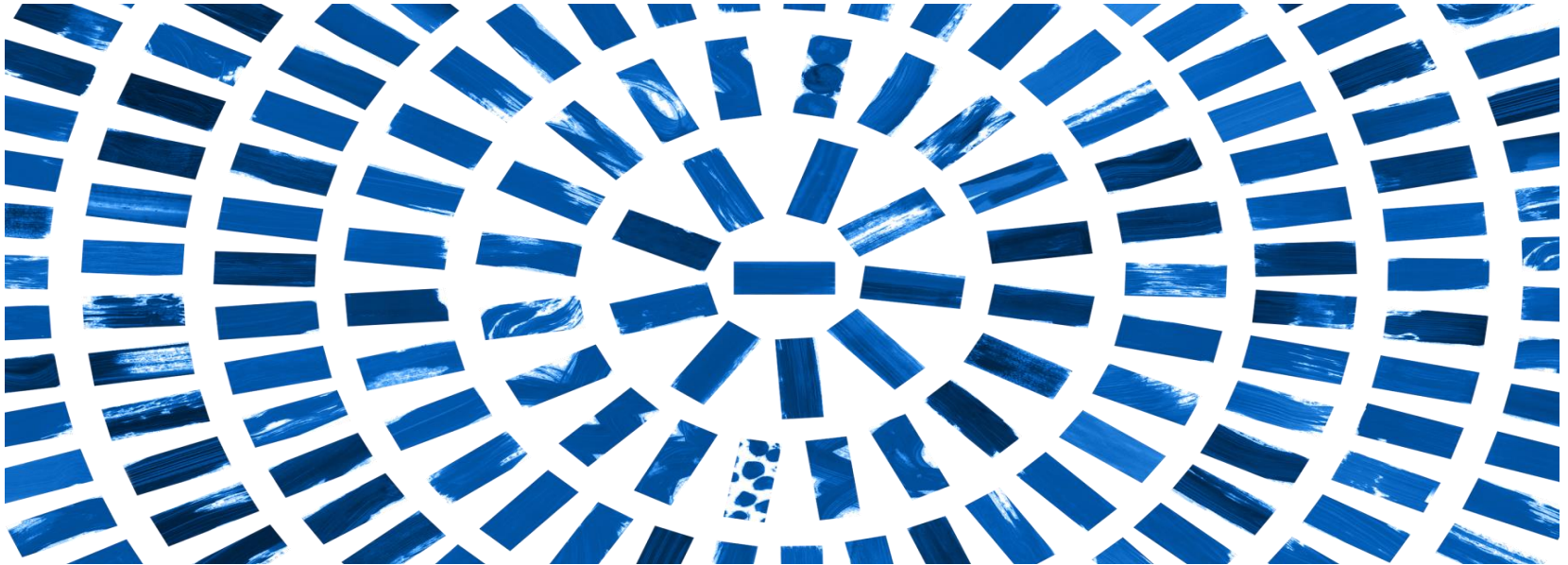


Integrated Performance Report

Strategic Overview



November 2016

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for November 2016. This report is as comprehensive as possible at the time of preparation, where information is not yet available the report will be updated and re-circulated to all Trust Board members by December 23rd. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. The report is now more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is continue to develop the report such that it can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated.

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

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

The Trust's three strategic objectives are:

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

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

- Strategic Summary
- Quality
- NHS Improvement (formerly Monitor)
- Locality
- Transformation
- Finance
- Contracts
- Workforce

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



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

From 1st October 2016, the following ratings apply:

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

Lead Director:

The performance information above shows the previous ratings for governance and finance to September. From October onwards the performance rating metrics have changed to be in line with the new Single Oversight Framework which captures Trust performance against quality, finance, operational metrics, strategy and leadership under one single overall rating. The most significant reasons for the Trust to be rated as 2 are the CQC rating of 'requires improvement' and the level of spend above our agency staff expenditure ceiling.

Areas to Note:

- 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. Financially this risk equates to £0.7m of lost income if not achieved.
- Medicine omissions (refusals) position has deteriorated, action in place to repeat previous success
- First year of 'sign up to safety' plan shows positive outcomes.
- CQC revisit plan progressing as anticipated
- CQC action plan on schedule
- Number of reported incidents of 1146 in November remained in line with recent average
- Four serious incidents reported in November; 1 of which was an apparent suicide, 2 of which were deaths by other causes and the remaining 1 related to a fire incident
- NHS Improvement metrics - risk identified relates to some of the newly included metrics including IAPT moving to recovery, Mental Health Services Data Set priority metrics, Cardio-metabolic assessment for patient with severe mental illness.
- 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.
- Net deficit of £566k in the month driven by a continued increase in out of area bed placements, CQUIN achievement and timing of ADHD income
- Finance Risk metrics have deteriorated in month due to the deficit and variation from plan
- Year-to-date pre STF surplus of £0.1m which is £0.7m behind plan
- Full year pre STF surplus forecast remains at £0.5m, but with very significant risk attached. Actions being taken to reduce discretionary spend and agency usage. Specific group established to focus on options to reduce out of area bed usage.
- Whilst agency spend reduced by £0.1m in the month it remains well above both ceiling and forecast. Cumulatively agency spend is now £6.7m, which is in breach of our full year ceiling of £5.1m. Total pay costs marginally higher than plan in November although £1.5m below plan year-to-date.
- £4.2m of asset impairments recognised in month which do not impact on normalised financial position. Impairment relates to independent valuation of specialist buildings and recognition of Keresforth, Fieldhead, CNDH and Baghill House impairments.
- Cost improvements delivery to date of £6.1m, which net of contingency is £0.4m lower than plan. Specific issues relate to the use of out of area bed placements and a range of other trust wide schemes.
- Cash reduced to £26.2m in the month, which is £1.5m lower than plan
- Sickness levels remain at 4.8%
- Increased focus required on Information Governance training. Currently at 85.9%.
- Best practice training developed for Mental Health Act and Mental Capacity Act which are now mandatory in the Trust

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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. Where targets have not yet been agreed, a proposal will be taken to EMT regarding what they should be in January.

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	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	4	
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	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%	6.9%	6.5%		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%		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	22% 12/54	18% 8/44	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%	2	
	Friends and Family Test - Community	Quality & Experience	Caring	DS	95%	98%	99%	97%	98%	99%	98%	99%	98%	98%	97%	97%	98%	4	
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A					1082	1195	1229	1166	1129	1106	992	1147	N/A	
	Total number of incidents resulting in severe harm and death	Quality and Experience	Safety Domain	TB	N/A					1	3	0	2	6	5	6	5	N/A	
	Total number of incidents resulting in moderate or severe harm and death	Quality and Experience	Safety Domain	TB	N/A					15	32	20	19	26	30	31	28	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%	3	
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%					108%	107%	111%	111%	109%	109%	113%	Data not avail	4	
	Safer Staffing % Fill Rate Registered Nurses	Quality and Experience	Safety Domain	TB	80%					98%	98%	101%	98%	93%	91%	95%	Data not avail	4	
	Number of pressure ulcers (attributable) a	Quality and Experience	Safety Domain	TB	N/A					24	40	34	23	38	34	21	23	N/A	
	Number of pressure ulcers (avoidable) b	Quality and Experience	Safety Domain	TB	0					0	0	1	1	1	2	0	2	3	
	Complaints closed within 40 days	Health & Wellbeing	Responsive	DS	TBC	Reporting established from Sept 16										8	8	14	
	Complaints closed over 40 days	Health & Wellbeing	Responsive	DS	TBC	Reporting established from Sept 16										13	14	14	
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development													
	Un-outcomed appointments	Quality and Experience	Effective	KT/SR/CH	TBC	To be included from October										2.2%	3.2%	3.5%	
	Data completeness	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development													
	Number of Information Governance breaches	Quality and Experience	Effective	MB	TBC	Reporting from April 16		16	8	12	8	10	7	10	Data not avail				
	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										79.26%	Avail end of Q4		N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Quality and Experience	Caring	AD	N/A	To be included from October										65.19%			N/A
	Number of compliments received	Quality and Experience	Caring	DS	TBC	To be included from October										26	33	79	

* 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

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 commenced from April 16 onwards where data is available (please note, historic data has been provided where available). There are a few areas 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.

- Some of these KPIs are new, work is now taking place to identify appropriate threshold and forecast trajectories.

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.

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Quality Headlines (& CQUINS performance on a quarterly basis)

Commissioning for Quality and Innovation (CQUIN)

The Trust submitted its quarter 2 returns at the end of October and 90% achievement for the quarter has been agreed with commissioners - this equated to a financial loss of £98,506. Areas of under-performance related to:

- Mental Health Currencies adherence to red rules in Calderdale
- Cluster review (clusters 4-17) all BDUs
- Medicine omissions Calderdale, Kirklees and Wakefield
- Partial achievement for quality of care plans in Calderdale and Kirklees

Mitigating action for the underperforming areas can be seen in the table below which identifies all areas of risk for Q3 and Q4.

The Trust forecast out turn based on Q2 actual performance is 84% achievement. Q3 is due to be submitted at the end of January 2017. Focus is on improving this position.

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	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. • The majority of omissions relate to refusals – procedures are being reviewed to ensure that progress achieved in September is repeated for the future months.

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Safety First

Summary of Q1, Q2 incidents compared to October, November 16/17

Summary of Incidents	Q1	Q2	Oct-16	Nov-16
Green No Harm	2145	2039	590	644
Green	979	963	291	366
Yellow	293	312	96	99
Amber	80	73	20	29
Red	9	15	7	9
Total	3506	3402	1004	1147

- All serious incidents are investigated using Root Cause and Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly incident reports, available on the patient safety support team intranet pages.

- Incident reporting levels remain within the normal range.

- Risk panel remains in operation and scans for themes that require further investigation.

No never events reported in November.

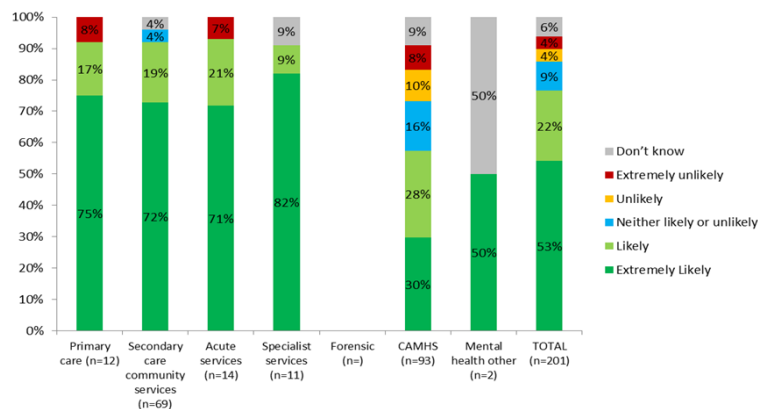
Mortality Review Training – Mortality Reviews – Work continues with Mazars to improve reporting and review arrangements. Mortality Review training took place on 2/12/16. 26 members of staff were trained. A Trust process for mortality reviews is being developed.

Patient Experience

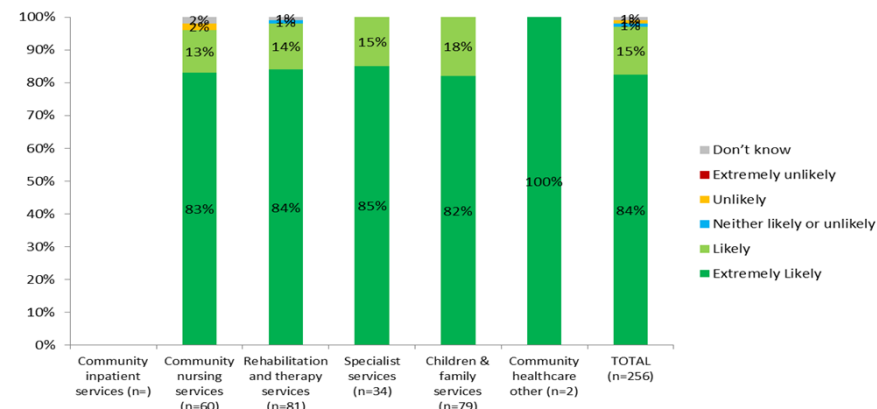
Friends and family test shows

- Community Services – 99% would recommend community services.
- All service lines achieved 82% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 75% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 30% (CAMHS) and 82% (Mental Health Other)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



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Safer Staffing

Safer staff fill rates 90% November =

November data is not available at the time of report preparation. A verbal update will be provided at the meeting.

Average Fill Rate by BDU

Average Fill Rate	Jul-16	Aug-16	Sep-16	Oct-16
Barnsley	109%	105%	111%	110%
C & K	107%	104%	109%	114%
Forensic	105%	107%	107%	109%
Wakefield	113%	110%	104%	110%
Specialist Services	261%	275%	243%	224%
Grand Total	111%	109%	108%	113%

Career and Competency Framework for Neighbourhood Nursing

A quality impact assessment was conducted using the Trust's new QIA standard operating procedure to review the Barnsley Community Nursing Service Career and Competency Framework. The proposals were viewed as very positive by the challenge panel with only minor amendments required and all felt the collaborative QIA process was very useful.

CQC inspection update

The CQC have re-visited our core services that required improvement or have a regulatory breach. The inspectors have revisited the teams within the community mental health services for older people, long stay rehabilitation and recovery, inpatient wards for older people, Forensic services, LD community services and CAMHS. We await feedback from the CQC as to the findings of the visits. No immediate concerns have been raised.

In January we are expecting a re-inspection of our acute and PICU wards and latterly a well led review.

Revisit draft reports are expected within approximately 40 days of the visit date for factual accuracy checking.

A new process for factual accuracy has been implemented by the CQC, which in essence means the person who has wrote the report no longer responds to the factual accuracy queries. We anticipate a short turn- around time for factual accuracy as the timescale for the report publication is 50 days from the day of visit.

The tables below demonstrate progress against the CQC action plan, as at end of November 2016. October's table has also been added as a comparison and demonstrates progress that is being made.

November 2016		
	MUST (n=33)	SHOULD (n=60)
Blue	13 (39%)	35 (58%)
Green	11 (33%)	10 (16%)
Amber/Green	7 (21%)	10 (16%)
Amber / Red	1 (3%)	4 (7%)
Red	1 (3%)	1 (2%)

October 2016		
	MUST (n=33)	SHOULD (n=60)
Blue	9 (27%)	31 (52%)
Green	11 (33%)	13 (22%)
Amber/Green	4 (12%)	8 (13%)
Amber / Red	8 (24%)	7 (12%)
Red	1 (3%)	1 (2%)

The red actions all have action plans in place to address the must or should do actions. These actions are red as we have missed the original deadline date, these actions can only now turn blue upon completion now initial deadline has been missed.

CQC report on learning from deaths - Learning, candour and accountability

A national review by the Care Quality Commission (CQC) has found that the NHS is missing opportunities to learn from patient deaths and that too many families are not being included or listened to when an investigation happens. The report was published December 13th. Any implications for the Trust will be considered and will be subject to a separate board report in the new year.

The full report can be found at:

<https://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf>

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Sign up to safety

The first year of the Trust's sign up to safety plan has recently been reviewed and a number of positive outcomes identified. Inpatient falls, pressure ulcers, harm from MAV incidents, prone restraint and medication omissions are currently on track to reduce by over 30% by 2018. Reducing the duration of prone restraint shows that 80% of incidents were for three minutes or less and the target is to increase this further to 90%.

More detailed report will be presented early in the new year when full year outcome data available.

Quality Impact Assessments

The Trust has reviewed its Quality Impact Assessment Process and developed a Standard Operating Procedure to guide staff in implementation. The updated process is being used to assess the cost improvement proposals that have been put forward as part of the annual planning process for 2017-18.

Fitness to Practice

New guidance has been published which is intended to support managers who have concerns over the Fitness to Practice of practitioners (other than doctors) who work in regulated areas of health and social care. It outlines some of the reasons why Fitness to Practice may be called into question and provides guidance on how to get support.

National Reporting and Learning System (NRLS)






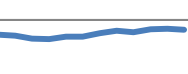
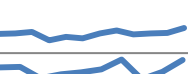




National Reporting and Learning System (NRLS) is a system that enables the Trust to submit patient safety incident reports to a national database. The data submitted by the Trust is then analysed to identify hazards, risks and opportunities to improve the safety of patient care. Information from reported incidents helps the Trust and the wider NHS understand why things go wrong and how to stop them happening again.

The National Reporting and Learning System published a report on 30th September 2016 that relates to patient safety incidents submitted by the Trust during the period 01 October 2015 to 31 March 2016. The report is available here: [NRLS Summary Report 01.10.16- 31.07.2016.pdf](#).

The data in the NRLS report illustrates an increase in patient safety incidents, which is reflected in the overall Trust incident reporting figures for 15/16 which showed a 13% increase in incident reporting overall, compared with the previous year. An increasing patient safety incident reporting rate, where there is no or low harm, is nationally recognised as an indication of a good safety culture, where staff feel able to report incidents. The Trust continues to encourage the reporting of incidents and indications for the next six month period is that the Trust will have an increase number of incidents being reported when compared to this period (01 October 2015 to 31 March 2016).



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	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%	96.51%	96.24%	98.87%	98.2%	97.0%	4	
Maximum 6-week wait for diagnostic procedures	Health & Wellbeing	Responsive	SR	99%	100%	100%	100%	100%	100%	100%	98.80%	100%	100%	100%	100%	100%	99.6%	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%	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%	97.1%	97.6%		96.7%	97.8%	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%	98.1%	99.7%	4	
Data completeness: Priority Metrics (mental health)	Health & Wellbeing	Responsive	SR/KT	85% (by end March 17)	Reporting developed from Oct 16										42.1%	44.0%	Data not avail		2 **	
IAPT - proportion of people completing treatment who move to recovery	Health & Wellbeing	Responsive	SR/KT	50%	Reporting from 1st Oct 16				50.2%	61.4%	42.1%	55.2%	52.8%	49.1%	44.9%	48.1%	50.1%	52.5%	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%	86.51%	85.29%	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%	99.21%	100%	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%	81.0%	93.1%	77.5%	82.0%	4	
% clients in settled accommodation	Health & Wellbeing	Responsive	DS	60%	Reporting developed from Sept 16									82.7%	83.4%	82.7%	Data not avail		4	
% clients in employment	Health & Wellbeing	Responsive	DS	10%	Reporting developed from Sept 16									9.0%	8.9%	8.8%	Data not avail		1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Health & Wellbeing	Responsive	SR/KT		Reporting being developed - due quarter 4														2	

* See key included in glossary.

Areas of concern/to note:

- Data completeness: Priority Metrics (mental health) ** – this is a new metric and the reporting has been developed in line with currently available guidance. The indicator is required to be achieved by 2016/17 year-end. Comprising: ethnicity, employment status (for adults only), school attendance (for CYP only), accommodation status (for adults only), ICD10 coding. Note: ICD10 for Children and Young People (CYP) may be supplanted by capture of a problem descriptor, rather than a formal medical diagnosis. Some risk associated with recording of employment and accommodation status for all adults (previously reported for CPA only) and school attendance and ICD10 coding for non CYP as this has not routinely been collected for all records. Performance from the November primary MHSDS submission shows this indicator to be an area of risk. The data will be reviewed and an action plan for improvement will be developed to target hotspot areas.
- IAPT – Proportion of people completing treatment who move to recovery: Trust wide performance for the last 3 months shows to be under threshold. The QTD position for this KPI is 46.6% and therefore there is risk associated with achievement at quarter end. Underperformance is attributed to the Kirklees (QTD 48.8%) and Barnsley (QTD 43.7%) services. Work is taking place within both services to review the current data – Kirklees are focusing on data quality and Barnsley are undertaking a review of the referrals to identify whether there are issue with referral appropriateness.
- Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely for inpatient wards; early intervention in psychosis services; community mental health services (people on Care Programme Approach) - this aligns to the 2016/17 CQUIN and some risk has been identified in achievement of this. Barnsley BDU achieved this partially in 2015/16, a robust programme of work has been put in place during 16/17 to improve performance. Results will be available during Quarter 4.
- The technical guidance regarding the reporting criteria for these indicators is not detailed at this stage, this may lead to some discrepancy in interpretation of requirements or reporting criteria.

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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 Moving to recovery – improvement on last month but still under performance against threshold. Action plan in place and agreed with commissioner – service to undertake a review of the referrals to look at source and the number of inappropriate referrals being received that may be impacting.
- Community Nursing and Intermediate Care services are continuing to experience significant pressures in the system due to increasing demand for the service and pressures in acute sector.
- Two patients in Mount Vernon have been identified as a delayed transfer of care (DTOC, the reason for this relates to awaiting appropriate nursing home placement). This links to pressures in the system overall as such delays are usually minimal.

Calderdale & Kirklees BDU:

- Improved performance of assessments within 14 days in Kirklees, now above 80%.
- Delayed transfers of care (DTOC) in Calderdale Older Peoples services (Beechdale) remains above target. Continuing main reason, is the lack of suitable nursing home placements in Calderdale, although in month the number of patients DTOC on the ward reduced to one however as more patients recovered they were declared as DTOCs. This has been escalated to senior management in the council. Positive progress has been sustained with Calderdale council to resolve social work engagement and speed of assessments.
- Significant pressure on adult beds which has led to Bronze status in BDU with twice daily teleconferences with all teams to look at flow and capacity. Average length of stay is up in month at 36 days reflecting acuity and level of acute need.
- Sickness absence positively improved again this month due to management and HR focus.

Forensics BDU:

- CQC re visit 6th and 7th December. There were 4 inspectors (the lead inspector was lead inspector at the last visit). Verbal feedback was overall very positive with improvement being noted in the areas covered by the action plan earlier this year.
- Unprecedented clinical acuity in medium secure with two main incidents generating 5 AMBER incidents. Both these will be subject to investigation to determine what lessons can be learned.
- Work continues to identify CIP's for 17/18 and ensure we can predict income from CQUIN's.
- All attempts are being made to encourage/persuade staff to have a 'flu' jab by a more targeted approach with individuals who have not taken up the opportunity at this point.

Specialist BDU:

- LD service transformation – including a strengthening of operational management – has enabled a sharper focus on access standards. Introduction of SPA arrangements across LD services will also underpin achievement of the agreed standards.
- Introduction of CAMHS Single Point of Access arrangements in Calderdale/Kirklees has reduced the number of referrals and contributed to a sustained reduction in the numbers waiting for treatment (and waiting times). NHSE funding has recently been released to support CAMHS waiting time initiatives and the detail of local investment plans (and trajectories for end March 2017) has been agreed with CCG's.
- Waiting lists in CAMHS, diagnostic 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.
- Flu vaccination rates remain significantly below target in CAMHS. More general communications in this regard have been complemented by service specific vaccination sessions and initiatives (e.g. a development day vaccination clinic). Service managers are ensuring all staff identified as not having/refusing the vaccine receive a one-to-one discussion regarding the importance of the vaccination and any access concerns/issues they may have.
- Although performance against target for appraisals and specific areas of mandatory training are currently below target action in this regard has been prioritised by specialist services Trios. Improvement is expected to be evidenced in future reports.
- The action plan to improve ethnicity recording across CAMHS is underway to support the achievement of the Trust target by the end of November 2016 (Note: this was the plan but have not seen the end Nov data).

Wakefield BDU:

- Delivery of routine access targets has been sustained in both Older People and Working Age adult services
- Delayed Transfers of Care remain well below target across the BDU
- Reported incidents of violence against staff by patients is above the expected range for the third consecutive month.

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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

Currently implementing the 'core and enhanced' community pathways which have been devised through this project. This is due to be completed in Q4 of 2016/2017.

Main issue was the impact of the proposed model on the Barnsley BDU medical workforce – but a recent resolution has been found and the project is progressing toward implementation. The main risk now is the potential impact of changes in Barnsley as a result of Older People's transformation proposals.

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

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

Delivery against plan

Management of risk

Benefits Realisation

Quality impact



Older Peoples Mental Health Transformation Project

A proposed community model developed and feedback from BDUs is now being considered. Business case in development for completion by March 2017 with formal consultation to commence in Spring 2017.

A cost pressure of £60k in 2017/18 is anticipated to enable dedicated clinical leadership and change management resource to deliver the project. Risk that some financial benefits identified can't be fully realised if parts of the community workforce require enhancing.

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

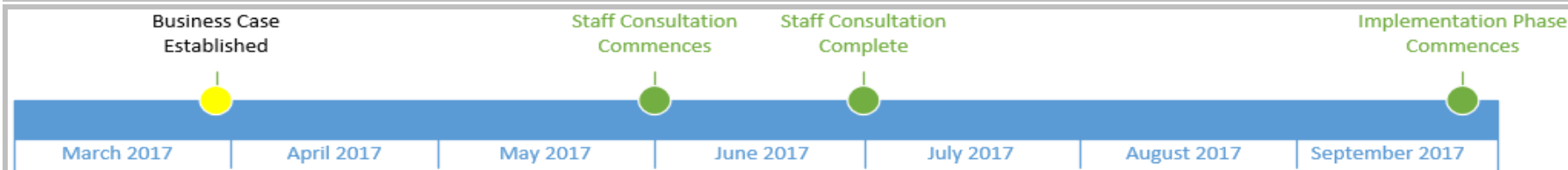
Extensive engagement around clinical model provides assurance of positive quality impact.

Delivery against plan

Management of risk

Benefits Realisation

Quality impact



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Rehab and Recovery Transformation Project

Community model agreed in principle with local CCGs. Implemented in Wakefield with financial savings of £457K attached. Implementation in Calderdale expected in 2017/2018. Next step re Kirklees is a business case re feasibility of High Dependency Unit and impact of this on community model and Enfield Down.

Challenges remain to develop capacity required in Kirklees to establish new ways of working. A paper is in development to seek clarity on the future rehab services model and required resources to support the transition. Resourcing of delivery remains a block to progress – this is being addressed within the

Financial benefits have already been realised in Wakefield (£457k) and further financial savings have been put forward for a CIP in Calderdale on closure of Lyndhurst (£106K). This is anticipated to be realised in 2017/18.

This project had a QIA conducted in the business case phase - it indicated a positive impact on quality.

Delivery against plan

Management of risk

Benefits Realisation

Quality impact



Barnsley Administrative Services Review

Staff consultation has now closed and appropriate HR processes are being completed. Estimated relocation date to Kendray is December 2016 – January 2017. Plans are in place for key functions, such the cashiering process, to operate from one site. Mail and franking services have been consolidated to one site at Kendray and are now managed as part of estates and facilities.

This project is nearing completion. A project closure request will be made detailing how benefits will be tracked through 2017/18.

Benefits of this project are: remodelling the inpatient and reception admin functions; provide a 0830-1900 admin service; create clear development pathways/apprenticeship opportunities. Savings of £58k included in BDU CIP delivery for 2016/17. Work is ongoing to schedule the realisation of these benefits for the next update.

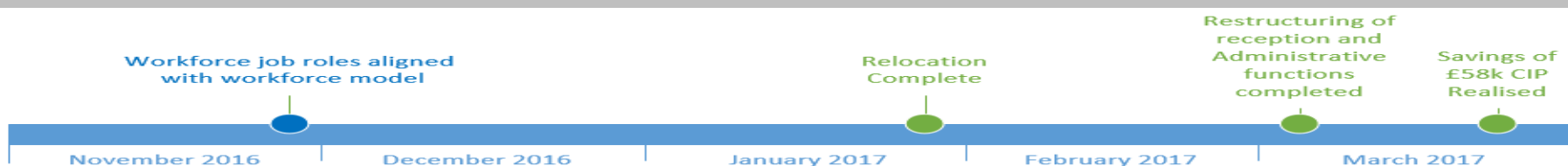
This project had a QIA conducted in the business case phase – it indicated a positive impact on quality through extended hours of reception, improving customer experience, and extended availability of administrative support to services.

Delivery against plan

Management of risk

Benefits Realisation

Quality impact



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Barnsley Therapy Services Review

Therapy clinical centres are established and operational. Changes to service model have been completed but significantly over the planned time scale – hence amber rating on delivery against plan. A project closure request is being made and will detail how benefits will be tracked through 2017/18.

Delivery against plan

Impact of re-specification of Intermediate Care services need to be taken into consideration. MSK services are also under review with expected re-specification and tender in 2017/18.

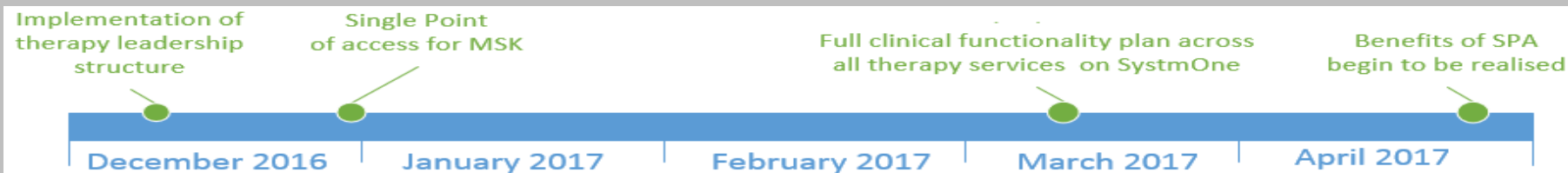
Management of risk

The purpose of this project was to establish Therapy clinical centres with appropriate satellite clinical provision. The impact of this for service users and staff will be monitored throughout 2017/18

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

Quality impact



Barnsley Community Nursing Transformation

Project currently mobilising workforce changes required to move the service to a six neighbourhood model and supporting new ways of working. Implementation commenced 1st October 2016. Rebranding of the service to 'Neighbourhood Nursing Service' has taken place and communications held with primary care practices.

Delivery against plan

There are key elements of service to mobilise in January 2017, which require significant collaboration between partner agencies. Engagement is good and associated risks are being managed – level of risk considered high hence amber rating

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 and care navigation teams; Establish integrated teams in localities which align with primary and social care. Planning phase successfully completed, implementation now critical. Benefits realisation tracking now required.

Benefits Realisation

This project had a QIA conducted in the business case phase – it indicated positive impact on quality. To be repeated when implemented.

Quality impact



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Specialist Adult Learning Disability Services Transformation Project

This project has moved to a benefits realisation phase. A project closure report is being prepared for submission to EMT in January 2017 which will focus on benefits identification, measurement, timetabling and tracking and on post implementation quality impact assessment.

Delivery against plan

Project risks have been closed. Operational risks and issues related to the new model remain. Notably income risk related to assessment and treatment beds, and need for ongoing OD work with new teams. Plans are in place to manage operational risks.

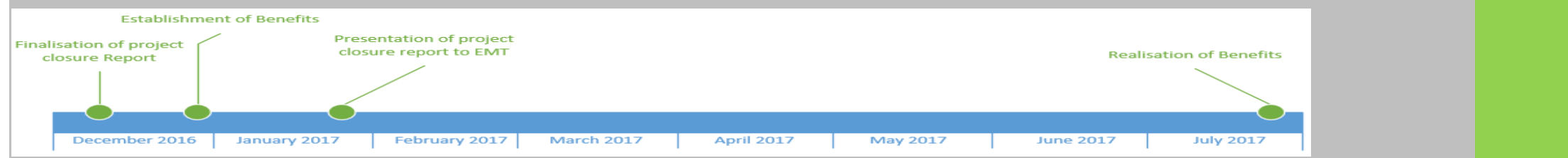
Management of risk

Work is currently taking place within the LD trio on identifying benefits in the areas of: outcomes for service users; system; partnerships; business intelligence and cost efficiencies for completion by end of December 2016. These benefits will be summarised in the project closure report, for presentation to EMT in January 2017, with realisation of benefits tracked through to end of Quarter 1 of 2017/2108

Benefits Realisation

The implementation of the new service model was assessed in the QIA against the original business case as excellent or good for all quality areas. QIA required to be repeated now implemented, prior to project close down.

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

Overall Financial Performance 2016 / 2017

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	3	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Given the in-month deficit position ratings associated with underlying financial performance (and performance against plan) have deteriorated from 1 to 2.
2	Normalised Surplus	£1m	£1.9m	November 2016 financial performance is a normalised deficit position of £566k compared to planned surplus of £181k, cumulative surplus of £964k is £718k below plan. The main factors being continued and increased cost pressures on Out of Area beds and CQUIN income. Action is being taken to reduce expenditure and whilst forecast remains in line with plan there is a real risk this will not be achieved.
3	Agency Cap	£6.7m	£9.1m	Agency expenditure in November 2016 is £0.7m which represents a £0.1m reduction compared to October. Spend has reduced across nursing and non clinical staff but has increased for medical staff. Year to date this position is 85% over the NHSI cap.
4	Cash	£26.2m	£20.8m	The Trust cash position is £1.5m less than plan at month 8 due to the level of accrued income and higher creditor payments. Actions are being identified to ensure cash is in line with plan by March 2017.
5	Capital	£6.2m	£12.2m	Capital expenditure is behind plan at October by £1m excluding VAT reclaims. The forecast is being assessed to identify if any projects will not be on track at the year-end.
6	Delivery of CIP	£6.1m	£9.2m	Year to date CIP delivery is £0.4m behind plan. Overall the forecast position includes £0.8m of red rated schemes. There has been no movement on this position in month.
7	Better Payment	96%		This performance is based upon a combined NHS / Non NHS value.

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

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Contracting

Contracting Issues - 2017-18 Negotiations

Contract negotiations are ongoing. Offers largely in line with expectations but still some issues to resolve before signatures. Memorandums are being inserted into contract financial schedules to ensure that there is ongoing dialogue and negotiation as appropriate in relation to FYFV investment.

CQUIN

Full CQUIN achievement remains challenging. Q2 performance remains below planned trajectory but there has been an improvement on a number of schemes. The major programme of social marketing to increase the uptake of Flu Vaccination continues into Q3 and negotiation of the Q3 and Q4 trajectories for the NHS Safety Thermometer CQUIN will support CQUIN delivery. There continues to be intense Trust wide scrutiny and support in order to assist with CQUIN delivery.

QIPP

Specific QIPP schemes have been agreed with Wakefield CCG and are on track to deliver. These cover circa half of the target. 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

Contracting negotiations have been constructive and will reduce the significant current pressures for continence products and MH Out of Area Locked Rehabilitation Placements quite considerably. £13.6m of services will transfer from the main contract into new Alliance Contracts during 17/18. On track for contract signature by 23rd December. Overall the agreed contract value has reduced by 0.3% which is predominantly due to the transfer of LIFT premises to BMBC. Other key movements include funding of cost pressures associated with continence and locked rehab, commissioning of a Learning Disability bed.

Key Contract Issues – Calderdale

Recurrent funding in EIP addressed. Two issues remain for resolution. Relating to IHBT and CAMHs.

Key Contract Issues – Kirklees

Final contract offer required, but no issues expected. EIP investment in full being made recurrent for 17/18 onwards.

Key Contract Issues- Wakefield

Final contract offer required, but no issues expected. Surplus LD beds will now be sold to other Trusts. Overall the agreed contract value has reduced by 2.3% which is predominantly due to the changes in commissioning of LD beds and the transfer of IAPT.

Contracting Issues - Forensics

Contract negotiations are progressing well.

Key Contract Issues – Other

Contract negotiations are concluding in finalising the terms of two Smoke Free services contract extensions for 17/18 in Rotherham and Doncaster and Sheffield. Commissioning Intentions are awaited from Kirklees Council in relation to Smoke Free services.

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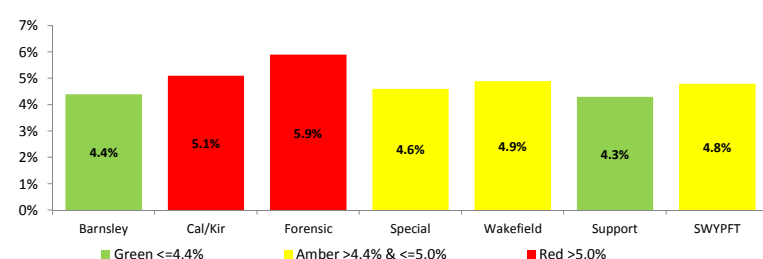
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Human Resources Performance Dashboard - November 2016

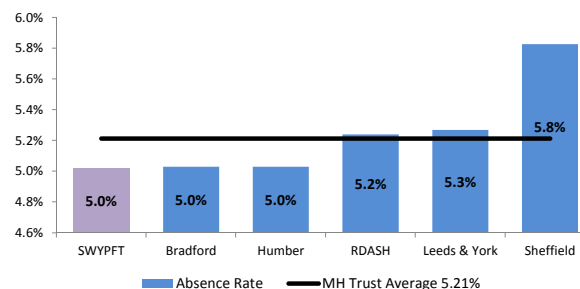
Sickness Absence



Current Absence Position - October 2016

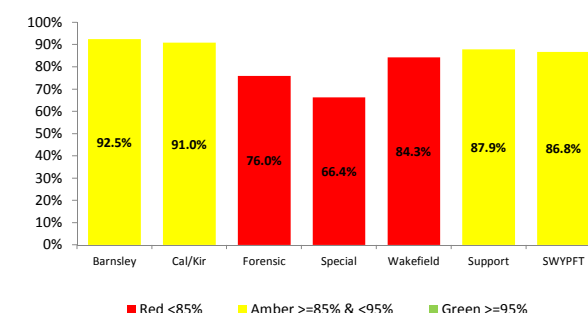
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.6%	3.9%	5.3%	3.9%	5.0%	4.3%	4.7%
Trend	↓	↑	↓	↔	↔	↑	↓

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



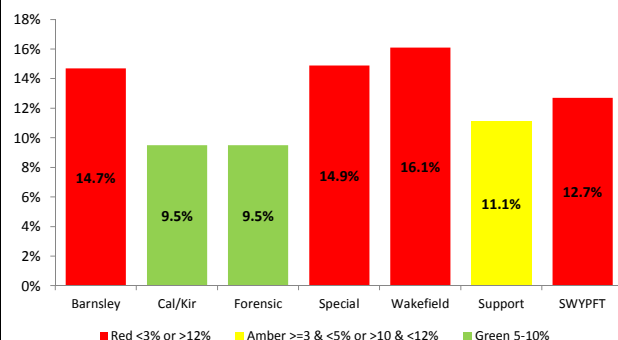
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the 12 months to the end of March 2016. During this time the Trust's absence rate was 5.02% which is below the regional average of 5.21%.

Appraisals - All Staff

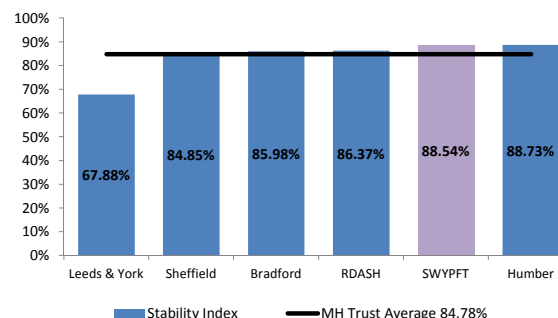


The above chart shows the appraisal rates for all staff for the Trust to the end of November 2016. The figures are calculated over the financial year from April 2016 to March 2017. The total percentages have decreased slightly since the inclusion of Band 1-5 but all staff groups continue to show improvement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

Turnover and Stability Rate Benchmark

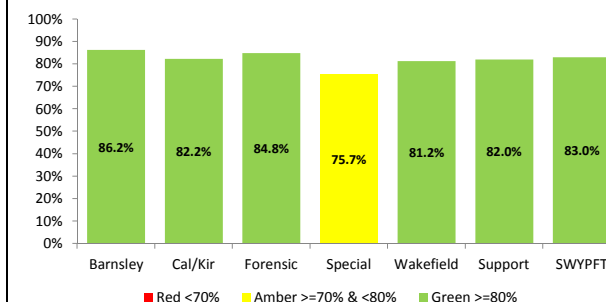


This chart shows the YTD turnover levels up to the end of November 2016. Family Nurse Partnership and 0-19 staff have been excluded from the above data.



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 Lecture Attendance



The chart shows the YTD fire lecture figures to the end of Nov 2016. The Trust continues to achieve its 80% target for fire lecture training; Specialist Services have improved their performance slightly but are still just below the target.

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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	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	4.7%	4.5%	4.6%	4.7%	4.7%	4.8%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.7%	4.4%	4.8%	5.0%	4.9%	4.8%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	1.3%	20.1%	43.1%	56.7%	71.0%	81.4%	84.8%	89.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.1%	6.3%	14.1%	26.8%	44.3%	68.5%	76.8%	84.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.3%	82.6%	81.7%	80.8%	81.0%	82.4%	80.0%	78.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				62.0%	60.6%	63.2%	65.0%	66.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				28.2%	39.0%	41.0%	39.9%	45.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.8%	92.0%	91.5%	91.9%	91.7%	90.9%	90.3%	89.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.2%	83.2%	82.8%	84.5%	85.1%	84.6%	83.7%	82.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.4%	79.1%	80.0%	80.8%	82.2%	81.8%	82.6%	82.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.6%	83.4%	84.5%	84.8%	83.4%	82.5%	81.3%	81.9%
Information Governance	Resources	Well Led	AD	>=95%	93.6%	90.0%	89.9%	90.2%	89.2%	88.2%	86.5%	85.9%
Moving and Handling	Resources	Well Led	AD	>=80%	85.0%	84.4%	82.2%	82.2%	79.4%	78.2%	77.0%	78.1%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	89.0%	90.0%	90.1%	89.7%	89.2%	89.0%	88.6%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.4%	87.1%	88.0%	88.3%	88.2%	88.0%	86.7%	87.0%
Bank Cost	Resources	Well Led	AD		£463k	£370k	£434k	£434k	£512k	£605k	£486k	£458k
Agency Cost	Resources	Effective	AD		£805k	£842k	£925k	£791k	£989k	£833k	£833k	£753k
Overtime Costs	Resources	Effective	AD		£31k	£33k	£35k	£23k	£17k	£9k	£16k	£14k
Additional Hours Costs	Resources	Effective	AD		£87k	£60k	£68k	£78k	£52k	£48k	£40k	£41k
Sickness Cost (Monthly)	Resources	Effective	AD		£497k	£469k	£456k	£481k	£504k	£501k	£462k	£457k
Business Miles	Resources	Effective	AD		345k	321k	267k	286k	300k	273k	328k	330k

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Workforce - Performance Wall cont...

Notes:

Sickness

- The trust remains amber at 4.8%
- Calderdale & Kirklees (5.1%) and Forensic (5.9%) BDUs report the highest levels of sickness. Both have improved compared to October.
- Although year to date still above the target level Specialist Services BDU sickness rates have continued to fall month on month from 5.7% in May to 4.6% in November. Barnsley BDU continues to remain within the 4.4% threshold but have had a spike in sickness during November 16. Support Services sickness rate remains below target.

Mandatory Training

- The Trust is achieving above threshold for all areas with the exception of Information Governance (85.9%); Moving & Handling (78.1%) 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.
- Mental Health Act Training - The Trust has developed best practice training regarding the use of the Mental Health Act and Mental Capacity Act (including Deprivation of Liberty safeguards). This training has become mandatory in our Trust following national recommendations, and also recent Care Quality Commission recommendations. The MCA/MHA Specialist Leads, with support from L&D have identified the MHA training requirements of all staff and we are currently in a consultation period with services to ensure the data collected is accurate. Reporting will be available from January 2017 onwards.

Publication Summary

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

Quarterly monitoring report: November 2016 (The Kings Fund)

Children and young people's mental health: time to deliver (Commission on Children and Young People's Mental Health)

Best practice for perinatal mental health care: the economic case (Personal Social Services Research Unit (PSSRU))

2016 community mental health survey: statistical release (Care Quality Commission)

Overall patient experience scores: 2016 community mental health survey update

Mixed-sex accommodation breaches, October 2016

NHS Improvement provider bulletin, 16 November 2016

Seasonal flu vaccine uptake in healthcare workers: 1 September 2016 to 31 October 2016

Winter health watch summary: 17 November 2016

Mental health services monthly statistics: final August, provisional September 2016

Improving Access to Psychological Therapies report, August 2016 final, September 2016 primary and most recent quarterly data (Q1 2016/17)

NHS sickness absence rates - July 2016

NHS workforce statistics - August 2016, provisional statistics

Diagnostic imaging dataset, November 2016

Bed availability and occupancy: quarter ending September 2016

NHS Improvement provider bulletin: 23 November 2016

Monitoring the Mental Health Act in 2015/16 (Care Quality Commission)

Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment: 2015/16, annual figures

Mental health bulletin: 2015-16 annual report

Hospital outpatient activity, 2015-16

NHS Provider bulletin: 30 November 2016

Out of area placements in mental health services, October 2016

Suicides in the UK, 2015 registrations

Winter health watch summary, 1 December 2016

Female genital mutilation - July 2016 to September 2016, experimental statistics, report

Children and young people's health services monthly statistics - April to June 2016

Combined monthly performance (NHS England)

The mental health of children and young people in England (Public Health England)

NHS Improvement provider bulletin: 7 December 2016



Finance Report

Month 8 (2016/2017)

Appendix 1



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With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators
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Performance Indicator	Year to Date	Forecast	Narrative
1 NHS Improvement Risk Rating	3	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Given the in-month deficit position ratings associated with underlying financial performance (and performance against plan) have deteriorated from 1 to 2.
2 Normalised Surplus	£1m	£1.9m	November 2016 financial performance is a normalised deficit position of £566k compared to planned surplus of £181k, cumulative surplus of £964k is £718k below plan. The main factors being continued and increased cost pressures on Out of Area beds and CQUIN income. Action is being taken to reduce expenditure and whilst forecast remains in line with plan there is a real risk this will not be achieved.
3 Agency Cap	£6.7m	£9.1m	Agency expenditure in November 2016 is £0.7m which represents a £0.1m reduction compared to October. Spend has reduced across nursing and non clinical staff but has increased for medical staff. Year to date this position is 85% over the NHSI cap.
4 Cash	£26.2m	£20.8m	The Trust cash position is £1.5m less than plan at month 8 due to the level of accrued income and higher creditor payments. Actions are being identified to ensure cash is in line with plan by March 2017.
5 Capital	£6.2m	£12.2m	Capital expenditure is behind plan at October by £1m excluding VAT reclaims. The forecast is being assessed to identify if any projects will not be on track at the year-end.
6 Delivery of CIP	£6.1m	£9.2m	Year to date CIP delivery is £0.4m behind plan. Overall the forecast position includes £0.8m of red rated schemes. There has been no movement on this position in month.
7 Better Payment	96%		This performance is based upon a combined NHS / Non NHS value.

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

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 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 8	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	20%	Capital Service Capacity	4.4	1	3.6	1
	Liquidity	20%	Liquidity (Days)	16.7	1	11.6	1
Financial Efficiency	Underlying Performance	20%	I & E Margin	0.8%	2	1.1%	1
	Variance from Plan	20%	Variance in I & E Margin as a % of income	-0.4%	2	-0.4%	2
Agency Cap	Variance from Plan	20%	Agency Margin	85%	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.

The weak financial performance in November has resulted in a deterioration in financial efficiency scores from 1 to 2.

Definitions

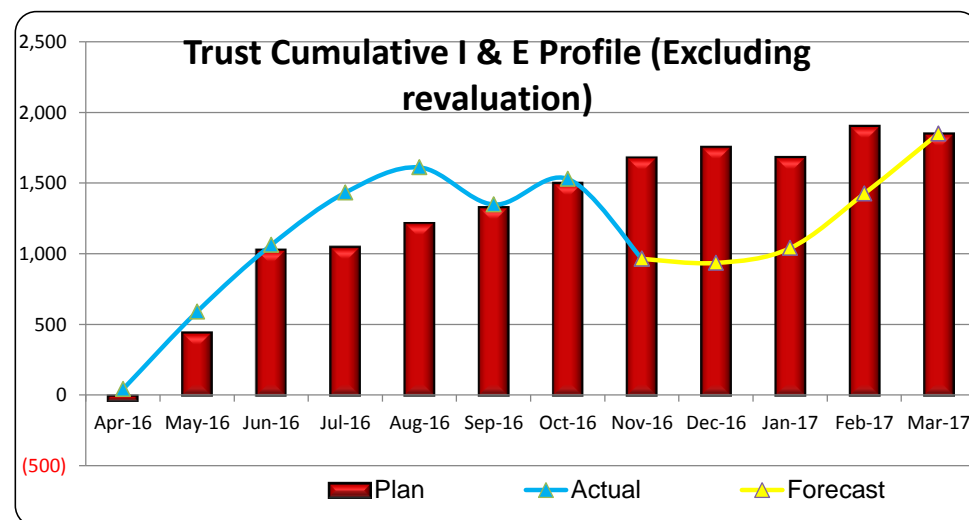
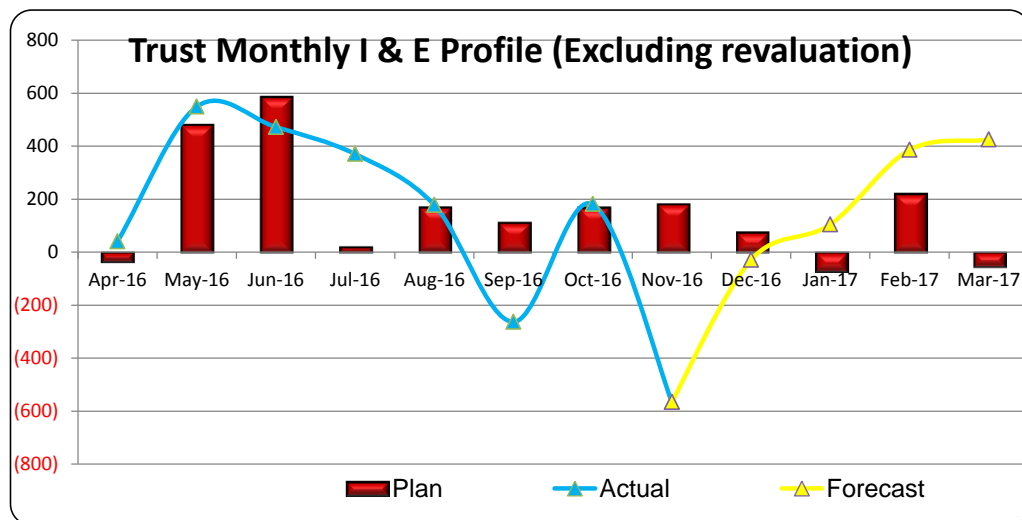
Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

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.

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
				17,230	17,155	(75)	Clinical Revenue	142,078	141,946	(132)	211,480	211,325	(154)
				17,230	17,155	(75)	Total Clinical Revenue	142,078	141,946	(132)	211,480	211,325	(154)
				1,446	1,350	(96)	Other Operating Revenue	10,506	10,383	(123)	15,341	15,430	89
				18,676	18,504	(172)	Total Revenue	152,585	152,329	(255)	226,821	226,755	(65)
4,325	4,046	(279)	6.4%	(13,981)	(14,032)	(50)	Pay Costs	(116,536)	(115,085)	1,451	(173,148)	(171,828)	1,320
				(3,797)	(4,331)	(535)	Non Pay Costs	(29,746)	(30,481)	(735)	(43,895)	(45,827)	(1,933)
				128	96	(32)	Provisions	2,229	1,406	(824)	2,309	3,067	758
4,325	4,046	(279)	6.4%	(17,650)	(18,267)	(617)	Total Operating Expenses	(144,053)	(144,161)	(108)	(214,733)	(214,587)	146
4,325	4,046	(279)	6.4%	1,027	238	(789)	EBITDA	8,532	8,169	(363)	12,087	12,168	80
				(595)	(550)	45	Depreciation	(4,848)	(5,201)	(354)	(7,233)	(7,301)	(69)
				(257)	(257)	0	PDC Paid	(2,053)	(2,053)	0	(3,080)	(3,080)	(0)
				6	4	(3)	Interest Received	50	49	(1)	75	63	(12)
4,325	4,046	(279)	6.4%	181	(566)	(747)	Normalised Surplus / (Deficit)	1,681	964	(718)	1,850	1,850	0
				0	(4,189)	(4,189)	Revaluation of Assets	0	(4,189)	(4,189)	0	(4,189)	(4,189)
4,325	4,046	(279)	6.4%	181	(4,755)	(4,936)	Surplus / (Deficit)	1,681	(3,226)	(4,907)	1,850	(2,339)	(4,189)



Income & Expenditure Position 2016 / 2017

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

The Trust year to date and forecast finance position including and excluding STF funding are highlighted below. This is calculated, by NHS Improvement, upon the normalised surplus value. This therefore excludes exceptional items such as the revaluation of Trust Estate. The current forecast is that the pre STF financial performance will remain in line with plan. If this does not prove to be the case the Trust will lose STF funding of £590k in the last two quarters.

	Year to Date			Forecast		
	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Surplus (Excluding STF)	781	64	(718)	500	500	0
STF	900	900	0	1,350	1,350	0
Surplus - Total	1,681	964	(718)	1,850	1,850	0

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

Financial Performance	788	788	0	1,181	1,181	0
Referral to Treatment	113	113	0	169	169	0
STF - Total	900	900	0	1,350	1,350	0

Month 8

In month there have been adverse movements in the financial position resulting in a deficit position for month 8 / November 2016 of £566k. The main headlines are:

Income - The current year to date position includes £405k shortfall in CQUIN income. Additionally an adjustment has been made to reflect agreed changes to ADHD income profile.

Pay - Pay costs exceeded plan by £50k in month 8. Agency expenditure, although reduced in month, continues to be a significant financial pressure.

Non Pay - In month expenditure is £535k higher than planned. This includes the purchase of external healthcare and out of area beds (£482k higher than plan Trustwide) and represents a continued increase in usage.

Other areas of overspend such as on clinical supplies have been offset by underspends in non-clinical areas such as travel and training costs.

The Trust has also recognised the impact arising from the annual revaluation exercise of assets. This includes a review of future estate requirements (Modern Equivalent Asset basis) following hub developments. This amounts to £4.2m and covers the Pontefract Hub (£0.9m), CNDH (£0.2m), Keresforth (£1.7m) along with district valuer assessment of current building valuations. All valuations have been independently assessed.

Forecast

Acknowledging the year to date financial performance outlined above the Trust remains committed to achieving the planned £0.5m surplus pre STF. This presents a significant challenge based on recent run rates. Weekly operations meetings have been re-instated and all non-essential expenditure is being stopped. Further communication and engagement has taken place with respect to increasing uptake of the flu jab and strong focus remains on reducing agency usage and out of area bed placements.

The impact of the out of area bed activity has resulted in an increase of £416k month on month which will need to be reduced very quickly in order to improve our financial position.

If the financial position is not back in line with plan this risks achievement of the STF funding and cash. This would total £590k for Quarter 3 and 4. The Q3 STF is very much at risk.

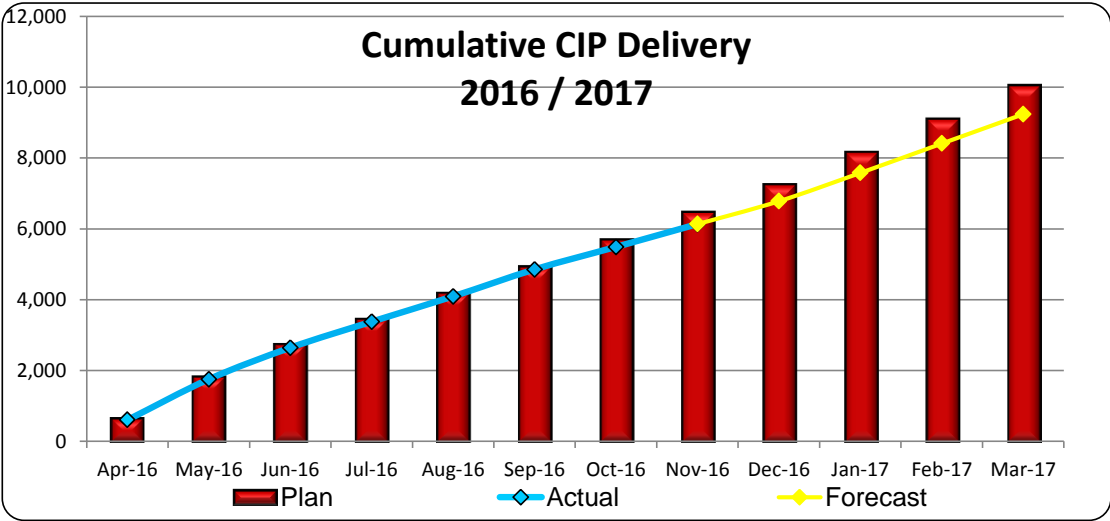
2.1

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	5,465	8,837
Target - Non Recurrent	9	509	259	49	49	49	49	49	49	49	49	49	1,025	1,223
Target - Monitor Submission	670	1,172	922	715	729	744	766	772	777	912	940	940	6,490	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	6,490	10,059

Delivery as planned	452	1,446	2,147	2,686	3,232	3,826	4,338	4,859	5,379	6,056	6,761	7,465	4,859	7,465
Mitigations - Recurrent	0	6	9	14	18	22	26	30	34	38	42	46	30	46
Mitigations - Non Recurrent	146	299	485	678	841	1,005	1,125	1,245	1,365	1,485	1,606	1,726	1,245	1,726
Total Delivery	598	1,751	2,641	3,377	4,091	4,853	5,489	6,134	6,779	7,580	8,409	9,237	6,134	9,237

Shortfall / Unidentified	72	92	123	101	116	99	229	356	488	599	711	822	356	822
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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.

There has been no movement in the programme in month. As such the forecast shortfall remains at £822k. This remains a number of key schemes with the majority of schemes now rated as green and delivering.

For example schemes currently rated as red include:

Procurement / Non pay savings which are delayed compared to original milestones

Drugs expenditure reductions which are unlikely to materialise in the short term.

	2015 / 2016 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	114,134	118,054	110,423	1
Current Assets				
Inventories & Work in Progress	190	190	190	
NHS Trade Receivables (Debtors)	2,623	2,273	2,188	2
Other Receivables (Debtors)	7,541	5,092	7,338	3
Cash and Cash Equivalents	27,107	27,689	26,180	4
Total Current Assets	37,461	35,244	35,896	
Current Liabilities				
Trade Payables (Creditors)	(6,430)	(6,230)	(6,544)	5
Other Payables (Creditors)	(3,481)	(3,994)	(3,605)	5
Capital Payables (Creditors)	(785)	(785)	(888)	5
Accruals	(8,576)	(10,876)	(8,080)	6
Deferred Income	(789)	(789)	(1,159)	
Total Current Liabilities	(20,060)	(22,674)	(20,275)	
Net Current Assets/Liabilities	17,401	12,571	15,621	
Total Assets less Current Liabilities	131,535	130,624	126,044	
Provisions for Liabilities	(10,017)	(8,327)	(7,886)	
Total Net Assets/(Liabilities)	121,518	122,297	118,158	
Taxpayers' Equity				
Public Dividend Capital	43,492	43,492	43,492	
Revaluation Reserve	19,446	19,446	19,311	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,361	54,140	50,135	7
Total Taxpayers' Equity	121,518	122,297	118,158	

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

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

2. NHS debtors are currently slightly below plan. Actions continue to ensure the timely recovery of all outstanding income.

3. As per previous months other debtors are higher than plan with the main reason being accrued income. Invoices are being raised during December to further reduce this value.

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

5. Creditors are marginally higher than plan and are in line with historical levels. Payments continue to be made to support the Trust Better Payment Practice Code and ensure that no issues remain outstanding.

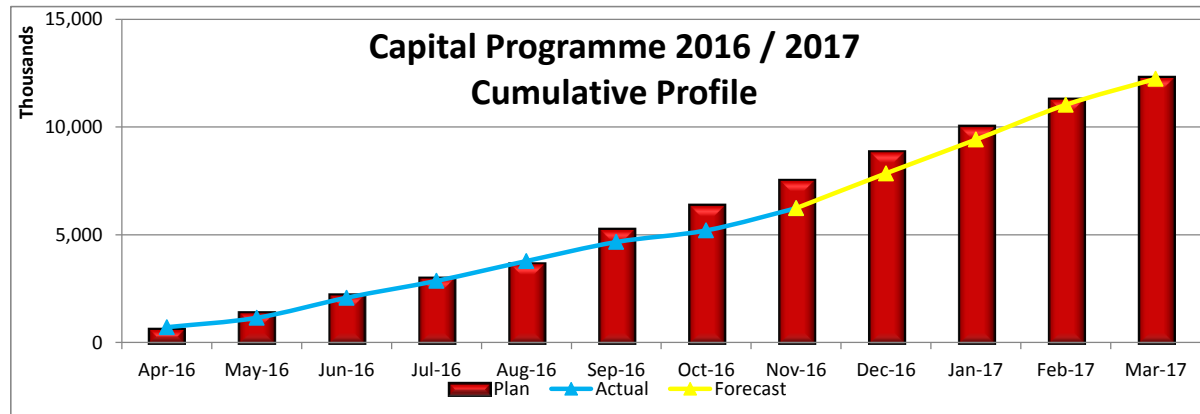
6. Accruals are lower than planned. This is mainly due to invoices being received from other NHS bodies which had been planned, based upon previous experience, to be received later in the year.

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	1,291	862	(430)	2,147	97	3
IM&T	1,210	791	199	(592)	1,182	(28)	
Total Minor Capital & IM & T	3,260	2,082	1,060	(1,022)	3,329	69	
Major Capital Schemes							
Pontefract Hub	1,795	1,795	1,873	78	1,939	144	4
Wakefield Hub	735	735	707	(28)	790	55	4
Fieldhead Non Secure	4,725	1,992	2,347	354	4,829	104	
Fieldhead Development	1,300	567	127	(440)	1,089	(211)	
Other	498	398	442	45	585	87	
Total Major Schemes	9,053	5,487	5,496	9	9,230	177	
VAT Refunds	0	0	(324)	(324)	(324)	(324)	2
TOTALS	12,313	7,570	6,232	(1,337)	12,235	(78)	



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 £1.3m behind plan (18%). Excluding the benefit arising from successful VAT recovery agreed with HRMC this would be £0.9m behind plan (14%).

3. Non committed schemes continue to be reviewed to ensure they are fit for purpose and offer value for money.

Other minor works are being reviewed against organisational requirements. The current forecast assumes that they will be completed. However options for deferring some spend are being considered so as to preserve the cash position.

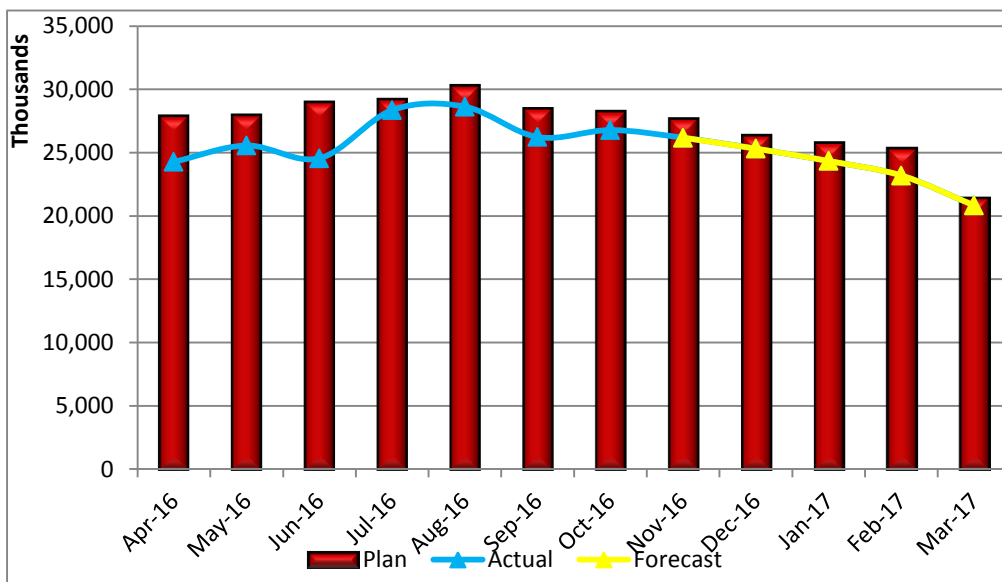
4. In November the Trust has disposed of 2 properties which has been made possible by the hub developments. These have realised total receipts of £581k. Other disposals identified in the business cases are progressing.

In line with Trust policy a review of asset valuation has been conducted by the independent District Valuer. The financial impact of this has been reflected within the November financial position. This is made up of:

Impact of MEA assesement	£1,741k
Revaluation of Estate	£1,520k
Impairment	£929k
	<u>£4,190k</u>

3.2

Cash Flow & Cash Flow Forecast 2016 / 2017



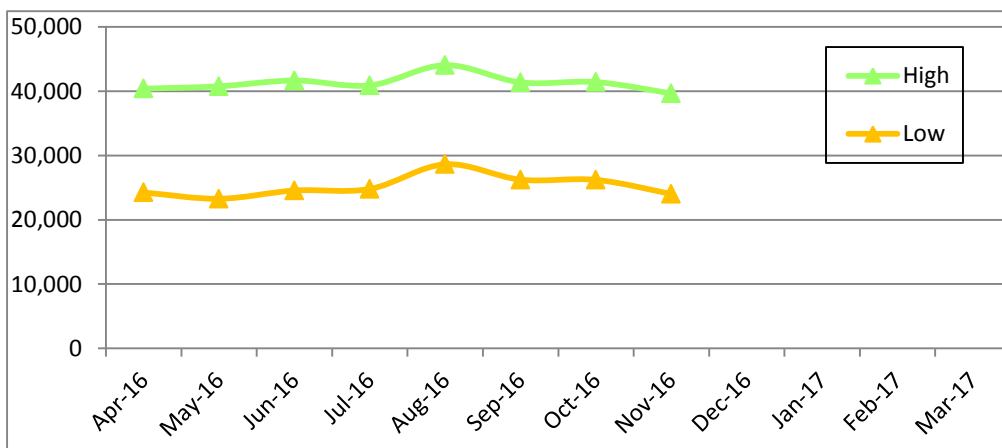
	Plan £k	Actual £k	Variance £k
Opening Balance	27,107	27,107	
Closing Balance	27,689	26,180	(1,509)

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 lower than planned levels of accruals (meaning that the Trust has received invoices earlier than planned and paid those)

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.

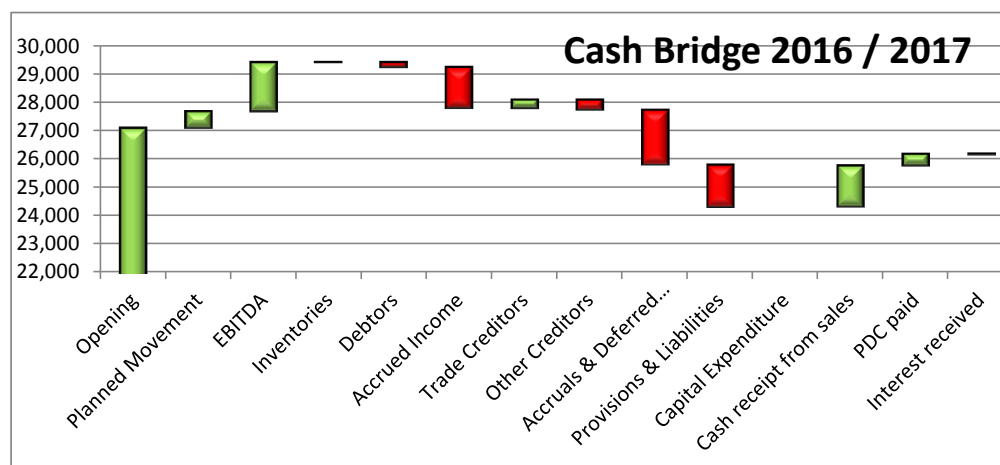
The highest balance is: £39.6m

The lowest balance is: £24m

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)	6,432	8,165	1,733	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,625	2,448	(177)	
Accrued Income	0	(1,448)	(1,448)	4
Trade Payables (Creditors)	(200)	113	313	
Other Payables (Creditors)	0	(369)	(369)	
Accruals & Deferred income	1,800	(126)	(1,926)	5
Provisions & Liabilities	(1,315)	(2,791)	(1,477)	6
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(7,570)	(6,129)	1,440	2
Cash receipts from asset sales	299	720	422	3
PDC Dividends paid	(1,540)	(1,560)	(20)	
Interest (paid)/ received	50	49	(1)	
Closing Balances	27,689	26,181	(1,508)	



The plan value reflects the April 2016 submission to Monitor.

Factors which increase the cash position against plan:

1. The normalised surplus position at month 8 is behind plan although year to date remains in a surplus position. As this position includes depreciation charges which are higher than originally planned, and these are non cash, there is still a cash benefit from the surplus position.
2. Capital expenditure, including capital creditors, is less than plan as noted within the capital expenditure report.
3. In disposing of a number of Trust properties in November 2016, the cash receipt (£580k) from sales is now higher than planned.

Factors which decrease the cash position against plan:

4. Accrued income continues to be higher than planned. Quarter 3 recharges will be made, where ever possible, during December 2016.
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.
6. Provisions released are higher than planned.

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

4.0

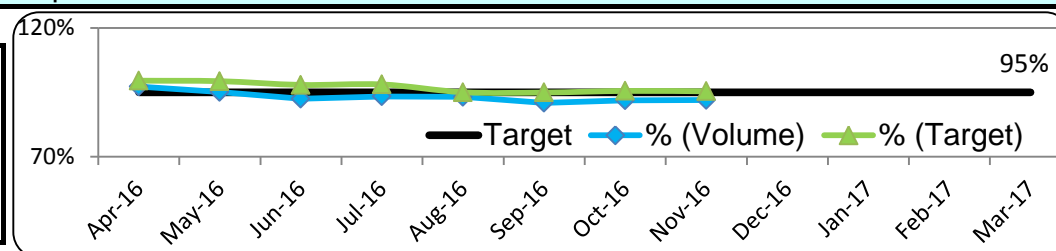
Better Payment Practice Code

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.

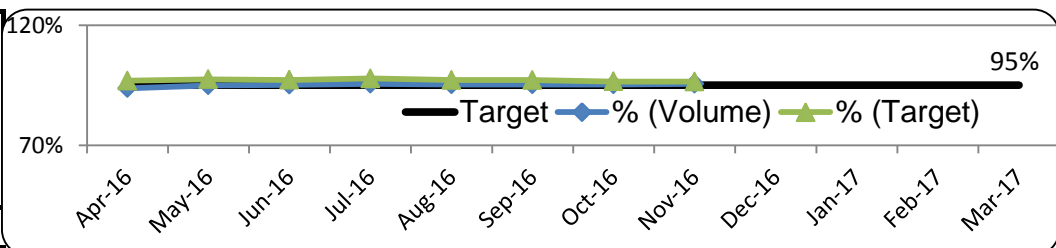
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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.

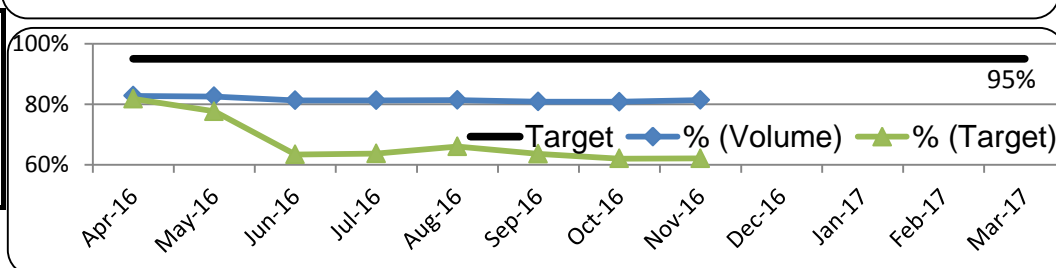
NHS		
	Number	Value
	%	%
Year to October 2016	92%	96%
Year to November 2016	92%	95%



Non NHS		
	Number	Value
	%	%
Year to October 2016	95%	97%
Year to November 2016	96%	96%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to October 2016	81%	62%
Year to November 2016	81%	62%



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 (£)
03/11/2016	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3014544	209,476
07/11/2016	Property Rental	Wakefield	Quest (Wakefield) Ltd	3015113	125,000
03/10/2016	Local Authority Social Work	Wakefield	Wakefield MDC	3010766	61,514
19/10/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3012977	48,397
19/10/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3012977	46,882
11/10/2016	Radiology SLA	Barnsley	Barnsley Hospital NHS Foundation Trust	3011823	45,238
24/10/2016	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3013439	43,432
02/11/2016	Property Rental	Barnsley	Community Health Partnerships	3014378	43,333
02/11/2016	Property Rental	Barnsley	Community Health Partnerships	3014380	43,333
02/11/2016	Property Rental	Barnsley	Community Health Partnerships	3014379	43,333
16/11/2016	CNST contributions	Trustwide	NHS Litigation Authority	3016139	33,986
01/11/2016	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3014241	33,055
25/11/2016	Staff Recharge	Kirklees	Kirklees Council	3017308	29,713

Agency costs continue to remain a focus for the NHS nationally including publication by NHS Improvement performance against maximum levels of spend. The most recent publication was based upon performance at Quarter 2; for the first 6 months of 2016 / 2017.

The financial pressure, alongside clinical and other considerations, continues to be a high priority area for the Trust. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

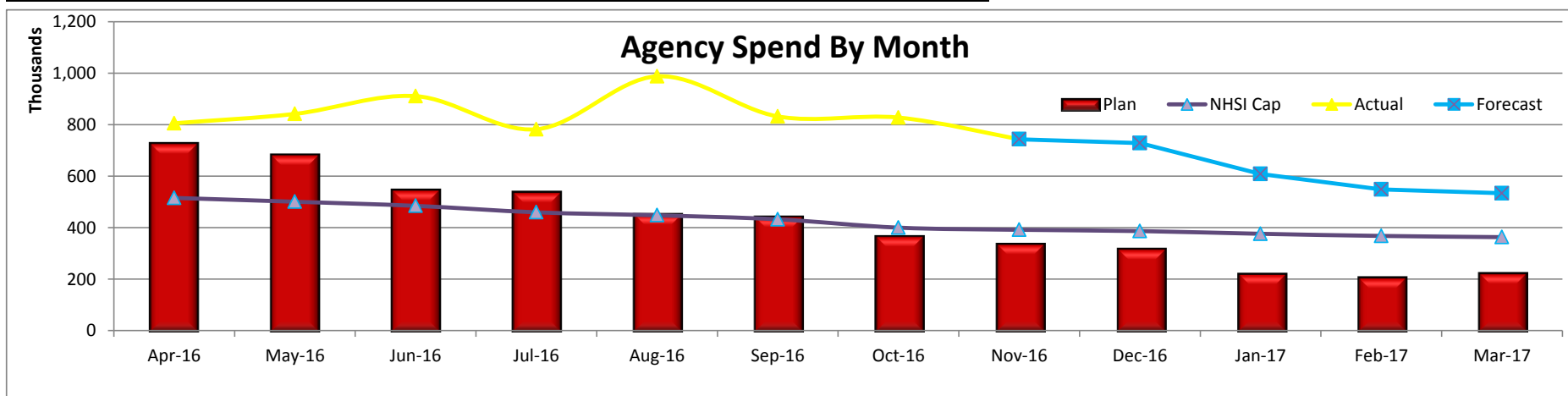
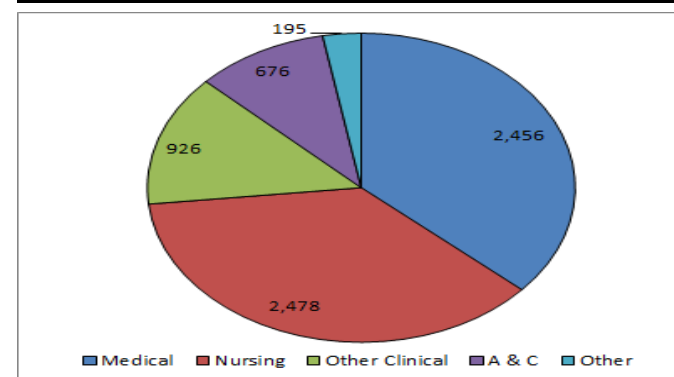
The Trust has seen increased levels of agency expenditure rising from £3.6m in 2013 / 2014 to £8.6m in 2015 / 2016. The introduction of an agency cap for 2016 / 2017 identified a capped level of spend of £5.1m. This represented a significant reduction of £3.3m (39%).

Agency expenditure, for the year to date is £6.7m, with average spend of £841k per month. If this was to continue for the remainder of the year this would mean total outturn expenditure of £10.1m and approximately double the cap expectation.

The level of monthly spend has reduced in November 2016, reducing from £828k in October to £743k. This reduction is across most categories with the exception of medical staff which have increased in month. These trends will be reviewed in December. Nursing has reduced, partially due to the end of a specific bespoke package of care, but also due to Trust actions such as review of staff bank arrangements. Non clinical agency staff has also reduced with a clear directive that this should cease with immediate effect.

Based upon current assumptions agency is forecast to continue to reduce for the remainder of the year. As a minimum these need to be delivered and further cost reductions need to be identified and actioned.

	Year to Date £000	Forecast £000
Total Trust Position	6,730	9,150
Less Agency Social Workers	(279)	(399)
Less Bespoke Packages of Care	(731)	(761)
Net Trust Position	5,720	7,990



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.

Out of Area Expenditure 2015 / 2016 & 2016 / 2017

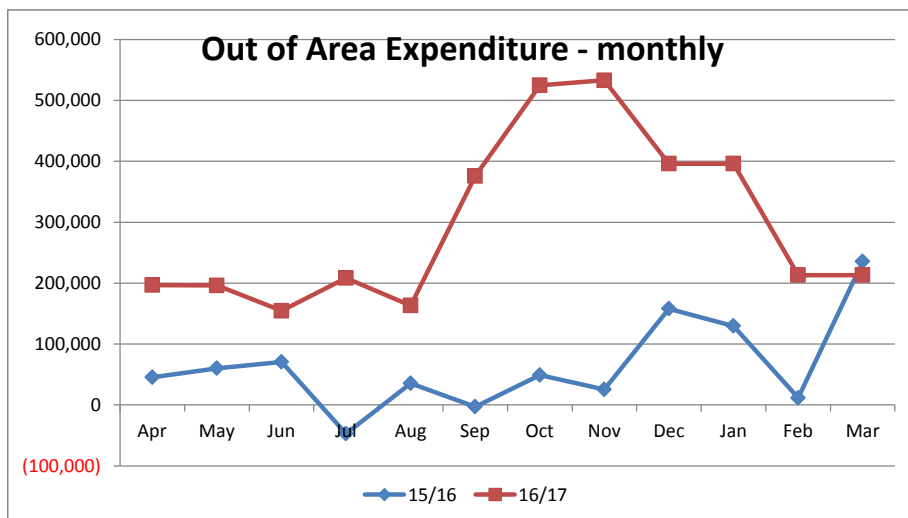
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	197	196	155	209	163	376	525	533	396	396	213	213	3,572

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					3,411

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					1,670
Acute	96	43	100	89	62	154	288	309					1,141
Gender	60	62	47	77	84	130	100	40					600



This shows that expenditure has increased from £0.8m in 15/16 to forecast spend of £3.6m in 16/17. (362% increase). This has seen a further increased step in September 2016 which has increased into October and November 2016. Factors which have influenced this increase have been:

- 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:

- OOA bed project focussing on pathways and patient flow
- Trustwide bed management team approach
- ensure that wards are appropriately staffed to allow full bed capacity to be used
- options appraisal of Trust estate with a view to safeguarding additional capacity

- * 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	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	3.9%	4.0%	4.1%	4.3%	4.3%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	3.6%	4.1%	4.6%	4.7%	4.6%	5.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	58.6%	69.9%	82.1%	91.5%	92.1%	94.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	23.8%	41.7%	60.4%	77.5%	83.2%	91.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.0%	86.7%	83.9%	88.0%	84.5%	83.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%		75.5%	75.7%	76.8%	79.0%	80.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		47.5%	55.3%	58.5%	64.3%	66.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.4%	92.7%	92.6%	92.6%	92.1%	90.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.6%	87.5%	88.4%	88.5%	87.5%	86.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.6%	76.9%	79.9%	79.0%	80.7%	81.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	89.8%	89.7%	89.3%	88.5%	87.3%	87.7%
Information Governance	Resources	Well Led	AD	>=95%	90.9%	90.8%	89.9%	89.0%	89.1%	88.8%
Moving and Handling	Resources	Well Led	AD	>=80%	83.7%	83.7%	80.6%	80.3%	79.6%	80.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.7%	91.7%	90.9%	91.2%	91.2%	91.4%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.0%	89.5%	89.3%	89.5%	89.3%	90.1%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%		98.9%	97.4%	97.4%	96.3%	95.7%
Bank Cost	Resources	Well Led	AD		£55k	£66k	£90k	£105k	£79k	£85k
Agency Cost	Resources	Effective	AD		£157k	£127k	£169k	£180k	£152k	£143k
Overtime Costs	Resources	Effective	AD		£12k	£6k	£6k	£4k	£6k	£5k
Additional Hours Costs	Resources	Effective	AD		£35k	£44k	£25k	£24k	£22k	£26k
Sickness Cost (Monthly)	Resources	Effective	AD		£135k	£153k	£177k	£182k	£158k	£171k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		138.43	154.87	156.73	173.89	97.45	116.31
Business Miles	Resources	Effective	AD		113k	114k	123k	116k	130k	115k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	5.3%	5.4%	5.4%	5.3%	5.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.4%	5.7%	5.9%	5.5%	4.9%	3.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	42.9%	56.5%	67.5%	82.4%	85.0%	95.1%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	11.1%	23.1%	35.6%	63.5%	72.3%	87.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.9%	83.3%	83.5%	84.3%	80.8%	79.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%		47.3%	47.6%	53.7%	57.9%	61.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		19.1%	34.6%	35.6%	41.9%	50.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.9%	92.5%	92.3%	89.3%	88.1%	88.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.2%	84.4%	84.5%	83.0%	83.1%	82.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.6%	77.4%	77.4%	79.9%	79.8%	79.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.8%	84.1%	80.0%	77.9%	74.8%	78.0%
Information Governance	Resources	Well Led	AD	>=95%	91.3%	91.7%	89.7%	88.7%	84.0%	83.8%
Moving and Handling	Resources	Well Led	AD	>=80%	81.2%	80.2%	76.5%	73.5%	72.7%	73.4%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.0%	91.2%	90.8%	90.0%	89.4%	89.5%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.9%	86.9%	86.4%	85.3%	84.1%	85.5%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%		98.3%	97.5%	96.4%	95.4%	95.9%
Bank Cost	Resources	Well Led	AD		£134k	£134k	£140k	£150k	£121k	£117k
Agency Cost	Resources	Effective	AD		£143k	£162k	£179k	£165k	£165k	£195k
Overtime Costs	Resources	Effective	AD		£5k	£2k	£2k	£2k	£5k	£2k
Additional Hours Costs	Resources	Effective	AD		£4k	£6k	£1k	£2k	£3k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£123k	£126k	£125k	£119k	£101k	£79k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		71.46	73.49	78.74	69.49	61.86	55.8
Business Miles	Resources	Effective	AD		51k	57k	56k	50k	64k	71k

Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	5.7%	5.9%	6.1%	6.00%	5.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.4%	7.1%	6.7%	6.7%	5.80%	5.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	41.9%	55.6%	67.6%	80.9%	87.30%	90.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	5.8%	13.6%	26.5%	49.2%	62.20%	71.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.7%	77.6%	78.9%	80.7%	80.30%	82.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%		70.0%	62.6%	60.8%	51.60%	49.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		0.0%	0.0%	0.0%	0.00%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.0%	93.1%	92.2%	91.9%	90.50%	89.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.9%	83.5%	84.0%	84.6%	85.10%	84.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	89.7%	89.6%	90.0%	88.5%	86.60%	88.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	86.8%	87.7%	84.1%	83.0%	81.10%	81.9%
Information Governance	Resources	Well Led	AD	>=95%	89.7%	88.6%	85.5%	84.6%	83.90%	84.6%
Moving and Handling	Resources	Well Led	AD	>=80%	85.9%	86.3%	85.2%	83.6%	83.40%	84.1%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.8%	88.9%	88.8%	88.1%	86.60%	85.3%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.9%	89.3%	88.2%	88.4%	89.00%	85.5%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%		0.0%	12.5%	80.0%	82.40%	77.8%
Bank Cost	Resources	Well Led	AD		£115k	£116k	£134k	£179k	£148k	£125k
Agency Cost	Resources	Effective	AD		£174k	£130k	£163k	£62k	£117k	£80k
Overtime Costs	Resources	Effective	AD		£1k		£0k	£0k	£0k	£125k
Additional Hours Costs	Resources	Effective	AD		£1k		£0k	£0k	£0k	£80k
Sickness Cost (Monthly)	Resources	Effective	AD		£47k	£60k	£60k	£62k	£49k	£0k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		61.1	61.91	56.93	49.49	41.34	£51k
Business Miles	Resources	Effective	AD		10k	14k	6k	9k	8k	33.25

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.3%	5.2%	5.1%	4.9%	4.8%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.0%	4.8%	4.8%	4.2%	4.1%	3.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	13.3%	31.4%	48.5%	58.9%	63.8%	69.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	10.3%	22.9%	35.6%	50.4%	55.6%	61.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	70.1%	69.9%	75.8%	78.2%	77.0%	73.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%		49.5%	38.9%	52.0%	61.2%	65.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		13.6%	0.0%		9.6%	15.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.5%	93.2%	92.4%	92.3%	89.5%	89.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.9%	83.2%	80.8%	82.0%	75.6%	75.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.0%	68.1%	54.2%	60.0%	57.7%	53.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.6%	83.6%	86.5%	85.1%	84.2%	84.5%
Information Governance	Resources	Well Led	AD	>=95%	88.7%	87.7%	85.9%	85.0%	81.0%	82.7%
Moving and Handling	Resources	Well Led	AD	>=80%	83.2%	81.4%	80.1%	79.0%	77.3%	79.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.7%	87.3%	86.9%	86.5%	84.8%	84.1%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.1%	86.9%	87.1%	86.7%	84.4%	86.7%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%		90.9%	72.7%		83.6%	87.4%
Bank Cost	Resources	Well Led	AD		£20k	£20k	£20k	£25k	£18k	£22k
Agency Cost	Resources	Effective	AD		£303k	£172k	£269k	£227k	£266k	£197k
Overtime Costs	Resources	Effective	AD		£1k	£3k	£2k	£1k	£2k	£2k
Additional Hours Costs	Resources	Effective	AD		£5k	£6k	£12k	£10k	£3k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£45k	£44k	£46k	£40k	£38k	£39k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		76.07	76.05	81.08	76.83	86.37	77.57
Business Miles	Resources	Effective	AD		29k	32k	33k	20k	43k	47k

Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.2%	4.0%	4.1%	4.1%	4.2%	4.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	3.8%	3.7%	4.2%	4.3%	4.4%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	36.4%	52.4%	71.2%	79.3%	83.7%	89.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	6.8%	13.7%	34.2%	76.9%	84.3%	87.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.4%	75.2%	70.8%	70.3%	70.1%	66.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%		66.7%	62.5%	66.7%	65.6%	64.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		0.0%	0.0%	0.0%	100.0%	50.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	85.7%	86.7%	87.0%	87.2%	87.8%	87.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	77.1%	82.2%	82.5%	81.4%	82.3%	82.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	91.7%	93.7%	96.3%	92.2%	95.9%	95.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	76.1%	77.0%	74.6%	75.4%	76.9%	76.3%
Information Governance	Resources	Well Led	AD	>=95%	84.2%	86.7%	88.7%	88.3%	86.2%	86.1%
Moving and Handling	Resources	Well Led	AD	>=80%	81.4%	83.4%	82.3%	81.3%	77.6%	80.0%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.1%	87.3%	87.2%	86.2%	88.1%	87.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.3%	90.0%	90.7%	89.9%	87.5%	88.0%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%		0.0%	0.0%	0.0%	50.0%	50.0%
Bank Cost	Resources	Well Led	AD		£30k	£29k	£40k	£35k	£42k	£26k
Agency Cost	Resources	Effective	AD		£53k	£57k	£39k	£48k	£34k	£42k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£6k	£0k	£4k	£3k
Additional Hours Costs	Resources	Effective	AD		£17k	£16k	£10k	£9k	£10k	£10k
Sickness Cost (Monthly)	Resources	Effective	AD		£53k	£47k	£54k	£57k	£56k	£60k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		82.14	80.4	71.62	73.63	66.29	57.40
Business Miles	Resources	Effective	AD		33k	37k	39k	39k	44k	50k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.1%	5.0%	4.9%	4.8%	4.8%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.6%	4.9%	4.3%	4.5%	5.1%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	37.0%	50.3%	69.1%	80.6%	88.5%	91.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	10.4%	23.1%	43.8%	58.8%	74.8%	78.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	84.0%	85.9%	86.3%	86.9%	83.9%	83.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%		47.4%	45.1%	50.8%	52.8%	55.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%		30.4%	34.2%	36.6%	40.2%	41.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.7%	94.5%	94.1%	93.0%	93.3%	92.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.6%	80.8%	83.7%	82.6%	81.2%	81.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.3%	73.9%	76.0%	75.2%	77.8%	76.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.8%	80.8%	81.4%	81.8%	80.1%	79.0%
Information Governance	Resources	Well Led	AD	>=95%	94.5%	94.9%	92.4%	90.8%	90.9%	85.2%
Moving and Handling	Resources	Well Led	AD	>=80%	76.1%	76.1%	70.4%	70.6%	70.8%	69.7%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	89.9%	89.7%	89.3%	89.0%	87.6%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	84.1%	84.2%	84.5%	86.1%	83.1%	80.1%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%		99.3%	98.8%	97.6%	95.0%	94.1%
Bank Cost	Resources	Well Led	AD		£79k	£69k	£87k	£111k	£78k	£83k
Agency Cost	Resources	Effective	AD		£95k	£143k	£170k	£152k	£97k	£96k
Overtime Costs	Resources	Effective	AD		£15k	£12k	£1k	£1k		£3k
Additional Hours Costs	Resources	Effective	AD		£6k	£5k	£3k	£2k	£3k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£52k	£53k	£50k	£57k	£57k	£57k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		61.17	66.14	64.72	67.1	73.43	75.95
Business Miles	Resources	Effective	AD		31k	32k	43k	37k	38k	40k

Glossary

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

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