

Integrated Performance Report

Strategic Overview



March 2017

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for March 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.

Summary		Quality	NHS Improvement	Locality	Transformation	Finance/Contracts	Workforce								
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	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. An assessment of the impact of the Good CQC rating on our Single Oversight Framework metric has yet to be made.

Areas to Note:

Finance

- Trust achieved revised control account surplus (pre STP) of £0.75m.
- Significant overspend on temporary staffing and lower than forecast income offset by non-recurrent means.
- STF monies for full year of £1.6m achieved.
- Capital expenditure was £0.8m lower than forecast, which may have an impact on 2017/18.
- Cash was healthy at £26.4m driven by lower capital spend and capital receipts.
- Use of resources rating remains at 3 due to agency spend over cap.

Quality

- Safer staffing levels remain above planned overall. The marked reduction in specialist services fill rate is subject to review.
- Incident reporting levels remain within an anticipated range. Q4 shows a reduction in reporting which will be considered as part of the Q4 incident report
- 8 serious incidents were reported in March. Q4 totals are higher than previous quarters due to the 6 IG incidents
- The end of year position on CQUIN is disappointing and requires a new approach for 17/18
- The final CQC reports have been published giving the trust a Good rating overall. The acute mental health wards report shows improvement in 2 domains but remains requires improvement overall.

NHSI

- Threshold for vast majority of NHSI metrics is being achieved
- Data completeness has improved to 61.1% but remains well below the 85% threshold.

Contracting

- Progress towards achieving Five Year Forward View plans will be overseen by the West Yorkshire Partnership Board and Barnsley Contract Management Executive board.
- Alliance contract in Barnsley covering RightCare and Neighbourhood Nursing has been agreed.

Summary

Quality

NHS Improvement

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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	Mar-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	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			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%	6.33%	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%	61.20%	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	13% 11/86	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%	83%	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%	98%	4						
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A						1083	1195	1231	1168	1128	1108	1007	1173	1113	1101	923	879	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	10	8	7	4	7	7	8	7	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	22	21	34	35	22	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				3					
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%						108%	107%	111%	111%	109%	109%	113%	117%	112%	116%	115%	110%	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%	93.7%	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	1	2	0	1	1	0	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	21% 3/14	1					
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development																						
	Un-oucmomed 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%	2.6%					
	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	14	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							80%	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%									66%	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	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%	85.6%	85.3%	85.0%	85.0%	85.2%	83.0%	83.0%	82.6%	82.8%	85.2%	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%	80%	3		

* 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.



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.

Commissioning for Quality and Innovation (CQUIN)

The Trust is due to submit its quarter 4 return at the end of April. Validation by all commissioners has not yet been undertaken for Q3 due to a national delay with the Mental Health Safety thermometer reports - this was anticipated to be published during March but is not yet available due to a change in provider hosting the data.

A financial loss of £306k is anticipated in Q4. 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, Calderdale and Kirklees.
- Cluster at discharge in Kirklees and Wakefield.
- Medicine omissions - some risk associated with achievement of this for Calderdale, Kirklees and Wakefield.

The Trust forecast out turn for 16/17 based on Q4 forecast performance is 84.39% achievement. This is the position as at the end of March and is therefore subject to change as actual Q4 data becomes available.

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:

- Preventing ill health by risky behaviours – alcohol and tobacco
- 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.

Summary

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Quality Headlines (& CQUINS performance on a quarterly basis)

Safety First

Summary of Q1, Q2, Q3, Q4 and Jan, Feb 17, March 17

Summary of Incidents	Q1	Q2	Q3	Jan-17	Feb-17	Mar-17	Q4
Green no harm	2152	2047	1951	652	532	583	1767
Green	978	965	977	317	278	216	811
Yellow	290	305	279	99	81	58	238
Amber	80	74	66	26	26	18	70
Red (should not be compared with SIs)	9	13	20	7	6	4	17
Total	3509	3404	3293	1101	923	879	2903

- 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 anticipated range.
- The downward trend in reporting levels has been noted and will be reviewed as part of Q4 report. The impact of individual bespoke packages of care and service changes will be considered.
- 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 March.
- Mortality reviews and reporting commenced in April. Revisions to Datix have supported the reviews well. Current reviews focus upon inpatient deaths while the final scope is awaited. Our work with Mazars remains productive as does our local partnership with LPFT and BDCT. Our approach is the subject of a paper into CGCS in June.

Summary of SIs reported in Q1, Q2, Q3, Q4 and Jan 17, Feb 17, March 17

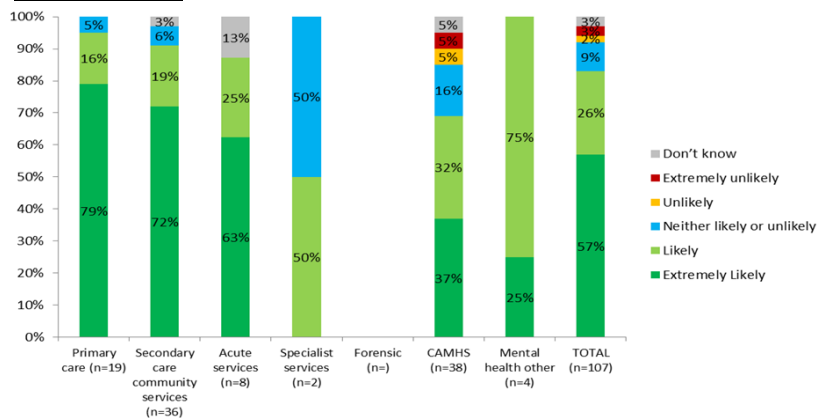
Summary of Serious Incidents	Q1	Q2	Q3	Q4	Mar-17
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	0	1	1
Death - other cause	1	1	2	1	0
Fire / Fire alarm related incidents	0	0	1	0	0
Formal patient absent without leave	0	1	0	0	0
Inappropriate Sexual Behaviour (including assault)	0	1	0	0	0
Information disclosed in error	2	0	0	6	1
Lost or stolen paperwork	0	0	0	1	1
Patient healthcare record issues	0	0	0	1	0
Physical violence (contact made) against other by patient	1	0	1	1	0
Physical violence (contact made) against patient by patient	0	1	0	0	0
Physical violence (contact made) against staff by patient	1	0	0	0	0
Self harm (actual harm) with suicidal intent	1	0	2	1	0
Slip, trip or fall - patient	1	0	1	0	0
Suicide (incl apparent) - community team care - current episode	2	7	5	4	2
Suicide (incl apparent) - community team care - discharged	3	0	1	1	1
Suicide (incl apparent) - inpatient care - current episode	0	1	1	3	1
Suicide (incl apparent) - inpatient care - discharged	0	0	0	1	0
Pressure Ulcer - grade 3	1	1	1	3	1
Total	13	13	15	24	8

Patient Experience

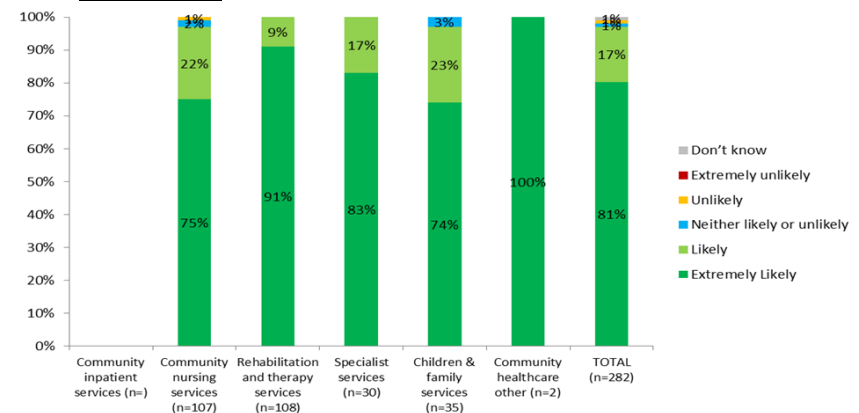
Friends and family test shows

- Community Services – 98% would recommend community services.
- All service lines achieved 74% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 83% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 25% Mental Health Other and 79% (Primary Care)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



Quality Headlines (& CQUINS performance on a quarterly basis)

Safer Staffing

Overall trust % safer staffing fill rates – 110%
 % fill rate for registered nurses – 88.7% (days) / 102.9% (nights) 95.8%

Average Fill Rate by BDU

Fill Rate	Month						
BDU	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Specialist Services	243%	224%	237%	222%	225%	197%	136%
Barnsley	111%	110%	113%	111%	112%	110%	105%
C & K	109%	114%	121%	111%	117%	108%	103%
Forensic	106%	109%	112%	107%	116%	120%	117%
Wakefield	105%	110%	109%	109%	109%	113%	111%
Grand Total	111%	113%	117%	112%	116%	115%	110%

Overall fill rates

The reduction in wards achieving 100% fill rate is under review by the safer staffing group to ensure that any immediate actions are taken. Scrutiny of annual leave planning will be a consideration.

Overall fill rates for the Trust remain above 90% for Registered Staff on both days and nights. No ward fell below a 90% overall fill rate in the period of March 2017.

The number of wards which are achieving 100% and above fill rate has dropped from 80% to 53% in March, with 16 wards achieving 100% or above fill rate

Registered nurse fill rates

Where wards fell below the 80% escalation threshold, safe staffing was maintained utilising the professional guidance tool.

On day duty five wards achieved 100% fill rate which is a drop from the 8 wards who achieved in February. Five wards had a monthly aggregate of less than 80% RN on days, compared to 2 in the previous month. The wards falling below 80% were Melton, Willow, Elmdale, Chippendale and the Poplars.

On night duty 21 inpatient areas achieved 100% or more fill rate which is an increase of 1 ward. Elmdale and Horizon fell below 80%

Average Fill Rates for Barnsley BDU have dropped 5% in March and in Wakefield 2%. Calderdale and Kirklees have dropped by another 5% after the 8% drop in February. The forensic fill rate has dropped slightly in March to 117%. Specialist services continue to show a significant drop in fill rates due to the decrease in bespoke care packages and resource management.

CQC Inspection Update

The overall rating CQC rating is blue (based on action plan completeness). The following shows the Trust's progress to date against the findings from the CQC action plan.

	Mar-17	
	MUST (n =33)	SHOULD (n=60)
Blue	32 (97%)	56 (93%)
Green	1(3%)	1 (2%)
Amber/Green	0	0
Amber/Red	0	2 (3%)
Red	0	1(2%)

	Feb-17	
	MUST (n =33)	SHOULD (n=60)
Blue	27 (82%)	49 (83%)
Green	2 (6%)	6 (11%)
Amber/Green	3 (9%)	1(2%)
Amber/Red	1(3%)	1(2%)
Red	0	1(2%)

NB-See key in glossary for RAG rating definition

Quality Headlines (& CQUINS performance on a quarterly basis)

CQC action plan headlines

- The Trust has now received all the re-inspection reports. Overall our rating status is now GOOD.
- The acute mental health wards report shows improvement in 2 domains but remains requires improvement overall.
- The Trust ratings have been published on Thursday 13th April 2017.
- Trust now has 4 regulatory breaches, 7 must do actions and 13 should do actions.
- The Trust has been asked to make improvements in the following areas:
 - Mental health act and MCA knowledge and application to practice – Inpatient services
 - Uptake and recording of clinical supervision - Trustwide
 - Access to risk assessments – LD community teams
 - Waiting times – Adult community, CAMHS and LD community services
- Action planning process has already been re-established. A full action plan is to be submitted to the CQC by 12th May 2017.
- A quality review meeting, with strategic partners and the CQC has been scheduled for June 2017.

CQC Inspection Update cont...

We need to remain focussed on delivering our improvement action plan as our ambition is to move from good to outstanding. The following table shows how we compare against other similar trusts and gives an indication of the challenge. The comparison should be treated with some caution as the trusts are similar in that they provide both MH and community services, but the size, geography and service configurations vary widely.

Rating	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
Outstanding	4%	0%	2%	14%	3%	6%
Good	56%	27%	62%	86%	71%	56%
Requires improvement	38%	66%	36%	0%	24%	36%
Inadequate	2%	7%	0%	0%	2%	2%
SWYPFT	GOOD	GOOD	GOOD	GOOD	REQUIRES IMPROVEMENT	GOOD

A comparison has been made with all other mental health and/or community trusts, 55 in total. The results indicate that OVERALL, SWYPFT fall within the largest group of trusts which were rated as good by the CQC. Within the SAFETY domain we are in the top percentage of trusts and this is also the case for EFFECTIVE, CARING & WELL LED. The Trust is in the lower quarter of Trusts in the RESPONSIVE domain.

Safeguarding Children and Adults Quality Headlines

- A Lesson Learnt Event (LLR) conducted by the safeguarding adults team identified areas of good practice where information was shared between services in a timely manner and identified areas where further knowledge was required around specific organic illnesses. Further training sessions have been planned following this event.
- A recent supervision session identified a vulnerable adult (previous concerns re: child sexual exploitation), the safeguarding supervisor was able to provide support and liaison between community and inpatient mental health services to ensure that the safety of the adult was maintained and that staff were supported in contacting relevant support services for the adult.
- Recent attendance at the Regional Yorkshire and Humber Prevent forum has ensured that information about potential risks and threats across West Yorkshire have been shared in a timely manner, thus raising vigilance and informing staff how to raise concerns.
- During the past quarter there has been an increase in demand on the safeguarding team to deliver HealthWrap3 training directly to teams.
- Attendance at a Wakefield District CQC challenge event has enabled the CLAS CQC Inspection action plan to be signed off.
- The safeguarding advice 'duty' system continues to receive contact from services daily requesting advice and support primarily around neglect, domestic abuse, physical abuse and interagency problems.

Information Governance

- IG toolkit submission made with 95.2% of staff compliant with IG training. Overall satisfactory rating of 68%.
- Continued focus on unsynchronised addresses has seen a 23% improvement since January.
- Specialist SIRO/ IAO framework training delivered as planned.
- 14 confidentiality breaches recorded in March.

Summary

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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	Mar-17	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Year End 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%	98.4%	98.2%	97.0%	97.5%	98.7%	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%	100%	99.6%	100%	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%	99.0%	96.9%	99.3%	99.2%	99.3%	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%	97.3%	97.6%	96.7%	97.8%	97.3%	97.5%	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%	99.7%	98.1%	99.7%	99.8%	99.7%	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%	60.9%	61.1%	Reporting developed from Oct 16		42.3%	61.1%	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%	50.2%	50.1%	52.5%	48.0%	50.5%	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%	86.4%	76.1%	83.6%	88.9%	86.0%	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%	99.4%	98.9%	99.3%	97.9%	99.9%	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%	68.3%	77.5%	82.0%	82.2%	73.6%	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%	82.9%	82.9%	Reporting developed from Sept 16		82.7%	82.9%	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%	8.8%	Reporting developed from Sept 16		8.3%	8.8%	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		Data being validated - due end of quarter 4.																														2	

* See key included in glossary.

Areas of concern/to note:

- Data completeness metrics (MH) remains under threshold at 61.1%. 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 at the end of Q4.
- In order to provide a quarterly figure for Data completeness: Priority Metrics (mental health), % clients in settled accommodation and % clients in employment, we have used the last month in the quarter. The construct of these indicators is such that compiling a quarterly figure would mean that service users would be counted more than once. NHSI monitor this data on a monthly basis.
- Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely - this indicator aligns with the national CQUIN scheme for 2016/17. The trust have received the results of the national audit and are currently validating these. It is anticipated that this information will be available at the end of April.

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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 completing treatment who move to recovery has dropped to 41.5% during March, this is related to some work that has been undertaken to review the CBT waiting list which has resulted in some patients choosing to drop out of the service. This has subsequently had a negative impact on recovery figures but is necessary to ensure patients are receiving treatment that is right for them.
- Admissions to acute wards which are gate-kept – 1 breach/service user which, due to low numbers, has taken figure below 95% target

Calderdale & Kirklees BDU:

Forensics BDU:

- Although still working towards achieving the target, progress has been made with MHA and MCA training, with further sessions planned across the next month.
- Sickness has reduced in month. It is still a concern within the BDU and, with HR support, actions are underway to manage within the policy and support staff to return to work. Staff within the BDU and in corporate services have come together to work on a wellbeing programme that will support staff to stay fit and well. Learning from this will be shared.
- The Forensic BDU has a robust system for monitoring the implementation of CQUINs and is anticipating full achievement of quarter four CQUINs. This will mean 100% achievement for the full year.
- Very positive feedback received from service users across the BDU after the introduction of 'Access to IT' and the internet

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Specialist BDU:

- Staff debriefings and an initial learning event have been held following the deaths of the two young people. Further learning events will take place when the serious incident review is completed.
- CAMHs provided the report to the CGCS committee which provided assurance of the reduction in waiting times for assessment and treatment. Continuation of the work to reduce waits represents a requirement within the CQC action plan for CAMHs.
- Work has commenced in Learning Disabilities to address the concerns regarding the availability of risk assessments on the electronic clinical record. Progress will continue to be monitored by the Trio and the learning disability CGCS group.
- A system has been established to monitor learning disability in-patient bed use (Horizon Centre) – block and spot purchase – and ensure robust invoicing arrangements from 1 April 2017

Wakefield BDU:

- Assessed within 4 Hours (Crisis) AWA – still being impacted on by vacancies and balance of 12 hour shift patterns potentially affecting capacity at key times such as early evenings – recruitment into all posts progressing to appointment stage; and referral patterns and shift handover practice being reviewed. Practice Governance Coaches (PGC) leading on piece of work re referral priority and interface between SPA and IHBT.
- HBT episodes – continues low, intensity of input per episode being looked at as a more accurate reflection of appropriate performance, PGC leading review, work being undertaken with commissioners to reconsider more meaningful measures.
- Data completeness – BDU action plan formulated with relevant fields prioritised. Cyclical annual renewal of employment and accommodation fields required on RIO system – teams reminded of this and the need to renew outside CPA review programme. PGCs leading.
- Sickness continues to be managed robustly and specific work on health and wellbeing underway in community services with HR and Robertson Cooper.
- MHA/MCA training - improving trajectory managers prioritising release extra dates being attended close tracking through PGCs, 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 have implemented the 'core and enhanced' community pathways which have been designed through this project. These services went live on 3rd April 2017, although there will be continuing work throughout the year to embed the new ways of working and ensure consistency of service development is maintained. A project closure report has been completed and shared with the transformation board, which will go to EMT for agreement to close the project. A post implementation review document has also been developed and includes the project benefits, when they will be realised and how they will be measured. The Trust continues to engage with commissioners and other stakeholders to ensure the model is acceptable to all parties.

Delivery against plan

Initial testing of the RiO update has appeared positive. The full transfer took place on 30th March and work is now ongoing to ensure all data has transferred across successfully and to re-book all outpatient appointments. Resources to support staff when carrying out discharges have been developed including a checklist to ensure all key information is relayed. Further work will take place between teams to define interfaces. This work will be BDU led moving forward.

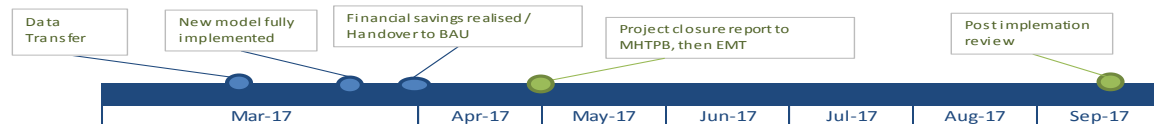
Management of risk

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

Benefits Realisation

Quality Impact Assessments (QIAs) for each BDU were signed off by the Quality Team in January 2017. A benefits framework has been established to track the delivery of the quality improvements and these will be tracked post implementation.

Quality impact



Older Peoples Mental Health Transformation Project

Work is progressing toward the business case. There is now a target date of delivery in May 2017 but there is a risk that this will slip, particularly if workforce activity cannot be prioritised. The community workforce modelling is ongoing but this is taking time. The work on future in-patient provision is progressing well and the project team is now considering a short list of options for 72 beds across the trust wide footprint. Commissioner engagement is in progress. Service User engagement is scheduled for early May.

Delivery against plan

An interim report was produced for EMT and discussed on 16 March.

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

There remains a risk that some financial benefits identified can't be fully realised if parts of the community workforce require enhancing.

Timescales may slip further if a way is not found to quickly progress workforce modelling – an outline of action includes developing a workforce algorithm and rapid work with relevant teams to model up workforce, but requires project resource to take forward.

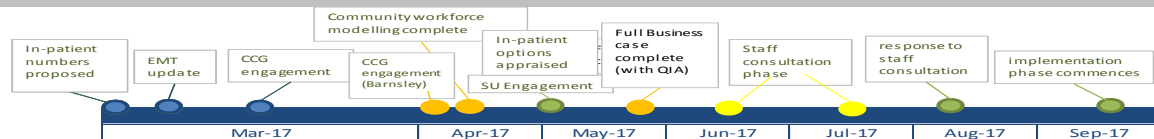
Management of risk

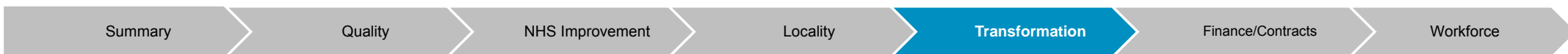
Benefits are targeted in 18/19 via a reduction in the number of older peoples mental health beds, enabled by provision of new community models that will seek to prevent admissions. This will be modelled up and considered in the business case.

Benefits Realisation

Extensive engagement around clinical model provides assurance of positive quality impact. A Quality Impact Assessment will be produced with the business case.

Quality impact





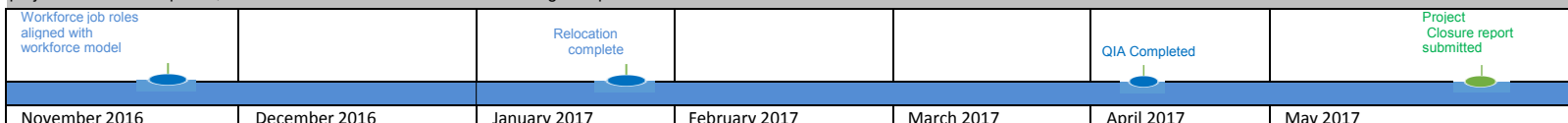
Rehab and Recovery Transformation Project

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. Work is 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	
Challenges remain to develop the capacity required in Kirklees to establish new ways of working and there remains a risk that commissioners will seek alternative solutions from the market if this project cannot offer a way forward. To address this further co-production is planned, engaging commissioners in development of a shared vision.	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 and to commissioners QIPP 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 will be required following decisions on how to progress activity in Kirklees.	Quality impact	



Barnsley Administrative Services Review

A project closure report has been submitted and will be taken to the General Community Transformation Board in April before submission to EMT for formal closure. The project is on schedule to move to 'business as usual' to support community services in April 2017.	Delivery against plan	
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 function 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 by finance. 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 submitted to EMT in May.	Management of risk	
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 have revisited the QIA section and brought it up to date.	Benefits Realisation	
	Quality impact	





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. Changes in commissioning landscape in community services required the diversion of resources to support factors such as agile working and estates reconfiguration as priorities for other projects, which will have a negative impact on total benefits to be realised. 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 as the service progresses into business as usual.	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 is scheduled to be revisited in May and updated to reflect the changes undertaken in service. A project closure report is expected to be submitted to EMT in May 2017.	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	
Work continues to mobilise key areas of the service. This requires 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, scheduled for submission in May 2017. Patient and carer surveys have been undertaken and submitted to BCCG.	Quality impact	

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		Plan	Outturn	Narrative
1	NHS Improvement Risk Rating	2	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Other metrics score as 1.
2	Normalised Surplus	£1.9m	£2.5m	Excluding STF the Trust has achieved a surplus of £0.76m. This is higher than originally planned and has been achieved through a process of cost control in year and one off benefits. As a result total STF income of £1.8m has been secured. In-month underlying performance was disappointing given shortfalls in income and high temporary staffing costs.
3	Agency Cap	£5.1m	£9.8m	Agency expenditure in March 2017 is £0.8m, a £0.1m increase on February. The year to date position is 93% over the NHSI cap. Actions continue at an individual post level to understand the increase in month.
4	Cash	£21.4m	£26.4m	The Trust cash position is £26.4m which is £5m higher than plan. This arises mainly from reduced expenditure on the capital programme and additional cash receipts for disposal of Trust assets.
5	Capital	£12.3m	£10.2m	In year the capital programme has delivered the completion of 2 hubs, renovation to elements of the Fieldhead site to allow a major vacation of a Trust site and has also commenced the major Fieldhead Non Secure project. Overall spend was £2.1m lower than plan and £0.8m lower than forecast at month 11.
6	Delivery of CIP	£10.1m	£9m	Year end CIP delivery is £1.1m behind plan. This position includes £1.7m delivered non-recurrently for which recurrent solutions need to be found.
7	Better Payment	95%	95%	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 - General

Following the production of the Joint assurance letters with CCGs providing preliminary assurances in relation to growth in Mental Health investment in line with the Five Year Forward View, meetings are being arranged with individual CCGs. Investment in FYFV will be monitored with the Wakefield, Calderdale and Kirklees CCGs through the Partnership Board and in Barnsley through the Contract Management Executive Board. At a strategic level preparation for the development of New Models of Care is a key priority area. Contracting work streams have now been established to underpin the contractual formats for the development of an Accountable Care Organisation in Barnsley and the development of a Multispecialty Community Provider in Wakefield. There is a range of tender activity with some services. The details are included in a separate paper in the private session.

CQUIN

A key priority and risk remains the drive to secure maximum CQUIN 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. Internal systems and processes are being reviewed to identify how they can be enhanced.

QIPP

There are no specific Cash releasing QIPP targets for 17/18. The Provider will continue to work with commissioners on wider systems contribution to support continued transformation and efficiency.

Contracting Issues – Barnsley

The Alliance Contract, which from April 1st covers Rightcare Barnsley and Neighbourhood Nursing Services, has been agreed with the CCG. 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. Key strategic work areas as part of the contract service development plan relate to Intermediate Care Services, Diabetes, Respiratory and MSK Services.

Contracting Issues – Calderdale

Key priorities relate to 24/7 crisis resolution service, pressures within Psychology services and specialist ASD Services for Adults. Key ongoing work streams include the mobilisation and implementation of the expansion of IAPT services to Long Term Conditions and full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Greater Huddersfield.

Contracting Issues – Kirklees

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 specialist ASD Services for Adults. For Greater Huddersfield confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Calderdale. For North Kirklees, confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with Wakefield.

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Contracting Issues- Wakefield

The commissioning of an Adult ASD assessment, diagnostics and treatment service commenced from 1 April 2017. A virtual MCP model will be mobilised in April 2017, and it is planned an alliance contract arrangement with other system partners will be entered into. The new contract for the provision of the Social Wellbeing Service jointly between SWYPFT and Nova commenced from 1 April 2017. Confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with North Kirklees.

Contracting Issues - Forensics

The key area of monitoring relates to the occupancy target. A formal procurement for re-tender of the sub contract for advocacy services is commencing.

Contracting Issues – Other

The contract variation covering the 6 month extension of Sheffield smoke free services to 30th September has been signed. The re-procurement of smoke free services for Sheffield commences in April 2017. The Kirklees Smoke free services contract ended 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 commenced April 2017.

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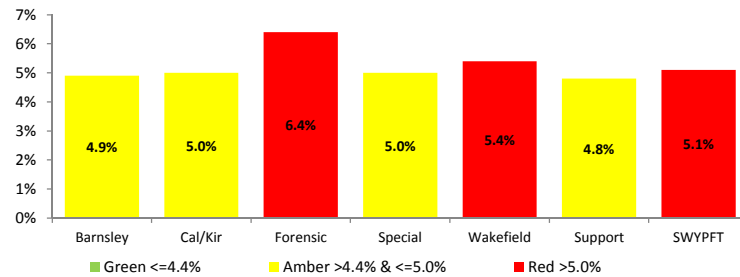
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Human Resources Performance Dashboard - March 2017

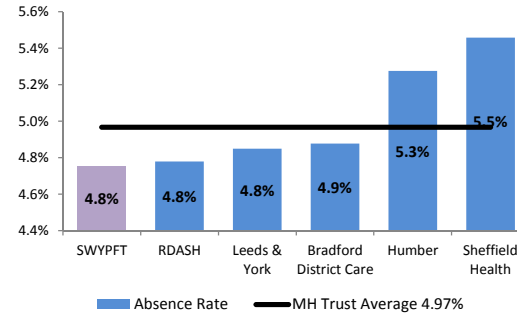
Sickness Absence



Current Absence Position - March 2017

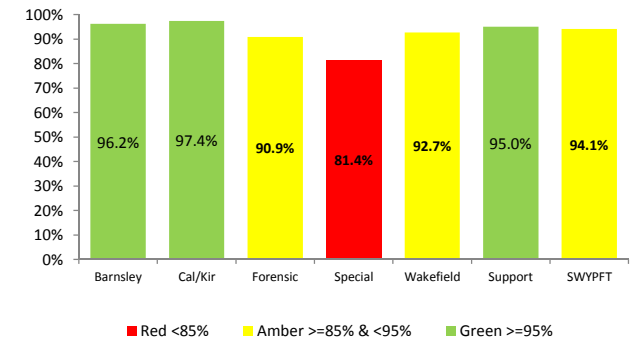
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.2%	4.9%	6.2%	5.7%	5.9%	4.8%	5.6%
Trend	↓	↔	↓	↔	↑	↑	↔

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



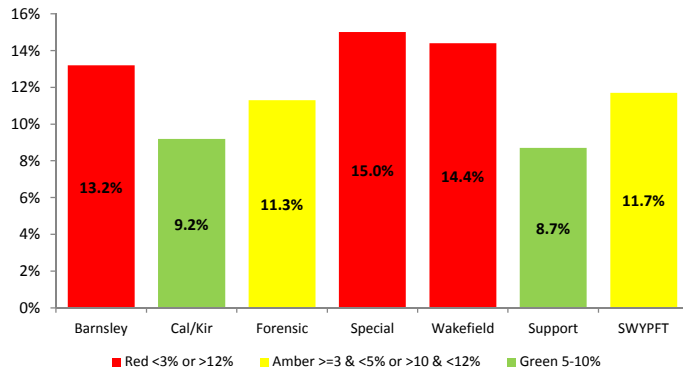
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 6 months from April to September 2016. During this time the Trust's absence rate was 4.76% which is below the regional average of 4.97%.

Appraisals - All Staff

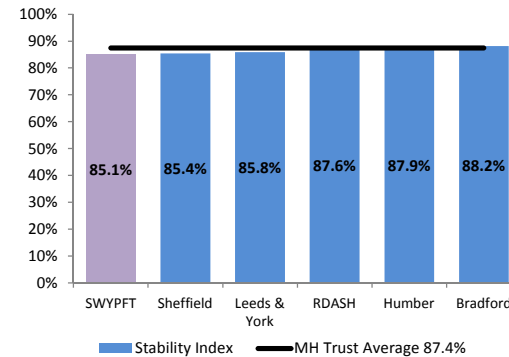


The above chart shows the appraisal rates for all staff for the Trust to the end of March 2017. The figures are calculated over the financial year from April 2016 to March 2017. The total percentages have decreased slightly since the inclusion of Band 1-5 but all areas continue to show improvement over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

Turnover and Stability Rate Benchmark

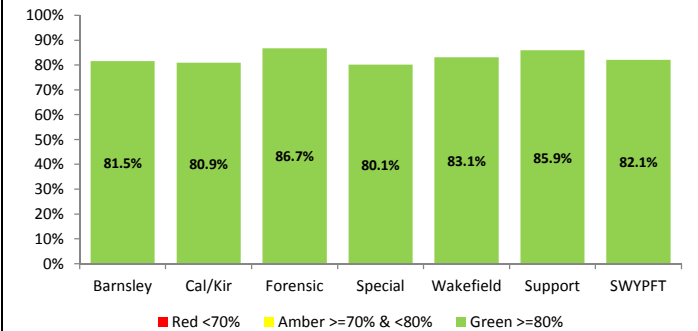


This chart shows the YTD turnover levels up to the end of March 2017. All staff TUPE'd outside the Trust have been excluded from the above data. Only 50% of all leavers have left voluntary, (60% last year) the other 50% is due to retirements, redundancy, etc.



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 eg, the 0-19 service in Barnsley.

Fire Lecture Attendance



The chart shows the YTD fire lecture figures to the end of Mar 2017. The Trust continues to achieve its 80% target for fire lecture training and all areas are now achieving the target.

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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	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.7%	4.5%	4.6%	4.7%	4.7%	4.70%	4.80%	4.90%	5.00%	5.10%	5.10%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.7%	4.4%	4.8%	5.0%	4.7%	4.60%	5.20%	5.80%	6.10%	5.80%	5.30%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	20.1%	43.1%	56.7%	71.0%	81.4%	84.80%	89.80%	93.20%	93.70%	94.40%	94.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	6.3%	14.1%	26.8%	44.3%	68.5%	76.80%	84.90%	89.00%	91.40%	92.80%	93.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.6%	81.7%	80.8%	81.0%	82.4%	80.00%	78.80%	78.40%	77.60%	77.20%	76.60%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80% by 31/3/17			62.0%	60.6%	63.2%	65.00%	66.90%	69.70%	72.80%	73.80%	73.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80% by 31/3/17			28.2%	39.0%	41.0%	39.90%	45.10%	53.50%	55.30%	60.40%	62.20%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.0%	91.5%	91.9%	91.7%	90.9%	90.30%	89.40%	90.10%	89.00%	89.40%	88.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.2%	82.8%	84.5%	85.1%	84.6%	83.70%	82.90%	85.50%	84.00%	82.90%	82.70%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.1%	80.0%	80.8%	82.2%	81.8%	82.60%	82.90%	83.90%	82.90%	82.60%	82.10%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.4%	84.5%	84.8%	83.4%	82.5%	81.30%	81.90%	83.80%	83.60%	83.60%	83.40%
Information Governance	Resources	Well Led	AD	>=95%	90.0%	89.9%	90.2%	89.2%	88.2%	86.50%	85.90%	86.50%	91.90%	95.20%	96.10%
Moving and Handling	Resources	Well Led	AD	>=80%	84.4%	82.2%	82.2%	79.4%	78.2%	77.00%	78.10%	78.80%	80.50%	81.90%	81.70%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80% by 31/3/17							12.90%	46.00%	48.20%	53.10%	64.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80% by 31/3/17							11.00%	20.90%	23.20%	30.50%	47.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.0%	90.0%	90.1%	89.7%	89.2%	89.00%	88.60%	89.50%	89.70%	89.40%	89.10%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.1%	88.0%	88.3%	88.2%	88.0%	86.70%	87.00%	87.80%	87.60%	87.00%	85.60%
Sainsbury's clinical risk assessment tool	Health & Wellbeing	Well Led	AD	>=80%			97.1%	96.9%	96.6%	93.20%	93.80%	94.80%	95.10%	94.70%	93.70%
Bank Cost	Resources	Well Led	AD	-	£370k	£434k	£434k	£512k	£605k	£486k	£458k	£477k	£505k	£493k	£722k
Agency Cost	Resources	Effective	AD	-	£842k	£925k	£791k	£989k	£833k	£833k	£753k	£885k	£662k	£729k	£833k
Overtime Costs	Resources	Effective	AD	-	£33k	£35k	£23k	£17k	£9k	£16k	£14k	£26k	£19k	£15k	£12k
Additional Hours Costs	Resources	Effective	AD	-	£60k	£68k	£78k	£52k	£48k	£40k	£41k	£47k	£41k	£48k	£53k
Sickness Cost (Monthly)	Resources	Effective	AD	-	£469k	£456k	£481k	£504k	£501k	£447k	£511k	£565k	£592k	£527k	£561k
Business Miles	Resources	Effective	AD	-	321k	267k	286k	300k	273k	328k	330k	316k	284k	287k	273k

Summary

Quality

NHS Improvement

Locality

Transformation

Finance/Contracts

Workforce

Workforce - Performance Wall cont...

Notes:

Mandatory Training:

- There has been continued focus on Information Governance training across the Trust which has increased again from last month, and has now reached 96.7% which is above the 95% threshold.
- The Trust is achieving above the 80% compliance target for all areas with the exception of:
 - Aggression Management 76.6% (Feb 77.2%) The MAV team have put on a number of extra training sessions to the ones already scheduled to improve this compliance
 - Cardio Pulmonary Resuscitation 73.9% (Feb 73.8%) continues on an upward trajectory
 - Clinical Risk 62.2% (Feb 60.4%) continues on an upward trajectory.
 - MHA/MCA for mental health staff 47.88% (Feb 30.5%), MCA for non-mental health staff 64.6% (Feb 53.1%). Giving a Trustwide average combined staff uptake of nearly 15% during March.
- The current percentage of compliance for Mental Health in-patient services has increased from 51% at the end of February to 65.7% in March. In addition, there is also another 110 staff that attended training in March but these missed the deadline for March reporting so they will not show until April's compliance figures. Although MHA/MCA training is still under the threshold of 80%, the Trust did provide sufficient training resources to achieve 80% by 31st March 2017, but many courses have been run with low staff attendance due to staff not being released to attend. However, there is still an intensive schedule of training planned for the rest of 2017 to enable the Trust to reach the 80% threshold should staff book on and attend. There is also a current piece of work to examine data compliance and how training can be more responsive to services.
- Appraisal figures continue on an upward trajectory and are just below the threshold of 95% - Bands 6 and above 94.9%, Bands 5 and below 93.6%.

Sickness:

- Year to date absence through to the end of March stands at 5.1%. Sickness generally increases across December to February due to seasonality of short term absence rises, however, this year the rise has been higher than last year. All BDU areas are seeing higher absence levels in the first 3 months compared to this time last year.
- The two main identified reasons for absence are stress/anxiety (26% of all absence Trustwide) and musculoskeletal (14%). All BDU areas are seeing stress/anxiety as the main cause of absence. Wakefield has seen a disproportionate number of gastrointestinal episodes than other BDU's which has caused the higher than expected levels of absence in both acute and community services.
- All BDU areas without exception have seen a decrease in sickness between February and March as follows:
 - o Barnsley - 5.6% down to 5.2%
 - o C&K - 5.3% down to 4.9%
 - o Forensics – 6.8% down to 6.4%
 - o Specialist Services – 5.9% down to 5.4%
 - o Support Services – 5.4% down to 4.6%
 - o Wakefield – 7.0% down to 5.9%
- Wakefield's higher absence rates through 2017 have been affected by higher than expected short term absence within both Acute and Community services.
- The year to date position for all areas remains above the 4.4% threshold with Forensic (7.0%) Barnsley (5.5%) and Wakefield (6.8%) being the areas with highest reported levels of sickness absence.
- Due to the continued increased level of sickness absence during March, the position remains across the Trust that no services are currently achieving tolerance for the year to date position.
- The Trust is projected to increase its absence rate by year end in 2017 by approximately 0.3% to 5.3%

Publication Summary

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

Department of Health (DH)

Protecting whistleblowers seeking jobs in the NHS

This consultation seeks views on draft regulations that prevent an NHS employer from discriminating against applicants who appear to have been whistleblowers. The proposed regulations aim to make it clear that discrimination against whistleblowers is prohibited; that job applicants have a legal recourse if they have been discriminated against; and to help embed a culture in the NHS to support workers who raise concerns. The closing date for this consultation is 12 May 2017.

[Click here for link to proposed regulations](#)

NHS Employers

A guide to employing reservists in the NHS

This guidance, produced in partnership with Health Education England and the Ministry of Defence, brings together key information to help managers understand the role of reservists and how to support them.

[Click here for guidance](#)

Department of Health (DH)

The government's mandate to NHS England for 2017-18

The government's mandate to NHS England sets the direction for the NHS, and helps to ensure that the NHS is accountable to parliament and the public. This document sets out the government's objectives for NHS England, as well as its budget.

[Click here for mandate](#)

NHS England

Next steps on the NHS Five Year Forward View

This document reviews the progress made since the launch of the NHS Five Year Forward View in October 2014 and sets out a series of practical and realistic steps for the NHS to deliver a better, more joined-up and more responsive NHS in England.

[Click here for report](#)

Department of Health

Integration and Better Care Fund policy framework 2017 to 2019

This document sets out how health, social care and other public services will integrate and provides an overview of related policy initiatives and legislation. It includes the policy framework for the implementation of the statutory Better Care Fund in 2017 to 2019 and also sets out our proposals for going beyond the Fund towards further integration by 2020.

[Click here for framework](#)

Publication Summary

NHS England

NHS England funding and resource 2017-19: supporting Next Steps for the NHS Five Year Forward View

This document forms an annex to Next Steps on the NHS Five Year Forward View and contains important information about NHS England's funding in 2017/18. It sets out how NHS England will, through the distribution of funding and its people, support Next Steps on the NHS Five Year Forward View to transform local health and care systems.

[Click here for 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, outpatient and accident and emergency data: April 2016 to January 2017

Mixed sex accommodation breaches: February 2016

Direct access audiology waiting times: January 2017

NHS providers bulletin: 15 March 2017

Seasonal influenza vaccine uptake amongst frontline healthcare workers in England: February survey 2016/17

Mental health services monthly statistics: final December 2016, provisional January 2017

Improving access to psychological therapies report, December 2016 final, January 2017 primary and most recent quarterly data (Q2 2016/17)

Diagnostic imaging dataset: November 2016

NHS provider bulletin: 22 March 2017

Learning disability services monthly statistics - English commissioner census (Assuring Transformation), February 2017, experimental statistics

Out of area placements in mental health services, February 2017

NHS sickness absence rates - November 2016

NHS workforce statistics - December 2016, provisional statistics

NHS Provider: 30 March 2017

NHS Improvement provider bulletin, 5 April 2017

Friends and family test data, February 2017

NHS safety thermometer report, March 2016 to March 2017

Provisional monthly hospital episode statistics for admitted patient care, outpatients and accident and emergency data, April 2016 to February 2017

Referral to treatment waiting times statistics for consultant-led elective care, February 2017

Monthly hospital activity data, February 2017

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

Diagnostics waiting times and activity, February 2017

Delayed transfers of care, February 2017

NHS provider bulletin: 12 April 2017



Finance Report

Month 12 (2016/2017)

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With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators		
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Performance Indicator		Plan	Out-Turn	Narrative
1	NHS Improvement Risk Rating	2	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Other metrics score as 1.
2	Normalised Surplus	£1.9m	£2.5m	Excluding STF the Trust has achieved a surplus of £0.76m. This is higher than originally planned and has been achieved through a process of cost control in year and one off benefits. As a result total STF income of £1.8m has been secured. In-month underlying performance was disappointing given shortfalls in income and high temporary staffing costs.
3	Agency Cap	£5.1m	£9.8m	Agency expenditure in March 2017 is £0.8m, a £0.1m increase on February. The year to date position is 93% over the NHSI cap. Actions continue at an individual post level to understand the increase in month.
4	Cash	£21.4m	£26.4m	The Trust cash position is £26.4m which is £5m higher than plan. This arises mainly from reduced expenditure on the capital programme and additional cash receipts for disposal of Trust assets.
5	Capital	£12.3m	£10.2m	In year the capital programme has delivered the completion of 2 hubs, renovation to elements of the Fieldhead site to allow a major vacation of a Trust site and has also commenced the major Fieldhead Non Secure project. Overall spend was £2.1m lower than plan and £0.8m lower than forecast at month 11.
6	Delivery of CIP	£10.1m	£9m	Year end CIP delivery is £1.1m behind plan. This position includes £1.7m delivered non-recurrently for which recurrent solutions need to be found.
7	Better Payment	95%	95%	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

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 12	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	20%	Capital Service Capacity	4.3	1	3.4	1
	Liquidity	20%	Liquidity (Days)	17.3	1	6.9	1
Financial Efficiency	Underlying Performance	20%	I & E Margin	1.1%	1	0.8%	2
	Variance from Plan	20%	Variance in I & E Margin as a % of income	0.3%	1	-0.4%	2
Agency Cap	Variance from Plan	20%	Agency Margin	92%	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.

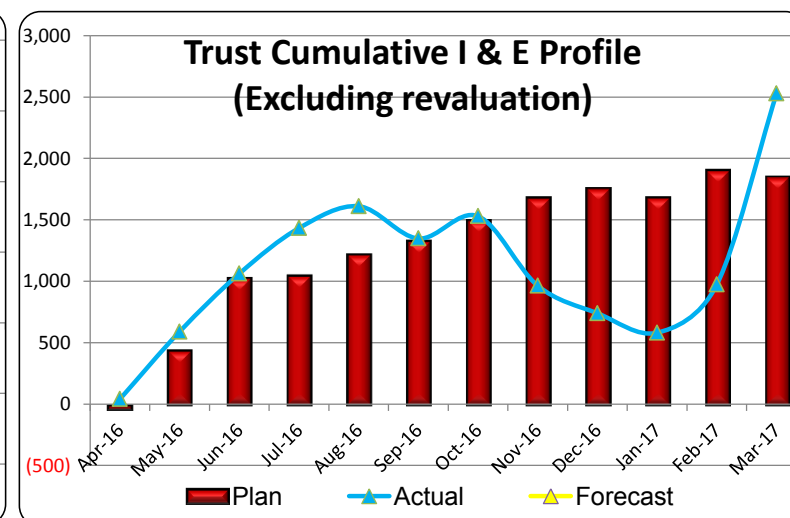
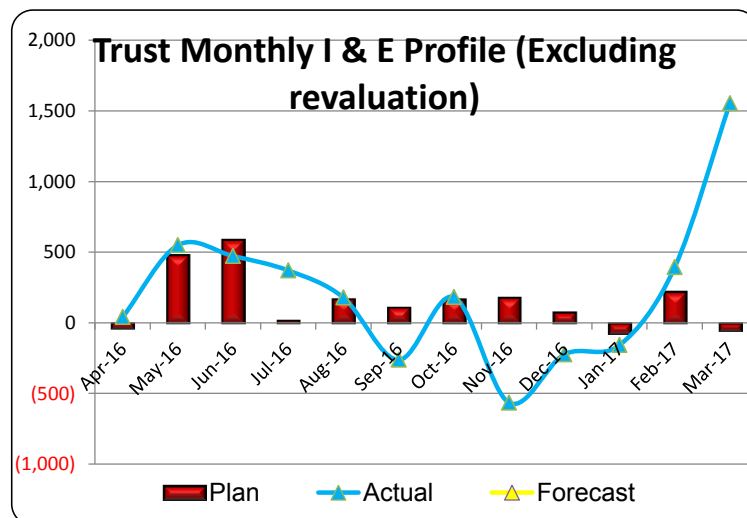
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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

2.0

Income & 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
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k
				17,515	17,970	456	Clinical Revenue	212,445	212,277	(168)
				17,515	17,970	456	Total Clinical Revenue	212,445	212,277	(168)
				1,155	1,710	555	Other Operating Revenue	15,347	15,709	362
				18,670	19,681	1,011	Total Revenue	227,793	227,986	194
4,339	4,187	(152)	3.5%	(14,294)	(14,508)	(214)	Pay Costs	(173,471)	(171,745)	1,726
				(3,621)	(4,260)	(639)	Non Pay Costs	(44,383)	(46,615)	(2,232)
				37	1,296	1,258	Provisions	2,149	2,959	810
4,339	4,187	(152)	3.5%	(17,877)	(17,473)	405	Total Operating Expenses	(215,705)	(215,402)	303
4,339	4,187	(152)	3.5%	792	2,208	1,415	EBITDA	12,087	12,585	497
				(596)	(370)	226	Depreciation	(7,233)	(7,010)	223
				(257)	(287)	(31)	PDC Paid	(3,080)	(3,110)	(31)
				6	4	(2)	Interest Received	75	64	(11)
4,339	4,187	(152)	3.5%	(54)	1,554	1,608	Normalised Surplus / (Deficit)	1,850	2,528	678
				0	424	424	Revaluation of Assets	0	(3,678)	(3,678)
4,339	4,187	(152)	3.5%	(54)	1,978	2,032	Surplus / (Deficit)	1,850	(1,150)	(3,000)



Note - month 12 position includes STF funding following achievement of the Trust control total

Income & Expenditure Position 2016 / 2017

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

The Trust's year end finance positions including and excluding STF funding are highlighted below. This excludes exceptional items such as the revaluation of Trust Estate. The full year control total plan has been achieved and therefore the STF income for the year has also been achieved (£1.35m). Overall the actual surplus position is £0.25m greater than the control total which allows a further £0.25m additional STF incentive funding to be realised. Any additional STF income received for 2016 / 2017 will be included as and when notified. (This value is currently unknown)

	Plan £k	Actual £k	Variance £k	Financial Performance Referral to Treatment £k	£k
Surplus (Excluding STF)	500	764	264		
STF	1,350	1,350	0	1,181	169
STF incentive funding		414	414	414	
Surplus - Total	1,850	2,528	678	1,595	169

Month 12 and Full Year

Whilst the Trust has achieved its year-end control total and revised forecast this has only been possible through a number of non-recurrent means. During the first half of the year the Trust was exceeding its surplus plan, but since September an overspend on out of area beds (£2.2m) combined with a loss of contribution from services no longer provided and under achievement of CIPS (£1.1m) has put significant strain on our financial position.

Whilst savings in pay costs have been achieved the make-up of this financial saving is such that vacancies have offset high overspends on temporary staffing, with agency costs remaining a particular issue (running close to double our ceiling.)

A number of measures were put in place to reduce the impact of these issues and pleasingly there has been a strong improvement in out of area bed usage and cost over the course of the last two months. It should be noted that in part the out of area bed issue was the result of a fire at Fieldhead. An interim insurance payment has been made which has enabled the financial impact of this incident to be reduced.

Whilst there were some excellent examples of achievement within our CQUIN programme (particularly flu vaccinations) the overall performance on CQUIN was disappointing, resulting in lost income opportunity of £0.6m.

A comprehensive review of balance sheet provisions has been undertaken and it has been possible to reduce these thereby giving one-off financial benefits in the last quarter.

Greater focus has been placed on forecasting accuracy, but there remains some way to go to provide greater assurance over the accuracy of financial forecasts.

The underlying in-month performance was disappointing with income lower than projected and temporary staffing costs well above expectations.

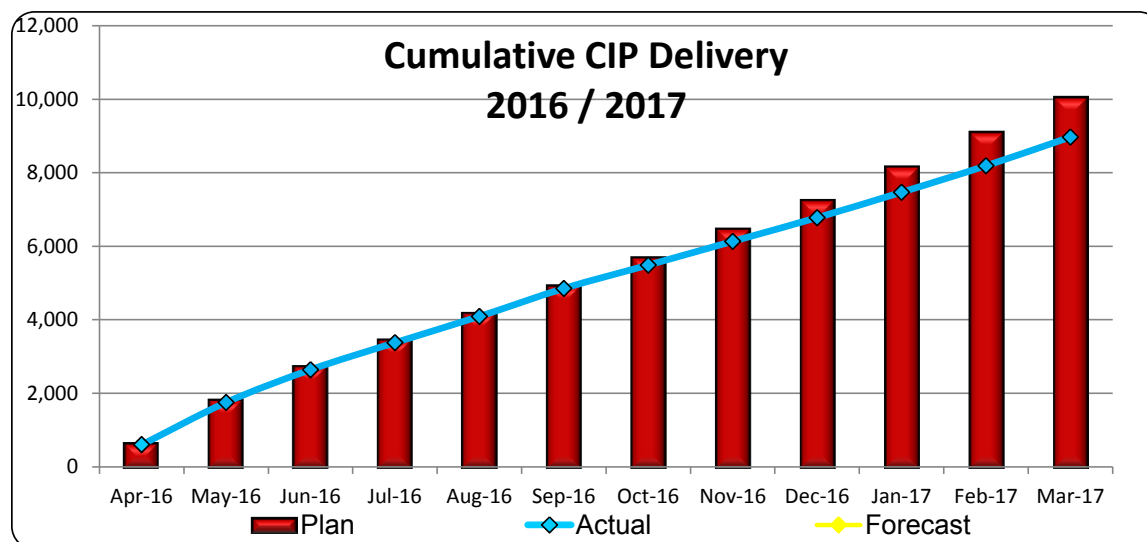
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Cost Improvement Programme 2016 / 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£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	8,837
Target - Non Recurrent	9	509	259	49	49	49	49	49	49	49	49	49	1,223
Target - Monitor Submission	670	1,172	922	715	729	744	766	772	777	912	940	940	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	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	7,201
Mitigations - Recurrent	0	6	9	14	18	22	26	30	34	38	42	46	46
Mitigations - Non Recurrent	146	299	485	678	841	1,005	1,125	1,245	1,365	1,485	1,606	1,726	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	8,973

Shortfall / Unidentified	72	92	123	101	116	99	229	356	488	708	928	1,086	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 year end shortfall is £1.1m. The majority of schemes are rated as green and delivered, although £1.7m has been achieved non recurrently, 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.

3.0

Balance Sheet 2016 / 2017

	2015 / 2016 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	114,134	120,972	112,718	1
Current Assets				
Inventories & Work in Progress	190	215	166	
NHS Trade Receivables (Debtors)	2,623	2,973	2,138	2
Other Receivables (Debtors)	7,541	4,917	5,762	3
Cash and Cash Equivalents	27,107	21,428	26,373	4
Total Current Assets	37,461	29,533	34,439	
Current Liabilities				
Trade Payables (Creditors)	(6,430)	(6,130)	(7,215)	5
Other Payables (Creditors)	(3,481)	(3,481)	(3,719)	5
Capital Payables (Creditors)	(785)	(785)	(909)	5
Accruals	(8,576)	(9,776)	(6,191)	6
Deferred Income	(789)	(789)	(754)	
Total Current Liabilities	(20,060)	(20,960)	(18,788)	
Net Current Assets/Liabilities	17,401	8,573	15,651	
Total Assets less Current Liabilities	131,535	129,545	128,369	
Provisions for Liabilities	(10,017)	(7,527)	(7,550)	
Total Net Assets/(Liabilities)	121,518	122,018	120,819	
Taxpayers' Equity				
Public Dividend Capital	43,492	43,492	43,665	
Revaluation Reserve	19,446	19,446	19,588	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,361	53,861	52,347	7
Total Taxpayers' Equity	121,518	122,018	120,819	

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. Fixed assets are significantly lower than planned. This is due to the in year impact of the annual Estates revaluation exercise (including an update and review of Modern Equivalent Asset assumptions), lower capital expenditure and additional depreciation charges.
2. NHS debtors remain at a low level with £222k being older than 90 days and the focus for action. Overall £636k relates to Quarter 4 CQUIN income.
3. Other debtors remain lower than previous years with £146k older than 90 days. The main items, in value terms, relate to block agreements with local authorities where timely payment continues to be chased.
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 11.
5. Overall creditors are 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.

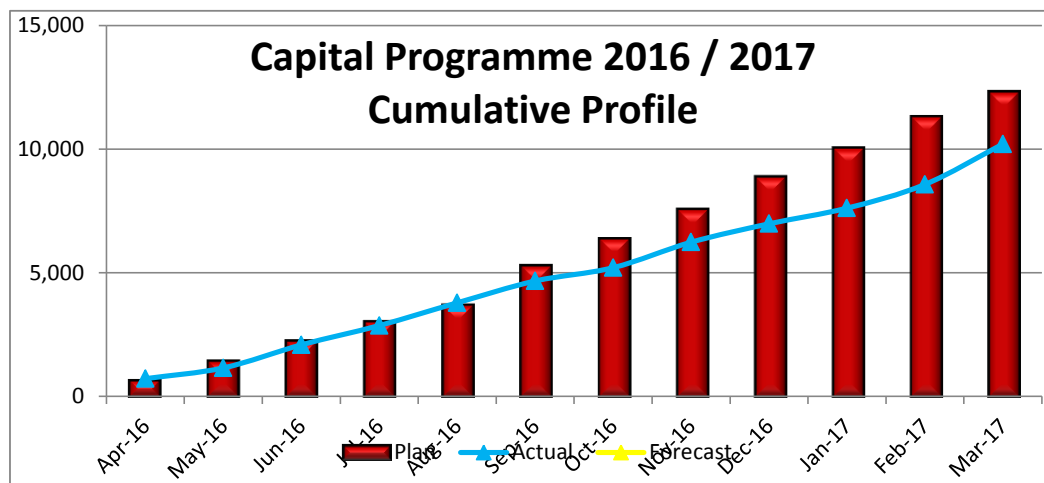
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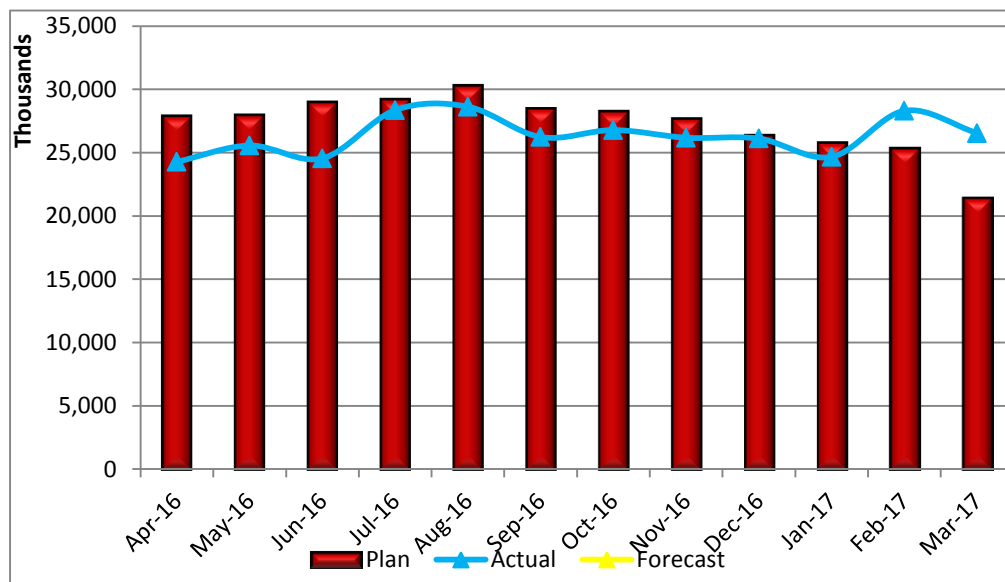
Capital Programme 2016 / 2017

	Annual Budget £k	Out-Turn £k	Variance £k	Note
Maintenance (Minor) Capital				
Facilities & Small Schemes	2,050	1,737	(313)	6
IM&T	1,210	825	(385)	
Total Minor Capital & IM & T	3,260	2,562	(698)	
Major Capital Schemes				
Pontefract Hub	1,795	1,904	109	3
Wakefield Hub	735	819	84	3
Fieldhead Non Secure	4,725	4,170	(555)	4
Fieldhead Development	1,300	538	(762)	5
Other	498	533	36	
Total Major Schemes	9,053	7,964	(1,089)	
VAT Refunds	0	(323)	(323)	
TOTALS	12,313	10,204	(2,109)	2

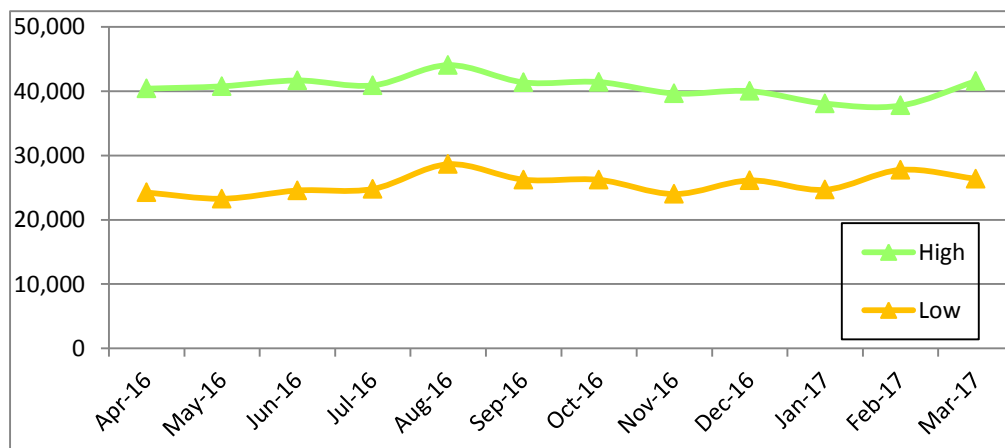
Capital Expenditure 2016 / 2017

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 £2.1m behind plan (17%). Excluding the benefit arising from successful VAT recovery agreed with HMRC this is £1.8m behind plan (15%).
3. Within the year 2 hubs have been completed in Wakefield and Pontefract and are delivering improved environments for Service Users. Additionally the Pontefract Hub has won a civic award.
4. The Fieldhead non secure construction continues with phase 1 due to become operational in Quarter 2 2017 / 2018. Overall the project is currently approximately 3 weeks behind plan due to issues encountered when laying the base but is still forecast to complete in 2019 / 2020.
5. Work at Fieldhead to refurbish blocks and the Learning & Development centre is complete and has enabled the consolidation of Trust staff from other Trust properties and will enable their subsequent disposal. Through cost review and programme management these have been delivered significantly under plan.
6. Minor works have delivered improvements across the organisation both clinically and to the Estates infrastructure.





	Plan £k	Actual £k	Variance £k
Opening Balance	27,107	27,107	
Closing Balance	21,428	26,379	4,951



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.

Overall the Trust cash position as at 31st March 2017 is significantly higher than planned and £0.7m less than at 31st March 2016.

The primary reasons for this are due to reduced capital spend, cash receipts from Estates disposals and changes in debtors and creditor positions. As such cashflow forecasting notes a reduced cash position in Q1 17/18 as major capital spend continues and creditors are paid.

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.

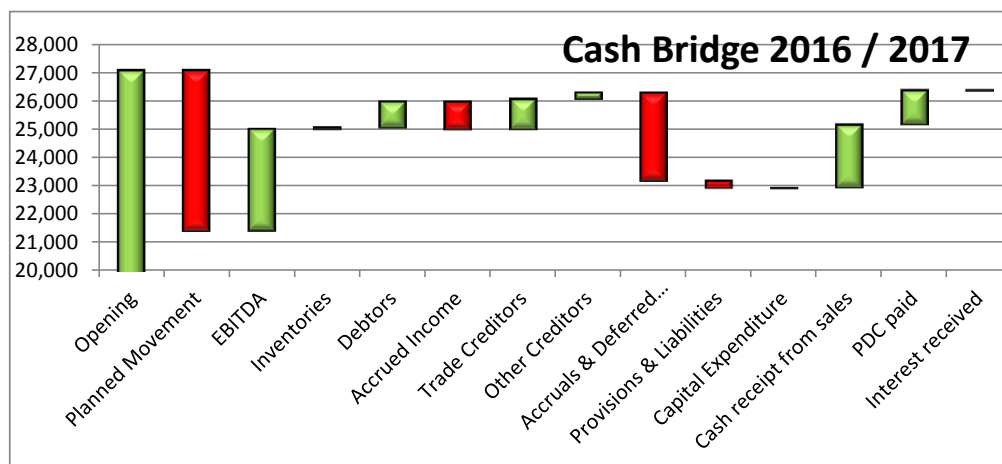
The highest balance is: £41.6m

The lowest balance is: £26.4m

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

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	27,107	27,107		
Surplus (Exc. non-cash items & revaluation)	8,980	12,575	3,595	
<i>Movement in working capital:</i>				
Inventories & Work in Progress	(25)	24	49	
Receivables (Debtors)	2,325	3,241	916	3
Accrued Income	0	(1,153)	(1,153)	4
Trade Payables (Creditors)	(300)	785	1,085	3
Other Payables (Creditors)	0	228	228	
Accruals & Deferred income	700	(2,420)	(3,120)	5
Provisions & Liabilities	(2,340)	(2,590)	(250)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(12,313)	(10,080)	2,233	1
Cash receipts from asset sales	299	1,524	1,225	2
PDC Dividends paid	(3,080)	(3,099)	(20)	
PDC Dividends received		173	173	
Interest (paid)/ received	75	64	(11)	
Closing Balances	21,428	26,380	4,952	



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. The Trust continues to chase timely payment of debts and ensure that creditors are paid within agreed payment terms.

Factors which decrease the cash position against plan:

4. Accrued income has been higher than planned throughout the year. This is lower than in month 11 primarily due to Quarter 4 CQUIN estimates being raised to commissioners.
5. Accruals remain at a low level, which in conjunction with continued creditor payments, means that more physical payments have been made to other organisations.

The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

4.0

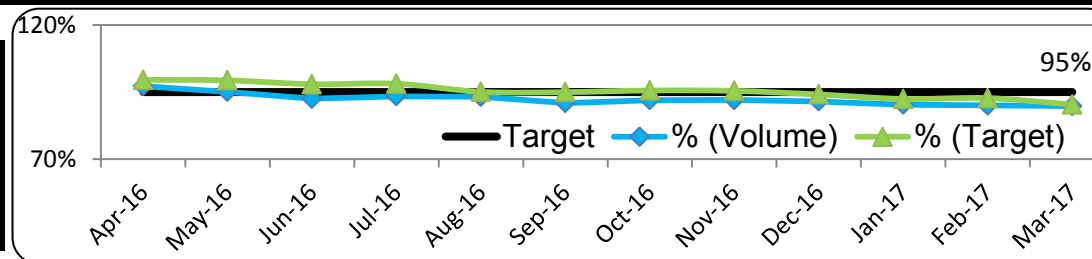
Better Payment Practice Code

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.

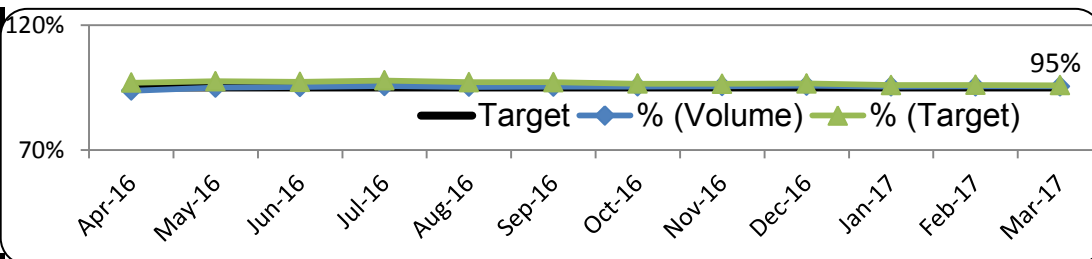
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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.

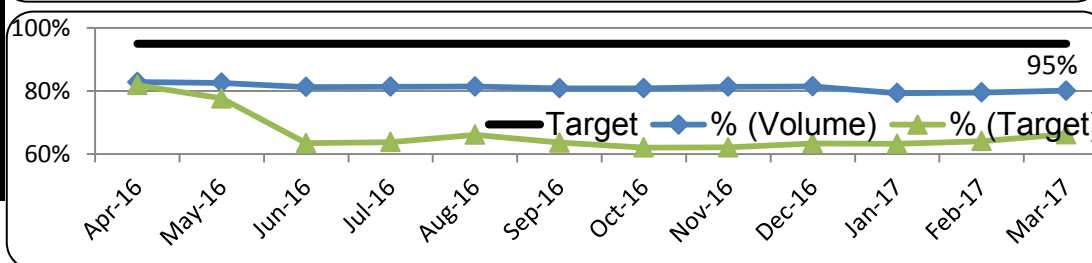
NHS		
	Number	Value
	%	%
Year to February 2017	90%	93%
Year to March 2017	90%	90%



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



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to February 2017	79%	64%
Year to March 2017	80%	66%



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 (£)
20-Mar-17	Lease Rents	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3029277	209,476.36
02-Feb-17	Staff Recharge	Barnsley	Barnsley Metropolitan Borough Council	3024401	153,821.78
31-Jan-17	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	3024136	127,530.66
24-Feb-17	Utilities SLA	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3026882	70,519.00
16-Jan-17	Pharmacy SLA	Wakefield	Mid Yorkshire Hospitals NHS Trust	3022524	52,878.00
24-Jan-17	Drugs FP10s	Trustwide	NHSBSA Prescription Pricing Division	3023372	52,587.23
28-Feb-17	Drugs FP10s	Trustwide	NHSBSA Prescription Pricing Division	3027147	51,276.36
09-Mar-17	Staff Recharge	Wakefield	Wakefield MDC	3028115	49,614.70
22-Dec-16	Drugs FP10s	Trustwide	NHSBSA Prescription Pricing Division	3020083	49,423.66
10-Mar-17	Non - Healthcare - NHS Tru	Trustwide	Leeds and York Partnership NHS FT	3028326	48,387.44
21-Mar-17	Drugs FP10s	Trustwide	NHSBSA Prescription Pricing Division	3029681	47,417.10
31-Jan-17	Specialty Registrar (CT1-3)	Trustwide	Leeds and York Partnership NHS FT	3024157	38,137.78
16-Jan-17	Radiology SLA	Wakefield	Mid Yorkshire Hospitals NHS Trust	3022520	37,900.75
27-Feb-17	Lease Rents	Wakefield	Mid Yorkshire Hospitals NHS Trust	3026983	30,065.84
10-Mar-17	Lease Rents	Wakefield	Mid Yorkshire Hospitals NHS Trust	3028369	30,065.84
13-Mar-17	Lease Rents	Wakefield	Mid Yorkshire Hospitals NHS Trust	3028519	30,065.84
09-Mar-17	Staff Recharge	Wakefield	Wakefield MDC	3028116	27,858.08
28-Feb-17	Pathology SLA	Wakefield	Mid Yorkshire Hospitals NHS Trust	3027184	26,575.57

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. It is acknowledged 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%).

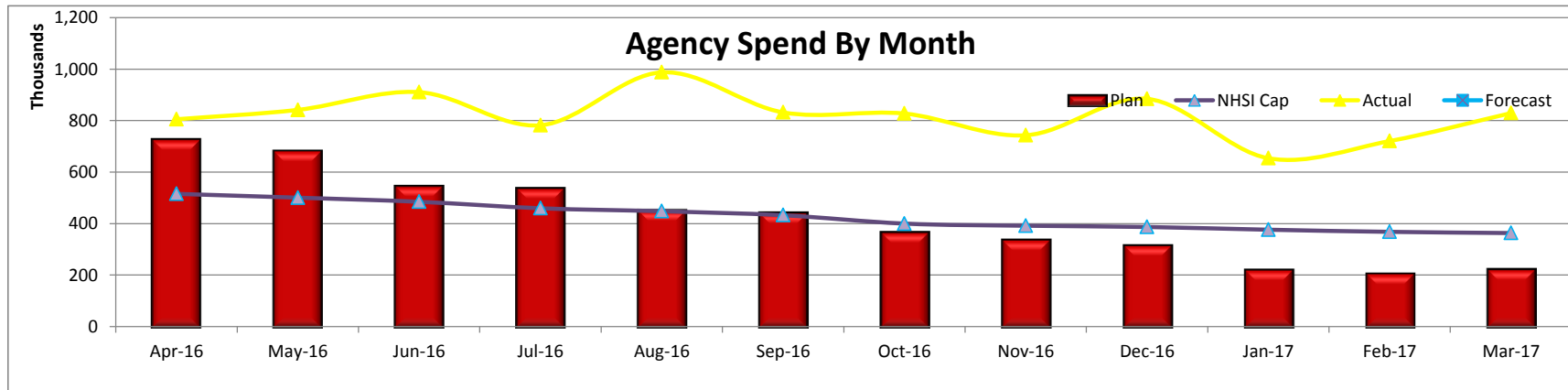
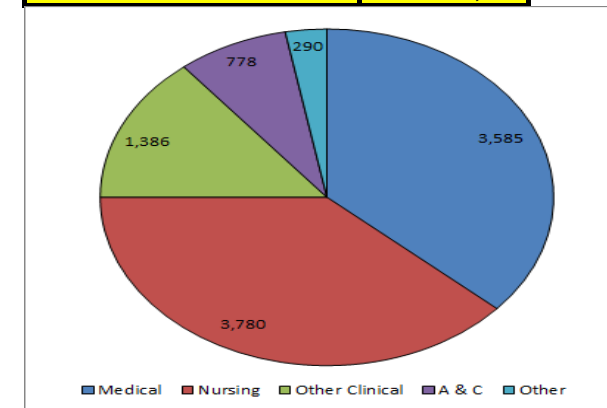
Expenditure has increased further in 2016 / 2017 to a total position of £9.8m. This value is 92% above the NHS Improvement capped rate. Based upon initial trajectories the capped rate for 2017 / 2018 (£5.6m) remains challenging and the impact of additional NHS Improvement actions and reporting and the impact of IR35 tax changes are yet to be fully understood both clinically and financially.

Individual monitoring and reporting of medical and admin posts continue and it is planned that improved management information in relation to nursing agency will drive further cost reductions. As previously the impact on clinical services and safety are considered alongside cost implications.

Alongside controls on agency usage, controls on price are in place to ensure that when agency is required it provides the best value for money. As such weekly reports are made to NHS Improvement and these are used as a tool to understand and monitor actions being taken.

The level of reduction in agency costs is not yet in line with expectations. Good progress has been made in reducing admin and clerical spend, but there is further work required to reduce clinical agency costs.

	Total 16/17 £000
Total Trust Position	9,819
Less Agency Social Workers	(492)
Less Bespoke Packages of Care	(780)
Less CAMHS Waiting List (Commissioner funded)	(210)
Net Trust Position	8,337



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

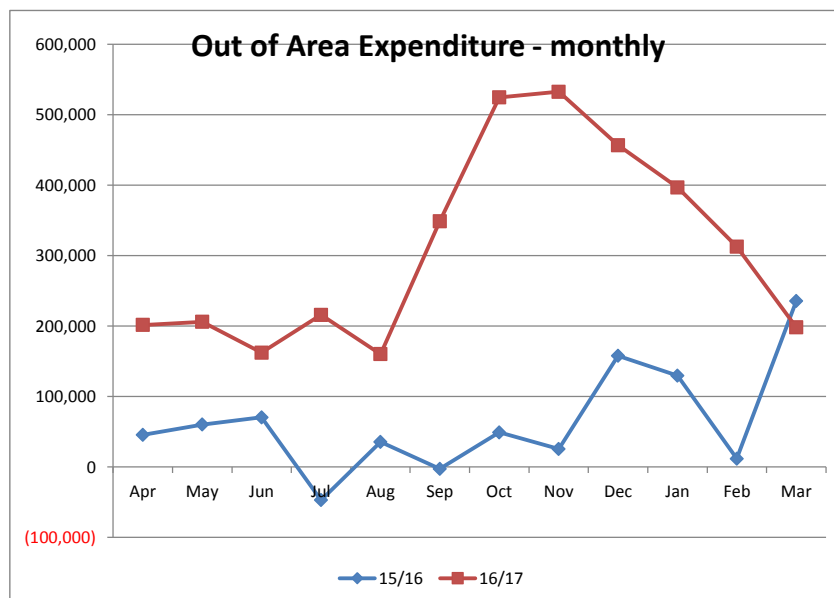
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718

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	354	5,493

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	184	2,537
Acute	96	43	100	89	62	154	288	309	426	328	243	170	2,308
Gender	60	62	47	77	84	130	100	40	31	17	0	0	648



The trend of reduced out of area bed usage has continued since the peak experienced at November 2016. Review and actions continue to ensure that this is maintained and to reduce as far as possible.

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 financial position. 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	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.40%	4.60%	4.70%	4.80%	4.90%	4.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.40%	6.10%	5.60%	5.90%	5.80%	5.20%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.10%	94.10%	95.00%	95.00%	95.50%	96.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	83.20%	91.40%	94.10%	94.60%	95.30%	96.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.50%	83.20%	84.10%	82.30%	77.60%	76.20%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.00%	80.80%	81.90%	82.40%	82.50%	81.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	64.30%	66.50%	70.80%	75.50%	78.20%	77.90%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.10%	90.40%	91.70%	88.60%	89.40%	89.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.50%	86.20%	87.60%	86.20%	82.60%	81.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.70%	81.50%	81.30%	80.70%	80.30%	79.60%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.30%	87.70%	88.40%	88.80%	87.80%	86.70%
Information Governance	Resources	Well Led	AD	>=95%	89.10%	88.80%	87.50%	91.80%	94.90%	95.40%
Moving and Handling	Resources	Well Led	AD	>=80%	79.60%	80.50%	80.60%	82.20%	83.70%	82.80%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.20%	91.40%	91.90%	90.60%	90.40%	89.90%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.30%	90.10%	90.30%	88.90%	88.40%	88.20%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.30%	95.70%	97.10%	98.20%	97.40%	95.70%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%		16.80%	45.00%	47.10%	51.50%	55.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%		11.30%	33.70%	34.40%	38.30%	42.90%
Agency Cost	Resources	Effective	AD		£152k	£143k	£190k	£148k	£143k	£115k
Overtime Costs	Resources	Effective	AD		£6k	£5k	£6k	£6k	£4k	£4k
Additional Hours Costs	Resources	Effective	AD		£22k	£26k	£26k	£18k	£23k	£25k
Sickness Cost (Monthly)	Resources	Effective	AD		£157k	£170k	£191k	£179k	£167k	£167k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		97.45	116.31	133.76	133.8	136.67	131.92
Business Miles	Resources	Effective	AD		130k	115k	112k	107k	101k	102k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.10%	4.90%	4.90%	4.90%	5.00%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	3.70%	4.10%	4.50%	5.30%	5.10%	4.90%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	85.00%	95.10%	98.50%	98.50%	98.20%	98.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	72.30%	87.90%	93.80%	95.30%	95.80%	96.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.80%	79.70%	78.30%	77.40%	77.40%	75.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	57.90%	61.00%	66.70%	70.10%	72.10%	72.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	41.90%	50.00%	57.60%	63.80%	65.80%	69.40%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.10%	88.10%	89.70%	89.00%	89.70%	86.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.10%	82.20%	83.80%	80.20%	81.7%	80.90%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.80%	79.90%	81.30%	79.20%	79.10%	78.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	74.80%	78.00%	79.00%	78.20%	78.30%	78.90%
Information Governance	Resources	Well Led	AD	>=95%	84.00%	83.80%	86.60%	94.50%	96.70%	97.50%
Moving and Handling	Resources	Well Led	AD	>=80%	72.70%	73.40%	75.80%	77.40%	79.50%	79.80%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.40%	89.50%	90.70%	90.40%	89.60%	88.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	84.10%	85.50%	86.30%	85.30%	84.20%	83.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.40%	95.90%	96.60%	96.40%	95.90%	95.80%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%		13.10%	30.80%	33.30%	39.60%	58.00%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%		12.40%	19.80%	22.70%	30.30%	49.40%
Agency Cost	Resources	Effective	AD		£165k	£195k	£228k	£173k	£177k	£165k
Overtime Costs	Resources	Effective	AD		£5k	£2k	£6k	£9k	£5k	£3k
Additional Hours Costs	Resources	Effective	AD		£3k	£1k	£0k	£1k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£98k	£77k	£84k	£93k	£97k	£112k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		61.86	55.8	50.95	50.69	47.64	40.79
Business Miles	Resources	Effective	AD		64k	71k	75k	58k	54k	57k

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.90%	6.00%	6.20%	6.40%	6.40%	6.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.20%	6.30%	8.20%	8.00%	6.80%	6.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	87.30%	90.50%	92.00%	92.20%	93.70%	93.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	62.20%	71.80%	77.80%	82.50%	88.50%	90.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.30%	82.90%	83.70%	85.40%	83.40%	84.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	51.60%	49.20%	53.10%	60.50%	62.60%	66.6%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.00%	0.00%	10.50%	26.70%	45.10%	50.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.50%	89.20%	90.80%	91.90%	92.30%	92.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.10%	84.80%	87.80%	84.60%	85.40%	86.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	86.60%	88.30%	89.00%	87.10%	86.70%	88.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.10%	81.90%	83.90%	81.50%	82.70%	82.2%
Information Governance	Resources	Well Led	AD	>=95%	83.90%	84.60%	85.20%	90.90%	95.50%	97.6%
Moving and Handling	Resources	Well Led	AD	>=80%	83.40%	84.10%	84.40%	85.50%	85.40%	87.2%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.60%	85.30%	89.00%	90.90%	92.10%	92.3%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.00%	85.50%	87.30%	87.90%	87.60%	87.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.40%	77.80%	78.90%	82.40%	93.80%	80.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%		12.30%	29.10%	33.80%	42.40%	65.4%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%		8.90%	14.20%	18.50%	30.10%	55.8%
Agency Cost	Resources	Effective	AD		£117k	£80k	£95k	£114k	£128k	£95k
Overtime Costs	Resources	Effective	AD		£0k		£9k	£-1k	£0k	£3k
Additional Hours Costs	Resources	Effective	AD		£0k	£0k	£1k	£0k	£1k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£49k	£52k	£63k	£81k	£53k	£54k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		41.34	33.25	37.55	46.25	49.44	50.20
Business Miles	Resources	Effective	AD		8k	7k	8k	5k	15k	9k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.60%	4.60%	4.80%	4.90%	5.00%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	3.90%	4.70%	5.60%	5.80%	6.40%	5.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	63.80%	69.30%	82.70%	84.30%	87.40%	87.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	55.60%	61.80%	62.50%	66.70%	70.30%	71.20%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.00%	73.50%	74.60%	73.10%	72.00%	72.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	61.20%	65.90%	65.70%	71.50%	71.80%	70.40%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	9.60%	15.80%	28.60%	33.20%	38.10%	39.70%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.50%	89.30%	89.90%	89.10%	88.30%	87.40%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	75.60%	75.70%	82.90%	80.40%	79.50%	80.10%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	57.70%	53.80%	60.00%	58.30%	62.50%	60.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.20%	84.50%	87.40%	86.30%	86.50%	85.90%
Information Governance	Resources	Well Led	AD	>=95%	81.00%	82.70%	84.20%	92.70%	96.00%	97.30%
Moving and Handling	Resources	Well Led	AD	>=80%	77.30%	79.50%	80.70%	80.90%	80.90%	77.00%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	84.80%	84.10%	85.90%	85.20%	83.80%	83.00%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	84.40%	86.70%	88.90%	88.10%	87.30%	84.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	83.60%	87.40%	88.50%	89.30%	87.80%	87.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%		4.20%	28.90%	31.60%	37.50%	55.60%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%		4.30%	9.50%	11.70%	17.50%	42.70%
Agency Cost	Resources	Effective	AD		£266k	£197k	£185k	£88k	£165k	£261k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£2k	£2k	£3k	£2k
Additional Hours Costs	Resources	Effective	AD		£3k	£2k	£5k	£3k	£4k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£38k	£40k	£40k	£48k	£69k	£74k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		86.37	77.57	75.78	71.96	64.87	57.42
Business Miles	Resources	Effective	AD		43k	47k	40k	38k	38k	31k

Appendix 2 - Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.30%	4.40%	4.60%	4.70%	4.70%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.30%	5.10%	6.10%	5.60%	5.40%	4.8%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	83.70%	89.70%	91.60%	92.10%	92.20%	93.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	84.30%	87.20%	89.90%	94.30%	95.30%	95.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	70.10%	66.80%	64.10%	64.80%	68.70%	71.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	65.60%	64.70%	90.90%	84.80%	90.90%	86.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	50.00%	100.00%	100.00%	100.00%	20.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.80%	87.10%	85.80%	87.10%	87.90%	87.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.30%	82.00%	84.00%	84.90%	84.90%	85.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	95.90%	95.00%	97.50%	98.40%	98.40%	96.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	76.90%	76.30%	82.20%	83.20%	83.90%	84.8%
Information Governance	Resources	Well Led	AD	>=95%	86.20%	86.10%	89.20%	89.10%	93.00%	93.4%
Moving and Handling	Resources	Well Led	AD	>=80%	77.60%	80.00%	79.70%	82.60%	85.90%	85.8%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.10%	87.20%	87.40%	89.70%	89.70%	92.9%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.50%	88.00%	88.80%	90.80%	91.00%	90.9%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	50.00%	50.00%	100.00%	100.00%	100.00%	86.4%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%		9.20%	90.10%	91.00%	91.60%	100.0%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%		9.10%	16.30%	19.10%	29.80%	33.3%
Agency Cost	Resources	Effective	AD		£34k	£42k	£40k	£32k	£26k	£33k
Overtime Costs	Resources	Effective	AD		£4k	£3k	£2k	£1k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£10k	£10k	£11k	£18k	£16k	£13k
Sickness Cost (Monthly)	Resources	Effective	AD		£59k	£61k	£79k	£99k	£73k	£84k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		66.29	57.4	58.56	60.89	55.36	52.39
Business Miles	Resources	Effective	AD		44k	50k	46k	40k	47k	39k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.80%	4.80%	5.00%	5.30%	5.50%	5.40%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.60%	4.90%	6.40%	8.00%	7.70%	6.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	88.50%	91.50%	93.30%	94.60%	95.20%	94.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	74.80%	78.80%	87.60%	89.00%	88.80%	91.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.90%	83.20%	83.30%	80.80%	82.60%	80.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	52.80%	55.20%	56.20%	60.40%	61.30%	62.60%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	40.20%	41.80%	52.30%	57.10%	60.60%	59.70%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.30%	92.80%	93.40%	91.00%	89.60%	87.10%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.20%	81.20%	85.70%	86.00%	84.10%	83.10%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.80%	76.50%	78.00%	77.90%	76.50%	75.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	80.10%	79.00%	78.80%	78.70%	78.50%	78.40%
Information Governance	Resources	Well Led	AD	>=95%	90.90%	85.20%	81.80%	92.30%	95.50%	97.20%
Moving and Handling	Resources	Well Led	AD	>=80%	70.80%	69.70%	71.10%	73.10%	72.20%	75.00%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.00%	87.60%	87.00%	88.70%	88.40%	87.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	83.10%	80.10%	80.40%	82.30%	80.70%	79.40%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.00%	94.10%	95.00%	94.90%	95.20%	93.10%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%		15.30%	33.00%	34.00%	40.90%	57.60%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%		15.40%	25.60%	26.50%	33.40%	49.30%
Agency Cost	Resources	Effective	AD		£97k	£96k	£146k	£107k	£84k	£137k
Overtime Costs	Resources	Effective	AD			£3k	£1k	£2k	£91k	£164k
Additional Hours Costs	Resources	Effective	AD		£3k	£1k	£5k	£2k	£3k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£55k	£51k	£60k	£80k	£76k	£69k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		73.43	75.95	75.44	68.48	69.36	64.28
Business Miles	Resources	Effective	AD		38k	40k	35k	36k	32k	34k

Glossary

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