels of safeguarding adult and children training.

Adults – Level 1: 88.74%; Level 2: 89.70%;

Children – Level 1: 91.06%; Level 2: 86.89%; Level 3: 80.60%

### Information Governance

- 1 of the 10 breaches incidents was reportable to the ICO as a SIRI.
- Specialist Information Asset Owner training is taking place on March 22nd
- 95.2% training compliance was achieved as at 8th March.

### Infection Prevention

- The IPC Annual Plan is being developed and the Annual Programme and Annual Report are on track to deliver the 73 legislative requirement including improvement .
- C.difficile targets have been set – in Barnsley BDU the target is 6 and there is 1 case to date. Zero has been agreed for all other areas of the Trust with the judgement being made in relation instead to "lapses in care"

#### Outbreaks – 2 influenza A in Barnsley BDU

1. January 2017 - Ward 4 resulting in 9 days closure, Ward 5 resulting in 7 days closure. There were 47 patients affected and 12 confirmed cases
2. February 2017 - Ward 4 resulting in 7 days closure. There were 24 patients affected and 10 confirmed cases.

- Training - figures above target.
- Area for improvement – TAG



NHS providers must strive to meet key national access standards, including those in the NHS Constitution. From the 1st October, NHS Improvement have introduced a new framework for monitoring providers 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 following table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. 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.

KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Q1 16/17	Q2 16/17	Q3 16/17	Year End Forecast Position *	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.4%	98.8%	98.8%	98.1%	97.8%	98.0%	99.1%	98.4%	95.9%	96.5%	96.2%	98.9%	96.2%	99.2%	98.4%	98.2%	97.0%	97.5%	4	
Maximum 6-week wait for diagnostic procedures	Health & Wellbeing	Responsive	SR	99%	100%	100%	100%	100%	100%	100%	98.8%	100%	100%	100%	100%	100%	100%	100%	100%	99.6%	100%	100%	4	
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	95.5%	97.3%	95.7%	98.3%	96.8%	96.8%	97.1%	95.7%	100.0%	100%	98.7%	99.1%	98.9%	98.8%	100%	96.9%	99.3%	99.2%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	98.7%	98.0%	95.5%	97.4%	95.1%	96.6%	98.6%	96.2%	100.0%	97.1%	97.6%	96.3%	98.4%	97.5%		96.7%	97.8%	97.3%	4	
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT	95%	99.6%	99.5%	99.5%	98.5%	98.8%	98.4%	98.1%	98.8%	99.8%	99.7%	99.8%	99.7%	99.8%	99.8%	99.7%	98.1%	99.7%	99.8%	4	
Data completeness: Priority Metrics (mental health)	Health & Wellbeing	Responsive	SR/KT	85% <i>(by end March 17)</i>	Reporting developed from Oct 16										42.1%	42.6%	42.3%	60.8%	60.7%	Data not avail			2 *	
IAPT - proportion of people completing treatment who move to recovery	Health & Wellbeing	Responsive	SR/KT	50%	Reporting from 1st Oct 16				50.2%	61.4%	42.1%	55.2%	52.8%	49.1%	42.4%	46.8%	56.9%	51.2%	50.3%	50.1%	52.5%	48.0%	3	
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	77.8%	75.9%	71.6%	70.5%	74.0%	74.2%	80.0%	83.8%	81.3%	86.2%	91.0%	85.7%	91.0%	80.5%	85.1%	76.1%	83.6%	88.9%	4	
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	99.1%	99.1%	99.4%	98.1%	98.6%	98.4%	99.2%	99.6%	99.0%	99.2%	94.7%	100%	99.0%	99.1%	99.3%	98.9%	99.3%	97.9%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	N/A	N/A	85.2%	86.0%	73.9%	78.3%	80.0%	83.3%	93.8%	73.1%	80.9%	93.7%	69.2%	68.0%	84.0%	77.5%	82.0%	82.2%	4	
% clients in settled accommodation	Health & Wellbeing	Responsive	DS	60%	Reporting developed from Sept 16									82.7%	83.4%	82.8%	82.7%	82.7%	83.8%	Data not avail			4	
% clients in employment	Health & Wellbeing	Responsive	DS	10%	Reporting developed from Sept 16									9.0%	8.9%	8.6%	8.3%	8.2%	8.4%	Data not avail			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)	Health & Wellbeing	Responsive	SR/KT		Reporting being developed - due quarter 4																	2		

\* See key included in glossary.

**Areas of concern/to note:**

- Data completeness metrics (MH) remains under threshold at 60.7%. This remains below the March target of 85%.
- Confirmation of calculation details for a number of new metrics awaited from NHSI.
- IAPT proportion of people completing treatment who move to recovery is only marginally above the threshold and Q4 is therefore at risk of not achieving the target for the second consecutive month
- Good improvement in early intervention in psychosis

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This section of the report is to be developed during 2016/17 and populated with key performance issues or highlights as reported by each BDU.

#### **Barnsley BDU:**

- IAPT - Proportion of people with depression/anxiety disorders receiving psychological therapies – data quality issues have now been addressed which may mean local but not national figures will show improvement on refresh; service using all available resources and working practice reviews to optimise performance.
- IAPT - Proportion of people who complete treatment who are moving to recovery - 50% threshold has been achieved for the month of February. There is some risk in maintaining this position for quarter end. Further dips projected for April due to numbers having come through in November / December, before improving in Q2 based on current flow-through.
- Finance - through trust wide action, the number of predicted redundancies (through Health and Wellbeing Services decommissioning) is significantly less than originally forecast - suitable alternative employment has been secured has been found for 5.31wte

#### **Calderdale & Kirklees BDU:**

- Significant pressure on acute working age adult inpatient services continues.
- Admission of under 18's to acute wards remains an issue of concern.
- Delayed transfers of care in Calderdale continues to present a challenge although all efforts continue to address the issues.
- Sickness rates above target in 3 of 4 service lines.

#### **Forensics BDU:**

- The detailed review of the 25 hours structured activity is continuing. Significant improvements have been noted in February, with still more work to do.
- Mandatory training compliance in Cardio Pulmonary Resuscitation, Mental Capacity Act and clinical risk shows some improvement, but is still slow. Focus on this will be maintained.
- Targeted management actions are in place to monitor bank and agency use and a robust plan to recruit to vacant posts is in place.
- The team are forecast to achieve CQUINs in quarter four which will mean the team have achieved the full CQUIN value for the year.
- The forensic team will support police training from March 2017. Each week two trainee police officers will spend a day with a ward team. We are working with West Yorkshire Police and our service users to agree how we will evaluate the outcomes from this.

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### Specialist BDU:

#### CAMHS

- Following release of additional 2016/17 NHSE funding CAMHS waiting time initiatives and improvement trajectories have been agreed with local CCGs. Reduction of vacancy levels will be a key improvement challenge in 2017/18. Following re-procurement processes strengthened pathways for Autism spectrum disorder (ASD) assessment have been agreed in Calderdale and Kirklees. In Kirklees an additional £150k has been available by the CCG for a 2017/18 waiting list initiative.
- Action implemented has improved ethnic coding on patient records and to be reinforced with Calderdale & Kirklees team. Systems in place to ensure ongoing accurate recording and maintenance of performance.

#### LD

- Service transformation – including a strengthening of operational management and introduction of SPA arrangements – has enabled a sharper focus on access standards. Reduction of vacancy levels will be a key improvement challenge in 2017/18. A new KPI set has been agreed with commissioners – with data flow expected by end Q1.

### Wakefield BDU:

- Assessed within 4 Hours (Crisis) Adults of working age – in month performance has been impacted on by vacancies and balance of 12 hour shift patterns potentially affecting capacity at key times. Recruitment underway, referral patterns and shift handover practice being reviewed. A piece of work taking place to review referral priority and interface between Single Point of Access and Intensive Home Based Treatment.
- Treated within 16 weeks of Assessment Older Peoples Services (Psychological Therapies Service) – data being reviewed for month, issues re capacity affected by leave in small team, clinical capacity being released by review of team management responsibilities.
- Early Intervention in Psychosis 2 weeks (NICE approved care package) - Clock Stops and waiting at month end – some data quality issues impacting on current performance. Data is being reviewed. It is anticipated that performance should be achieved. Action plan is in place re data quality and process.
- Intensive Home Based Treatment episodes – continues to remain below threshold, intensity of input per episode being looked at as a more accurate reflection of appropriate performance, practice governance coach leading, work being undertaken with commissioners to this effect.
- Sickness continues to be managed robustly and specific work on health and wellbeing underway in community services with HR and Robertson Cooper.
- Mental Health Act and Mental Capacity training - improving trajectory managers prioritising release extra dates being attended close tracking through team and BDU meetings.

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This section of the report reports the Trust's progress against the identified transformation projects.

### Acute & Community Mental Health Transformation Project

BDUs are currently implementing the 'core and enhanced' community pathways which have been devised through this project. This remains on target and will be completed by end of March 2017. A project closure report will be completed and shared with the transformation board in April. A post implementation review document is also in development and includes the project benefits, when they will be realised and how they will be measured.

Delivery against plan

The recent risks in relation to RiO and cost impact of moving data in the system have reduced and the mass transfer of data work is planned for this month. Task and finish groups are in place to manage other key risks including the need to manually transfer outpatient appointments and to ensure that mandatory reporting isn't compromised by the transition.

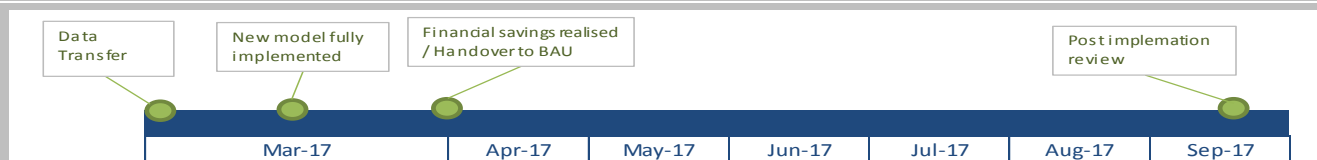
Management of risk

Benefits arising from this project will be: more flexible and responsive deployment of resources; simpler and faster core pathway, supporting sustainable recovery; savings are being realised in Q4 16/17 in BDU CIP delivery for the year.

Benefits Realisation

Quality Impact Assessment completed in August 2016. A benefits framework has been established to track the delivery of the quality improvements and these will be tracked in the year post implementation.

Quality impact



### Older Peoples Mental Health Transformation Project

Work on the business case has commenced but completion of full business case has slipped and will be delivered in May 2017. The community workforce modelling is ongoing. The work on future in-patient provision is progressing well and there is now an agreed future bed number and long list of configuration options for consideration. Commissioner engagement has started and Service User engagement is scheduled for early May.

Delivery against plan

A more detailed update for EMT, which will cover progress to date, issues/risks and the scale of the emerging opportunities, took place on 16 March.

Ongoing resourcing is required to enable dedicated clinical leadership and change management resource to deliver the project.

Management of risk

Benefits are targeted in 18/19 via a reduction in the number of older peoples mental health beds, enabled by provision of dedicated intensive support as a community alternative to admission. This will be modelled up and considered in the business case.

Benefits Realisation

Extensive engagement around clinical model provides assurance of positive quality impact

Quality impact





Summary	Quality	NHS Improvement	Locality	<b>Transformation</b>	Finance/Contracts	Workforce
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Rehab and Recovery Transformation Project						
A community service model is agreed in principle with local CCGs and implemented in Wakefield. Implementation in Calderdale is expected in 2017/2018. In Kirklees a plan is now in place to reduce patient numbers in Enfield Down and establish resource that could support a community service model. More work continues to establish whether there is system demand and viable accommodation for a High Dependency Unit, as well as options for people with long term complex care needs currently in Enfield Down.					Delivery against plan	
Whilst there are challenges work continues to develop the capacity required in Kirklees to establish new ways of working. The commissioner has sated it would like provision for 8 high dependency rehab beds.					Management of risk	
Financial benefits have already been realised in Wakefield and further financial savings are anticipated in Calderdale during 2017/18. The extent to which this contributes to providers CIP requirement is subject to negotiation. All parties are keen to reinvest savings in mental health where possible.					Benefits Realisation	
The project undertook a Quality Impact Assessment in design phase, and a new QIA plus further engagement is likely to be required following decisions on how to progress activity in Kirklees.					Quality impact	

Barnsley Administrative Services Review						
Work has commenced on completing the project closure report and is on track for submission by end of March 2017. Pooling secretarial resource and relocating staff to Kendray is taking place. The project is on schedule to move to 'business as usual' to support community services in April 2017.					Delivery against plan	
					Management of risk	
Standardised job descriptions and person specifications are complete; remodelling the inpatient and reception admin functions is complete; a single management structure is in place; key functions such as cashiering have been consolidated onto one site; Savings of £65k have been realised as a result of the reconfiguration of admin services; details of savings on cashiering and franking services are currently being worked through. A benefits realisation workshop is to be scheduled for April to support the internal benefits tracking of the service transformation as the service progresses into business as usual. These benefits will be summarised in the project closure report.					Benefits Realisation	
This project had a QIA conducted in the business case phase – it indicated a positive impact on quality through extended hours of reception, improving customer experience, and extended availability of administrative support to services. Now the project is almost completed, we will revisit the QIA section and bring it up to date.					Quality impact	
Workforce job roles aligned with workforce model		Relocation complete			Benefits realisation workshop	QIA Completed
						Project Closure report submitted
November 2016	December 2016	January 2017	February 2017	March 2017	April 2017	May 2017

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## Barnsley Therapy Services Review

Work has commenced on completing a project closure report. Operational work continues on implementation of a therapy leadership structure and roll out of system one across all therapy services. The project is on schedule to move to 'business as usual' in May 2017.

Delivery against plan

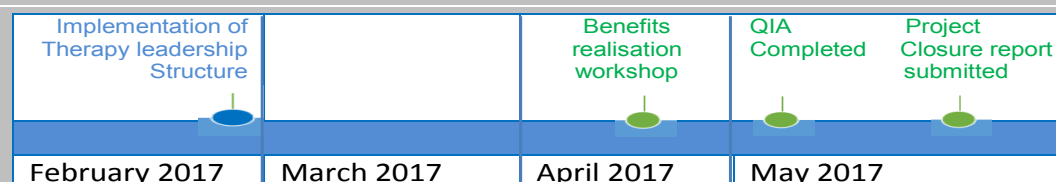
Management of risk

The purpose of phase one of this project was to bring together therapy administration to create a therapy single point of access and bring together appropriate clinical therapies to efficiently utilise skills and knowledge across services and provide most effective quality care to patients. Phase one was completed successfully. Any savings made through Therapy administrative services reconfiguration have been counted as part of the Barnsley Administrative Services Review. Where it has been possible to co-locate services, significant improvements of service delivery have been made such as reduced waiting times and reduced duplication of referrals and visits. Whilst these benefits will be summarised in the project closure report, a benefits realisation workshop is to be scheduled for April to support the internal benefits tracking of the service transformation.

Benefits Realisation

This project had a QIA conducted in the business case phase – it indicated a positive impact on quality through co-location and creation of centres of excellence, but also noted that consolidation of services moves some provision further from communities. The QIA will be revisited and updated to reflect the changes undertaken in service.

Quality impact



## Barnsley Community Nursing Transformation

The reconfiguration of the workforce and supportive training and development, including systems leader sessions and agile working rollout, are currently being mobilised across the six neighbourhoods. Work has commenced, in conjunction with CCG, to plan a celebrating success event scheduled for the summer.

Delivery against plan

There are key elements of service to mobilise by end of March 2017, which require significant collaboration between partner agencies including keyworker assigning, peer review processes and approval of core offer to care homes. Engagement is good and associated risks are being managed.

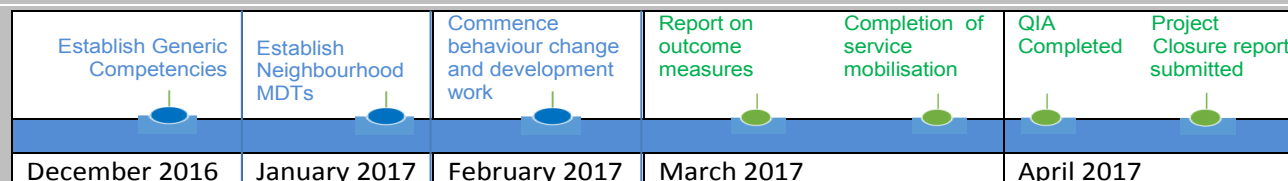
Management of risk

The purpose of this project is to: ensure the right person, right contact, and right time; and to equip more patients to self-care; better integrate community nursing, care navigation teams, and establish integrated teams in localities which align with primary and social care. In 2016, the delivery direction of the project changed to reflect local commissioner intentions and the issue of a new service specification. Outcome measures have been agreed with BCCG and monthly reports on attainment are provided to BCCG.

Benefits Realisation

This project had a QIA conducted in the business case phase – it indicated positive impact on quality. This is being repeated and updated to reflect the changes in services. Patient and carer surveys have been undertaken and submitted to BCCG.

Quality impact



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

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## Overall Financial Performance 2016 / 2017

### Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	3	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Other metrics score as 1 or 2.
2	Normalised Surplus	£1m	£2.4m	February 2017 financial performance excluding STF is a surplus of £0.5m. The cumulative position excluding STF is a surplus of £0.3m, £1.0m surplus including achieved Q1 and Q2 STF. Out of Area beds and agency staff continue to be pressures although both have reduced in month. £0.5m insurance monies have been received in month.
3	Agency Cap	£9m	£9.8m	Agency expenditure in February 2017 is £0.7m which is similar to January 2017. The year to date position is 89% over the NHSI cap. Actions continue at an individual post level and February has seen reductions in the number of medical and admin agency posts.
4	Cash	£28.3m	£25.5m	The Trust cash position is £28.3m which is £3m higher than plan at month 11. This arises mainly from reduced expenditure on the capital programme (as noted below) and additional cash receipts for disposal of Trust assets.
5	Capital	£8.6m	£11m	Capital expenditure is behind plan at February by £2.4m excluding VAT reclaims. Forecast expenditure are reviewed at a detailed scheme level. As such expenditure of £11.0m reflects current expectations.
6	Delivery of CIP	£8.2m	£9m	Year to date CIP delivery is £0.9m behind plan. Overall the forecast position is £1.1m below plan. This position also includes £1.5 delivered non-recurrently for which recurrent solutions need to be found.
7	Better Payment	96%		This performance is based upon a combined NHS / Non NHS value.

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

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## Contracting

### Contracting Issues - 2017-18 Negotiations

The new Mental Health Investment Standard requires CCGs to uplift Mental Health spending in line with growth allocations. Following the 23rd December planning and contracting round submissions NHS E have subsequently sought further assurance from CCGs and their main NHS mental health provider, confirming that CCG mental health finance returns are an accurate reflection of health economy investment in mental health and ensure a joint commitment to meeting national expectations set out in the Five Year Forward View. Triangulation with NHS mental health providers has been sought to demonstrate that this investment is flowing through contracts into services. Joint assurance letters with CCGs have been produced. The CCGs and Trust acknowledge that the assurances provided are preliminary and subject to further work. Work will now commence with each CCG to identify how the points raised in the letter can be implemented in practice.

### CQUIN

A key priority remains the drive to secure maximum CQUIN benefits and income and there continues to be invested Trust wide scrutiny and support in order to assist with CQUIN delivery. Work continues internally and with commissioners to ensure clarity on definitions and required data sets in relation to 17/18 CQUINs and plans are being made in preparation of systems/work for implementation.

### Contracting Issues – Barnsley

The main contracting focus relates to the agreement of detail in relation to the Alliance Contract which from April 1st will cover Rightcare Barnsley and Neighbourhood Nursing Services. A commercial work stream has now been established as part of the governance arrangements for the creation of Accountable Care Organisation in Barnsley. The work stream will focus on the development of new contracting models to support accountable care including implementing risk and reward in contracts. The intention is that contracts are based on programme budgeting and monitored through use of outcomes frameworks. Joint assurance between the CCG and SWYPFT was submitted to NHSE relating to funding growth in line with the Mental Health Investment Standard and FYFV priorities. Both acknowledge that the assurances are preliminary and subject to further work.

### Contracting Issues – Calderdale

Joint assurance between the CCG and SWYPFT is being produced for NHSE relating to funding growth in line with the Mental Health Investment Standard and FYFV priorities. Both parties acknowledge that the assurances are preliminary and subject to further work. Key priorities for in year resolution remain the commissioning of a sustainable 24/7 crisis resolution service and pressures within Psychology services. Discussions continue regarding the commissioning of sustainable specialist ASD Services for Adults.

### Contracting Issues – Kirklees

Joint assurance between the CCG and SWYPFT was submitted to NHS E relating to funding growth in line with the Mental Health Investment Standard and FYFV priorities. Both acknowledge that the assurances are preliminary and subject to further work. The current priority areas of work related to Kirklees CCGs contracts include IAPT services and expansion to Long Term Conditions, and the reconfiguration of adult mental health rehabilitation services. Discussions continue regarding the commissioning of sustainable specialist ASD Services for Adults.

### Contracting Issues- Wakefield

Joint assurance between the CCG and SWYPFT was submitted to NHSE relating to funding growth in line with the Mental Health Investment Standard and FYFV priorities. Both acknowledge that the assurances are preliminary and subject to further work. The 17/18 contract will include the commissioning of an Adult ASD assessment, diagnostics and treatment service commencing from 1 April 2017. The 2016/17 QIPP position has been closed. A virtual MCP model will be mobilised in April 2017, and an alliance contract arrangement with other system partners will be entered into.

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## Contracting

### Contracting Issues - Forensics

The key area of monitoring relates to the occupancy target. The sub-contract for advocacy services with an external supplier has been extended to July. A formal procurement for re-tender of the advocacy services is commencing.

### Contracting Issues – Other

The contract variation covering the extension of Rotherham/Doncaster smoke free services for 17/18 has been signed. The contract extension for Sheffield smoke free services is awaited. Sheffield LA has confirmed that the re-procurement for smoke free services will commence in April 2017. Work continues to manage the exit from the Kirklees Smoke free services contract which ends on 31st March 2017. In Calderdale work is ongoing with commissioners to secure a smooth continuation of CAMHS services from April 2017. In Kirklees work is ongoing with Locala to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017.

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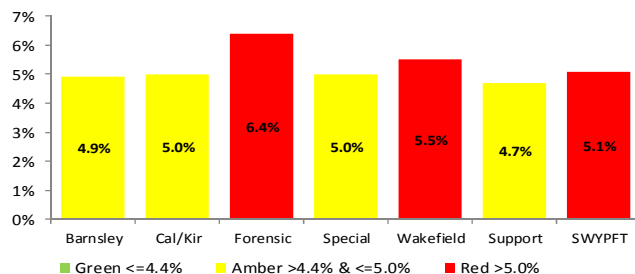
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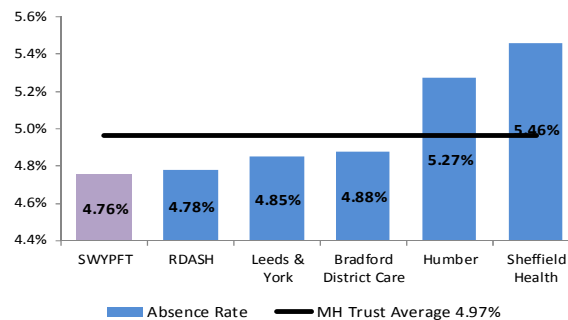
### Human Resources Performance Dashboard - February 2017

#### Sickness Absence



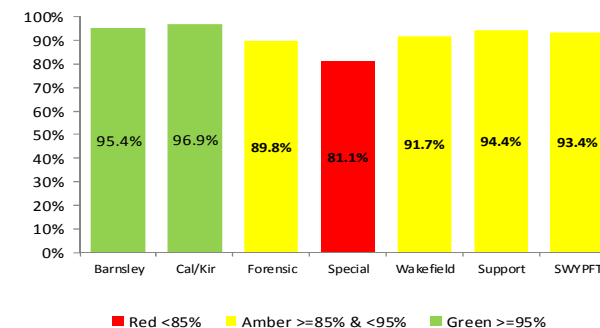
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.8%	5.1%	6.8%	6.4%	7.7%	5.4%	5.9%
Trend	↓	↔	↓	↔	↑	↑	↔

The Trust YTD absence levels in February 2017 (chart above) were above the 4.4% target at 5.1%.



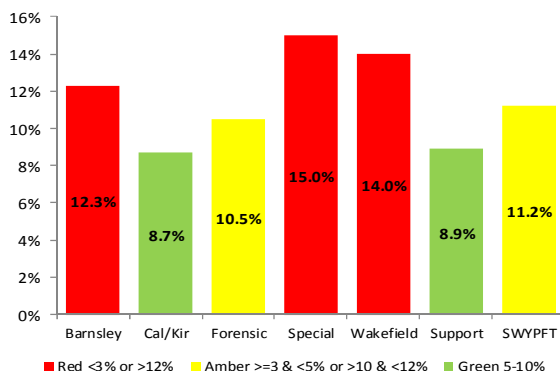
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 6 months from April to September 2016. During this time the Trust's absence rate was 4.76% which is below the regional average of 4.97%.

#### Appraisals - All Staff

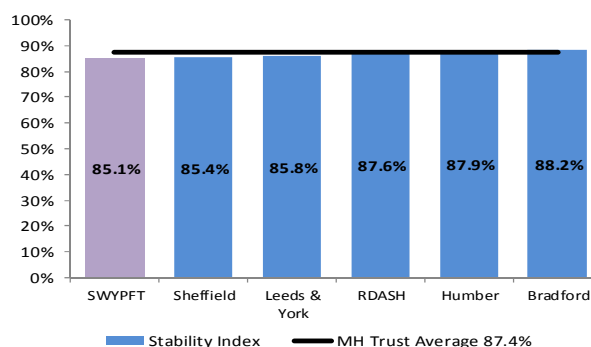


The above chart shows the appraisal rates for all staff for the Trust to the end of February 2017. The figures are calculated over the financial year from April 2016 to March 2017. The total percentages have decreased slightly since the inclusion of Band 1-5 but all areas continue to show improvement over the course of the financial year.

#### Turnover and Stability Rate Benchmark

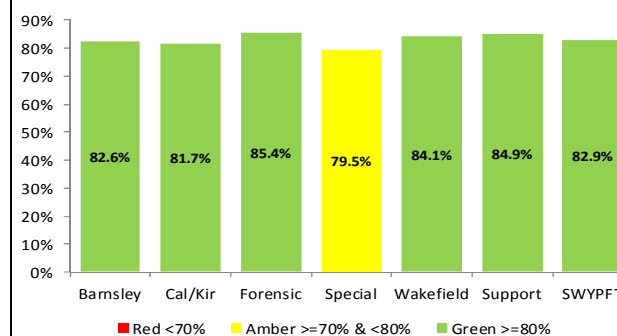


This chart shows the YTD turnover levels up to the end of February 2017. All staff TUPE'd outside the Trust have been excluded from the above data. Only 50% of all leavers have left voluntary, (60% last year) the other 50% is due to retirements, redundancy, etc.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in November 2016. The stability rate shows the percentage of staff employed with over a year's service. In this period, the Trust's rate has been affected by the staff TUPE'd out e.g., the 0-19 service in Barnsley.

#### Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of Feb 2017. The Trust continues to achieve its 80% target for fire lecture training although Specialist Services have dropped to just below the target this month.



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## Workforce - Performance Wall

Trust Performance Wall														
Month	Objective	CQC Domain	Owner	Threshold	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.7%	4.5%	4.6%	4.7%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.7%	4.4%	4.8%	5.0%	4.7%	4.6%	5.3%	5.8%	6.2%	5.90%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	20.1%	43.1%	56.7%	71.0%	81.4%	84.8%	89.8%	93.2%	93.7%	94.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	6.3%	14.1%	26.8%	44.3%	68.5%	76.8%	84.9%	89.0%	91.4%	92.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.6%	81.7%	80.8%	81.0%	82.4%	80.0%	78.8%	78.4%	77.6%	77.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80% by 31/3/17			62.0%	60.6%	63.2%	65.0%	66.9%	69.7%	72.8%	73.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80% by 31/3/17			28.2%	39.0%	41.0%	39.9%	45.1%	53.5%	55.3%	60.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.0%	91.5%	91.9%	91.7%	90.9%	90.3%	89.4%	90.1%	89.0%	89.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.2%	82.8%	84.5%	85.1%	84.6%	83.7%	82.9%	85.5%	84.0%	82.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.1%	80.0%	80.8%	82.2%	81.8%	82.6%	82.9%	83.9%	82.9%	82.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.4%	84.5%	84.8%	83.4%	82.5%	81.3%	81.9%	83.8%	83.6%	83.6%
Information Governance	Resources	Well Led	AD	>=95%	90.0%	89.9%	90.2%	89.2%	88.2%	86.5%	85.9%	86.5%	91.9%	95.2%
Moving and Handling	Resources	Well Led	AD	>=80%	84.4%	82.2%	82.2%	79.4%	78.2%	77.0%	78.1%	78.8%	80.5%	81.9%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80% by 31/3/17							12.9%	46.0%	48.2%	53.1%
Mental Health Act	Quality & Experience	Well Led	AD	>=80% by 31/3/17							11.0%	20.9%	23.2%	30.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.0%	90.0%	90.1%	89.7%	89.2%	89.0%	88.6%	89.5%	89.7%	89.4%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.1%	88.0%	88.3%	88.2%	88.0%	86.7%	87.0%	87.8%	87.6%	87.0%
Sainsbury's clinical risk assessment tool	Health & Wellbeing	Well Led	AD	>=80%			97.1%	96.9%	96.6%	93.2%	93.8%	94.8%	95.1%	94.7%
Bank Cost	Resources	Well Led	AD	-	£370k	£434k	£434k	£512k	£605k	£486k	£458k	£477k	£505k	£493k
Agency Cost	Resources	Effective	AD	-	£842k	£925k	£791k	£989k	£833k	£833k	£753k	£885k	£662k	£729k
Overtime Costs	Resources	Effective	AD	-	£33k	£35k	£23k	£17k	£9k	£16k	£14k	£26k	£19k	£15k
Additional Hours Costs	Resources	Effective	AD	-	£60k	£68k	£78k	£52k	£48k	£40k	£41k	£47k	£41k	£48k
Sickness Cost (Monthly)	Resources	Effective	AD	-	£469k	£456k	£481k	£504k	£501k	£462k	£457k	£513k	£581k	£536k
Business Miles	Resources	Effective	AD	-	321k	267k	286k	300k	273k	328k	330k	316k	284k	287k

Summary

Quality

NHS Improvement

Locality

Transformation

Finance/Contracts

Workforce

## Workforce - Performance Wall cont...

### Notes:

#### Sickness

- Year to date absence increased slightly to 5.1%. Sickness generally increases across December to February, however, this year the rise has been higher than last year. The two main identified reasons for absence are stress/anxiety and musculoskeletal/back. In Calderdale and Kirklees, Wakefield, Specialist Services and Support Services the highest single reason for absence is stress/anxiety and in Barnsley and Forensic it's musculoskeletal/back. A pilot in Forensic and Facilities on staff wellbeing and sickness absence management, which will focus on early referral to Occupational Health, wellbeing interviews and compliance with policy, will commence at the beginning of April. Whilst the Trust overall target will remain at 4.4% individual stretch targets for BDUs and Support Services will be introduced for 17/18.
- All areas except Specialist services have seen a decrease in sickness during February. Specialist service monthly sickness absence rate increased from 5.8% in January to 6.4% in February.
- The year to date position for all areas remains above the 4.4% threshold with Forensic (6.4%) and Wakefield (5.5%) being the areas with highest reported levels of sickness absence.
- Due to the continued increased level of sickness absence during February, the position remains across the Trust that no services are currently achieving tolerance for the year to date position.

#### Mandatory Training

- The Trust is achieving above threshold for all areas with the exception of Aggression Management (77.6%). This is an improvement on last month's position, where Information Governance was also under threshold – this has now reached 95.2% which is above the 95% threshold.
- Continued focus being placed on IG across the trust given recent ICO reportable incidents.
- In March 2016, a review of MCA and MHA training reported to EMT revealed that 47% of staff within SWYPT had received training in the previous three years. Since March 2016, MCA/MHA training has been made mandatory and we have conducted a detailed training needs analysis around MCA/MHA training to ensure the mandatory training provided matches the competencies and needs of the staff. We have developed new, up-to-date evidence-based training and learning resources on the MHA and MCA and we are currently running extensive training programmes for all staff across the Trust. The Mental Health Act training figure is the overall figure for staff that have completed the MHA component of training that are required to i.e. All Clinical Staff working in MH and LD services. The Mental Capacity Act/DoLs training figure is for all staff in the workforce both clinical and non-clinical that have completed training, as all staff are required to complete some level of training. Although a challenge to achieve across the whole Trust, our trajectory for mandatory MCA/MHA training compliance is 80% by end of March 2017. We are continuing to work on mapping and accrediting previous training and learning to the current mandatory training performance wall, although this might not be fully represented until March 2017.
- MHA-MCA training figures gradually improving overall and 51% of inpatient registered staff received the MCA-MHA training by end of February 2017.
- Cardiopulmonary resuscitation training and clinical risk continue on an upward trajectory
- Appraisal figures are just below the higher target level set in 16/17 and the EMT expectation is the targets will be achieved in 17/18. The NHS Staff Survey puts the Trust above average for % of appraisals completed in the last 12 months at 93%, with the best rate for our peer group being 96%. A new streamlined Value Based Appraisal will be piloted in 17/18 with a new system in place for the start of 18/19.

## Publication Summary

The following section of the report identifies publications that may be of interest to the Trust and its members.

### National Institute for Health and Care Excellence (NICE)

Care of dying adults in the last days of life

This guidance calls for health care professionals to ask adults in the final days of life about their religious or spiritual beliefs. In response to estimates that three out of four deaths are anticipated by medical staff, it provides guidance to help health care professionals identify patients who are nearing death in order to allow the patient and those close to them prepare accordingly.

[Click here for link to guidance](#)

**The following section of the report identifies publications that may be of interest to the Trust and its members.**

Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data, April 2016 - December 2016

Mixed-sex accommodation data, January 2017

Direct access audiology referral to treatment data, December 2016

NHS Improvement provider bulletin, 15 February 2017

Quarterly performance of the provider sector as at 31 December 2016 (NHSI)

Seasonal flu vaccine uptake in health care workers, September 2016 to January 2017

Improving access to psychological therapies report, November 2016 final, December 2016 primary and most recent quarterly data (quarter 2, 2016/17)

Improving access to psychological therapies report, November 2016 final, December 2016 primary and most recent quarterly data (quarter 2, 2016/17)

Mental health services monthly statistics: final November, provisional December 2016

NHS sickness absence rates, October 2016

NHS workforce statistics - November 2016, provisional statistics

NHS provider bulletin: 22 February 2017

Seasonal flu vaccine uptake in children of primary school age: 1 September 2016 to 31 January 2017

NHS inpatient and outpatient events, quarter ending 31 December 2016

Diagnostic imaging dataset, October 2015 - October 2016, provisional monthly release

Department of Health workforce information, January 2017

Learning disability services monthly statistics - England commissioner census (assuring transformation), January 2017, experimental statistics

Five year forward view for mental health: one year on (NHS England)

NHS Improvement provider bulletin, 1 March 2017

## Publication Summary cont...

Out of area placements in mental health services, January 2017

NHS Improvement update, February 2017

NHS safety thermometer report - February 2016 to February 2017

Early intervention in psychosis access and waiting time experimental statistics, January 2017

Diagnostics waiting times and activity, January 2017

NHS provider bulletin: 8 March 2017

Combined performance summary, January 2017

Children and young people's health services monthly statistics, England - November 2016, experimental statistics



# Finance Report

Month 11 (2016/2017)

Appendix 1



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With **all of us** in mind.

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1.0		Executive Summary / Key Performance Indicators		
	Performance Indicator	Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	3	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Other metrics score as 1 or 2.
2	Normalised Surplus	£1m	£2.4m	February 2017 financial performance excluding STF is a surplus of £0.5m. The cumulative position excluding STF is a surplus of £0.3m, £1.0m surplus including achieved Q1 and Q2 STF. Out of Area beds and agency staff continue to be pressures although both have reduced in month. £0.5m insurance monies have been received in month.
3	Agency Cap	£9m	£9.8m	Agency expenditure in February 2017 is £0.7m which is similar to January 2017. The year to date position is 89% over the NHSI cap. Actions continue at an individual post level and February has seen reductions in the number of medical and admin agency posts.
4	Cash	£28.3m	£25.5m	The Trust cash position is £28.3m which is £3m higher than plan at month 11. This arises mainly from reduced expenditure on the capital programme (as noted below) and additional cash receipts for disposal of Trust assets.
5	Capital	£8.6m	£11m	Capital expenditure is behind plan at February by £2.4m excluding VAT reclaims. Forecast expenditure are reviewed at a detailed scheme level. As such expenditure of £11.0m reflects current expectations.
6	Delivery of CIP	£8.2m	£9m	Year to date CIP delivery is £0.9m behind plan. Overall the forecast position is £1.1m below plan. This position also includes £1.5 delivered non-recurrently for which recurrent solutions need to be found.
7	Better Payment	96%		This performance is based upon a combined NHS / Non NHS value.
<b>Red</b>		Variance from plan greater than 15%		
<b>Amber</b>		Variance from plan ranging from 5% to 15%		
<b>Green</b>		In line, or greater than plan		



With effect from month 7 (October 2016) the way that NHS Improvement assess financial performance and efficiency has changed. This is now regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources.

This retains the 4 previous metrics but adds a 5th to compare agency expenditure against the Trust agency ceiling (set for the Trust as £5.1m for the full year).

Additionally the Use of Resources metric changes the scoring regime. This is now rated from 1 to 4 with 1 being the best possible weighted average score. NHS Improvement will use this score to inform which segmentation the Trust falls under and if and when any support is required.

	Financial Criteria	Weight	Metric	Actual Performance		Plan - Month 11	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	20%	Capital Service Capacity	4.0	1	3.5	1
	Liquidity	20%	Liquidity (Days)	16.8	1	8.0	1
Financial Efficiency	Underlying Performance	20%	I & E Margin	0.5%	2	0.9%	2
	Variance from Plan	20%	Variance in I & E Margin as a % of income	-0.5%	2	-0.4%	2
Agency Cap	Variance from Plan	20%	Agency Margin	89%	4	#N/A	#N/A
Weighted Average - Financial Sustainability Risk Rating					3		2

#### Impact

The impact of the breach of the agency cap by more than 50% means that this metric scores 4. As a result any trust scoring 4 on a particular metric can only score a maximum of 3 overall.

#### Definitions

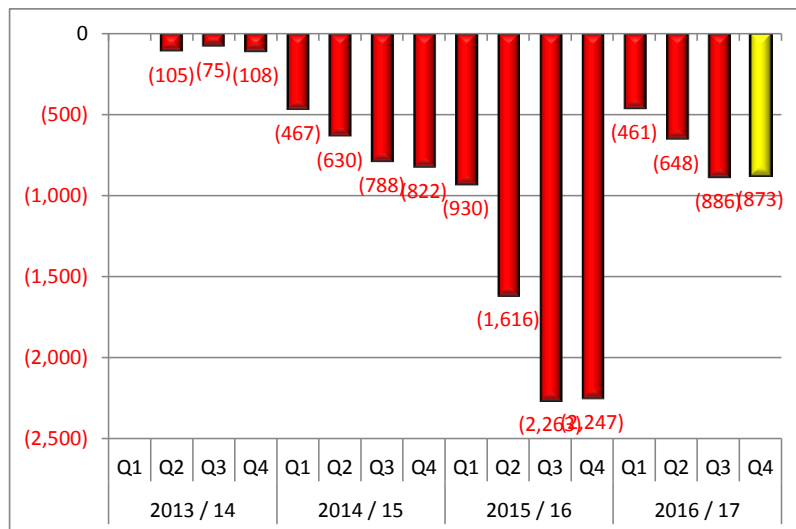
**Capital Servicing Capacity** - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

**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

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

YTD surplus / deficit for FT and Trust sector combined (£m)



The source information is no longer available in order to produce previous benchmarking information in the same format. (Governance and finance risk ratings) As such this revised format utilises information readily available from NHS Improvement, NHS Providers and other sources to summarise national financial performance.

The graph on the left shows the trend of increased deficits sector wide, as per NHS Providers at Quarter 3 2016 / 2017.

Performance reporting from NHS Improvement incorporates the 156 FTs and 82 NHS Trusts giving a total of 238 provider organisations.

- \* Financial performance includes release of Sustainability and Transformation funding, £1.8 billion in total for 2016 / 2017. (£994m allocated by Q3)
- \* Deficit by the end of Q3 is £886m (£202m lower than plan). 135 providers reporting deficit (153 at Q1, 142 at Q2)
- \* Current forecast deficit is £873m (£293m below plan) with 121 providers forecasting a year end deficit.
- \* Agency spend £2.2 billion. League tables published alongside NHSI quarterly performance report. Overall agency costs exceed plan by 19%. More than two thirds of providers have reduced their agency costs since November 2015.
- \* CIP - £229m short of plan (£92m at Q1)
- \* Capital expenditure was £1.8bn at month 9, £1bn below plan. Forecast spend is £2.98bn

Actions being taken by NHS Improvement include:

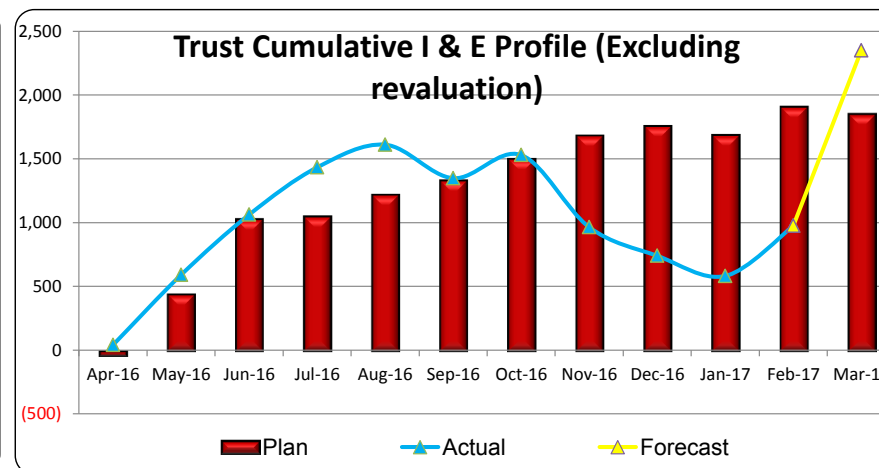
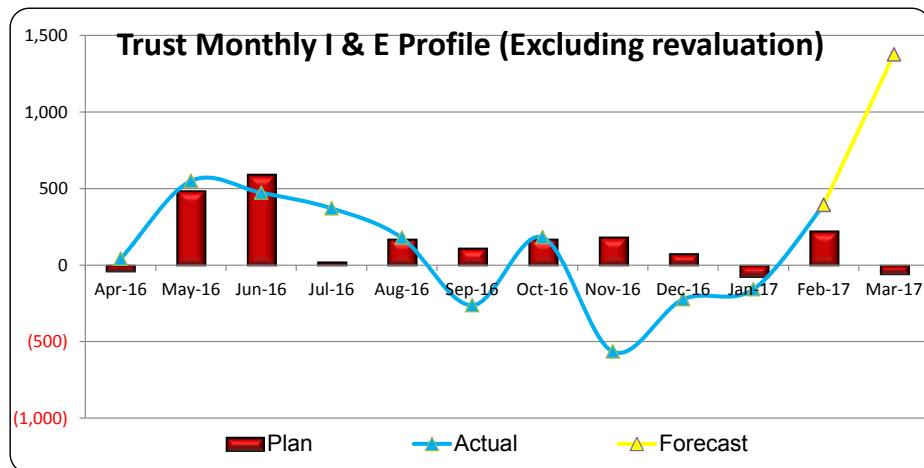
- \* Extending the financial special measures programme - third wave is 12 Trusts
- \* New rules to ensure continued focus on agency spending including revised medical agency caps
- \* Support for providers to reduce pay bill growth

Overall the challenge of delivering the financial plan cannot be underestimated given the operating environment. 66% of Trusts predicted they could only meet 16/17 challenges as a result of one off savings.

## 2.0

## Income &amp; Expenditure Position 2016 / 2017

Budget Staff in Post	Actual Staff in Post	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
				17,643	17,533	(110)	Clinical Revenue	194,930	194,307	(624)	212,354	212,429	75
				<b>17,643</b>	<b>17,533</b>	<b>(110)</b>	<b>Total Clinical Revenue</b>	<b>194,930</b>	<b>194,307</b>	<b>(624)</b>	<b>212,354</b>	<b>212,429</b>	<b>75</b>
				1,206	1,283	77	Other Operating Revenue	14,193	13,999	(193)	15,385	15,211	(175)
				<b>18,849</b>	<b>18,816</b>	<b>(33)</b>	<b>Total Revenue</b>	<b>209,123</b>	<b>208,306</b>	<b>(817)</b>	<b>227,739</b>	<b>227,640</b>	<b>(99)</b>
4,341	4,062	(280)	6.4%	(14,131)	(14,081)	50	Pay Costs	(159,178)	(157,237)	1,940	(173,396)	(171,634)	1,762
				(3,584)	(3,809)	(225)	Non Pay Costs	(40,762)	(42,355)	(1,593)	(44,222)	(46,246)	(2,025)
				(67)	199	266	Provisions	2,111	1,663	(448)	1,965	2,596	631
<b>4,341</b>	<b>4,062</b>	<b>(280)</b>	<b>6.4%</b>	<b>(17,782)</b>	<b>(17,691)</b>	<b>91</b>	<b>Total Operating Expenses</b>	<b>(197,828)</b>	<b>(197,929)</b>	<b>(101)</b>	<b>(215,652)</b>	<b>(215,284)</b>	<b>368</b>
<b>4,341</b>	<b>4,062</b>	<b>(280)</b>	<b>6.4%</b>	<b>1,067</b>	<b>1,125</b>	<b>58</b>	<b>EBITDA</b>	<b>11,295</b>	<b>10,377</b>	<b>(918)</b>	<b>12,087</b>	<b>12,356</b>	<b>269</b>
				(596)	(479)	117	Depreciation	(6,636)	(6,639)	(3)	(7,233)	(6,990)	243
				(257)	(257)	0	PDC Paid	(2,823)	(2,823)	0	(3,080)	(3,080)	(0)
				6	3	(3)	Interest Received	69	60	(9)	75	63	(12)
<b>4,341</b>	<b>4,062</b>	<b>(280)</b>	<b>6.4%</b>	<b>220</b>	<b>393</b>	<b>173</b>	<b>Normalised Surplus / (Deficit)</b>	<b>1,904</b>	<b>974</b>	<b>(930)</b>	<b>1,850</b>	<b>2,350</b>	<b>500</b>
				0	87	87	Revaluation of Assets	0	(4,102)	(4,102)	0	(4,102)	(4,102)
<b>4,341</b>	<b>4,062</b>	<b>(280)</b>	<b>6.4%</b>	<b>220</b>	<b>480</b>	<b>260</b>	<b>Surplus / (Deficit)</b>	<b>1,904</b>	<b>(3,128)</b>	<b>(5,032)</b>	<b>1,850</b>	<b>(1,752)</b>	<b>(3,602)</b>



Note that M12 forecast position includes £675k of STF income and an additional £250k relating to STF incentive schemes.

## Income & Expenditure Position 2016 / 2017

### Trust Normalised Surplus Position (Pre and Post Sustainability and Transformation Funding)

The Trust year to date and forecast finance positions including and excluding STF funding are highlighted below. This excludes exceptional items such as the revaluation of Trust Estate. As a result of the unfavourable performance in the third quarter and month 10 the STF for this period has not been achieved (£0.56m) and this is reflected in our position. It remains possible to receive these monies if the full year control total plan is achieved. The forecast position is £0.25m ahead of plan as a result of improved performance in Quarter 4, a degree of risk remains attached to this achievement.

	Year to Date			Forecast		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Surplus (Excluding STF)	667	299	(368)	500	750	250
STF	1,238	675	(563)	1,350	1,600	250
<b>Surplus - Total</b>	<b>1,904</b>	<b>974</b>	<b>(930)</b>	<b>1,850</b>	<b>2,350</b>	<b>500</b>

Two key components need to be achieved in order to receive STF monies. Referral to Treatment STF can only be received if the financial performance criteria has been met. This is currently ahead of target and therefore will be secured alongside the achievement of the financial performance metric.

Financial Performance	1,083	591	(492)	1,181	1,431	250
Referral to Treatment	155	84	(70)	169	169	0
<b>STF - Total</b>	<b>1,238</b>	<b>675</b>	<b>(563)</b>	<b>1,350</b>	<b>1,600</b>	<b>250</b>

### Month 11

The normalised year to date position is a surplus of £974k including the secured Q1 and Q2 STF funding. This is £0.9m less than planned and the key headlines are below:

In month there have been favourable movements in the financial position resulting in a normalised surplus position for February of £393k. In terms of variance to plan (£173k) the key headlines behind this are:

£k	
Income	(33) Includes £113k STF shortfall and £55k shortfall in CQUIN. This is partly offset by additional cost per case income for increased activity.
Pay	721 Agency staff continue to be employed by the Trust to meet clinical and service requirements. Actions continue to ensure that the clinical and financial consequences are minimised. These include ongoing recruitment, expansion of the peripatetic staffing model. (671) Offset by underspends in pay arising from vacancies
Non Pay	(225) Underspends on non pay greater than expenditure on out of area beds. Underspends are mainly on non clinical areas such as travel and office supplies. 500 Receipt of interim insurance payment to offset additional costs incurred and already within the financial position. (234) Provisions, and budgets held centrally, have been released in order to achieve this position. This includes not spending Trust contingencies. 115 Reduced capital charges following the impairment of a Trust asset as a result of the fire in 2016.
	<u>173</u>

### Forecast

The full year pre STF surplus forecast has improved to £0.75m but there remains some risk attached with its delivery. These risks, and also any opportunities, continue to be assessed to ensure that the plan is delivered.

If the financial position is not back in line with plan this risks achievement of the STF funding and cash. This would total £675k for Quarter 3 and 4. The Q3 STF has not been achieved but can be recovered if the full year control total is delivered. Additional STF incentive funding is available for achieving an out-turn position higher than the Trust control total.

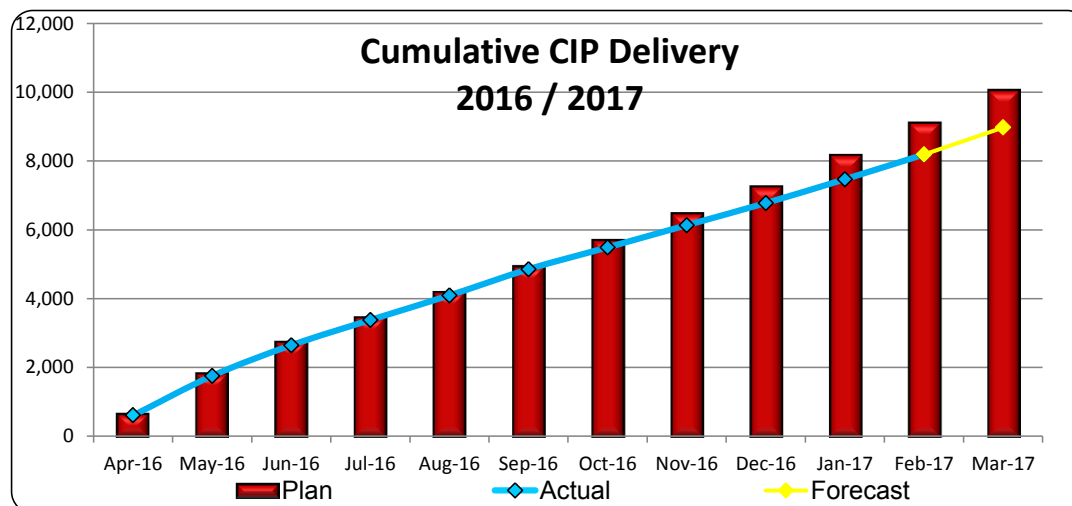
## 2.1

## Cost Improvement Programme 2016 / 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Recurrent	661	662	662	665	679	695	717	723	728	863	891	891	7,946	8,837
Target - Non Recurrent	9	509	259	49	49	49	49	49	49	49	49	49	1,173	1,223
Target - Monitor Submission	670	1,172	922	715	729	744	766	772	777	912	940	940	9,119	10,059
Target - Cumulative	670	1,842	2,764	3,479	4,207	4,952	5,718	6,490	7,267	8,179	9,119	10,059	9,119	10,059

Delivery as planned	452	1,446	2,147	2,686	3,232	3,826	4,338	4,859	5,379	5,947	6,543	7,201	6,543	7,201
Mitigations - Recurrent	0	6	9	14	18	22	26	30	34	38	42	46	42	46
Mitigations - Non Recurrent	146	299	485	678	841	1,005	1,125	1,245	1,365	1,485	1,606	1,726	1,606	1,726
Total Delivery	598	1,751	2,641	3,377	4,091	4,853	5,489	6,134	6,779	7,471	8,191	8,973	8,191	8,973

Shortfall / Unidentified	72	92	123	101	116	99	229	356	488	708	928	1,086	928	1,086
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The Trust identified a CIP programme for 2016 / 2017 which totals £10.1m. (£11.0m recurrent full year effect) This was subject to an external review.

The forecast shortfall is £1.1m. The majority of schemes are rated as green (and delivering), although £1.6m is non recurrent for the year to date, with notable exceptions being:

Procurement / Non pay savings which are delayed compared to original milestones. The main financial impact relates to savings from medical and nursing agency providers (fye - £750k).

Planned savings relating to drugs costs have not come to fruition during the year.

	2015 / 2016 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	114,134	120,434	109,852	1
<b>Current Assets</b>				
Inventories & Work in Progress	190	190	190	
NHS Trade Receivables (Debtors)	2,623	1,973	1,499	2
Other Receivables (Debtors)	7,541	5,217	6,155	3
Cash and Cash Equivalents	27,107	25,341	28,310	4
<b>Total Current Assets</b>	<b>37,461</b>	<b>32,721</b>	<b>36,153</b>	
<b>Current Liabilities</b>				
Trade Payables (Creditors)	(6,430)	(5,930)	(6,834)	5
Other Payables (Creditors)	(3,481)	(4,764)	(4,418)	5
Capital Payables (Creditors)	(785)	(785)	(552)	5
Accruals	(8,576)	(10,776)	(7,621)	6
Deferred Income	(789)	(789)	(950)	
<b>Total Current Liabilities</b>	<b>(20,060)</b>	<b>(23,043)</b>	<b>(20,375)</b>	
<b>Net Current Assets/Liabilities</b>	<b>17,401</b>	<b>9,677</b>	<b>15,779</b>	
<b>Total Assets less Current Liabilities</b>	<b>131,535</b>	<b>130,111</b>	<b>125,631</b>	
Provisions for Liabilities	(10,017)	(7,927)	(7,963)	
<b>Total Net Assets/(Liabilities)</b>	<b>121,518</b>	<b>122,184</b>	<b>117,667</b>	
<b>Taxpayers' Equity</b>				
Public Dividend Capital	43,492	43,492	43,665	
Revaluation Reserve	19,446	19,446	18,413	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,361	54,027	50,369	7
<b>Total Taxpayers' Equity</b>	<b>121,518</b>	<b>122,184</b>	<b>117,667</b>	

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

1. The value of fixed assets is below plan. This is due to the current year capital spend (less than plan) and accelerated depreciation charges. This also includes the impact of the revaluation exercise, and asset impairments.

2. NHS debtors are lower than plan, those remaining are being actively chased ahead of the financial year end.

3. As per previous months other debtors are higher than year to date plan but at an overall lower level than at 2015 / 2016 year end. These have reduced from previous month and will reduced further as debtors are chased and the majority of accrued income raised for year-end.

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 12.

5. Overall creditors are slightly higher than plan. Payments continue to be made to support the Trust Better Payment Practice Code and ensure that no issues remain outstanding.

6. As per previous months the level of accruals remains lower than planned and lower than previous trends.

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

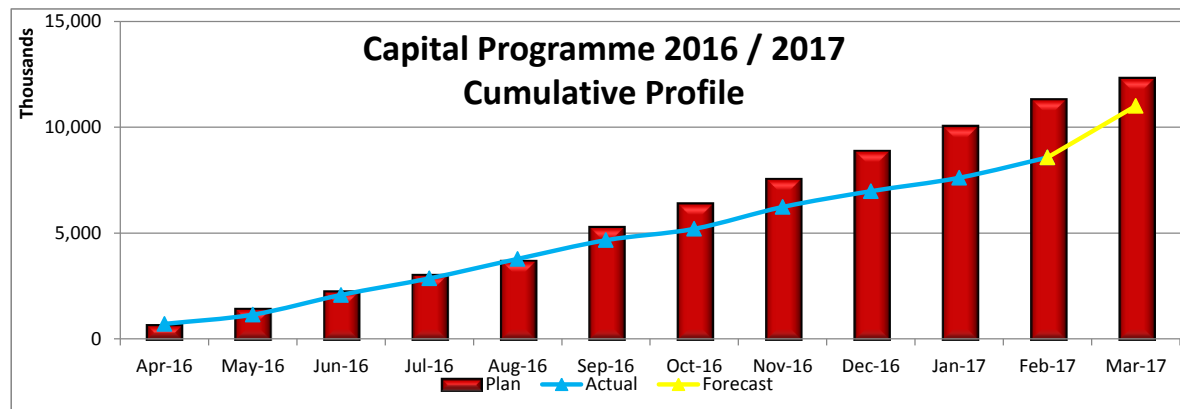
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	2,050	1,863	1,236	(627)	1,924	(126)	
IM&T	1,210	1,084	492	(592)	952	(258)	
<b>Total Minor Capital &amp; IM &amp; T</b>	<b>3,260</b>	<b>2,947</b>	<b>1,728</b>	<b>(1,218)</b>	<b>2,876</b>	<b>(384)</b>	
<b>Major Capital Schemes</b>							
Pontefract Hub	1,795	1,795	1,900	105	1,900	105	
Wakefield Hub	735	735	808	73	808	73	
Fieldhead Non Secure	4,725	4,045	3,473	(572)	4,660	(65)	
Fieldhead Development	1,300	1,300	460	(840)	558	(742)	
Other	498	498	516	19	516	19	
<b>Total Major Schemes</b>	<b>9,053</b>	<b>8,372</b>	<b>7,157</b>	<b>(1,215)</b>	<b>8,443</b>	<b>(610)</b>	
VAT Refunds	0	0	(315)	(315)	(315)	(315)	
<b>TOTALS</b>	<b>12,313</b>	<b>11,319</b>	<b>8,571</b>	<b>(2,748)</b>	<b>11,005</b>	<b>(1,309)</b>	2

### Capital Expenditure 2016 / 2017

1. The Trust capital programme for 2016 / 2017 is £12.3m and schemes are guided by the Trust Estates Strategy.
2. The year to date position is £2.7m behind plan (24%). Excluding the benefit arising from successful VAT recovery agreed with HMRC this is £2.4m behind plan (21%).

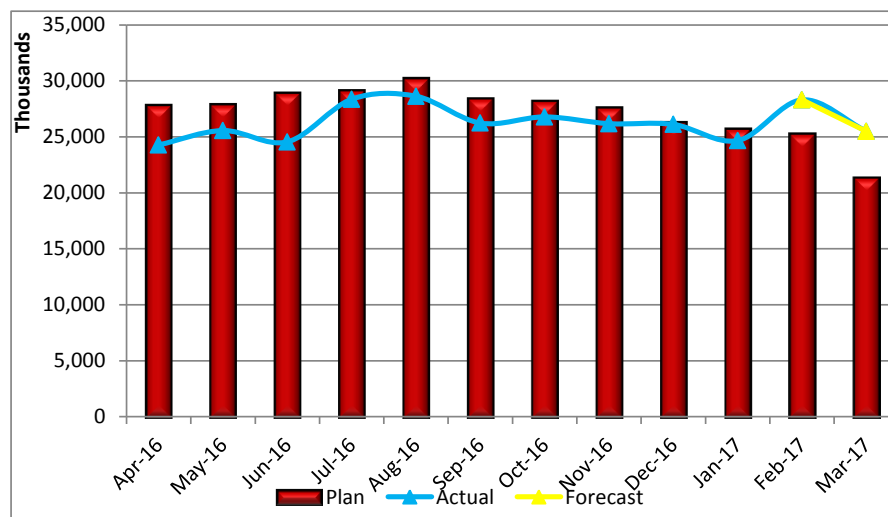
Current forecast expenditure is £11.0m. This is a reduction of £0.5m from last month primarily due to a review of the timings relating to the major Fieldhead non-secure and continued cost control and mitigation for the Fieldhead development schemes.

The change in spend profile for Fieldhead Non-secure will have an impact on the 17/18 capital programme. This will not, however, change the overall expenditure planned for the scheme.



## 3.2

## Cash Flow & Cash Flow Forecast 2016 / 2017



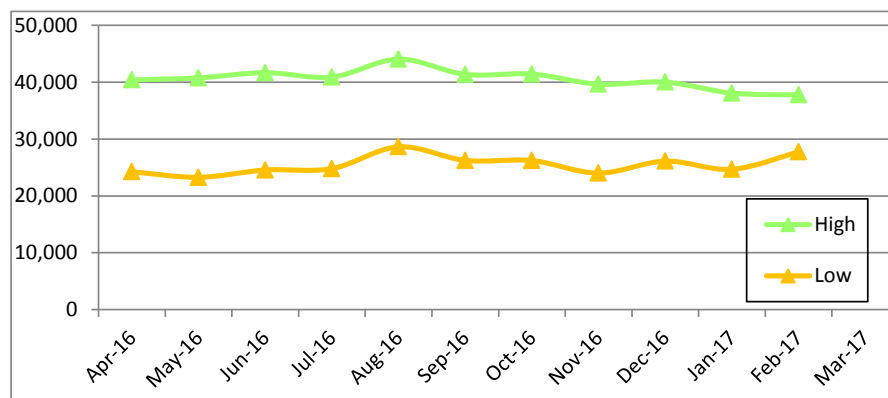
	Plan £k	Actual £k	Variance £k
Opening Balance	27,107	27,107	
Closing Balance	25,341	28,310	2,969

The cash position provides a key element of the Continuity of Service and Financial Efficiency Risk Rating. As such this is monitored and reviewed on a daily basis.

Weekly review of actions ensures that the cash position for the Trust is maximised.

The Trust cash position is higher than planned, this has been helped in month by the sale of Margaret Street and the lower than planned capital expenditure.

A detailed reconciliation of working capital compared to plan is presented on page 11.



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.

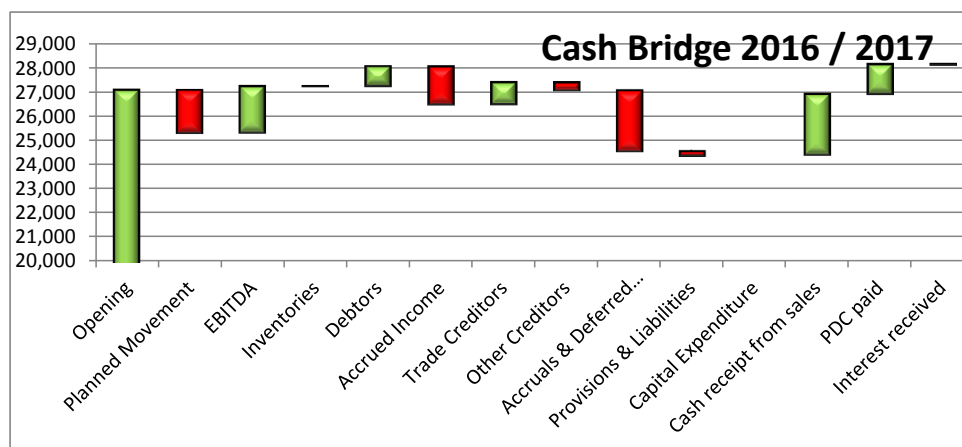
The highest balance is: £37.8m

The lowest balance is: £27.8m

This reflects cash balances built up from historical surpluses that are available to finance capital expenditure in the future.



	Plan £k	Actual £k	Variance £k	Note
<b>Opening Balances</b>	<b>27,107</b>	<b>27,107</b>		
Surplus (Exc. non-cash items & revaluation)	8,440	10,367	1,927	
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	3,225	4,032	807	3
Accrued Income	0	(1,562)	(1,562)	4
Trade Payables (Creditors)	(500)	404	904	3
Other Payables (Creditors)	0	(326)	(326)	
Accruals & Deferred income	1,700	(794)	(2,494)	5
Provisions & Liabilities	(2,140)	(2,312)	(172)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(11,319)	(8,804)	2,515	1
Cash receipts from asset sales	299	1,525	1,226	2
PDC Dividends paid	(1,540)	(1,560)	(20)	
PDC Dividends received		173	173	
Interest (paid)/ received	69	60	(9)	
<b>Closing Balances</b>	<b>25,341</b>	<b>28,310</b>	<b>2,970</b>	



The plan value reflects the April 2016 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. Capital expenditure, including capital creditors, is less than plan as noted within the capital expenditure report.
2. Cash receipts from the sale of Trust properties is higher than originally planned. To date 4 properties, totalling £1m, have been sold compared to 1 included within the plan.
3. Both debtors and creditors are better than planned giving rise to a cash benefit.

Factors which decrease the cash position against plan:

4. Accrued income continues to be reviewed on a monthly basis to ensure that all invoices are raised in a timely fashion. A key component of this remains the timing of agreeing, and invoicing, CQUIN payments
5. Expenditure accruals remain at a low level. Issues with receiving invoices from NHS bodies, and reflected in the plan, have not been experienced to date in 2016 / 2017.

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

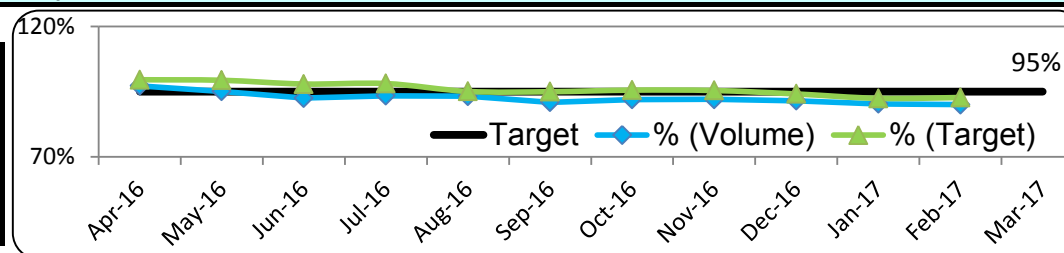
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days.

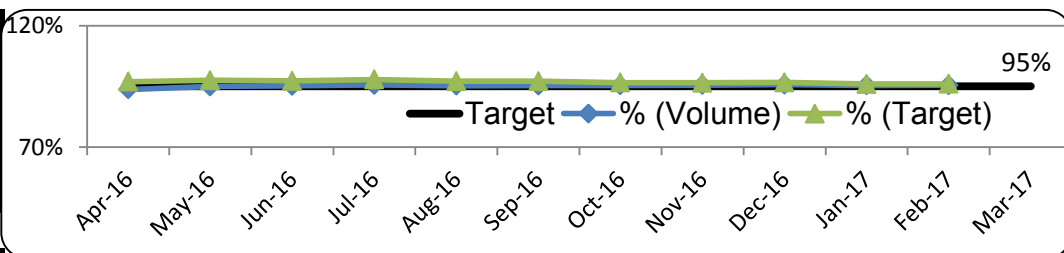
This is not mandatory for the NHS.

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.

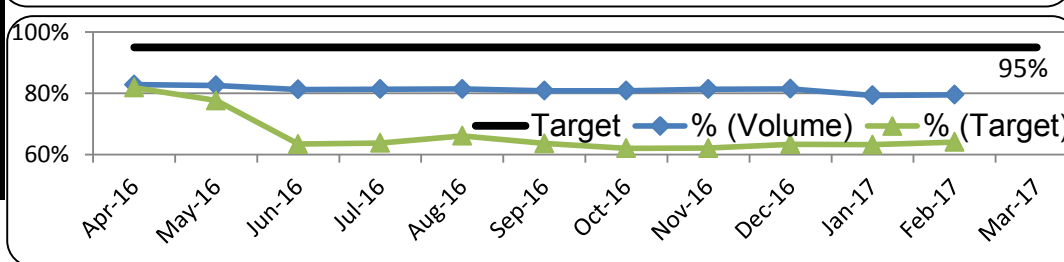
NHS		
	Number	Value
	%	%
Year to January 2017	90%	92%
Year to February 2017	90%	93%



Non NHS		
	Number	Value
	%	%
Year to January 2017	95%	96%
Year to February 2017	95%	96%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to January 2017	79%	63%
Year to February 2017	79%	64%



## 4.1

## Transparency Disclosure

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

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

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
10/02/2017	Lease Rents	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3025460	209,476.36
16/12/2016	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	3019498	134,786.65
30/01/2017	Switchboard SLA	Barnsley	Barnsley Hospital NHS Foundation Trust	3024044	82,618.00
29/12/2016	Staff Recharge	Wakefield	Wakefield MDC	3020689	53,793.11
19/01/2017	Lease Rents	Kirklees	Mid Yorkshire Hospitals NHS Trust	3023079	30,065.84
30/01/2017	Switchboard SLA	Barnsley	Barnsley Hospital NHS Foundation Trust	3024042	41,309.00
30/01/2017	Switchboard SLA	Barnsley	Barnsley Hospital NHS Foundation Trust	3024043	41,309.00

Agency costs continue to remain a focus for the NHS nationally including publication by NHS Improvement performance against maximum levels of spend. Quarter 3 results were published in February 2017 covering the period of April to December 2016. This confirms for the year to date the Trust is 89%

The financial pressure, 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 Trust has seen increased levels of agency expenditure rising from £3.6m in 2013 / 2014 to £8.6m in 2015 / 2016. The introduction of an agency cap for 2016 / 2017 identified a capped level of spend of £5.1m. This represented a significant reduction of £3.3m (39%).

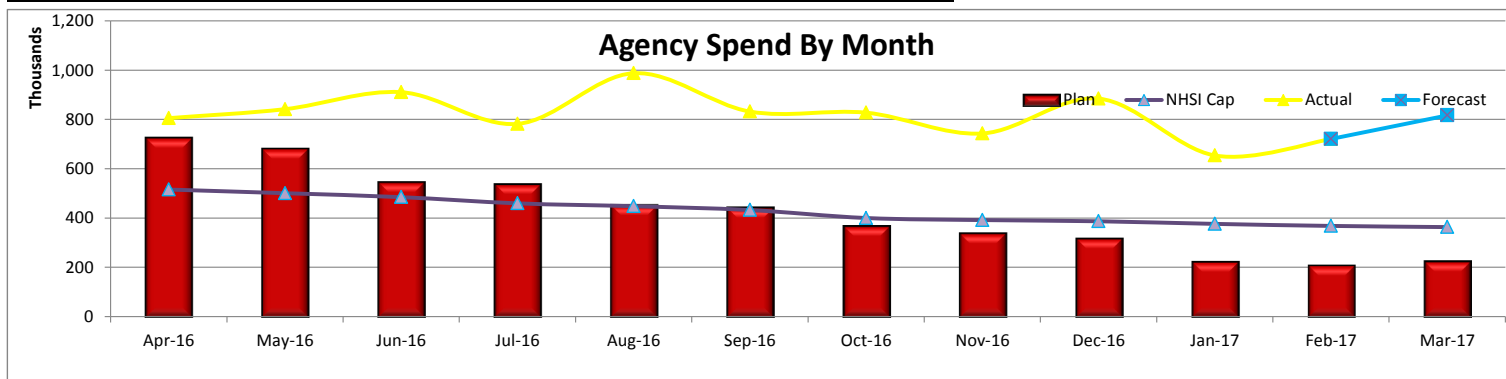
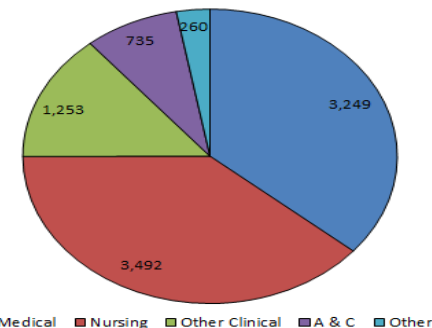
Agency expenditure, for the year to date is £9.0m, with average spend of £817k per month. In month spend is £721k which is £35k less than last month. Detailed analysis has been completed but no significant trends or stepped changes have been noted. This reduction covers a number of different BDUs and a number of different categories.

Monitoring of individual medical and admin posts continues and is reviewed on a weekly basis within the Operational Management Group. Trustwide this highlights that there have been 4 medical leavers and 1 new starter to cover maternity leave leaving 23 in post. Admin has reduced from 13 to 11 with actions continuing towards the target of 0 from 1st April 2017.

Individually the movement in agency usage is reported to Executive Management Team (EMT) and the impact on clinical services and safety are continually monitored.

In addition to usage the Trust continues to review and take actions to ensure that agency are procured under the best value for money methodology. This includes ensuring that agencies provide staff who are at least under the NHSI capped rate or through exploring other direct engagement approaches.

	Year to Date £000	Forecast £000
<b>Total Trust Position</b>	<b>8,990</b>	<b>9,806</b>
Less Agency Social Workers	(496)	(544)
Less Bespoke Packages of Care	(791)	(808)
Less CAMHS Waiting List (Commissioner funded)	(122)	(210)
<b>Net Trust Position</b>	<b>7,581</b>	<b>8,244</b>



## 4.2

## Out of Area 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 numerous and complex 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

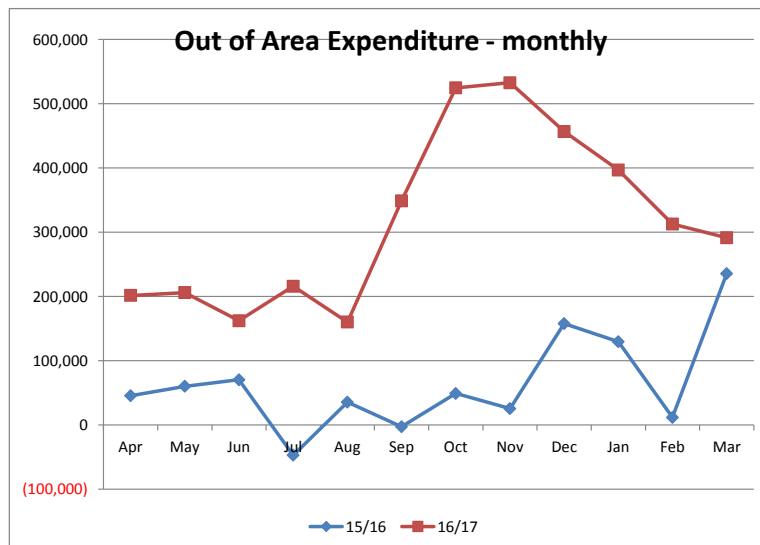
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where ever possible service users are placed within the Trust footprint.

This analysis excludes activity relating to Barnsley, specifically that relating to Locked Rehab. This is directed commissioned and is subject to ongoing negotiations with commissioners.

Out of Area Expenditure 2015 / 2016 & 2016 / 2017													
	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
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	292	3,811

Bed Day Information 2015 / 2016 & 2016 / 2017													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
15/16	104	152	192	190	246	42	92	119	180	338	439	504	2,598
16/17	294	272	343	310	216	495	755	726	679	625	424		5,139

Bed Day Information 2016 / 2017 (by category)													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	138	167	196	144	70	211	367	377	222	280	181		2,353
Acute	96	43	100	89	62	154	288	309	426	328	243		2,138
Gender	60	62	47	77	84	130	100	40	31	17	0		648



This shows that expenditure has increased from £0.8m in 15/16 to forecast spend of £3.8m in 16/17. February 2017 has seen a continued reduction in usage and expenditure from the peak in October - December 2016.

Factors which have influenced the increased usage in 2016 / 2017:

- Reduced bed capacity arising from bed closures (staffing shortages)
- Reduced bed capacity (12) due to fire on the Fieldhead site \*
- Increased demand meaning that demand exceeds full operational capacity

Actions being undertaken include:

- Purchase of bed capacity with a local NHS Trust at rates lower than spot purchases
- Continued project management including a thinking differently workshop and virtual OOA ward
- Trustwide bed management team approach including task and finish groups and patient flow
- Discussions with partner Trusts to assess best practice and learn from actions they have taken
- Ensure that wards are appropriately staffed to allow full bed capacity to be used

\* Dialogue continues with Trust insurance as a result of the fire. An interim payment has been received which is reflected within the month 11 financial position and forecast. This helps to offset the cost pressures associated with additional out of area bed usage. It is expected that costs, however, will exceed the value of insurance leaving a cost pressure with the Trust.

- \* 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
- \* 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 - This is the surplus we expect to make for the financial year
- \* Target Surplus - This is the surplus 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 2016 / 2017 the Trust were set a control total surplus.
- \* 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.
- \* IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.

## Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.30%	4.40%	4.60%	4.70%	4.80%	4.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.50%	5.40%	6.10%	5.60%	5.90%	5.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	91.50%	92.10%	94.10%	95.00%	95.00%	95.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	77.50%	83.20%	91.40%	94.10%	94.60%	95.30%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.00%	84.50%	83.20%	84.10%	82.30%	77.60%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.80%	79.00%	80.80%	81.90%	82.40%	82.50%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	58.50%	64.30%	66.50%	70.80%	75.50%	78.20%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.60%	92.10%	90.40%	91.70%	88.60%	89.40%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	88.50%	87.50%	86.20%	87.60%	86.20%	82.60%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.00%	80.70%	81.50%	81.30%	80.70%	80.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.50%	87.30%	87.70%	88.40%	88.80%	87.80%
Information Governance	Resources	Well Led	AD	>=95%	89.00%	89.10%	88.80%	87.50%	91.80%	94.90%
Moving and Handling	Resources	Well Led	AD	>=80%	80.30%	79.60%	80.50%	80.60%	82.20%	83.70%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.20%	91.20%	91.40%	91.90%	90.60%	90.40%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.50%	89.30%	90.10%	90.30%	88.90%	88.40%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	97.40%	96.30%	95.70%	97.10%	98.20%	97.40%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%			16.80%	45.00%	47.10%	51.50%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%			11.30%	33.70%	34.40%	38.30%
Agency Cost	Resources	Effective	AD		£180k	£152k	£143k	£190k	£148k	£143k
Overtime Costs	Resources	Effective	AD		£4k	£6k	£5k	£6k	£6k	£4k
Additional Hours Costs	Resources	Effective	AD		£24k	£22k	£26k	£26k	£18k	£23k
Sickness Cost (Monthly)	Resources	Effective	AD		£171k	£157k	£170k	£191k	£179k	£167k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		169.35	97.45	116.31	133.76	133.8	136.67
Business Miles	Resources	Effective	AD		116k	130k	115k	112k	107k	101k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.30%	5.10%	4.90%	4.90%	4.90%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.70%	3.70%	4.10%	4.50%	5.30%	5.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	82.40%	85.00%	95.10%	98.50%	98.50%	98.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	63.50%	72.30%	87.90%	93.80%	95.30%	95.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.30%	80.80%	79.70%	78.30%	77.40%	77.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	53.70%	57.90%	61.00%	66.70%	70.10%	72.10%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	35.60%	41.90%	50.00%	57.60%	63.80%	65.80%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.30%	88.10%	88.10%	89.70%	89.00%	89.70%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.00%	83.10%	82.20%	83.80%	80.20%	81.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.90%	79.80%	79.90%	81.30%	79.20%	79.10%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	77.90%	74.80%	78.00%	79.00%	78.20%	78.30%
Information Governance	Resources	Well Led	AD	>=95%	88.70%	84.00%	83.80%	86.60%	94.50%	96.70%
Moving and Handling	Resources	Well Led	AD	>=80%	73.50%	72.70%	73.40%	75.80%	77.40%	79.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.00%	89.40%	89.50%	90.70%	90.40%	89.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.30%	84.10%	85.50%	86.30%	85.30%	84.20%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.40%	95.40%	95.90%	96.60%	96.40%	95.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%			13.10%	30.80%	33.30%	39.60%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%			12.40%	19.80%	22.70%	30.30%
Agency Cost	Resources	Effective	AD		£165k	£165k	£195k	£228k	£173k	£177k
Overtime Costs	Resources	Effective	AD		£2k	£5k	£2k	£6k	£9k	£5k
Additional Hours Costs	Resources	Effective	AD		£2k	£3k	£1k	£0k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£119k	£98k	£77k	£84k	£93k	£97k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		69.49	61.86	55.8	50.95	50.69	47.64
Business Miles	Resources	Effective	AD		50k	64k	71k	75k	58k	54k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	6.00%	5.90%	6.00%	6.20%	6.40%	6.40%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.70%	5.20%	6.30%	8.20%	8.00%	6.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	80.90%	87.30%	90.50%	92.00%	92.20%	93.70%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	49.20%	62.20%	71.80%	77.80%	82.50%	88.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.70%	80.30%	82.90%	83.70%	85.40%	83.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	60.80%	51.60%	49.20%	53.10%	60.50%	62.60%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.00%	0.00%	0.00%	10.50%	26.70%	45.10%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.90%	90.50%	89.20%	90.80%	91.90%	92.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.60%	85.10%	84.80%	87.80%	84.60%	85.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	88.50%	86.60%	88.30%	89.00%	87.10%	86.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.00%	81.10%	81.90%	83.90%	81.50%	82.70%
Information Governance	Resources	Well Led	AD	>=95%	84.60%	83.90%	84.60%	85.20%	90.90%	95.50%
Moving and Handling	Resources	Well Led	AD	>=80%	83.60%	83.40%	84.10%	84.40%	85.50%	85.40%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.10%	86.60%	85.30%	89.00%	90.90%	92.10%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.40%	89.00%	85.50%	87.30%	87.90%	87.60%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	80.00%	82.40%	77.80%	78.90%	82.40%	93.80%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%			12.30%	29.10%	33.80%	42.40%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%			8.90%	14.20%	18.50%	30.10%
Agency Cost	Resources	Effective	AD		£62k	£117k	£80k	£95k	£114k	£128k
Overtime Costs	Resources	Effective	AD		£0k	£0k		£9k	£-1k	£0k
Additional Hours Costs	Resources	Effective	AD			£0k	£0k	£1k	£0k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£62k	£49k	£52k	£63k	£81k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		49.49	41.34	33.25	37.55	46.25	49.44
Business Miles	Resources	Effective	AD		9k	8k	7k	8k	5k	15k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.80%	4.60%	4.60%	4.80%	4.90%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.10%	3.90%	4.70%	5.60%	5.80%	6.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	58.90%	63.80%	69.30%	82.70%	84.30%	87.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	50.40%	55.60%	61.80%	62.50%	66.70%	70.30%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.20%	77.00%	73.50%	74.60%	73.10%	72.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	52.00%	61.20%	65.90%	65.70%	71.50%	71.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		9.60%	15.80%	28.60%	33.20%	38.10%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.30%	89.50%	89.30%	89.90%	89.10%	88.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	75.60%	75.70%	82.90%	80.40%	79.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	60.00%	57.70%	53.80%	60.00%	58.30%	62.50%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.10%	84.20%	84.50%	87.40%	86.30%	86.50%
Information Governance	Resources	Well Led	AD	>=95%	85.00%	81.00%	82.70%	84.20%	92.70%	96.00%
Moving and Handling	Resources	Well Led	AD	>=80%	79.00%	77.30%	79.50%	80.70%	80.90%	80.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.50%	84.80%	84.10%	85.90%	85.20%	83.80%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.70%	84.40%	86.70%	88.90%	88.10%	87.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%		83.60%	87.40%	88.50%	89.30%	87.80%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%			4.20%	28.90%	31.60%	37.50%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%			4.30%	9.50%	11.70%	17.50%
Agency Cost	Resources	Effective	AD		£227k	£266k	£197k	£185k	£88k	£165k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£2k	£2k	£2k	£3k
Additional Hours Costs	Resources	Effective	AD		£10k	£3k	£2k	£5k	£3k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£40k	£38k	£40k	£40k	£48k	£69k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		76.83	86.37	77.57	75.78	71.96	64.87
Business Miles	Resources	Effective	AD		20k	43k	47k	40k	38k	38k



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

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.20%	4.30%	4.40%	4.60%	4.70%	4.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.60%	4.30%	5.10%	6.10%	5.60%	5.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	79.30%	83.70%	89.70%	91.60%	92.10%	92.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	76.90%	84.30%	87.20%	89.90%	94.30%	95.30%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	70.30%	70.10%	66.80%	64.10%	64.80%	68.70%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	66.70%	65.60%	64.70%	90.90%	84.80%	90.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.00%	100.00%	50.00%	100.00%	100.00%	100%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.20%	87.80%	87.10%	85.80%	87.10%	87.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.40%	82.30%	82.00%	84.00%	84.90%	84.90%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	92.20%	95.90%	95.00%	97.50%	98.40%	98.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	75.40%	76.90%	76.30%	82.20%	83.20%	83.90%
Information Governance	Resources	Well Led	AD	>=95%	88.30%	86.20%	86.10%	89.20%	89.10%	93.00%
Moving and Handling	Resources	Well Led	AD	>=80%	81.30%	77.60%	80.00%	79.70%	82.60%	85.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.20%	88.10%	87.20%	87.40%	89.70%	89.70%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.90%	87.50%	88.00%	88.80%	90.80%	91.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	0.00%	50.00%	50.00%	100.00%	100.00%	100%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%			9.20%	90.10%	91.00%	91.60%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%			9.10%	16.30%	19.10%	29.80%
Agency Cost	Resources	Effective	AD		£48k	£34k	£42k	£40k	£32k	£26k
Overtime Costs	Resources	Effective	AD			£4k	£3k	£2k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£9k	£10k	£10k	£11k	£18k	£16k
Sickness Cost (Monthly)	Resources	Effective	AD		£61k	£59k	£61k	£79k	£99k	£73k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		73.63	66.29	57.4	58.56	60.89	55.36
Business Miles	Resources	Effective	AD		39k	44k	50k	46k	40k	47k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.80%	4.80%	4.80%	5.00%	5.30%	5.50%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.90%	4.60%	4.90%	6.40%	8.00%	7.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	80.60%	88.50%	91.50%	93.30%	94.60%	95.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	58.80%	74.80%	78.80%	87.60%	89.00%	88.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.90%	83.90%	83.20%	83.30%	80.80%	82.60%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	50.80%	52.80%	55.20%	56.20%	60.40%	61.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	36.60%	40.20%	41.80%	52.30%	57.10%	60.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.00%	93.30%	92.80%	93.40%	91.00%	89.60%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.60%	81.20%	81.20%	85.70%	86.00%	84.10%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.20%	77.80%	76.50%	78.00%	77.90%	76.50%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.60%	80.10%	79.00%	78.80%	78.70%	78.50%
Information Governance	Resources	Well Led	AD	>=95%	90.80%	90.90%	85.20%	81.80%	92.30%	95.50%
Moving and Handling	Resources	Well Led	AD	>=80%	70.60%	70.80%	69.70%	71.10%	73.10%	72.20%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.30%	89.00%	87.60%	87.00%	88.70%	88.40%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.10%	83.10%	80.10%	80.40%	82.30%	80.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	97.60%	95.00%	94.10%	95.00%	94.90%	95.20%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%			15.30%	33.00%	34.00%	40.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%			15.40%	25.60%	26.50%	33.40%
Agency Cost	Resources	Effective	AD		£152k	£97k	£96k	£146k	£107k	£84k
Overtime Costs	Resources	Effective	AD		£1k		£3k	£1k	£2k	£91k
Additional Hours Costs	Resources	Effective	AD		£2k	£3k	£1k	£5k	£2k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£57k	£55k	£51k	£60k	£80k	£76k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		67.1	73.43	75.95	75.44	68.48	69.36
Business Miles	Resources	Effective	AD		37k	38k	40k	35k	36k	32k

## Glossary

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

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