

Integrated Performance Report

Strategic Overview



September 2016

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for September 2016. 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. This month, a further piece of work has been undertaken to include the previously identified additional quality metrics and performance against these is now included in the quality section of the report. The report now is 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 to build more flexibility and depth into the report that 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.

The development of this report has been discussed with non-executive director representatives and it is proposed that the reporting format remains in line with this report for circa 6 months. 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 Trusts 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
- NHS Improvement (formerly Monitor)
- Quality
- Locality
- Transformation
- Finance
- Contracts
- Workforce

The report will continue to adhere to the following principles:

- Makes a difference to measure each month
- Focus on change areas
- Focus on risk
- Key to organisational reputation
- Variation matters

Performance reports are available as electronic documents on the Trust's intranet and allow the reader to look at performance from different perspectives and at different levels within the organisation. Our integrated performance strategic overview report is publicly available on the internet.



Section	KPI	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year End Forecast
NHS Improvement Compliance	NHS Improvement Governance Risk Rating (FT)	Green	Green	Green	Green	Green	Green	Green							Green
	NHS Improvement Finance Risk Rating (FT)	4	4	4	4	4	4	4							4
CQC	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green							Green

Lead Director:

Narrative:

The integrated performance report shows a good performance rating, with achievement of all of the NHS Improvement indicators during September 2016. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken place and did not identify any significant areas of concern other than those identified below. Effective from October NHSI will monitor all Trusts using a new single oversight framework. Work is currently taking place to assess risk against a September baseline and the outcome of this will be reported next month. This is therefore the final time the compliance against governance and finance risk ratings will be reported on the current basis

Areas to Note:

- A number of specific risks relating to CQUIN achievement have been identified and focussed action plans are in place to improve our ability to deliver
- Number of reported incidents remained similar to previous months at 1100-1200 per month
- Five serious incidents reported in September; 4 of which were apparent suicides and 1 of which was actual harm with suicidal intent
- Friends & Family Test demonstrates that 97% would recommend Trust Community Services and 65% would recommend Mental Health Services
- Average staff fill rates were 108% in September
- 72% of CQC must do actions have either been completed or are on track to be completed within the agreed timescales. Increased focus is being applied to other actions to ensure they are also delivered
- NHS Improvement - risk previously associated with achievement of the IAPT referral to treatment within 6 weeks indicator has again, further reduced at the end of September. The Trust achieved 76% in quarter 1, 83.8% July 16, 81.3% at the end of August 16, 86.2% at the end of September 16 with an overall figure of 83.6% for quarter 2, therefore continuing to meet the 75% threshold. Performance in Barnsley has improved and now reports above the 75% threshold.
- Workforce - higher sickness levels can be seen in Calderdale and Kirklees, Forensic and Specialist BDUs during September 16 - with each BDU continuing to report above 5%. Further detail can be seen in the workforce section of the report.
- Achieving Better Access to Mental Health Services by 2020 - Access Targets for Early Intervention for Psychosis and Improving Access to Psychological Therapies - The Trust continues to achieve against all the national thresholds.
- The Trust continues to perform well against the national standards for 18 weeks referral to treatment for applicable services. Detail of performance can be seen in the NHSI section of the report.
- September's financial performance was weak largely due to the recognition of redundancy costs associated with de-commissioned health & wellbeing services and an increase in the use of out of area bed placements
- The pre Sustainability Transformation Fund (STF) deficit in September was £0.4m meaning the cumulative position is a surplus of £0.7m, which is in line with plan.
- The most significant risks which could impact the year-end position unless mitigating actions are taken relate to out of area bed placements, CQUIN achievement, and agency staff costs



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 will be reported against from September 16 onwards.

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	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	4
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	0	0	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%	7.2%	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%	64.6%	4
Complaints	% Complaints with Staff Attitude as an Issue	Quality & Experience	Caring	DS	< 25%	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	4
Service User Experience	Friends and Family Test	Quality & Experience	Caring	DS	80%	89.0%	91.0%	88.8%	87.2%	85.0%	84.0%	82.0%	85.7%	88.7%	82%	4
Quality	Total number of reported incidents	Safety Domain	Quality and Experience	TB	N/A	To be included from October									1087	N/A
	Total number of incidents resulting in severe harm and death	Safety Domain	Quality and Experience	TB	N/A	To be included from October									9	N/A
	Total number of incidents resulting in moderate or severe harm and death	Safety Domain	Quality and Experience	TB	N/A	To be included from October									30	N/A
	MH Safety thermometer - Medicine Omissions	Safety Domain	Quality and Experience	TB	17.7%	To be included from October									19.6%	3
	Safer staff fill rates	Safety Domain	Quality and Experience	TB	90%	To be included from October									109.3%	4
	Safer Staffing % Fill Rate Registered Nurses	Safety Domain	Quality and Experience	TB	80%	To be included from October									91%	
	Number of pressure ulcers (attributable) ^a	Safety Domain	Quality and Experience	TB	TBC	To be included from October									32	
	Number of pressure ulcers (avoidable) ^b	Safety Domain	Quality and Experience	TB	TBC	To be included from October									2	
	Complaints closed within 40 days	Responsive	Health & Wellbeing	DS	TBC	To be included from October									8	
	Complaints closed over 40 days	Responsive	Health & Wellbeing	DS	TBC	To be included from October									13	
	Referral to treatment times	Responsive	Health & Wellbeing	DS	TBC	KPI under development										
	Un-ouctomed appointments	Effective	Quality and Experience	KT/SR	TBC	To be included from October									2.2%	
	Data completeness	Effective	Quality and Experience	KT/SR	TBC	KPI under development										
	Number of Information Governance breaches	Effective	Quality and Experience	MB	TBC	To be included from October									35	
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Caring	Quality and Experience	AD	N/A	To be included from October									79.26%	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Caring	Quality and Experience	AD	N/A	To be included from October									65.19%	N/A
	Number of compliments received	Caring	Quality and Experience	DS	TBC	To be included from October									26	

* See key included in glossary

a - 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

b - 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



Quality Headlines (& CQUINS performance on a quarterly basis)

Work has been undertaken to identify the key quality measures to report both monthly and quarterly to EMT and Trust Board. These metrics are now available in the report in the table above and reporting commences from September 16 onwards where data is available (please, note not all data items are available at the time of report, these will be added next month). There are a few areas that require additional development; these relate to:

- Referral to Treatment waiting times - we are anticipating some national guidance on this during November for CAMHS services. We will align our reporting to this.
- Data completeness - this indicator is being developed and will focus on the completeness of the clinical record.
- Some of these KPIs are new and once we have some baseline data, we will identify a threshold and forecast trajectory.

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; the baseline for this is currently being identified.

NHS Safety Thermometer - Medicines Omissions – this is an indicator within the CQUINS for the west and has been identified as at risk of achievement. Detail of the issues behind this can be seen in the CQUIN section below.

Commissioning for Quality and Innovation (CQUIN)

The Trust is due to submit the quarter 2 returns at the end of October 16. Data is currently being compiled for these submissions, further detail will be available in next month's report related to quarter 2 performance.

Assessment of Risk for 16/17

Indicator	Ref	KPI	RAG Rating	Reason for Loss	Actions in place
Improve the health and wellbeing of NHS Staff (National CQUIN)	1c	Improving the uptake of flu vaccinations for frontline clinical staff		Q3: Uptake in Vaccinations. SWYPFT need to get between 65%-74% of front line staff vaccinated to receive half of the income associated with this indicator.	<ul style="list-style-type: none"> • Weekly updates are being put in place to both monitor the RAG rating position and identify any potential hot spot areas for targeted works. • 69 peer vaccinators have been recruited and trained • Significant communications exercise undertaken • BDU Practice Governance Coaches and leads have been identified and take part in fortnightly meetings to ensure that the campaign is heavily promoted and details reach all staff members within BDUs.
Improving physical healthcare to reduce premature mortality in people with severe mental illness (National CQUIN)	2a	Cardio Metabolic Assessment and treatment for patient with psychosis		Q4 Outcome of Audit Partial Achievement to be expected across all BDUs	<ul style="list-style-type: none"> • Continuing to share learning across the Trust from areas that have established clinics. • Continuing to promote the physical health checks to the 'target group' initially but then roll out to wider population. • Literature being shared with teams to share with SU. • Training up of workforce in undertaking checks.
	2b	Communication with General Practitioners		Q2 Local Audit A realistic achievement of between 50-65% has been placed in this indicator across the BDUs	<ul style="list-style-type: none"> • Continuing to share learning across the Trust • PGCs and CQUIN leads working with team leaders embedding standards in practice – focus on hospital discharge / medical care planning. • Easily accessible and usable literature / practice guidance. • Regular BDU tracker meetings and team structures, supervision and audit. • Scrupulous preparation for Q2 audit.
Recovery & Progress (Local CQUIN across all BDUs)	3a	MH Clustering - Adherence to Red Rules		Q2 and Q3 Predicted that all BDUs will not meet target.	<ul style="list-style-type: none"> • Barnsley: Trust wide coordinator meeting with the experts within the teams to identify training and who is requiring the update by the Trust lead. Sending the new monthly dashboard
	3b b	Review of Service Users and Clusters (4-17)		Q2 and Q3 Predicted that all BDUs will not meet the target.	<ul style="list-style-type: none"> • Calderdale/Kirklees: Practice Governance Coaches supporting and targeting teams/HCP that are underperforming. Trust wide coordinator being present within teams and targeting HCPs.
Care Plans (Local CQUIN West)	4	Care Planning - Quality of Care Plans		Q2 and Q4 Local Audits Targets of 80% & 85% respectively to be achieved. Partial achievement expected across all BDUs.	<ul style="list-style-type: none"> • Continuing to share learning across the Trust • Practice Governance Coaches and CQUIN leads working with team leaders embedding standards in practice. • Easily accessible and usable literature/practice guidance. • Regular BDU tracker meetings and team structures, supervision and audit. • Scrupulous preparation for Q2 audit.
NHS Safety Thermometer (Local CQUIN West)	5b	Reduction in Medicine Omissions for inpatients		Q3 and Q4 Predicted that BDUs will not meet required reduction.	<ul style="list-style-type: none"> • Internal support by Trust wide coordinator and pharmacy across the organisation.

Summary

Quality

NHS Improvement

Locality

Trans - formation

Finance

Workforce

Quality Headlines (& CQUINS performance on a quarterly basis)

Safety First

Summary of Q1 incidents compared to July, August, September 16/17

Summary of Incidents	Q1	Jul-16	Aug-16	Sep-16
Green No Harm	2136	721	678	620
Green	976	309	296	338
Yellow	297	100	105	112
Amber	81	21	25	27
Red	10	4	11	5
Total	3500	1155	1115	1102

During September, incident reporting remains at similar levels to previous months. Reporting levels are an important indicator of a positive safety culture. The breakdown of incidents by BDU was as follows: Wakefield (232), Kirklees (215), Forensic (209), Barnsley General Community (159), Calderdale (99) Barnsley Mental Health (94) Specialist service (85) Trust wide (9)

No never events reported in September.

Summary of SIs reported in Q1, compared with July, August, September 16/17

	Q1	Jul-16	Aug-16	Sep-16
Apparent Suicide	5	1	4	4
Information disclose in error	2	0	0	0
Death - other cause	1	0	0	0
Formal patient absent without leave	0	1	0	0
Physical violence (contact made) against other by patient	1	0	0	0
Physical violence (contact made) against staff by patient	1	0	0	0
Self harm (actual harm) with suicidal intent	1	0	0	1
Slip, trip or fall - patient	1	0	0	0
Pressure Ulcer grade 3	1	0	0	0
Total	13	2	4	5

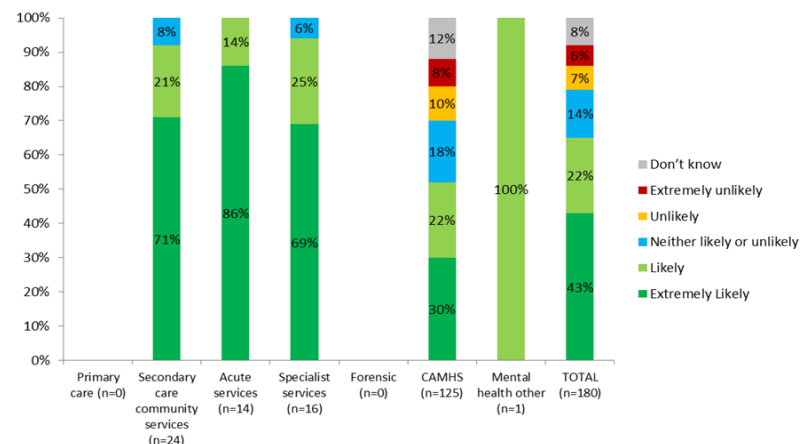
Mortality Review Training – Work continues with Mazars to improve reporting and review arrangements. Training has been arranged for mortality reviews on 2/12/16. BDUs are being asked to release clinical staff for training.

Patient Experience

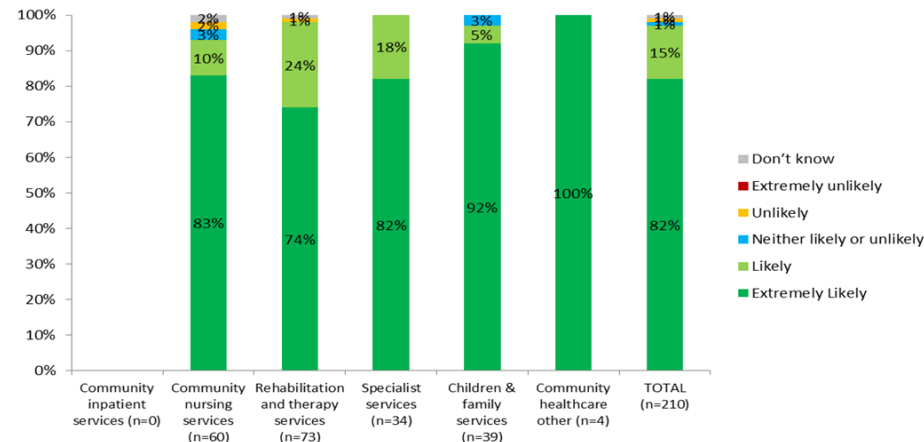
Friends and family test shows

- This information is supplemented by the Customer services report for Q2
- Community Services – 97% would recommend Trust community services.
- All service lines continued to achieve 74% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services –65% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 30% (CAMHS) and 100% (Mental Health Other)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services

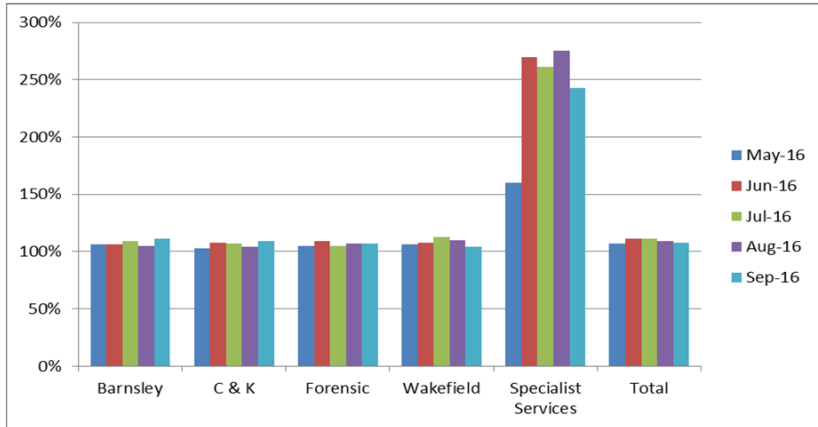




Quality Headlines (& CQUINS performance on a quarterly basis)

Safer Staffing

Over Fill Rates for the Last 5 Months



The number of wards who are achieving 100% and above has remained consistently above 60%. Exception reporting for staffing below 80% fill rate for registered staff, and below 90% fill rate overall staffing remains in place. The exception reports provide explanation as to why staffing levels were low, how the situation was managed, what impact it may have had on patient care and how it could be prevented in the future. Where planned levels were not met, contingency plans were put into place. Within several areas the rates continue to be achieved through the usage of Non- Registered staff in Registered vacancies. There continues to be high levels of acuity which increases the levels of observation required. This factor, plus two bespoke care packages, accounts for the high fill rates in specialist services. There has been a decrease in the overall levels of reporting of inappropriate skill mix however Wakefield acute services remain a significant challenge. The reduced bed capacity is mitigating the position and remains under regular review as new recruits enter the service.

Staff Bank Centralisation

The Trust staffing bank has now been centralised to increase capacity of supplementary staff and improve efficiency and effectiveness of securing additional staff in time of need. The staff bank operates between 7am and 7pm week days and 9 until 3.30pm on weekends.

Average Fill Rate by BDU

Average Fill Rate	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Barnsley	106%	106%	109%	105%	111%
C & K	103%	108%	107%	104%	109%
Forensic	105%	109%	105%	107%	107%
Wakefield	106%	108%	113%	110%	104%
Specialist Services	160%	270%	261%	275%	243%
Grand Total	107%	111%	111%	109%	108%



Quality Headlines (& CQUINS performance on a quarterly basis)

Duty of Candour

There are now regular monthly sessions for purely Duty of Candour (DoC) and DoC and Datix. Bespoke training is also offered.

Care Quality Commission

The following table shows the Trust's progress to date against the findings from the CQC action plan.

	MUST (n =33)	SHOULD (n=59)
Under review	0	1 (2%)
Completed	9 (28%)	32 (50%)
On track	10 (31%)	14 (22%)
Amber/Green	4 (13%)	8 (12%)
Amber/Red	8 (25%)	8 (12%)
Red	1 (3%)	1 (2%)

NB - See Key in glossary for RAG rating definition.

CQC Action Plan Progress

- Meeting with the CQC confirmed that our action plan has been approved and any revisits will focus on the regulatory breaches "must dos". There is an opportunity for a ratings review if the actions can be completed and approved by the CQC within 6 months of our publication date 23.6.16. Where our action plan indicates completion the CQC may conduct unannounced inspections and we have the opportunity to invite them to re-inspect when we feel appropriate. Our approach is being reviewed internally and is subject to a discussion at our next CQC relationship meeting on the 9th November.
- Any impact resulting from delay in meeting planned timescales has been assessed to ensure that safety and quality is maintained.
- Key issues in relation to delivering against the action plan are as follows :-
 - Clinic room reviews
 - Ongoing RiO issues
 - Recording of consent and capacity assessments

Action plan progress continues to be monitored through the clinical governance group and reported into EMT where any items requiring escalation are reviewed and actioned.

Clinical Supervision

Alison Hill, Practice governance Coach in Barnsley is leading on work to develop a trust wide database for staff supervision (clinical and safeguarding). The system requires all staff who are providing clinical and safeguarding supervision to be on a register online and supervision activity across the Trust will be recorded centrally. The system will allow a workforce performance wall to be created with centrally reported supervision information to Trust board from January 2017.

Summary

Quality

NHS Improvement

Locality

Transformation

Finance / Contracts

Workforce

NHS Improvement (was Monitor) considers the ability of NHS foundation trusts to meet selected national standards for access and outcomes to be an important indicator of the effectiveness of the organisation's governance. Performance against the measures that are applicable to us is undertaken locally on a monthly basis and reported externally to NHS Improvement on a quarterly basis.

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	Q1 16/17	Q2 16/17	Year End Forecast Position *	Trend
					%													
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.4%	98.8%	98.8%	98.1%	97.8%	98.0%	99.1%	98.4%	95.9%		98.2%		4	
Delayed Transfers Of Care	Health & Wellbeing	Responsive	SR/KT	7.50%	2.0%	1.9%	2.9%	2.3%	4.0%	1.9%	2.3%	2.4%	2.4%	2.8%	2.1%	2.6%	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%	96.9%	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%		96.7%		4	
% SU on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	95%	97.9%	98.4%	98.6%	96.6%	96.1%	82.3%	98.2%	98.2%	96.4%	98.2%	98.2%	98.2%	4	
Data completeness: comm services - Referral to treatment information	Health & Wellbeing	Responsive	SR	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4	
Data completeness: comm services - Referral information	Health & Wellbeing	Responsive	SR	50%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	4	
Data completeness: comm services - Treatment activity information	Health & Wellbeing	Responsive	SR	50%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	4	
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT	97%	99.6%	99.5%	99.5%	98.5%	98.8%	98.4%	98.1%	98.8%	99.8%	99.7%	98.1%	99.7%	4	
Data completeness: Outcomes for patients on CPA	Health & Wellbeing	Safe	SR/KT	50%	77.6%	77.0%	78.6%	75.6%	75.7%	75.1%	77.5%	78.1%	77.8%	77.2%	77.5%	77.2%	4	
Compliance with access to health care for people with a learning disability	Health & Wellbeing	Responsive	CH	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4	
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%	76.1%	83.6%	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%	98.9%	99.3%	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%	77.5%	82.0%	4	

* See key included in glossary.

Narrative:

Areas of concern/to note:

- IAPT - Treatment within 6 weeks of referral: Performance continues to show an upward trend and is above threshold for the fourth consecutive month at a Trust wide level. The Barnsley IAPT service has had issues in achieving the target as previously reported. This is mostly attributed to the number of Psychological Wellbeing Practitioner vacancies within the Barnsley team. The service has put mitigating actions in place to improve the waiting time and these are having a positive impact. On review of the waiting times for those entering treatment during September 79.9% entered within 6 weeks, this is a slight dip compared to previous months but continues to evidence improvement in current waiting times (April - 80.3%, May - 85.2%, June 86.8%, July, 87% Aug - 86%,). However, due to the construct of this indicator (counting those completing treatment), improvement to this level is taking time to filter through.
 - Max time of 18 weeks from point of referral to treatment - incomplete pathway: at the time of writing the report, this data is being finalised. No risk has been identified in achievement during September 2016, therefore this is on track to achieve at Q2.
 - % SU on CPA Followed up Within 7 Days of Discharge: at the time of writing the report, this data is being finalised. No risk has been identified in achievement during September, therefore this is on track to achieve at Q2.
 - Diagnostic Waiting Time: The Trust has not recorded any breaches of the 6 week standard to report during September 16. The weekly return introduced during July is applicable to the Trust's Dexta Scanning and Paediatric Audiology services (Barnsley BDU).
- No areas of risk are identified and the services consistently meet the requirements of 99% diagnostics within 6 weeks. The monitoring of the KPI will be added to the dashboard next month to allow the monitoring against the new NHSI Single Oversight Framework.

NHS Improvement expects NHS foundation trusts to establish and effectively implement systems and processes to ensure they can meet national standards for access to healthcare services. Performance against a number of these standards is included in the assessment of the overall governance of a trust. Breach of a single metric in three consecutive quarters or four or more metrics breached in a single quarter will trigger a governance concern.

Single Oversight Framework - From 1st October, providers' operational performance will be tracked against a number of NHS standards using existing nationally collected and evaluated datasets where possible. The Trust is currently undertaking a risk assessment against the new framework using September's data as a baseline guide for forecast achievement. A summary of this will be included in the November report.



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 - under performance against % people moving to recovery and the proportion of people with depression/anxiety disorders receiving psychological therapies at the end of quarter 2. An issue has also been highlighted by Barnsley CCG relating to a discrepancy between the local reported data and the national IAPT minimum dataset. The issues are currently being investigated by the service.
- Delayed Transfers of Care - a continued reduction in DTOCs during September 2016. In addition, a piece of work has been undertaken with colleagues in the CCG and BMBC to map out the data flows to ensure that data relating to non NHS attributable delays is flowing to the correct channels to assist with reducing the length of delay.
- Mental health activity - some services are continuing to report issues with recording contact activity on RiO, the Trusts clinical information system. This may impact on the reported outturn for contract activity reporting, planning and forecasting for 17/18. The reasons behind this and impact are being investigated.

Calderdale & Kirklees BDU:

Increase in number of PICU out of area placements. Significant increase in month across all BDUs
 All acute inpatient beds open and fully functional
 IAPT service continues to achieve above trajectory
 Delayed transfers of care in Calderdale Older Peoples services(Beechdale) above target. Main reason is the lack of suitable nursing home placements in Calderdale.

Forensics BDU:

- The Forensic BDU will be going out to advert for Band 4 Nursing Associate posts. We will have one per ward initially.
- Our well being survey was improved overall and the senior management team have developed an action plan which will be communicated with staff and rolled out.
- Continue to predict we will achieve all our CQUIN's across the BDU.
- Our recruitment drive across the BDU has been successful. All posts in Forensic CAMHS are recruited to and there are 8 staff nurse vacancies in Medium Secure and Low Secure but we have over recruited unregistered staff.
- Work on sickness continues.

Specialist BDU:

- There has been a significant improvement in the rate of completed appraisals. Although this currently remains below target, the new team structures provide increased management support and capacity which will support the completion of appraisals moving forward.
- The action plan to improve ethnic monitoring across CAMHS is underway to support the achievement of the Trust target by the end of November 2016.
- The Learning Disability service are working closely with HR business partners to address areas of concern with sickness and absence.
- Waiting lists in CAMHS, particularly for autistic spectrum disorder assessment remain a key priority for the service. The Clinical Governance Clinical Safety Committee receives routine detailed reports to monitor progress.

Wakefield BDU:

- Service moves into Wakefield and Pontefract Hubs from September to November – Considerable impact on systems and teams, but generally positive with all services prioritising and maintaining service delivery and support for service users.
- Urgent attention being given to address increase in out of area inpatient placements.

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Overall Financial Performance 2016 / 2017

Executive Summary / Key Performance Indicators

	Performance Indicator	Objective	CQC Domain	Owner	Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	Resources	Effective	MB	4	4	The Trust has planned for and delivered a risk rating of 4 in September 2016. Using existing methodology this is forecast to remain a rating of 4 at year end. This rating will be replaced in month 7 with the Use of Resources metric under the Single Oversight Framework.
2	Surplus	Resources	Effective	MB	£1.3m	£1.9m	Surplus to date is £0.7m pre Sustainability and Transformation Funding (STF) and £1.3m post STF. Delivery of the pre STF surplus ensures continued recovery of the STF which equates to £0.7m to date. There was a deficit position in month 6 largely due to provision for redundancy costs from decommissioned services. The forecast remains challenging and actions continue to ensure that this is secured.
3	Agency Cap	Resources	Effective	AD	£5.2m	£8.1m	Agency expenditure in September 2016 is £0.8m and has meant that the Trust has breached the agency cap set by NHS Improvement. Year to date this position is 82% over the NHSI cap profile.
4	Cash	Resources	Effective	MB	£26.2m	£21.6m	The Trust cash position is £2.3m less than plan at month 6 due to the level of accrued income and outstanding debtors. It is forecast that both will be resolved and the year end cash position is forecast to remain in line with plan.
5	Capital	Resources	Safe	MB	£4.7m	£12.4m	Capital expenditure is behind plan for September 2016; £0.3m excluding VAT reclaims. The forecast remains to spend in line with plan for the full year.
6	Delivery of CIP	Resources	Effective	MB	£4.7m	£9.1m	Year to date CIP delivery is £0.3m behind plan. Overall the forecast position includes £0.93m of red rated schemes. The forecast assumes that a number of key amber rated schemes will deliver during 2016 / 2017.
7	Better Payment	Resources	Effective	MB	97%		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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CQUIN

• CQUIN performance in Quarter One was below planned trajectory, but recoverable through clarification and negotiation. This has been the subject of further scrutiny and support by the Trust-wide CQUIN group and the Operational Management Group. In Quarter two a major programme of social marketing and more accessible clinics has begun to drive up the Flu Vaccine rate for the Trust, which will support CQUIN achievement. Full CQUIN delivery still remains challenging and the Trust-wide Operational Management Group is focused on driving delivery and ownership to ensure CQUIN delivery in line with our operational plan.

QIPP

• Specific QIPP schemes have been agreed with Wakefield CCG which address circa half of the annual planned value. These schemes are on track to deliver. Further conversations are planned with Wakefield CCG to identify specific schemes to address the remaining unidentified value. Negotiation stances for 17/18 with regard to QIPP have been clarified and recognise the Trust's broad contribution to system sustainability.

Key Contract Issues – Barnsley

- The MSK CAS team and the Memory Assessment team have been working with Barnsley CCG to resolve contract queries which have arisen in recent months.
- Multi-agency work is progressing towards the agreement of an 'MCP style' pathway based contract for Diabetes and Respiratory care, which is due to take effect in 2017/18
- Transition of 0-19 contract to BMBC took place as planned at 30/9/16. A small number of SLAs for supporting services to the 0-19 service has subsequently been put in place with small non-recurrent income benefits to the Trust.

Key Contract Issues – Calderdale

- Work is ongoing with commissioners and provider partners to secure a smooth continuation of CAMHS when the current contract ceases at 31/3/17. Planning assumptions regarding income remain intact.

Key Contract Issues – Kirklees

- Work is ongoing on a tender process to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017. Planned income assumptions for 16/17 remain intact.
- Smoking Cessation contract discussions with commissioners highlight future direction for services which will now be reflected in the 17/18 and 18/19 operational plan assumptions

Key Contract Issues- Wakefield

- Work is ongoing on a tender process to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017. Planned income assumptions for 16/17 remain intact.
- Smoking Cessation contract discussions with commissioners highlight future direction for services which will now be reflected in the 17/18 and 18/19 operational plan assumptions

Key Contract Issues– Other

- Smoking cessation contracts in Rotherham and Doncaster and in Sheffield subject to commissioner requests for extension into 17/18, pending re-commissioning, which may impact on future income. Rotherham and Doncaster extension contingent on identification of commissioner savings.

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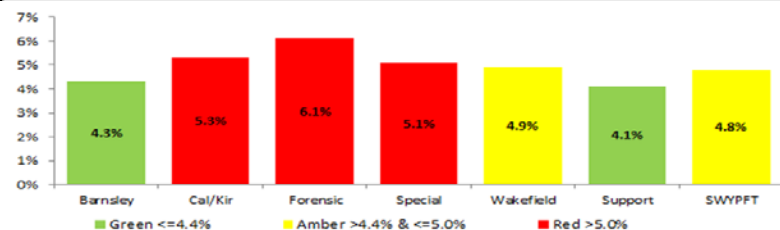
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Human Resources Performance Dashboard - September 2016

Sickness Absence

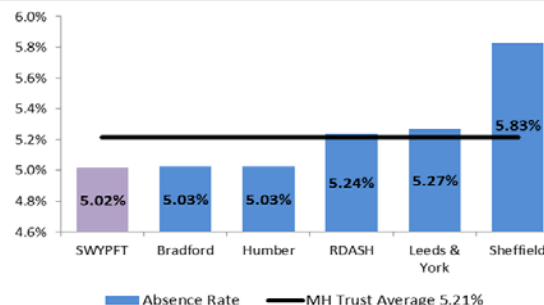


The above chart shows YTD sickness position to end August 16.

Current Absence Position - August 2016

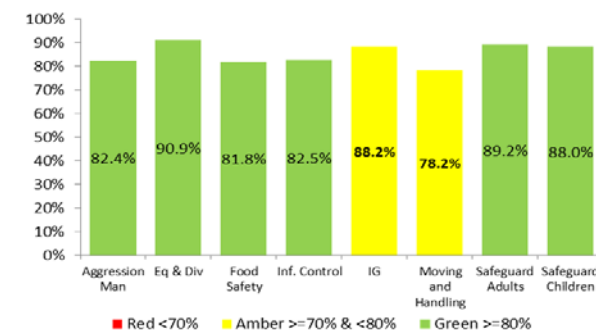
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.7%	5.1%	6.8%	4.7%	5.0%	4.3%	5.0%
Trend	↓	↑	↓	↑	↔	↑	↓

The Trust YTD absence levels in August 2016 (chart above) were above the 4.4% target at 4.8%.



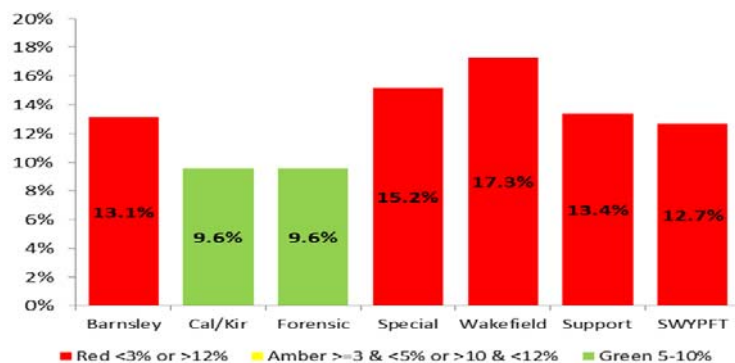
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the 12 months to the end of March 2016. During this time the Trust's absence rate was 5.02% which is below the regional average of 5.21%.

Mandatory Training

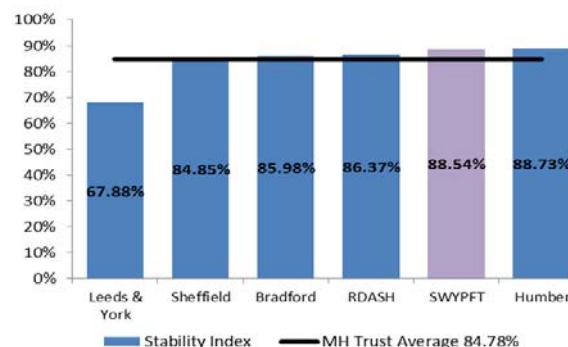


The above chart shows the mandatory training rates for the Trust to the end of September 2016. Information Governance (IG) has a target of 95%; the target for all other mandatory training is 80%. Only Moving&Handling and IG are currently below the target levels. All are based on a rolling year.

Turnover and Stability Rate Benchmark

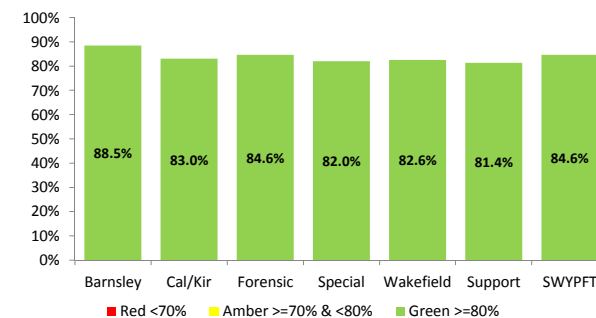


This chart shows the YTD turnover levels up to the end of September 2016. Family Nurse Partnership and 0-19 staff have been excluded from the above data.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in April 2016. The stability rate shows the percentage of staff employed with over a year's service. The Trust's rate is better than the average compared with other MH/LD Trusts in our region.

Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of Sept 2016. The Trust continues to achieve its 80% target for fire lecture training, and all areas are now above the target level.

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Workforce - Performance Wall

Trust Performance Wall										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	4.7%	4.5%	4.6%	4.7%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.7%	4.4%	4.8%	5.0%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	1.3%	20.1%	43.1%	56.7%	71.0%	81.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.1%	6.3%	14.1%	26.8%	44.3%	68.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.3%	82.6%	81.7%	80.8%	81.0%	82.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				62.0%	60.6%	63.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				28.2%	39.0%	41.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.8%	92.0%	91.5%	91.9%	91.7%	90.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.2%	83.2%	82.8%	84.5%	85.1%	84.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.4%	79.1%	80.0%	80.8%	82.2%	81.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.6%	83.4%	84.5%	84.8%	83.4%	82.5%
Information Governance	Resources	Well Led	AD	>=95%	93.6%	90.0%	89.9%	90.2%	89.2%	88.2%
Moving and Handling	Resources	Well Led	AD	>=80%	85.0%	84.4%	82.2%	82.2%	79.4%	78.2%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	89.0%	90.0%	90.1%	89.7%	89.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.4%	87.1%	88.0%	88.3%	88.2%	88.0%
Bank Cost	Resources	Well Led	AD		£463k	£370k	£434k	£434k	£512k	£605k
Agency Cost	Resources	Effective	AD		£805k	£842k	£925k	£791k	£989k	£833k
Overtime Costs	Resources	Effective	AD		£31k	£33k	£35k	£23k	£17k	£9k
Additional Hours Costs	Resources	Effective	AD		£87k	£60k	£68k	£78k	£52k	£48k
Sickness Cost (Monthly)	Resources	Effective	AD		£497k	£468k	£456k	£483k	£514k	£517k
Business Miles	Resources	Effective	AD		345k	321k	267k	286k	300k	273k



Workforce - Performance Wall cont...

Notes:

Mental Health Act (MHA) training - compliance against MHA training will flow from Q3.

Sickness

- The trust remains amber at 4.8%
- Calderdale & Kirklees (5.3%), Forensic (6.1%) and Specialist Services (5.1%) BDUs report the highest levels of sickness.

Vacancies (Non Medical)

- Barnsley continues to have the greatest number of vacancies at end of September 2016.
- Barnsley and Specialist BDUs have seen the greatest increase in vacancies (period Apr 16 to Sept16) - Specialist services have increased from 55.7wte to 76.8wte; Barnsley BDU have increased from 127.3wte to 173.9wte
- Follow up recruitment summit took place and identified a range of recruitment and retention measures
 - Identified the need to increase focus on retention and the importance of the health & wellbeing survey action plans emphasised
 - Explore international recruitment
 - Develop workforce plans in partnership with West Yorkshire Mental Health Trusts linked to universities
 - Development of medical and admin bank

Bank and Agency

- Agency and Bank utilisation above cap (reduction in Agency compared to last month)
- Centralised bank service gone live 12 September
- EMT reviewing impact of bank incentive scheme in inpatient areas, some evidence of impact
- Significant additional reporting requirements re agency expenditure to NHSI from October 24th

Health & Wellbeing Survey

- Results of the Health & Wellbeing survey being fed back and discussed with teams.
- Each team generating a Health & Wellbeing action plan

Mandatory Training

- The Trust is achieving above threshold for all areas with the exception of Information Governance (88.2%); Moving & Handling (78.2%) and Mental Health Act (MHA) training - compliance against MHA training will flow from Q3.
Cardiopulmonary resuscitation and clinical risk training are new measures and whilst these are currently showing as red, they are on a planned trajectory.
- Continued focus being placed on IG across the trust given recent ICO reportable incidents.

Publication Summary

Department of Health (DH)

Making a difference in dementia: nursing vision and strategy

This strategy sets out how nurses can provide high quality compassionate care and support for people with dementia, so they can live well with dementia within all care settings, including a person's own home. It aims to support all nurses to be responsive to the needs of people with dementia, continue to develop their skills and expertise, and achieve the best outcomes for people with dementia, their carers and families.

[Click here for strategy](#)

NHS England

Delivering the Forward View: NHS operational planning guidance for 2017/18 and 2018/19

This guidance aims to provide NHS trusts and commissioners with tools they need to plan for the years ahead. For the first time, the guidance covers two financial years, to provide greater stability, underpinned by a two-year tariff for NHS patients and a two-year NHS Standard Contract.

[Click here for guidance](#)

National Institute for Health and Care Excellence (NICE)

Multimorbidity: clinical assessment and management

This clinical guideline calls for a tailored approach to planning care when treating someone who has two or more long-term health conditions. It sets out ways to put patients with complex health issues at the heart of decisions about their care, including how to decide between different medicines and treatments. A database which summarises the benefits and adverse side effects of a number of common treatments has been created alongside the new guideline. It will help healthcare professionals work together with their patients to make joint decisions about their care.

[Click here for guidelines](#)

Department of Health (DH)

Out of area placements in mental health services for adults in acute inpatient care

The government has set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021. This guidance is aimed at providers, commissioners and users of local adult inpatient acute mental health services in England. It is intended to support providers and commissioners in accurately monitoring and reducing their use of OAPs and to help providers submit accurate information on OAPs to national data collections.

[Click here for guidance](#)

Publication Summary cont....

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

Mental health services monthly statistics final June, provisional July 2016

Learning disability services monthly statistics commissioner census (assuring transformation), Aug 2016, experimental statistics

Improving Access to Psychological Therapies report, June 2016 final, July 2016 primary and most recent quarterly data (Q4 2015/16)

Diagnostic imaging dataset for May 2016

NHS sickness absence rates May 2016

Adult psychiatric morbidity survey: survey of mental health and wellbeing, England, 2014

NHS Provider bulletin: 28 September 2016

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data April 2016 - July 2016

Children and young people's health services monthly statistics, England – September 2015, experimental statistics

National confidential inquiry into suicide and homicide by people with mental illness (University of Manchester)

The state of health care and adult social care in England 2015/16 (Care Quality Commission)

Funding of mental health services: do available data support episodic payment? (Centre for Health Economics)

Referral to treatment waiting times data, August 2016

Early intervention in psychosis waiting times, August 2016

Diagnostic waiting times and activity, August 2016

Delayed transfers of care, August 2016

NHS provider bulletin: 12 October 2016



Finance Report

Month 6 (2016/2017)

Appendix 1



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With **all of us** in mind.

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The Trust currently completes a detailed return demonstrating current and future financial performance to NHS Improvement on a monthly basis. This is summarised, as per the Risk Assessment Framework, into a Financial Risk Rating and scored on a range of 0 to 4 (with 4 being the best rating possible).

As highlighted below current performance is either in line with or better than plan for all metrics. The forecast also illustrates the Trust expects to achieve a rating of 4 for the remainder of the year on this method of calculation. The calculation changes from month 7 with the introduction of the Single Oversight Framework (see next page).

				Actual Performance		Plan - Month 6	
	Financial Criteria	Weight	Metric	Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	25%	Capital Service Capacity	4.9	4	3.6	4
	Liquidity	25%	Liquidity (Days)	17.1	4	13.2	4
Financial Efficiency	Underlying Performance	25%	I & E Margin	1.7%	4	1.2%	4
	Variance from Plan	25%	Variance in I & E Margin as a % of income	0.5%	4	-0.4%	3
Weighted Average - Financial Sustainability Risk Rating					4		4

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.

Risk Rating 4 - No evident Concerns

Risk Rating 3 - Emerging or minor concern potentially requiring scrutiny.

1.1 NHS Improvement Risk Rating - Use of Resources (Shadow)

With effect from month 7 (October 2016) the way that NHS Improvement assess financial performance and efficiency will change. This will be regulated under the Single Oversight Framework and the financial metric will be on the Use of Resources.

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

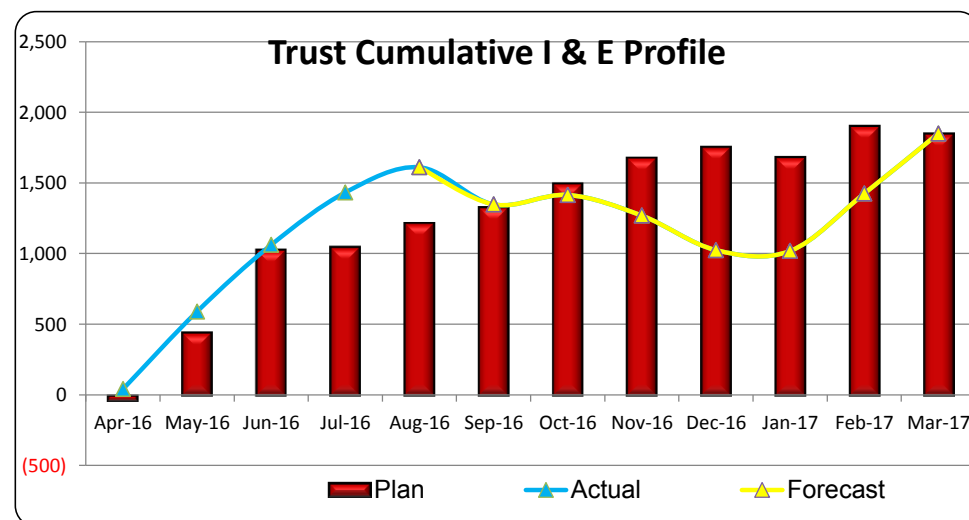
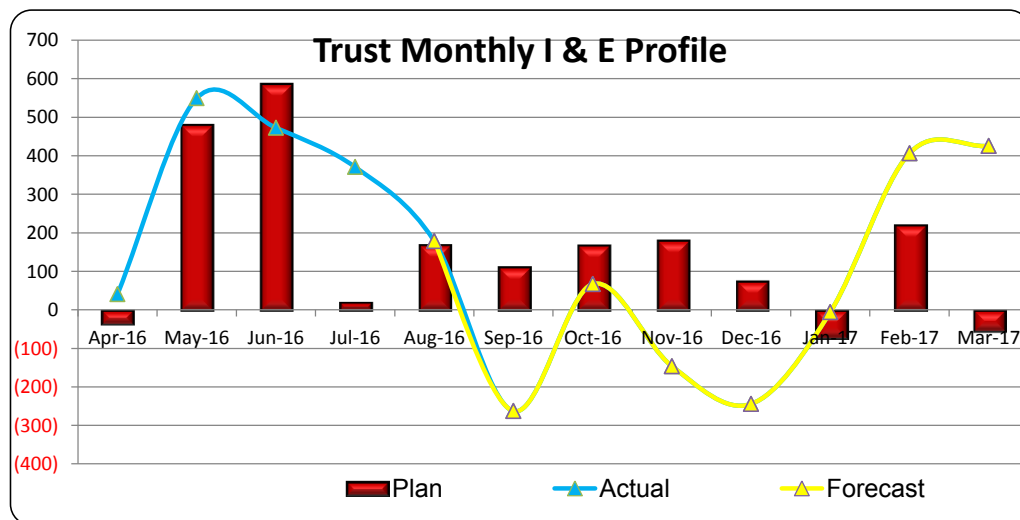
Additionally the Use of Resources metric changes the scoring regime. This is now rated from 1 to 4 with 1 being the highest possible weighted average score. NHS Improvement will use this score to inform which segmentation the Trust falls under and if any support is required.

	Financial Criteria	Weight	Metric	Actual Performance		Plan - Month 6	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	20%	Capital Service Capacity	4.9	1	3.6	1
	Liquidity	20%	Liquidity (Days)	17.1	1	13.2	1
Financial Efficiency	Underlying Performance	20%	I & E Margin	1.7%	1	1.2%	1
	Variance from Plan	20%	Variance in I & E Margin as a % of income	0.5%	1	-0.4%	2
Agency Cap	Variance from Plan	20%	Agency Margin	82%	4	#N/A	#N/A
Weighted Average - Financial Sustainability Risk Rating					3	1	

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.

Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,994	17,973	(21)	Clinical Revenue	107,867	107,723	(144)	211,767	211,602	(165)
				17,994	17,973	(21)	Total Clinical Revenue	107,867	107,723	(144)	211,767	211,602	(165)
				1,147	1,154	7	Other Operating Revenue	7,391	7,479	89	13,773	14,087	314
				19,141	19,126	(14)	Total Revenue	115,257	115,202	(56)	225,541	225,689	149
4,492	4,148	(344)	7.7%	(14,671)	(14,456)	215	Pay Costs	(88,598)	(87,059)	1,538	(172,981)	(172,400)	582
				(3,651)	(3,931)	(281)	Non Pay Costs	(21,976)	(22,137)	(161)	(43,118)	(44,712)	(1,593)
				263	(29)	(291)	Provisions	1,799	945	(854)	2,646	3,599	952
4,492	4,148	(344)	7.7%	(18,059)	(18,416)	(357)	Total Operating Expenses	(108,774)	(108,252)	522	(213,453)	(213,513)	(60)
4,492	4,148	(344)	7.7%	1,081	710	(371)	EBITDA	6,483	6,950	467	12,087	12,176	89
				(719)	(719)	0	Depreciation	(3,649)	(4,100)	(451)	(7,233)	(7,318)	(85)
				(257)	(257)	0	PDC Paid	(1,540)	(1,540)	0	(3,080)	(3,080)	(0)
				6	3	(4)	Interest Received	38	38	1	75	71	(4)
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,492	4,148	(344)	7.7%	112	(263)	(375)	Surplus / (Deficit)	1,332	1,348	16	1,850	1,850	(0)



Income & Expenditure Position 2016 / 2017

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

The Trust year to date and forecast finance position including and excluding STF funding is highlighted below.

	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k
Surplus (Excluding STF)	657	673	16	500	500	(0)
STF	675	675	0	1,350	1,350	0
Surplus - Total	1,332	1,348	16	1,850	1,850	(0)

Two key components need to be achieved in order to receive STF monies.

Financial Performance	591	591	0	1,181	1,181	0
Referral to Treatment	84	84	0	169	169	0
STF - Total	675	675	0	1,350	1,350	0

Month 6

The Trust is marginally ahead of plan at month 6 meaning that the STF monies are expected to be received for Quarter 2.

In month expenditure has been £375k more than plan due to a number of key components:

£215k	Pay underspends exceeding agency costs in month
(£402k)	Additional costs to purchase additional bed capacity. Additional analysis and deep dive being conducted.
£417k	Underspends in other non pay categories such as stationery and training costs
(£630k)	Redundancy implications arising from services decommissioned by local authorities
(£275k)	Redundancy implications to support the Trust CIP programme
£300k	Release of previous redundancy provision as no longer required
(£375k)	

Forecast

The Trust forecast position remains in line with plan of £0.5m surplus pre STF. This position remains challenging and requires delivery of a number of key assumptions. This includes successful implementation of amber rated CIP schemes and delivery of CQUIN schemes.

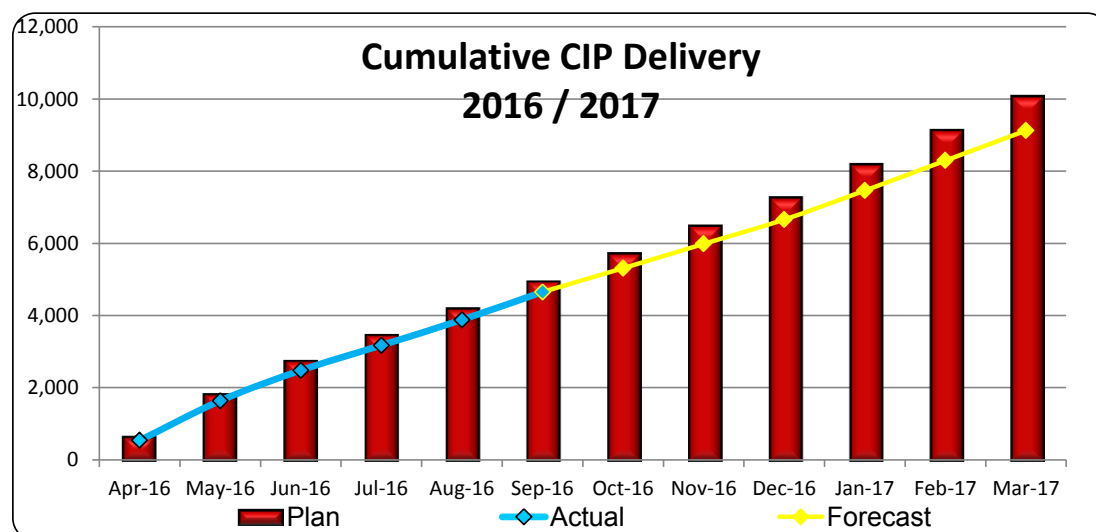
2.1

Cost Improvement Programme 2016 / 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Recurrent	661	662	662	665	679	695	717	723	728	863	891	891	4,025	8,837
Target - Non Recurrent	9	509	259	49	49	49	49	49	49	49	49	49	926	1,223
Target - Monitor Submission	670	1,172	922	715	729	744	766	772	777	912	940	940	4,952	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	4,952	10,059

Delivery as planned	452	1,446	2,147	2,686	3,232	3,862	4,430	5,008	5,585	6,363	7,168	7,974	3,862	7,974
Mitigations - Recurrent	0	6	9	14	18	22	26	30	34	38	42	46	22	46
Mitigations - Non Recurrent	84	185	323	473	630	768	854	947	1,040	1,061	1,083	1,105	768	1,105
Total Delivery	536	1,637	2,479	3,172	3,880	4,652	5,310	5,984	6,659	7,462	8,294	9,125	4,652	9,125

Shortfall / Unidentified	135	205	285	306	327	300	408	506	608	717	826	934	300	934
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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 to date variance has reduced from £324k in month 5 to £300k in month 6. However overall the forecast adverse variance has increased from £830k shortfall to £934k. This is due to projected delays in the targeted non pay reduction scheme.

The CIP programme continues to present a financial challenge in 2016 / 2017 and also recurrently into 2017 / 2018. New schemes are being identified as part of the current annual planning process and this risk will be considered within the overall plan.

3.0

Balance Sheet 2016 / 2017

	2015 / 2016 Plan (YTD)	Actual (YTD)	Note	
	£k	£k	£k	
Non-Current (Fixed) Assets	114,134	116,705	114,849	1
Current Assets				
Inventories & Work in Progress	190	190	190	
NHS Trade Receivables (Debtors)	2,623	1,973	2,164	2
Other Receivables (Debtors)	7,541	5,542	8,037	3
Cash and Cash Equivalents	27,107	28,500	26,232	4
Total Current Assets	37,461	36,205	36,623	
Current Liabilities				
Trade Payables (Creditors)	(6,430)	(6,880)	(6,588)	5
Other Payables (Creditors)	(3,481)	(3,481)	(3,141)	5
Capital Payables (Creditors)	(785)	(785)	(920)	5
Accruals	(8,576)	(10,476)	(8,711)	6
Deferred Income	(789)	(789)	(746)	
Total Current Liabilities	(20,060)	(22,410)	(20,105)	
Net Current Assets/Liabilities	17,401	13,794	16,518	
Total Assets less Current Liabilities	131,535	130,500	131,367	
Provisions for Liabilities	(10,017)	(8,327)	(8,501)	
Total Net Assets/(Liabilities)	121,518	122,173	122,866	
Taxpayers' Equity				
Public Dividend Capital	43,492	43,492	43,492	
Revaluation Reserve	19,446	19,446	19,446	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,361	54,015	54,708	7
Total Taxpayers' Equity	121,518	122,173	122,866	

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

1. The value of fixed assets is less than plan as reflected by the current capital programme and the year to date depreciation charges.

2. NHS debtors are higher than plan primarily due to the Qtr 1 CQUIN invoices which have now been agreed, but remain unpaid. It is expected these will be paid in month 7.

3. Other debtors on the balance sheet consists of £2.9m accrued income, £2.1m prepayments and non NHS debtors £3.0m. This is the similar to last month although there is a reduction in accrued income as invoices have been raised.

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 13.

5. Creditors, whilst marginally lower than plan, are in line with historical levels. Due to the timing of invoices received capital creditors have increased in month 6 but have been paid in early October 2016.

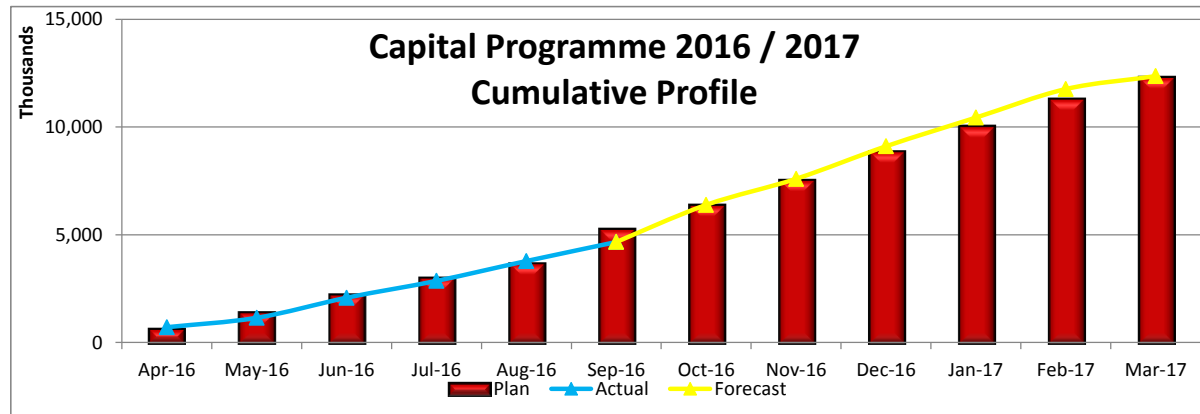
6. Accruals are lower than planned. This is mainly due to invoices being received from other NHS bodies which had been planned, based upon previous experience, to be received later in the year.

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

3.1

Capital Programme 2016 / 2017

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,050	929	617	(312)	2,246	196	3
IM&T	1,210	641	151	(490)	1,178	(32)	4
Total Minor Capital & IM & T	3,260	1,570	767	(803)	3,425	164	
Major Capital Schemes							
Pontefract Hub	1,795	1,761	1,847	86	1,939	144	6
Wakefield Hub	735	558	382	(176)	790	55	6
Fieldhead Non Secure	4,725	922	1,567	645	4,829	104	5
Fieldhead Development	1,300	150	7	(143)	1,092	(208)	
Other	498	348	405	57	595	97	
Total Major Schemes	9,053	3,739	4,208	469	9,244	191	
VAT Refunds	0	0	(312)	(312)	(312)	(312)	2
TOTALS	12,313	5,309	4,664	(645)	12,357	44	

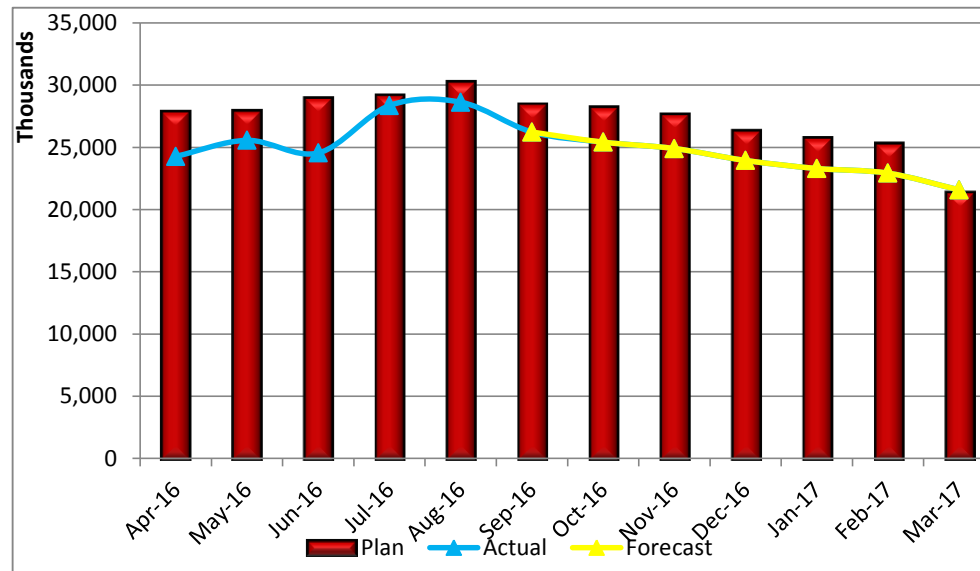


Capital Expenditure 2016 / 2017

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 £0.6m behind plan (12%). Excluding the benefit arising from successful VAT recovery agreed with HRMC this would be £0.3m behind plan (6%).
3. The main minor works scheme behind plan relates to Fieldhead site generator which is now planned to complete in Qtr4. New schemes identified in year mean that the forecast is higher than the original plan. These will need to be effectively prioritised so plan is not exceeded.
4. The IM&T capital programme is on plan to deliver; current underspend on the IM&T capital is due to undertaking review of requirements with suppliers and ensuring we obtain competitive quotes for the work required. These areas of work are coming to a conclusion and the Trust will be placing orders for work over the next couple of months which will bring the projected expenditure back in line.
5. Based upon estimates received from our P21+ partner expenditure is currently ahead of plan. These estimates are being validated alongside the current scheme forecast and trajectory.
6. Pontefract hub is now open and final costs are being confirmed. Wakefield hub will be complete in Quarter 3.

3.2

Cash Flow & Cash Flow Forecast 2016 / 2017



	Plan	Actual	Variance
	£k	£k	£k
Opening Balance	27,107	27,107	
Closing Balance	28,500	26,232	(2,268)

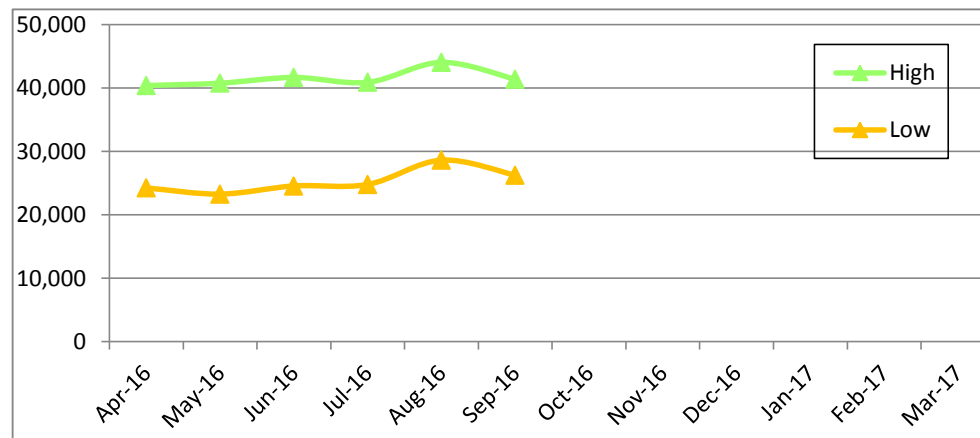
The cash position provides a key element of the Continuity of Service and Financial Efficiency Risk Rating. As such this is monitored and reviewed on a daily basis.

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

The key cash variance to plan remains higher than planned levels of accrued income and debtors. Quarter 1 CQUIN invoices have now been raised but currently remain unpaid.

A detailed reconciliation of working capital compared to plan is presented on page 12.

Interest rates received on cash balances within the GBS account have reduced from 0.25% to 0.14% with effect from 5th August 2016. This will mean a reduced value of interest receivable and this has been reflected in the current forecast position.



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: £41.4m

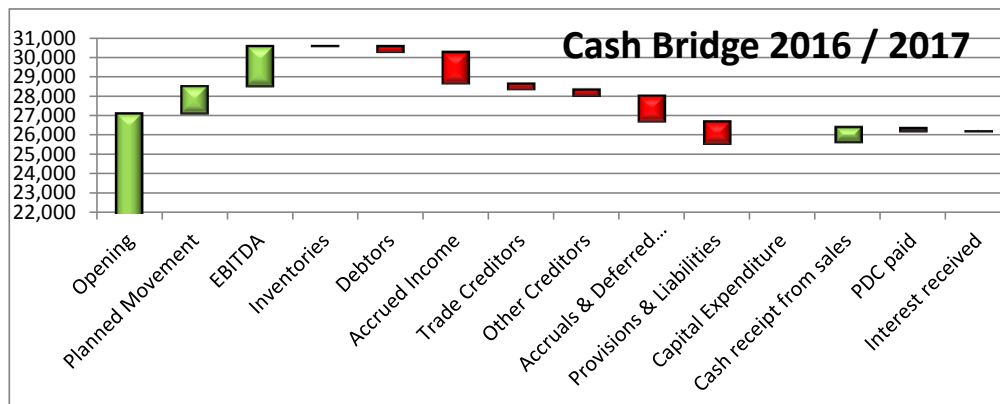
The lowest balance is: £26.2m

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)	4,894	6,958	2,063	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,725	2,422	(303)	
Accrued Income	0	(1,596)	(1,596)	3
Trade Payables (Creditors)	450	157	(293)	4
Other Payables (Creditors)	0	(320)	(320)	
Accruals & Deferred income	1,400	92	(1,308)	5
Provisions & Liabilities	(1,565)	(2,678)	(1,113)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(5,309)	(4,528)	780	2
Cash receipts from asset sales	299	140	(159)	
PDC Dividends paid	(1,540)	(1,560)	(20)	
Interest (paid)/ received	38	38	1	
Closing Balances	28,500	26,232	(2,267)	



The plan value reflects the April 2016 submission to Monitor.

Factors which increase the cash position against plan:

1. The overall surplus position at month 6 is marginally ahead of plan. However, within this position, depreciation charges are higher than plan and these are non cash. As such the cash benefit is greater than the surplus alone.
2. Capital expenditure is less than plan. The cash benefit is increased due to higher than plan capital creditors in month. Invoices were received and paid in the first week of October 2016.

Factors which decrease the cash position against plan:

3. Accrued income remains higher than planned however this has reduced from £2.3m at month 5 as Qtr 1 CQUIN settlements have been invoiced. The majority have not yet been paid which has increased the debtor value. We will work with commissioners to agree Qtr 2 CQUIN and secure payment sooner than experienced with Qtr 1.
4. Creditors remain lower than plan and payments continue to made in line with the Trust payment policy and in line with the Better Payment Practice Code.
5. Accruals remain at a low level. Issues with receiving invoices from NHS bodies, and reflected in the plan, have not been experienced to date in 2016 / 2017.

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

4.0

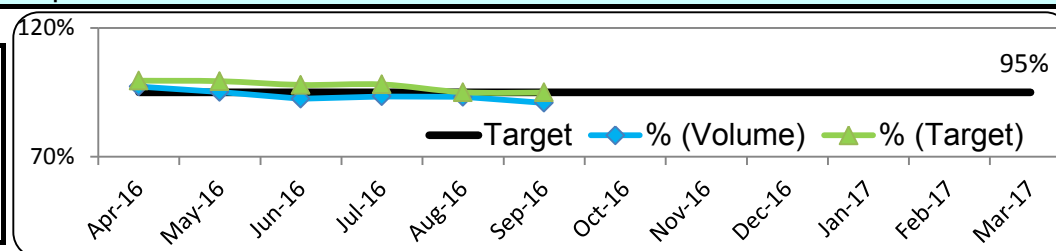
Better Payment Practice Code

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

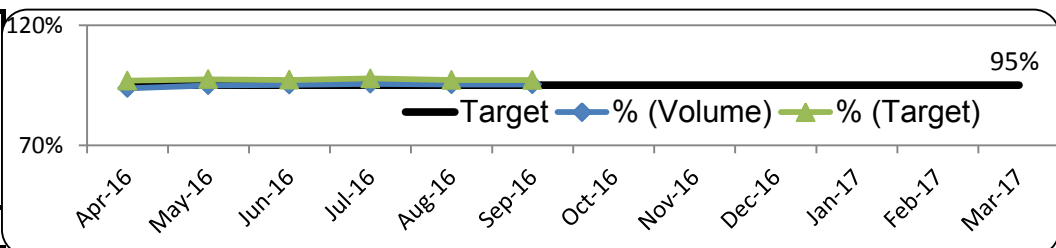
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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

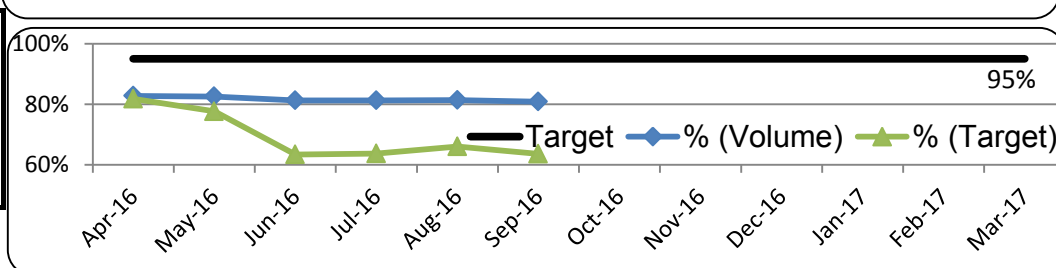
NHS		
	Number	Value
	%	%
Year to August 2016	93%	95%
Year to September 2016	91%	95%



Non NHS		
	Number	Value
	%	%
Year to August 2016	95%	97%
Year to September 2016	95%	97%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to August 2016	81%	66%
Year to September 2016	81%	64%



4.1

Transparency Disclosure

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

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

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

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

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
12/09/2016	Availability Charge SLA	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3008842	208,399
30/08/2016	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3007331	121,171
23/09/2016	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3010217	121,131
22/09/2016	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3009979	59,578
19/09/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3009441	45,540
19/09/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3009441	43,133
25/08/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3006863	39,497
25/08/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3006863	36,129
31/08/2016	Specialty Registrar (CT1-3)	Trustwide	Leeds and York Partnership NHS FT	3007432	35,307
20/09/2016	CNST contributions	Trustwide	NHS Litigation Authority	3009584	33,986

As agency expenditure presents a significant financial and service issue to the Trust a focus on agency expenditure is presented here. The focus has also been intensified from NHS Improvement; formally through the introduction of an agency expenditure metric within the Single Oversight Framework and informally through additional information requests.

These requests include:

- Continued weekly monitoring of agency shifts which have exceeded the NHSI hourly rate caps
- Agency expenditure, by service line, as a percentage of total pay for that service line
- List of 20 highest earning agency staff members
- List of agency staff who have been employed for longer than 6 months

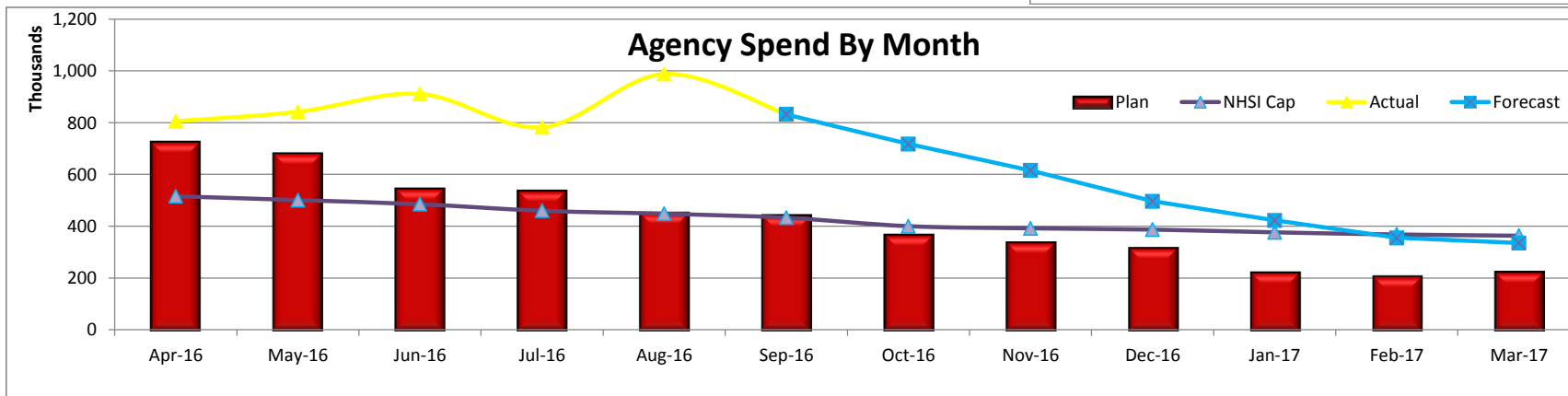
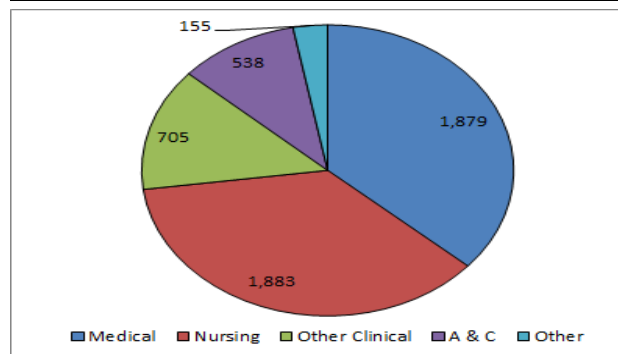
The Trust has seen increased levels of agency expenditure rising from £3.6m in 2013 / 2014 to £8.6m in 2015 / 2016. The introduction of an agency cap for 2016 / 2017 identified a capped level of spend of £5.1m. This represented a significant reduction of £3.3m (39%).

Agency expenditure, for the year to date is £5.2m, with average spend of £860k per month. If this was to continue for the remainder of the year this would mean total outturn expenditure of £10,320k. This would be double the cap expectation.

However, BDUs and divisions, have forecast reduced levels of expenditure for the remainder of the year (offset by increases in substantive staff costs within the overall financial position). This is shown in the graph below and if this can be delivered will mean a reduction in the monthly run rate to £335k by March 2017. (c. £4m per annum)

The pie chart to the right shows year to date expenditure by category. Within this medical staff accounts for £1.9m (36%) whilst nursing also accounts for £1.9m (36%). Within these values it is worthwhile to highlight that £560k nursing expenditure relates to providing bespoke packages of care.

	Year to Date £000	Forecast £000
Total Trust Position	5,160	8,102
Less Agency Social Workers	(214)	(420)
Less Bespoke Packages of Care	(560)	(606)
Net Trust Position	4,386	7,076



- * 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	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.6%	4.2%	3.9%	4.0%	4.1%	4.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.6%	4.2%	3.6%	4.1%	4.6%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.0%	0.0%	58.6%	69.9%	82.1%	91.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.2%	11.1%	23.8%	41.7%	60.4%	77.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	88.0%	86.7%	83.9%	88.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				75.5%	75.7%	76.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				47.5%	55.3%	58.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	100.0%	100.0%	92.4%	92.7%	92.6%	92.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	86.6%	87.5%	88.4%	88.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%			76.6%	76.9%	79.9%	79.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	89.8%	89.7%	89.3%	88.5%
Information Governance	Resources	Well Led	AD	>=95%	100.0%	100.0%	90.9%	90.8%	89.9%	89.0%
Moving and Handling	Resources	Well Led	AD	>=80%	100.0%	100.0%	83.7%	83.7%	80.6%	80.3%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	91.7%	91.7%	90.9%	91.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	89.0%	89.5%	89.3%	89.5%
Sainsbury's Tool				>=80%				96.9%	97.4%	97.4%
Bank Cost	Resources	Well Led	AD		£64k	£52k	£55k	£66k	£90k	£105k
Agency Cost	Resources	Effective	AD		£133k	£207k	£157k	£127k	£169k	£180k
Overtime Costs	Resources	Effective	AD		£14k	£15k	£12k	£6k	£6k	£4k
Additional Hours Costs	Resources	Effective	AD		£48k	£34k	£35k	£44k	£25k	£24k
Sickness Cost (Monthly)	Resources	Effective	AD		£175k	£145k	£135k	£153k	£177k	£182k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		127.33	130.14	138.43	154.87	156.73	173.89
Business Miles	Resources	Effective	AD		139k	127k	113k	114k	123k	116k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.1%	4.7%	5.0%	5.3%	5.4%	5.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.7%	5.4%	5.7%	5.8%	5.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	3.2%	22.6%	42.9%	56.5%	67.5%	82.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	6.4%	11.1%	23.1%	35.6%	63.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	85.3%	84.9%	83.3%	83.5%	84.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				47.3%	47.6%	53.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				19.1%	34.6%	35.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.9%	92.1%	91.9%	92.5%	92.3%	89.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.0%	79.8%	82.2%	84.4%	84.5%	83.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.9%	74.7%	77.6%	77.4%	77.4%	79.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.6%	84.9%	84.8%	84.1%	80.0%	77.9%
Information Governance	Resources	Well Led	AD	>=95%	95.7%	91.1%	91.3%	91.7%	89.7%	88.7%
Moving and Handling	Resources	Well Led	AD	>=80%	84.6%	83.4%	81.2%	80.2%	76.5%	73.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.2%	88.6%	90.0%	91.2%	90.8%	90.0%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.0%	87.5%	87.9%	86.9%	86.4%	85.3%
Sainsbury's Tool				>=80%				98.3%	97.5%	96.4%
Bank Cost	Resources	Well Led	AD		£145k	£102k	£134k	£134k	£140k	£150k
Agency Cost	Resources	Effective	AD		£232k	£135k	£143k	£162k	£179k	£165k
Overtime Costs	Resources	Effective	AD		£1k	£5k	£5k	£2k	£2k	£2k
Additional Hours Costs	Resources	Effective	AD		£6k	£5k	£4k	£6k	£1k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£100k	£107k	£123k	£125k	£123k	£107k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		71.52	70.34	71.46	73.49	78.74	69.49
Business Miles	Resources	Effective	AD		66k	67k	51k	57k	56k	50k

Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	6.3%	4.5%	5.0%	5.7%	5.9%	6.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.4%	4.5%	5.4%	7.1%	6.7%	6.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.0%	9.2%	41.9%	55.6%	67.6%	80.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	2.8%	5.8%	13.6%	26.5%	49.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.5%	77.8%	75.7%	77.6%	78.9%	80.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				70.0%	62.6%	60.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				0.0%	0.0%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.9%	93.0%	94.0%	93.1%	92.2%	91.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.8%	81.2%	80.9%	83.5%	84.0%	84.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	86.8%	88.0%	89.7%	89.6%	90.0%	88.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.2%	83.9%	86.8%	87.7%	84.1%	83.0%
Information Governance	Resources	Well Led	AD	>=95%	93.5%	88.9%	89.7%	88.6%	85.5%	84.6%
Moving and Handling	Resources	Well Led	AD	>=80%	86.7%	85.4%	85.9%	86.3%	85.2%	83.6%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	85.6%	88.8%	86.9%	88.8%	88.1%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.4%	86.4%	87.9%	89.3%	88.2%	88.4%
Sainsbury's Tool								0.0%	12.5%	80.0%
Bank Cost	Resources	Well Led	AD		£123k	£93k	£115k	£116k	£134k	£179k
Agency Cost	Resources	Effective	AD		£107k	£134k	£174k	£130k	£163k	£62k
Overtime Costs	Resources	Effective	AD			£1k	£1k		£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k		£0k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£45k	£39k	£47k	£60k	£60k	£62k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		51.83	53.58	61.1	61.91	56.93	49.49
Business Miles	Resources	Effective	AD		11k	5k	10k	14k	6k	9k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	5.8%	5.4%	5.2%	5.1%	5.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.1%	5.7%	5.0%	4.9%	4.9%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.5%	6.9%	13.3%	31.4%	48.5%	58.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	4.1%	10.3%	22.9%	35.6%	50.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.2%	72.3%	70.1%	69.9%	75.8%	78.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				49.5%	38.9%	52.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%	93.3%	92.8%	92.5%	93.2%	92.4%	92.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.9%	83.1%	82.9%	83.2%	80.8%	82.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.5%	66.7%	68.0%	68.1%	54.2%	60.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.9%	83.9%	82.6%	83.6%	86.5%	85.1%
Information Governance	Resources	Well Led	AD	>=95%	95.0%	88.3%	88.7%	87.7%	85.9%	85.0%
Moving and Handling	Resources	Well Led	AD	>=80%	84.9%	83.6%	83.2%	81.4%	80.1%	79.0%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.4%	86.1%	87.7%	87.3%	86.9%	86.5%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.3%	85.9%	86.1%	86.9%	87.1%	86.7%
Sainsbury's Tool				>=80%				90.9%	72.7%	
Bank Cost	Resources	Well Led	AD		£18k	£19k	£20k	£20k	£20k	£25k
Agency Cost	Resources	Effective	AD		£224k	£226k	£303k	£172k	£269k	£227k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£1k	£3k	£2k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£3k	£5k	£6k	£12k	£10k
Sickness Cost (Monthly)	Resources	Effective	AD		£49k	£50k	£45k	£44k	£50k	£47k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.73	70.59	76.07	76.05	81.08	76.83
Business Miles	Resources	Effective	AD		35k	39k	29k	32k	33k	20k

Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<= 4.4%	4.8%	4.5%	4.2%	4.0%	4.1%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.4%	4.1%	4.5%	3.8%	3.7%	4.2%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.5%	8.1%	36.4%	52.4%	71.2%	79.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	2.6%	6.8%	13.7%	34.2%	76.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.2%	81.0%	80.4%	75.2%	70.8%	70.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				66.7%	62.5%	66.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				0.0%	0.0%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.5%	85.6%	85.7%	86.7%	87.0%	87.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.8%	82.4%	77.1%	82.2%	82.5%	81.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	87.5%	91.8%	91.7%	93.7%	96.3%	92.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	75.3%	73.8%	76.1%	77.0%	74.6%	75.4%
Information Governance	Resources	Well Led	AD	>=95%	86.1%	84.3%	84.2%	86.7%	88.7%	88.3%
Moving and Handling	Resources	Well Led	AD	>=80%	83.9%	83.1%	81.4%	83.4%	82.3%	81.3%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.4%	88.4%	88.1%	87.3%	87.2%	86.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.8%	89.5%	89.3%	90.0%	90.7%	89.9%
Sainsbury's Tool								0.0%	0.0%	0.0%
Bank Cost	Resources	Well Led	AD		£47k	£32k	£30k	£29k	£40k	£35k
Agency Cost	Resources	Effective	AD		£51k	£36k	£53k	£57k	£39k	£48k
Overtime Costs	Resources	Effective	AD			£1k	£1k	£0k	£6k	£0k
Additional Hours Costs	Resources	Effective	AD		£17k	£12k	£17k	£16k	£10k	£9k
Sickness Cost (Monthly)	Resources	Effective	AD		£61k	£63k	£53k	£47k	£54k	£57k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		70.28	73.94	82.14	80.4	71.62	73.63
Business Miles	Resources	Effective	AD		54k	45k	33k	37k	39k	39k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<= 4.4%	5.3%	5.5%	5.1%	5.1%	4.9%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.4%	5.4%	5.6%	4.6%	5.0%	4.5%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	1.1%	17.7%	37.0%	50.3%	69.1%	80.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	1.3%	10.4%	23.1%	43.8%	58.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.1%	88.4%	84.0%	85.9%	86.3%	86.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				47.4%	45.1%	50.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				30.4%	34.2%	36.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.0%	94.8%	93.7%	94.5%	94.1%	93.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	77.5%	80.0%	81.6%	80.8%	83.7%	82.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.0%	73.1%	70.3%	73.9%	76.0%	75.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	80.8%	76.8%	78.8%	80.8%	81.4%	81.6%
Information Governance	Resources	Well Led	AD	>=95%	96.8%	93.8%	94.5%	94.9%	92.4%	90.8%
Moving and Handling	Resources	Well Led	AD	>=80%	76.9%	76.0%	76.1%	76.1%	70.4%	70.6%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.0%	87.7%	90.3%	89.9%	89.7%	89.3%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.7%	85.2%	84.1%	84.2%	84.5%	86.1%
Sainsbury's Tool				>=80%				99.3%	98.8%	97.6%
Bank Cost	Resources	Well Led	AD		£66k	£71k	£79k	£69k	£87k	£111k
Agency Cost	Resources	Effective	AD		£58k	£102k	£95k	£143k	£170k	£152k
Overtime Costs	Resources	Effective	AD		£14k	£9k	£15k	£12k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£6k	£6k	£5k	£3k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£67k	£64k	£52k	£54k	£51k	£62k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		58.63	75.79	61.17	66.14	64.72	67.1
Business Miles	Resources	Effective	AD		40k	36k	31k	32k	43k	37k

Glossary

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

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.