

# Integrated Performance Report

## Strategic Overview



**December 2016**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report for December 2016. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. The report is now more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is continue to develop the report such that it can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated.

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

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

The Trust's three strategic objectives are:

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

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

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

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

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

From 1st October 2016, the following ratings apply:

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

#### Lead Director:

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

#### Areas to Note:

- First year of "sign up to safety" plan shows positive results
- Staffing fill rates maintained over festive season
- Number of reported incidents within anticipated range
- 6 serious incidents reported including tragic incident on Trinity 2
- CQC revisit inspections progressing and action plan on schedule
- CQUIN – information for the quarter 3 submission is due at the end of the month
- 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 £0.5m of lost income if not achieved. The number of front-line staff vaccinated for flu exceeded 75% which safeguards £0.4m of CQUIN income.
- Based on current information available the Trust is meeting existing NHSI metrics including a continuation in improvement in IAPT access
- There is a risk relating to the newly introduced metric for data completeness, particularly employment and accommodation status
- Sickness rate increased to 5.3% in December, 4.8% year-to-date
- Mental capacity Act training shows 48% compliance and Mental Health Act 20.9%.
- Net pre STF deficit of £27k in the month. Continued overspend on out of area bed placements (£457k) is the main driver of the deficit. There was a one-off upside of £165k in the month and a number of other savings across the Trust which partly offset the expenditure on beds.,
- Finance Risk metrics remains below plan due to the surplus position being lower than plan and the fact agency spend is 89% above the cap.
- Year-to-date pre STF surplus of break-even which is £0.8m behind plan. This means Q3 STF monies of £0.3m have not been achieved.
- Full year pre STF surplus forecast remains at £0.5m, but with very significant risk attached. Forecast has improved for successful position with flu CQUIN and recognition of reduction in discretionary spend, but these improvements have been offset by further deterioration in out of area bed expenditure and agency staff costs.
- Agency spend increased to £0.9m in the month and remains well above both ceiling and forecast. Cumulatively agency spend is now £7.6m, which is in breach of our full year ceiling of £5.1m and is currently 89% above our cap. Total pay costs were below plan in the month.
- Cost improvements delivery to date of £6.8m, which net of contingency is £0.5m 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 £26.1m in the month, which is £0.3m lower than plan.

**Summary**

Quality

NHS  
Improvement

Locality

Transformation

Finance/Contracts

Workforce

## Agency Staffing Costs

Financial information relating to agency expenditure is included within the finance report appended to the IPR. Reductions in expenditure have not been forthcoming as previously expected and as such it is important to focus on all those actions taking place to address this. At this point there are no notable or consistent monthly movements in the cost of either medical or nursing agency costs. We incur costs of circa £0.3m per month with each of these professions.

The weekly Operational Management Group is reviewing each clinical role which uses agency staffing on a regular basis. For each such role actions are identified with respect to how the role can be filled substantively or what other options exist. Focus is particularly applied to all agency staff that have been engaged over a longer term period (6 months or over) and those engaged at a higher cost. All breaches of agency cap are also reviewed weekly. The Trust is working collectively with other Mental Health providers in the region to progress nursing recruitment overseas. The Medical Director is progressing an overseas rotation scheme for doctors and we are introducing local nursing associate roles. These measures are expected to have an impact in the coming weeks.

No new admin agency usage is being reported and plans are in operation to recruit into key roles where there are longer term admin agency staff in place.

## Out of Area Bed Placements

A number of actions have taken place with respect to the use of out of area bed placements.

Specific service demand has been analysed to identify where the increase in demand has occurred. There are issues in most services, but there has been particularly high demand for female acute beds and the internal capacity has been reduced for male acute beds following the Trinity fire. Demand for PICU beds has also increased, particularly for female beds.

Dialogue is taking place with loss adjusters with respect to an insurance settlement for the element of out of area bed usage that has occurred as a consequence of the fire on Trinity.

Additional internal capacity is being created and an agreement is being entered into with Pennine Care to utilise NHS beds at a lower rate than the private sector charge.

There is ongoing focus on patient flows to ensure there is a consistent approach across the Trust and reduce length of stay, and we are working with other Trusts that have been successful in reducing out of area bed usage to ensure we can learn from them.

Summary

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

As identified in previous months, work has been undertaken to identify additional quality metrics. These have now been included and are reported against from September 16 onwards - where historic data is available, this has been included. 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	Dec-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	1	4					
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	data not avail	4					
Outcomes	% SU on CPA in Employment	Health & Wellbeing	Responsive	DS	10%	7.2%	7.6%	7.4%	7.3%	6.9%	7.0%	7.2%	7.0%	6.7%	6.9%	6.5%	6.5%	6.2%	1					
	% SU on CPA in Settled Accommodation	Health & Wellbeing	Responsive	DS	60%	64.4%	62.8%	64.1%	62.3%	60.0%	67.9%	64.6%	65.8%	67.0%	64.4%	64.4%	63.7%	62.9%	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	13% 8/60	4					
Service User Experience	Friends and Family Test - Mental Health	Quality & Experience	Caring	DS	80%	77%	83%	79%	78%	74%	72%	70%	70%	77%	64%	67%	76%	71%	2					
	Friends and Family Test - Community	Quality & Experience	Caring	DS	95%	98%	99%	97%	98%	99%	98%	99%	98%	98%	97%	97%	98%	99%	4					
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A						1082	1195	1229	1166	1129	1106	992	1147	1078	N/A				
	Total number of patient safety incidents resulting in severe harm and death	Quality and Experience	Safety Domain	TB	N/A						3	6	1	3	11	8	7	7	8	N/A				
	Total number of patient safety incidents resulting in moderate or severe harm and death	Quality and Experience	Safety Domain	TB	N/A						17	35	21	21	31	34	31	26	26	N/A				
	MH Safety thermometer - Medicine Omissions	Quality and Experience	Safety Domain	TB	17.7%						11.8%	20.7%	17.7%	17.4%	19.6%	16.0%	18.7%	22.9%	data not avail	3				
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%						108%	107%	111%	111%	109%	109%	113%	117%	112%	4				
	Safer Staffing % Fill Rate Registered Nurses	Quality and Experience	Safety Domain	TB	80%						98%	98%	101%	98%	93%	91%	95%	99.5%	96.1%	4				
	Number of pressure ulcers (attributable) 1	Quality and Experience	Safety Domain	TB	N/A						24	40	34	23	38	34	21	23	34	N/A				
	Number of pressure ulcers (avoidable) 2	Quality and Experience	Safety Domain	TB	0						0	0	1	1	1	2	0	2	0	3				
	Complaints closed within 40 days	Health & Wellbeing	Responsive	DS	TBC	Reporting established from Sept 16										8	8	1	0					
	Complaints closed over 40 days	Health & Wellbeing	Responsive	DS	TBC	Reporting established from Sept 16										13	14	14	10					
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development																		
	Un-outcomed appointments	Quality and Experience	Effective	KT/SR/CH	TBC	To be included from October 16															2.2%	3.2%	3.5%	2.9%
	Data completeness	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development																		
	Number of Information Governance breaches 3	Quality and Experience	Effective	MB	<=8	Reporting from April 16					16	8	12	8	10	7	10	8	11	n/a				
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Quality and Experience	Caring	AD	80%	To be included from October 16										79.26%	Avail end of Q4			N/A				
	Staff FFT survey - % staff recommending the Trust as a place to work	Quality and Experience	Caring	AD	N/A	To be included from October 16										65.19%				N/A				
	Number of compliments received	Quality and Experience	Caring	DS	N/A	To be included from October 16										26	33	79	29					
	Eliminating Mixed Sex Accommodation Breaches	Quality and Experience	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4				
	Number of Duty of Candour applicable incidents	Quality and Experience	Caring	TB	N/A	73										86	31	26	26	N/A				
	Duty of Candour - Number of Stage One exceptions	Quality and Experience	Caring	TB	N/A	Reporting established from Oct 16											0**	0**	0**	N/A				
	Duty of Candour - Number of Stage One breaches	Quality and Experience	Caring	TB	0	Reporting established from Oct 16											0***	0***	0***					
	% Service users on CPA given or offered a copy of their care plan	Quality and Experience	Caring	KT/SR/CH	80%	85.8%	84.3%	85.2%	85.6%	85.8%	85.6%	85.6%	85.3%	85.0%	85.0%	85.0%	85.2%	83.0%	83.0%	4				
	% of prone restraint with duration of 3 minutes or less	Quality and Experience	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16										72%	89%	80%	80%	83%	data not avail			

\* See key included in glossary

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

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

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

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

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

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

Duty of Candour (DoC) – a programme of housekeeping is currently underway to provide assurance to this reporting, data included at the moment is provisional and may change subject to the review. Once the housekeeping is completed we will have a final number of DoC incidents which have resulted in breaches. The DoC data is now being reported on a monthly basis to the operational management group where information is provided by locality to allow operational ownership.

Summary

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

### Commissioning for Quality and Innovation (CQUIN)

The Trust is due to submit its quarter 3 return at the end of January.

Following tremendous engagement from our staff over 75% of front-line staff received the flu vaccination which has safeguarded this CQUIN income. We have already held a learning event to identify what enabled this success and how we can continue to improve

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

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

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

The final Q3 position as agreed with the commissioner is anticipated to be available in next month's report.

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

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

Work has commenced on identifying Trust leads for each of these indicators, reviewing the indicators in conjunction with the commissioner and work streams are being established. This will be monitored via the Trust CQUINS leads group.

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

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

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

## Safety First

### Summary of Q1, Q2, Q3

Summary of Incidents	Q1	Q2	Oct-16	Nov-16	Dec-16	Q3
Green no harm	2148	2039	590	675	634	1899
Green	978	966	290	367	318	975
Yellow	292	310	96	96	92	284
Amber	80	73	21	24	25	70
Red (should not be compared with SIs)	9	15	7	8	9	24
<b>Total</b>	<b>3507</b>	<b>3403</b>	<b>1004</b>	<b>1170</b>	<b>1078</b>	<b>3252</b>

- All serious incidents are investigated using Root Cause and Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly incident reports, available on the patient safety support team intranet pages.
- Incident reporting levels remain within the normal range.
- Risk panel remains in operation and scans for themes that require further investigation. Monthly report for Operational Management Group to commence 25/1/17

No never events reported in December.

### Summary of SIs reported in Q1, Q2, Q3

Summary of Serious Incidents	Q1	Q2	Oct-16	Nov-16	Dec-16	Q3
Suicide (incl apparent) - community team care - current episode	2	7	2	1	2	5
Death - other cause	1	1	1	2	0	3
Suicide (incl apparent) - community team care - discharged	3	0	0	0	1	1
Self harm (actual harm) with suicidal intent	1	0	1	0	1	2
Pressure Ulcer - grade 3	1	1	0	0	1	1
Information disclosed in error	2	0	0	0	0	0
Physical violence (contact made) against other by patient	1	0	0	0	1	1
Slip, trip or fall - patient	1	0	1	0	0	1
Suicide (incl apparent) - inpatient care - current episode	0	1	1	0	0	1
Fire / Fire alarm related incidents	0	0	0	1	0	1
Formal patient absent without leave	0	1	0	0	0	0
Inappropriate Sexual Behaviour (including assault)	0	1	0	0	0	0
Physical violence (contact made) against patient by patient	0	1	0	0	0	0
Physical violence (contact made) against staff by patient	1	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>13</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>16</b>

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.



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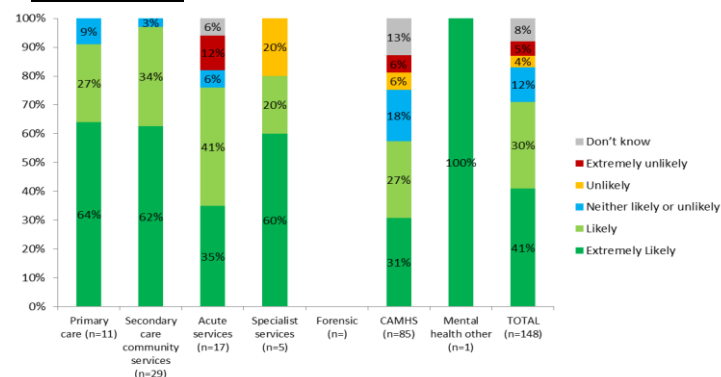
## Quality Headlines (& CQUINS performance on a quarterly basis)

### Patient Experience

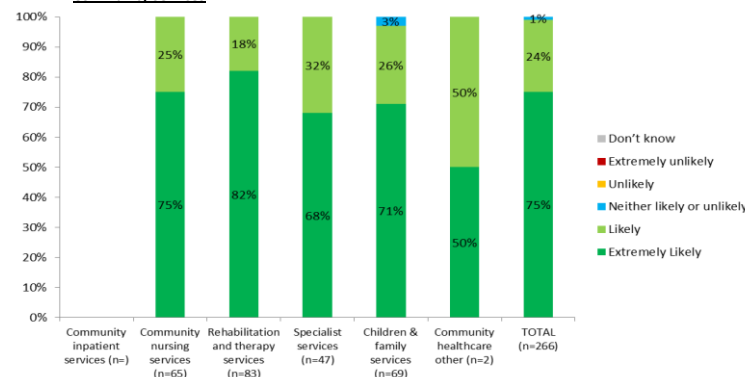
#### Friends and family test shows

- Community Services – 99% would recommend community services.
- All service lines achieved 50% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 71% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 31% (CAMHS) and 100% (Mental Health Other)
- Small numbers stating they were extremely unlikely to recommend.

#### Mental Health Services



#### Community Services



### Safer Staffing

% Fill Rate for Registered Nurses - 96.1%

112% overall Trust - safer staff fill rates

#### Average Fill Rate by BDU

Average Fill Rate BDU	Oct-16	Nov-16	Dec-16
Specialist Services	224%	237%	222%
Barnsley	110%	113%	111%
C & K	114%	121%	111%
Forensic	109%	112%	107%
Wakefield	110%	109%	109%
<b>Grand Total</b>	<b>113%</b>	<b>117%</b>	<b>112%</b>

No inpatient wards fell below a 90% overall fill Rate in December 2016

23 (77%) wards achieved 100% and above fill rate. On night duty, 21 inpatient areas (70%) achieved over 100% registered nurses with no area falling below 80% escalation threshold. On day duty three wards met the below 80% escalation threshold for registered nurses, however safe services were maintained. There continues to be high levels of acuity, in particular levels of observation and bespoke care packages, and the resultant need being fulfilled through non-registered staff. Going forward we will also be looking at the shift numbers to attain a more diverse picture of fill rates and acuity.

Escalation threshold of below 80% for registered nurses and 90% for overall fill rates remains in place.

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

### Sign up to Safety

In 2014, the Trust joined the national Sign up to Safety campaign, and made five pledges to improve patient safety. The pledges are being addressed through the Patient Safety Strategy implementation plan. In addition to this, the Trust committed to reduce avoidable harm by 2018 in five main areas.

The data for 2016 has been reviewed against baseline figures, and at present this is showing positive outcomes. Inpatient falls have reduced by 24.6% (target 15%), pressure ulcers (attributable and avoidable) have reduced by 52.3% (target 50%). We aim to reduce moderate harm and above in incidents that resulted in restraint, currently 42.8% (target by 30%). We have continued to improve our recording and monitoring of data since 2014 and consequently refined some of the measures and targets. The duration of prone restraint has recently been introduced (July 2016) and we aim to have 90% of prone restraints with a duration of less than 3 minutes by 2018. This is currently 78%. Work is progressing towards a reduction in unintended missed doses by 25% by 2018. Care should be taken not to compare this data with performance information as criteria and date ranges are not the same.

Safety improvement plans have been updated for 2017 for each area of harm reduction, which are led by specialist advisors. Data is monitored through Datix Dashboards and discussed in the Patient Safety Strategy Implementation group.

### CQC inspection update

#### CQC action plan headlines

- Services continue to actively progress with their action plans, which reflects in the increased percentage of blue 'completed actions'.

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

The CQC have re-visited our core services that required improvement or had 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, CAMHS and LD community services. 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. To date we have received the CQC re-inspection report for Community Mental Health Teams for Older People, 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 well led review will take place between 30th January to 1st February, and preparation has commenced with the interview and focus groups schedule planned. We have been informed that approximately 12 inspectors will be on site during this time, led by Jenny Wilkes and supported by Kate Gorse Brightmore (SWYPFT relationship manager).

	Dec-16	
	MUST	SHOULD
	(n =33)	(n=60)
Blue	27 (82%)	53 (88%)
Green	3 (9%)	5 (8%)
Amber/Green	1 (3%)	0
Amber/ Red	1 (3%)	0
Red	1 (3%)	2 (3%)

	Nov-16	
	MUST	SHOULD
	(n =33)	(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%)

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.

### Serious incident Trinity 2

Sadly, a service user died on Trinity 2, our acute male mental health ward at Fieldhead. We're currently working with West Yorkshire Police as they conduct their investigation. There are no immediate suspicious circumstances to report and we will await the verdict of the coroner to determine cause of death.

Our thoughts are with the individual's family and friends during this difficult time and we have offered them our full support. We're also supporting the staff involved in the incident, who, along with emergency service colleagues, responded well in difficult circumstances.

It appears that the individual died as a result of asphyxiation due to a ligature.

Our serious incident policy has been followed - the incident has been STEIS reported and the CQC and our commissioners have been informed. An initial review has taken place to identify any immediate action required and a full investigation is underway.

All managers are now checking ligature audits and they have been asked to confirm current mitigations. We are checking to see if any additional measures can be implemented.

We are firmly committed to learning from all incidents that occur in our organisation. We will make sure that all lessons are shared as soon as possible.

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

### Safeguarding Children and Adults Quality Headlines

Both safeguarding adults and safeguarding children training remains above the Trust mandatory 80% requirement. Recent feedback from a review of the Prevent/Channel process within Kirklees, identified that SWYPFT make a positive contribution and appropriately share information in a timely manner. The positive impact of awareness raising and training has been evidenced in an increase of advice calls taken by the safeguarding team. There are now 13 qualified Prevent trainers across the Trust, three are specifically identified to deliver training to CAMHS. Future challenges include the expected return of both adults and children from Syria, the Trust will need to be sighted on this issue.

### Infection Prevention & Control

The IPC team have been thanked for their contribution to the flu programme by Helen Whitlam who said they have made a 'huge contribution to the target'. There has been an outbreak of Influenza A at Mount Vernon Hospital Barnsley BDU which affected a number of patients, 12 of which were confirmed cases. The 2 wards comprise a total of 48 beds and all the remaining patients were treated prophylactically. This along with other outbreak measures including isolating patients, cohorting patients and deep cleaning has led to minimum disruption across health economy and effective IPC outcome for patients, relatives and staff. Wards closure to admissions commenced on the 17th January 2017 and re-opened on 24th to ward 5 (male). There is anticipated opening of ward 4 (female) on 27th January.

### Business Delivery Units Learning Events from incidents

Along with learning events following individual serious incidents the Business delivery Units are continuing to have learning events that further explore themes from incidents. Three events have recently been attended by Commissioners and they commented how impressed they were in demonstrating to on going learning from incidents. Each of these events focussed on different learning :- Suicide from trends, work taking place across the STP, clinical examples of improved recording of risk and how we look after staff and families following a person taking their life. Another event was on improving hospital discharges and the third was veterans pathways.

### Information Governance

There have been a small number of reportable incidents to the Information Commissioner's Office in recent weeks. These have largely been a consequence of personal information being sent to an incorrect address. Regular communications are taking place to reinforce our responsibilities relating to personal information. In addition an exercise is being undertaken to identify where different address details are held between systems (RIO and The Spine) with the aim of ensuring both are consistent with respect to the address information they hold.

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NHS providers must strive to meet key national access standards, including those in the NHS Constitution. From the 1st October, NHS Improvement have introduced a new framework for monitoring providers performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The following table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Q1 16/17	Q2 16/17	Q3 16/17	Year End Forecast Position *	Trend		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.4%	98.8%	98.8%	98.1%	97.8%	98.0%	99.1%	98.4%	95.9%	96.5%	96.2%	98.9%	96.2%	98.2%	97.0%	97.5%	4			
Maximum 6-week wait for diagnostic procedures	Health & Wellbeing	Responsive	SR	99%	100%	100%	100%	100%	100%	100%	98.8%	100%	100%	100%	100%	100%	100%	99.6%	100%	100%	4			
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	95.5%	97.3%	95.7%	98.3%	96.8%	96.8%	97.1%	95.7%	100.0%	100%	98.7%	99.1%	98.9%	96.9%	99.3%	99.2%	4			
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	98.7%	98.0%	95.5%	97.4%	95.1%	96.6%	98.6%	96.2%	100.0%	97.1%	97.6%	96.3%	98.4%	96.7%	97.8%	97.3%	4			
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT	95%	99.6%	99.5%	99.5%	98.5%	98.8%	98.4%	98.1%	98.8%	99.8%	99.7%	99.8%	99.7%	99.8%	98.1%	99.7%	99.8%	4			
Data completeness: Priority Metrics (mental health)	Health & Wellbeing	Responsive	SR/KT	85% <i>(by end March 17)</i>	Reporting developed from Oct 16										42.1%	42.6%	42.3%	Data not avail			2 **			
IAPT - proportion of people completing treatment who move to recovery	Health & Wellbeing	Responsive	SR/KT	50%	Reporting from 1st Oct 16				50.2%	61.4%	42.1%	55.2%	52.8%	49.1%	42.4%	46.8%	56.9%	50.1%	52.5%	47.9%	3			
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	77.8%	75.9%	71.6%	70.5%	74.0%	74.2%	80.0%	83.8%	81.3%	86.2%	91.0%	85.7%	91.0%	76.1%	83.6%	88.9%	4			
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	99.1%	99.1%	99.4%	98.1%	98.6%	98.4%	99.2%	99.6%	99.0%	99.2%	94.7%	100%	99.0%	98.9%	99.3%	97.9%	4			
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	N/A	N/A	85.2%	86.0%	73.9%	78.3%	80.0%	83.3%	93.8%	73.1%	80.9%	93.7%	69.2%	77.5%	82.0%	82.2%	4			
% clients in settled accommodation	Health & Wellbeing	Responsive	DS	60%	Reporting developed from Sept 16									82.7%	83.4%	82.8%	82.7%	Data not avail			4			
% clients in employment	Health & Wellbeing	Responsive	DS	10%	Reporting developed from Sept 16									9.0%	8.9%	8.6%	8.4%	Data not avail			1			
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Health & Wellbeing	Responsive	SR/KT		Reporting being developed - due quarter 4																		2	

\* See key included in glossary.

#### Areas of concern/to note:

- Data completeness: 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 December primary MHSDS submission shows this indicator to be an area of risk. The data is being reviewed and action plans for improvement are being developed to target hotspot areas.
- IAPT – Proportion of people completing treatment who move to recovery: Trust wide performance for the month of December has seen a significant increase and now reports above threshold in all three teams, however, under performance in the earlier months of the quarter has resulted in the QTD position for this KPI being under threshold at 47.9%. QTD performance by service is broken down as follows: Barnsley 45.6%; Calderdale 47.2%; Kirklees 49.5%. Some focused work has taken place within the services to focus on data quality and referral appropriateness and this is evident in the December position – this work will continue.
- 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. The Trust have identified a number of queries regarding the reporting parameters which are being queried with NHSI.

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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 - improvement seen in month related to the number of clients moving to recovery and this is now meeting the 50% threshold. Underperformance continues related to the proportion of people with depression/anxiety disorders receiving psychological therapies. The data is being closely monitored in conjunction with the commissioner.
- Sickness - seasonality impacting the December position.
- We have experienced extreme pressure in our community nursing and therapy services, and particularly Intermediate Care beds on the wards at Mount Vernon hospital and our community virtual beds, which was linked to the Acute Hospital ( BHNFT ) extreme pressures in A and E and medical beds over the Christmas period which is continuing to date . We have continued service delivery successfully proactively with our partners, with particular thanks to all our staff involved.
- The BDU have been successful in ensuring that all admissions to acute mental health wards since April 16 have been gatekept prior to admission by the intensive home based treatment team.

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

- Delayed transfers of care in Calderdale Older Peoples services (Beechdale) have improved significantly in the month and are now within Monitor target. Continuing issues re- the lack of suitable nursing home placements in Calderdale. Positive progress has been sustained with Calderdale council to resolve social work engagement and speed of assessments. Analysis carried out which points at joint health and social care funding decisions are a problem which is leading to increase LOS.
- Significant pressure on Adult beds which has led to Bronze status in BDU with daily teleconferences with all teams to look at flow and capacity.
- Sickness absence positively improved again this month due to management and HR focus.
- Physical Violence – There have been an increased number of incidences of violence against staff members.

#### **Forensics BDU:**

- The first group of the new band 4 practitioners are due to start towards the end of February. They will support each of the care pathways as part of the multidisciplinary teams and provide excellent career development for non-registered staff.
- The forensic team are planning a refresh of the 25 hours structured activity requirements to improve understanding, application and recording of the requirements.
- There has been an increase in number of incidents compared to previous quarter and the same quarter last year. Reasons are being reviewed and increased acuity appears to be one reason.
- An incident on Hepworth Ward has been re-graded from amber to red. A member of staff was injured following an assault. This follows a violent incident earlier in the quarter that is still subject to investigation. The findings of both investigations will inform the learning outcomes.

#### **Specialist BDU:**

- Plans have been agreed with each CCG for short term investment into CAMHS waiting list initiatives. Although this increases agency use, it provides opportunity to significantly reduce waiting lists for treatment moving into the next financial year.
- Targeted management action is underway to understand and address low level information governance incidents and to improve IG training.
- Access to CAMHS tier 4 beds remains a challenge. Learning is being used from specific cases where young people have been admitted to adult beds to review procedures. SWYPFT will contribute to the STP work on tier 4 access.
- The Horizon Centre is expecting to start work in February towards opening all 8 beds. A bespoke package of care is expected to finish at the end of January, which will also reduce agency spend.

#### **Wakefield BDU:**

- The BDU continues to experience significant bed pressures following the Fire, which reduced the overall bed complement by 8 Acute and 4 PICU beds. There is currently an unusually high demand for female admissions
- There has been an increase in sickness absence across the BDU. The majority of these absences are long term and all are being managed in accordance with Policy
- All routine access targets across the BDU have been met and exceeded across all specialties

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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

The Trust is 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.

Delivery against plan

New emerging issues in relation to Rio and possible resource and cost impacts of moving data in the system. For example 15,000 medic outpatient appointments need to be manually moved, with resource implications and risks of data entry errors. Separately a mass transfer of other data is required and we are working with the system provider to undertake this.

Management of risk

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

Benefits Realisation

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 post implementation.

Quality impact



### Older Peoples Mental Health Transformation Project

The preferred community model was signed off by directors for development of a business case; workforce modelling will commence and degrees of tolerance to local variations will be agreed through this process. Initial strategic review of in patient bed usage now undertaken. Business case in development for completion by March 2017 with formal consultation to commence in Spring 2017.

Delivery against plan

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.

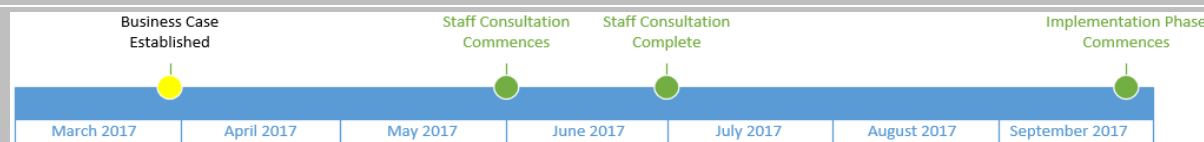
Management of risk

Benefits of £1M 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 in terms of demand and capacity and financial assumptions in the business case which is due end of March 2017.

Benefits Realisation

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

Quality impact



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## Rehab and Recovery Transformation Project

Community model agreed in principle with local CCGs. Implemented in Wakefield with savings achieved for commissioners and providers. Implementation in Calderdale expected in 2017/2018. A feasibility report for a High Dependency Unit has been developed and a decision on whether to progress this work will impact on the rehab model in Kirklees.

Delivery against plan

Challenges remain to develop capacity required in Kirklees to establish new ways of working. A paper has been developed 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 MH Transformation Programme Board.

Management of risk

Financial benefits have already been realised in Wakefield and further financial savings have been put forward for CIP/ QIPP in Calderdale upon change of delivery model towards community delivery. This is anticipated to be realised in 2017/18.

Benefits Realisation

The project undertook a Quality Impact Assessment in design phase, and a new QIA plus further engagement is likely to be required following decisions on how to progress activity in Kirklees.

Quality impact



## Barnsley Administrative Services Review

At the December 2016 meeting of the General Community Transformation Board an action was agreed to prepare a project closure report to formally close the project and move to 'business as usual' to support community services by April 2017.

Delivery against plan

Management of risk

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 have already been realised as a result of the reconfiguration of admin services, cashiering and franking services, and amalgamation of reception functionality. These benefits will be summarised in the project closure report.

Benefits Realisation

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

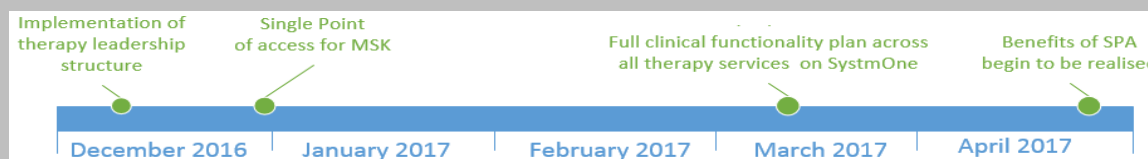
Quality impact



Summary	Quality	NHS Improvement	Locality	<b>Transformation</b>	Finance/Contracts	Workforce
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## Barnsley Therapy Services Review

At the December 2016 meeting of the General Community Transformation Board an action was agreed to prepare a project closure report to formally close the project and move to 'business as usual' to support community services by April 2017.	Delivery against plan	
Impact of re-specification of Intermediate Care services not yet fully known. 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. These benefits will be summarised in the project closure report.	Benefits Realisation	
This project had a QIA conducted in the business case phase – it indicated a positive impact on quality through 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

The project is currently mobilising workforce changes required to move the service to a six neighbourhood model and supporting new ways of working. 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.	Management of risk	
The purpose of this project is to: ensure the right person, right contact, and right time; and to equip more patients to self-care; better integrate community nursing, care navigation teams, and establish integrated teams in localities which align with primary and social care. In 2016, the delivery direction of the project changed to reflect local commissioner intentions and the issue of a new service specification. Benefits tracking is now required to realise benefits from delivering a new outcomes based delivery model and the significant OD support to staff to implement new ways of working.	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	







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

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## Overall Financial Performance 2016 / 2017

### Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	3	3	The NHS Improvement risk rating remains capped at level 3 due to the agency metric rating of 4. Other metrics score as 1 or 2.
2	Normalised Surplus	£0.7m	£1.9m	December 2016 financial performance excluding STF is a deficit of £27k. The post STF deficit is £224k given the non-achievement of plan at Q3. The cumulative position excluding STF is a surplus of £22k, £739k surplus including STF. The main factors being continued and increased cost pressures on Out of Area beds partly offset by savings in other services and support. Full year pre STF surplus remains at £0.5m, but with very significant risk attached.
3	Agency Cap	£7.6m	£9.9m	Agency expenditure in December 2016 is £0.9m which represents a £0.1m increase compared to November. This is primarily within the nursing workforce. Year to date this position is 89% over the NHSI cap.
4	Cash	£26.1m	£21.8m	The Trust cash position is £0.3m less than plan at month 9. Variances arising from creditor payments, lower than plan surplus and the impact of non cash transactions. These have been offset by reduced levels of debtors and receipts from asset disposals (£1m for year to date).
5	Capital	£7m	£11.4m	Capital expenditure is behind plan at December by £1.6m excluding VAT reclaims. All schemes have been reviewed and as such the year end forecast has been reduced by £0.7m. Some schemes will be deferred, some have ceased and others recognise latest and more accurate cost estimates.
6	Delivery of CIP	£6.8m	£9.2m	Year to date CIP delivery is £0.5m behind plan. Overall the forecast position includes £0.9m 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

Contracts with CCGs and NHS E were agreed in principle by the 23rd December planning deadline. Memorandums have been inserted into CCG contracts to ensure continued review of investment into MH services in line with the requirements of Five Year Forward View.

### CQUIN

A key priority remains the drive to secure maximum CQUIN income. The Trust has achieved the 75% threshold for flu vaccinations at a Trust wide level. Efforts are continuing to maximise uptake in every service and locality. Negotiation is currently taking place with commissioners regarding the Mental Health Currency CQUINs. There continues to be invested Trust wide scrutiny and support in order to assist with CQUIN delivery.

### Key Contract Issues – Barnsley

Contracting negotiations have resulted in positive outcomes related to significant current pressures for continence products and MH Out of Area Locked Rehabilitation Placements. A significant proportion of services including neighbourhood nursing and intermediate care will transfer from the main contract into new Alliance Contracts during 17/18. Intermediate care is not funded in the 17/18 baseline contract beyond July 2017 which in effect sets the timescale for resolution. Another key movement is the commissioning of a Learning Disability bed. SWYPFT is taking legal advice before signing the Alliance Contract which currently covers Rightcare and Neighbourhood Nursing Services.

### Key Contract Issues – Calderdale

Calderdale CCG have supplied a letter of commitment to investment in Five Year Forward View priority areas, and the contract has been agreed on that basis. Final contract documentation received for signature w/c 10th January 2017.

### Key Contract Issues – Kirklees

Final contract documentation received for signature w/c 10th January 2017.

### Key Contract Issues- Wakefield

Final contract documentation received for signature w/c 10th January 2017.

Urban House (Asylum Seekers) - the Wakefield Commissioner has informed SWYPFT that confirmation of funding for 2017/18 has been received from NHSE. The CCG has also confirmed the planned continuation of the contract for provision of TB services. These smaller contracts fell outside of the 23rd December national planning. Work continues to finalise these contracts. The CCG is making increased investment in both Dementia and IHBT.

### Contracting Issues - Forensics

NHSE Contract Offer includes an equitable arrangement regarding financial risk share in relation to bed occupancy in recognition of the significant progress made in local implementation of the Transforming Care Agenda (CTR). It has also been agreed to continue with 2 existing CQUINs which enhance quality for service users. Draft Contract documents were issued on 30-Dec.

### Key Contract Issues – Other

Contracts are awaited from Rotherham/Doncaster and Sheffield LAs related to 17/18 contract extensions for Smoke Free services. Kirklees LA confirmed their commissioning intention to decommission Smoke Free Services in Kirklees and an exit plan is being developed. In Calderdale work is ongoing with commissioners to secure a smooth continuation of CAMHS services from April 2017. Kirklees - Work is ongoing with Locala to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017.

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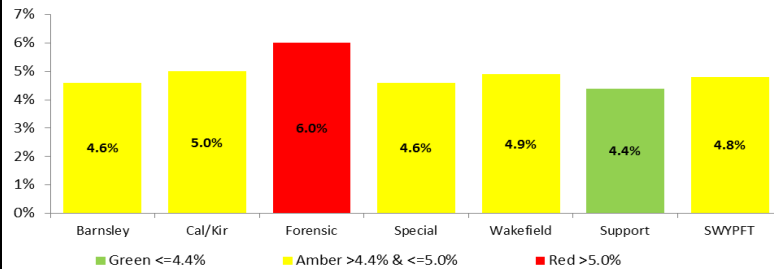
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### Human Resources Performance Dashboard - December 2016

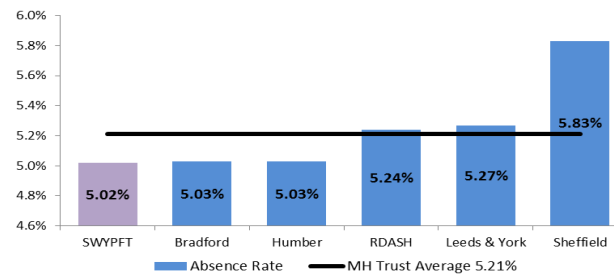
#### Sickness Absence



#### Current Absence Position - November 2016

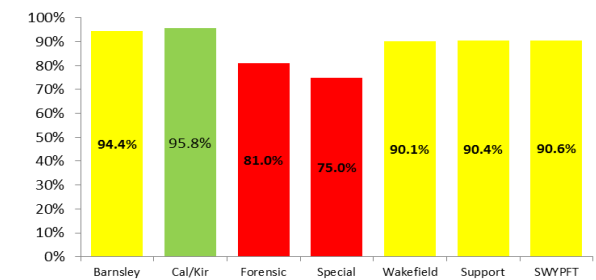
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	6.2%	4.0%	6.1%	4.3%	5.5%	5.2%	5.3%
Trend	↓	↑	↓	↔	↔	↑	↓

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



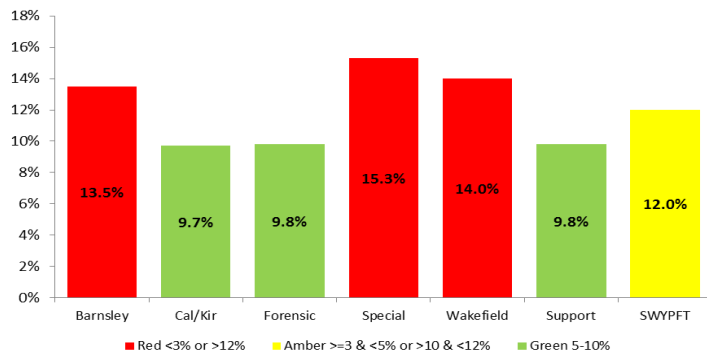
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the 12 months to the end of March 2016. During this time the Trust's absence rate was 5.02% which is below the regional average of 5.21%.

#### Appraisals - All Staff

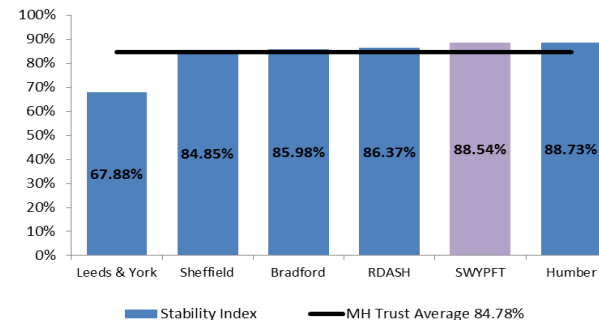


The above chart shows the appraisal rates for all staff for the Trust to the end of December 2016. The figures are calculated over the financial year from April 2016 to March 2017. The total percentages have decreased slightly since the inclusion of Band 1-5 but all staff groups continue to show improvement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

#### Turnover and Stability Rate Benchmark

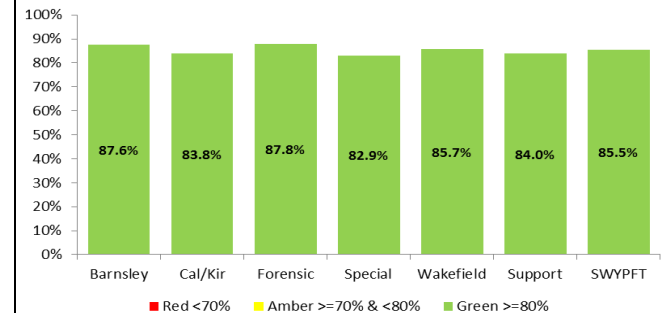


This chart shows the YTD turnover levels up to the end of December 2016. All staff TUPE'd outside the Trust have been excluded from the above data.



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

#### Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of Dec 2016. The Trust continues to achieve its 80% target for fire lecture training; Specialist Services have improved their performance and are now above the target level.

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## Workforce - Performance Wall

Trust Performance Wall													
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	4.7%	4.5%	4.6%	4.7%	4.7%	4.8%	4.7%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.7%	4.4%	4.8%	5.0%	4.9%	4.7%	4.7%	5.3%
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%	93.2%
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%	89.0%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.3%	82.6%	81.7%	80.8%	81.0%	82.4%	80.0%	78.8%	78.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80% by 31/3/17				62.0%	60.6%	63.2%	65.0%	66.9%	69.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80% by 31/3/17				28.2%	39.0%	41.0%	39.9%	45.1%	53.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.8%	92.0%	91.5%	91.9%	91.7%	90.9%	90.3%	89.4%	90.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.2%	83.2%	82.8%	84.5%	85.1%	84.6%	83.7%	82.9%	85.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.4%	79.1%	80.0%	80.8%	82.2%	81.8%	82.6%	82.9%	83.9%
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%	83.8%
Information Governance	Resources	Well Led	AD	>=95%	93.6%	90.0%	89.9%	90.2%	89.2%	88.2%	86.5%	85.9%	86.5%
Moving and Handling	Resources	Well Led	AD	>=80%	85.0%	84.4%	82.2%	82.2%	79.4%	78.2%	77.0%	78.1%	78.8%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80% by 31/3/17								12.9%	46.0%
Mental Health Act	Quality & Experience	Well Led	AD	>=80% by 31/3/17								11.0%	20.9%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	89.0%	90.0%	90.1%	89.7%	89.2%	89.0%	88.6%	89.5%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.4%	87.1%	88.0%	88.3%	88.2%	88.0%	86.7%	87.0%	87.8%
Sainsbury's Tool	Health & Wellbeing	Well Led	AD	>=80%				97.1%	96.9%	96.6%	93.2%	93.8%	94.8%
Bank Cost	Resources	Well Led	AD	-	£463k	£370k	£434k	£434k	£512k	£605k	£486k	£458k	£477k
Agency Cost	Resources	Effective	AD	-	£805k	£842k	£925k	£791k	£989k	£833k	£833k	£753k	£885k
Overtime Costs	Resources	Effective	AD	-	£31k	£33k	£35k	£23k	£17k	£9k	£16k	£14k	£26k
Additional Hours Costs	Resources	Effective	AD	-	£87k	£60k	£68k	£78k	£52k	£48k	£40k	£41k	£47k
Sickness Cost (Monthly)	Resources	Effective	AD	-	£497k	£469k	£456k	£481k	£504k	£501k	£462k	£457k	£513k
Business Miles	Resources	Effective	AD	-	345k	321k	267k	286k	300k	273k	328k	330k	316k

Summary

Quality

NHS Improvement

Locality

Transformation

Finance/Contracts

Workforce

## Workforce - Performance Wall cont...

### Notes:

Whilst the Trust continues to have the lowest sickness rate in Yorks and Humber for Mental Health/LD Trusts a proactive internal audit review was commissioned to look how we can improve our systems to reduce absence rates further. The report has been received and although identifies areas of good practice relating to the management of sickness absence it has also picked up areas where we can improve and strengthen, particular on local implementation of the policy. The areas for improvement, which will be incorporated in an action plan.

#### Sickness

- Year to date absence levels remain at 4.8% which is lower than the same period last year. The trend is for sickness rates to be at there highest during November, December and January.
- Whilst Kirklees and Calderdale sickness levels are at 5% year-to-date they are improving (only 4% in December). Year-to-date absence in Forensic services is 6%.
- Barnsley BDU sickness levels have seen an increase over the last 2 months and this has now taken the year to date levels over threshold. Only support services now remain within tolerance for the year to date position.

#### Mandatory Training

- The Trust is achieving above threshold for all areas with the exception of Information Governance (86.5%); Moving & Handling (78.8%)
- Continued focus being placed on IG across the trust given recent ICO reportable incidents.
- In March 2016, a review of MCA and MHA training reported to EMT revealed that 47% of staff within SWYPT had received training in the previous three years. Since March 2016, MCA/MHA training has been made mandatory and we have conducted a detailed training needs analysis around MCA/MHA training to ensure the mandatory training provided matches the competencies and needs of the staff. We have developed new, up-to-date evidence-based training and learning resources on the MHA and MCA and we are currently running extensive training programmes for all staff across the Trust. The Mental Health Act training figure is the overall figure for staff that have completed the MHA component of training that are required to i.e All Clinical Staff working in MH and LD services. The Mental Capacity Act/DoLs training figure is for all staff in the workforce both clinical and non-clinical that have completed training, as all staff are required to complete some level of training. Although a challenge to achieve across the whole Trust, our trajectory for mandatory MCA/MHA training compliance is 80% by end of March 2017. We are continuing to work on mapping and accrediting previous training and learning to the current mandatory training performance wall, although this might not be fully represented until March 2017.
- Cardiopulmonary and clinical risk training are recently introduced training programmes provided throughout the financial year on a trajectory to reach 80% compliance by 31st March 2017

## Publication Summary

### Department of Health

NHS reference costs 2015 to 2016

This document provides the most up-to-date information about how NHS expenditure was used to provide health care by NHS trusts and NHS foundation trusts. Reference costs are the unit costs to the NHS for providing defined services in a given financial year to NHS patients in England.

[Click here for link to report](#)

### Department of Health (DH)

2016-17 guidance for financial monitoring and accounts and management information forms

The financial monitoring and accounts and management information forms for 2016 to 2017 contains guidance on completing the forms for the completion of the 2016 to 2017 Q3 and year-end finance returns. The forms are sent directly to NHS trusts.

[Click here for guidance](#)

### NHS Improvement

Consultation on use of resources and well-led assessments

This consultation contains proposals for how NHS trusts and foundation trusts can make effective use of resources, leadership and governance enabling them to provide sustainable high quality services for patients. The deadline for responses is 14 February 2017.

[Click here for consultation](#)

### Care Quality Commission (CQC)

Our next phase of regulation: a more targeted, responsive and collaborative approach - cross-sector and NHS trusts

CQC are consulting on changes they are planning to the way health and adult social care services are regulated. These plans reflect the priorities that CQC set out in a five year strategy for a more targeted, responsive and collaborative approach. The consultation closes on 14 February 2017.

[Click here for consultation](#)

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

Asthma management

Comments and feedback are being sought on this draft guidance on the management of asthma. The guidance calls for a change to how the medicines are offered to enable the NHS to make savings of potentially £3 million per year. The draft guideline also describes how health professionals should help people self-manage. It recommends they offer people a written plan with details of their triggers, how to adjust medicines and when to seek help. The draft guideline is out for public consultation until 16 February 2017.

[Click here for draft guidance](#)

## Publication Summary cont...

### NHS Improvement

Safe, sustainable and productive staffing: an improvement resource for learning disability services

This draft guidance aims to help standardise staffing decisions for learning disability services in community and inpatient settings. It is designed to help commissioners and providers of NHS commissioned services, create, review and sustain safe and effective specialist health services for people with a learning disability, who have a wide range of needs and varying levels of disability. The closing date for comments on the draft guidance is 3 February 2017.

[Click here for guidance](#)

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

NHS safety thermometer report, England - November 2015 - November 2016 (this report includes data from applicable services in Barnsley BDU)

Learning, candour and accountability: a review of the way NHS trusts review and investigate the deaths of patients in England (Care Quality Commission)

NHS safety thermometer report, England - November 2015 - November 2016

Winter health watch summary, 8 December 2016

NHS Improvement: provider bulletin, 14 December 2016

HPV vaccination coverage, September to August 2016

Winter health watch summary, 15 December 2016

Direct access audiology, referral to treatment waiting times, October 2016

NHS workforce statistics, September 2016, provisional statistics

NHS staff earnings estimates to September 2016, provisional statistics

NHS sickness absence rates, August 2016

Provisional monthly hospital episode statistics for admitted patient care, outpatient and accident and emergency data: April to October 2016

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

Diagnostic imaging dataset - August 2016

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

Improving access to psychological therapies report: September 2016 final, October 2016 primary

Seasonal flu vaccine uptake in healthcare workers: 1 September 2016 to 30 November 2016

Seasonal flu vaccine uptake in children of primary school age: 1 September 2016 to 30 November 2016

NHS Provider bulletin: 21 December 2016

NHS provider bulletin: 4 January 2017





# Finance Report

Month 9 (2016/2017)

Appendix 1



[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)



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. Other metrics score as 1 or 2.
2	Normalised Surplus	£0.7m	£1.9m	December 2016 financial performance excluding STF is a deficit of £27k. The post STF deficit is £224k given the non-achievement of plan at Q3. The cumulative position excluding STF is a surplus of £22k, £739k surplus including STF. The main factors being continued and increased cost pressures on Out of Area beds partly offset by savings in other services and support. Full year pre STF surplus remains at £0.5m, but with very significant risk attached.
3	Agency Cap	£7.6m	£9.9m	Agency expenditure in December 2016 is £0.9m which represents a £0.1m increase compared to November. This is primarily within the nursing workforce. Year to date this position is 89% over the NHSI cap.
4	Cash	£26.1m	£21.8m	The Trust cash position is £0.3m less than plan at month 9. Variances arising from creditor payments, lower than plan surplus and the impact of non cash transactions. These have been offset by reduced levels of debtors and receipts from asset disposals (£1m for year to date).
5	Capital	£7m	£11.4m	Capital expenditure is behind plan at December by £1.6m excluding VAT reclaims. All schemes have been reviewed and as such the year end forecast has been reduced by £0.7m. Some schemes will be deferred, some have ceased and others recognise latest and more accurate cost estimates.
6	Delivery of CIP	£6.8m	£9.2m	Year to date CIP delivery is £0.5m behind plan. Overall the forecast position includes £0.9m 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 based on the Use of Resources.

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

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

	Financial Criteria	Weight	Metric	Actual Performance		Plan - Month 9	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	20%	Capital Service Capacity	4.2	1	3.5	1
	Liquidity	20%	Liquidity (Days)	16.8	1	10.3	1
Financial Efficiency	Underlying Performance	20%	I & E Margin	0.4%	2	1.0%	1
	Variance from Plan	20%	Variance in I & E Margin as a % of income	-0.6%	2	-0.4%	2
Agency Cap	Variance from Plan	20%	Agency Margin	89%	4	#N/A	#N/A
Weighted Average - Financial Sustainability Risk Rating					3		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 2016 and below plan cumulative performance has resulted in a deterioration in financial efficiency scores from 1 to 2.

### Definitions

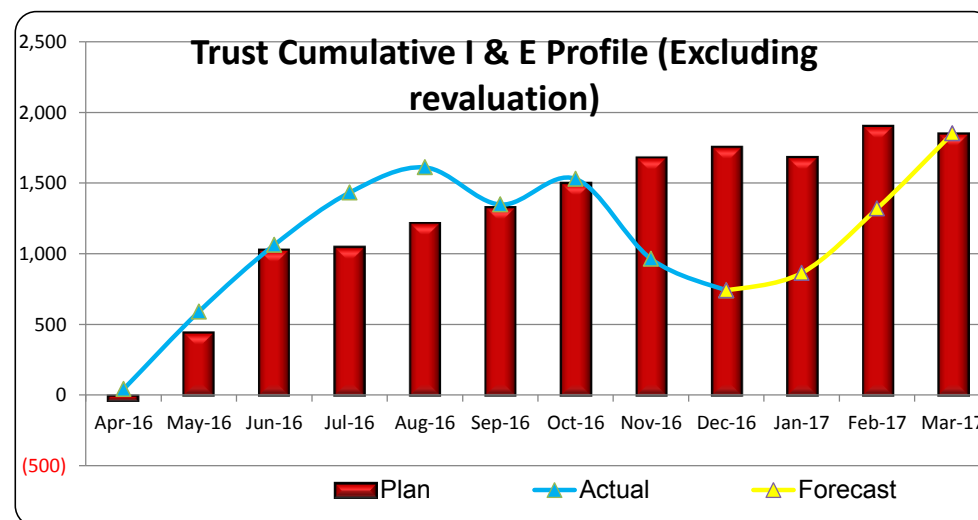
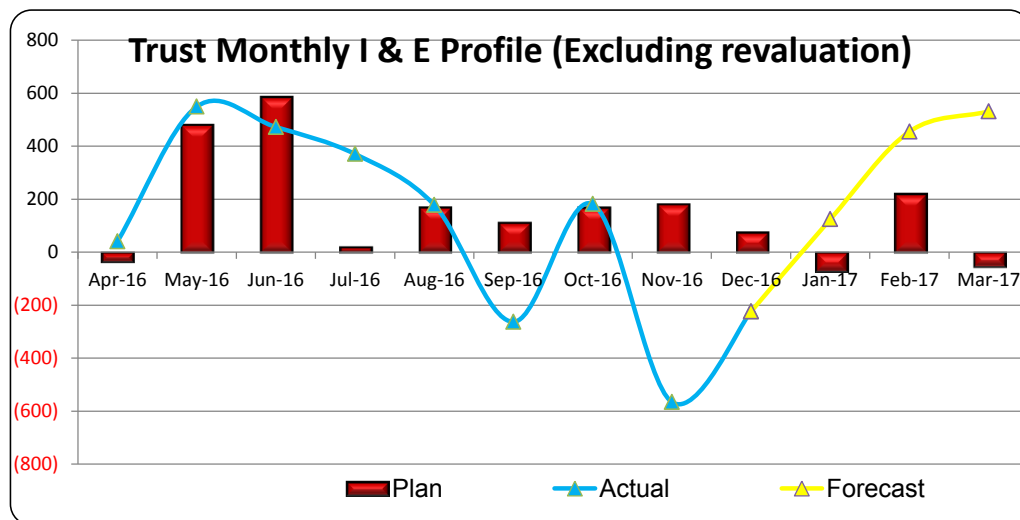
**Capital Servicing Capacity** - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

**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
				17,352	17,003	(349)	Clinical Revenue	159,430	158,949	(481)	211,480	211,611	132
				<b>17,352</b>	<b>17,003</b>	<b>(349)</b>	<b>Total Clinical Revenue</b>	<b>159,430</b>	<b>158,949</b>	<b>(481)</b>	<b>211,480</b>	<b>211,611</b>	<b>132</b>
				1,475	1,442	(34)	Other Operating Revenue	11,982	11,825	(157)	15,586	15,680	93
				<b>18,827</b>	<b>18,444</b>	<b>(382)</b>	<b>Total Revenue</b>	<b>171,412</b>	<b>170,774</b>	<b>(638)</b>	<b>227,066</b>	<b>227,291</b>	<b>225</b>
4,330	4,029	(301)	6.9%	(14,241)	(14,050)	191	Pay Costs	(130,777)	(129,135)	1,642	(173,293)	(172,041)	1,252
				(3,718)	(3,847)	(129)	Non Pay Costs	(33,464)	(34,328)	(864)	(44,003)	(46,196)	(2,193)
				54	31	(23)	Provisions	2,284	1,437	(846)	2,317	3,139	822
<b>4,330</b>	<b>4,029</b>	<b>(301)</b>	<b>6.9%</b>	<b>(17,904)</b>	<b>(17,865)</b>	<b>39</b>	<b>Total Operating Expenses</b>	<b>(161,957)</b>	<b>(162,026)</b>	<b>(68)</b>	<b>(214,979)</b>	<b>(215,098)</b>	<b>(119)</b>
<b>4,330</b>	<b>4,029</b>	<b>(301)</b>	<b>6.9%</b>	<b>922</b>	<b>579</b>	<b>(343)</b>	<b>EBITDA</b>	<b>9,454</b>	<b>8,748</b>	<b>(706)</b>	<b>12,087</b>	<b>12,193</b>	<b>106</b>
				(596)	(550)	46	Depreciation	(5,444)	(5,751)	(308)	(7,233)	(7,326)	(94)
				(257)	(257)	0	PDC Paid	(2,310)	(2,310)	0	(3,080)	(3,080)	(0)
				6	4	(3)	Interest Received	56	53	(4)	75	63	(12)
<b>4,330</b>	<b>4,029</b>	<b>(301)</b>	<b>6.9%</b>	<b>76</b>	<b>(224)</b>	<b>(300)</b>	<b>Normalised Surplus / (Deficit)</b>	<b>1,757</b>	<b>739</b>	<b>(1,017)</b>	<b>1,850</b>	<b>1,850</b>	<b>0</b>
				0	0	0	Revaluation of Assets	0	(4,189)	(4,189)	0	(4,189)	(4,189)
<b>4,330</b>	<b>4,029</b>	<b>(301)</b>	<b>6.9%</b>	<b>76</b>	<b>(224)</b>	<b>(300)</b>	<b>Surplus / (Deficit)</b>	<b>1,757</b>	<b>(3,450)</b>	<b>(5,207)</b>	<b>1,850</b>	<b>(2,339)</b>	<b>(4,189)</b>



## 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. As a result of the unfavourable performance in the third quarter the STF for this period has not been achieved (£0.3m) and this is reflected in our position. It remains possible to receive these monies if the full year control total plan is achieved. The forecast position remains in line with plan, it is expected that the Trust will deliver a balanced position at year end and recover the Q3 loss.

	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k
Surplus (Excluding STF)	744	22	(722)	500	500	0
STF	1,013	717	(295)	1,350	1,350	0
<b>Surplus - Total</b>	<b>1,757</b>	<b>739</b>	<b>(1,017)</b>	<b>1,850</b>	<b>1,850</b>	<b>0</b>

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

Financial Performance	886	591	(295)	1,181	1,181	0
Referral to Treatment	127	127	0	169	169	0
<b>STF - Total</b>	<b>1,013</b>	<b>717</b>	<b>(295)</b>	<b>1,350</b>	<b>1,350</b>	<b>0</b>

### Month 9

In month there have been adverse movements in the financial position resulting in a deficit position for month 9 / December 2016 of £224k. Excluding the removal of the Quarter 3 STF funding (£295k) this would have shown as an in month surplus of £71k.

The normalised year to date position is a surplus of £739k. This is £1 million less than planned and the key headlines are below:

	£k	
Income	(638)	Includes £295k STF shortfall and £482k shortfall in CQUIN. The Flu CQUIN assumes £170k shortfall and performance against target will be validated during January 2017. Subsequently there has been excellent progress with the take up of the flu vaccination which has led to the Trust achieving its target of having 75% of staff vaccinated. This will be reflected in the January accounts.
Pay	(7,615)	Agency staff continue to be employed by the Trust to meet clinical and service requirements. Actions continue to ensure that the clinical and financial consequences are minimised. Actions include ongoing recruitment, expansion of the peripatetic staffing model.
Non Pay	(1,958)	9,257 Offset by underspends in pay arising from vacancies
	(1,958)	Out of Area expenditure remains a key financial pressure with issues arising from demand for Trust services and a reduced bed capacity as a result of a ward fire in November 2016. Work is ongoing to reduce the use of placements and capital works progress in the development of the new bed capacity.
	(905)	Redundancy costs including those for services decommissioned.
	1,999	Offset by underspends elsewhere within non pay including non clinical areas such as office costs (£488k), travel (£188k) and training costs (£409k).
	(846)	Provisions, and budgets held centrally, have been released in order to achieve this position. This includes not spending Trust contingencies.
	(311)	Capital Charges higher than plan due to accelerated charges arising from the decision to undertake the Fieldhead Non-secure capital programme. (reduce the asset value for buildings which are planned to be demolished)
	<b>(1,017)</b>	

### Forecast

The full year pre STF surplus forecast remains at £0.5m but acknowledges the significant risk attached with its delivery. These risks, and also any opportunities, continue to be assessed to ensure that the plan is delivered.

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

Discussions are taking place with loss adjusters regarding the impact of the fire at Trinity on out of area bed usage. Any agreement in terms of insurance claims will be communicated to the Board once known.

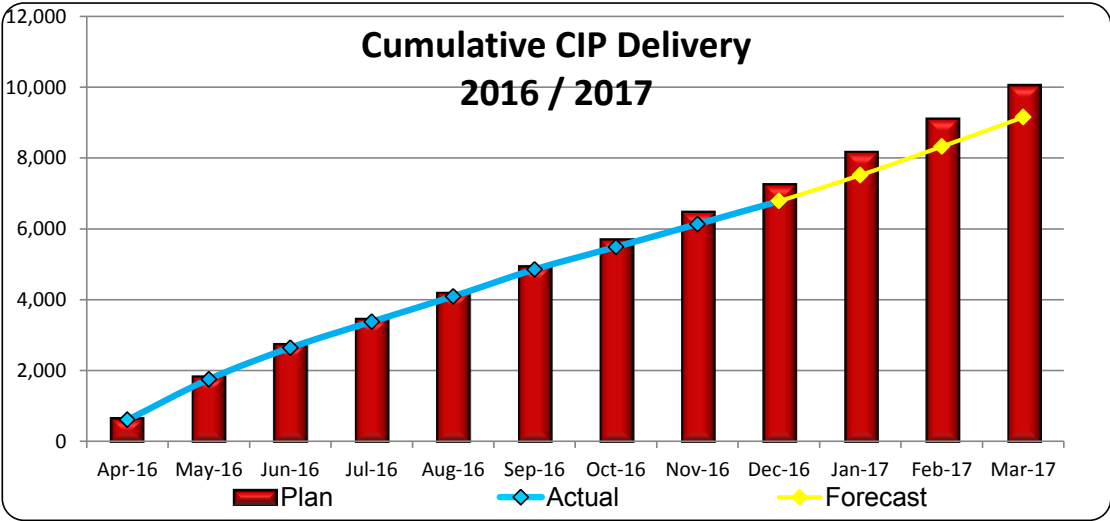
2.1

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	6,192	8,837
Target - Non Recurrent	9	509	259	49	49	49	49	49	49	49	49	49	1,075	1,223
Target - Monitor Submission	670	1,172	922	715	729	744	766	772	777	912	940	940	7,267	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	7,267	10,059

Delivery as planned	452	1,446	2,147	2,686	3,232	3,826	4,338	4,859	5,379	5,993	6,676	7,379	5,379	7,379
Mitigations - Recurrent	0	6	9	14	18	22	26	30	34	38	42	46	34	46
Mitigations - Non Recurrent	146	299	485	678	841	1,005	1,125	1,245	1,365	1,485	1,606	1,726	1,365	1,726
Total Delivery	598	1,751	2,641	3,377	4,091	4,853	5,489	6,134	6,779	7,517	8,324	9,151	6,779	9,151

Shortfall / Unidentified	72	92	123	101	116	99	229	356	488	663	796	908	488	908
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The Trust identified a CIP programme for 2016 / 2017 which totals £10.1m. (£11.0m recurrent full year effect) This was subject to an external review.

The forecast shortfall has increased from £822k to £908k in month due to revised assumptions on procurement savings. The majority of schemes are rated as green (and delivering), although £1.4m is non recurrent for the year to date, with notable exceptions being:

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

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	118,917	110,308	1
<b>Current Assets</b>				
Inventories & Work in Progress	190	190	190	
NHS Trade Receivables (Debtors)	2,623	2,573	1,663	2
Other Receivables (Debtors)	7,541	5,367	7,149	3
Cash and Cash Equivalents	27,107	26,371	26,113	4
<b>Total Current Assets</b>	<b>37,461</b>	<b>34,501</b>	<b>35,115</b>	
<b>Current Liabilities</b>				
Trade Payables (Creditors)	(6,430)	(6,130)	(6,184)	5
Other Payables (Creditors)	(3,481)	(4,251)	(4,209)	5
Capital Payables (Creditors)	(785)	(785)	(892)	5
Accruals	(8,576)	(11,076)	(7,161)	6
Deferred Income	(789)	(789)	(945)	
<b>Total Current Liabilities</b>	<b>(20,060)</b>	<b>(23,030)</b>	<b>(19,390)</b>	
<b>Net Current Assets/Liabilities</b>	<b>17,401</b>	<b>11,471</b>	<b>15,725</b>	
<b>Total Assets less Current Liabilities</b>	<b>131,535</b>	<b>130,388</b>	<b>126,033</b>	
Provisions for Liabilities	(10,017)	(8,127)	(7,927)	
<b>Total Net Assets/(Liabilities)</b>	<b>121,518</b>	<b>122,261</b>	<b>118,106</b>	
Taxpayers' Equity				
Public Dividend Capital	43,492	43,492	43,665	
Revaluation Reserve	19,446	19,446	19,311	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,361	54,103	49,911	7
<b>Total Taxpayers' Equity</b>	<b>121,518</b>	<b>122,261</b>	<b>118,106</b>	

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

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

2. NHS debtors are currently below plan.

3. As per previous months other debtors are higher than plan with the main reason being accrued income. £1.5m of this relates to the timing of salary sacrifice scheme payments (the profile of which will be considered in future cashflow plans).

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 11.

5. Overall creditors are broadly in line with plan. Payments continue to be made to support the Trust Better Payment Practice Code and ensure that no issues remain outstanding.

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

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



### 3.1

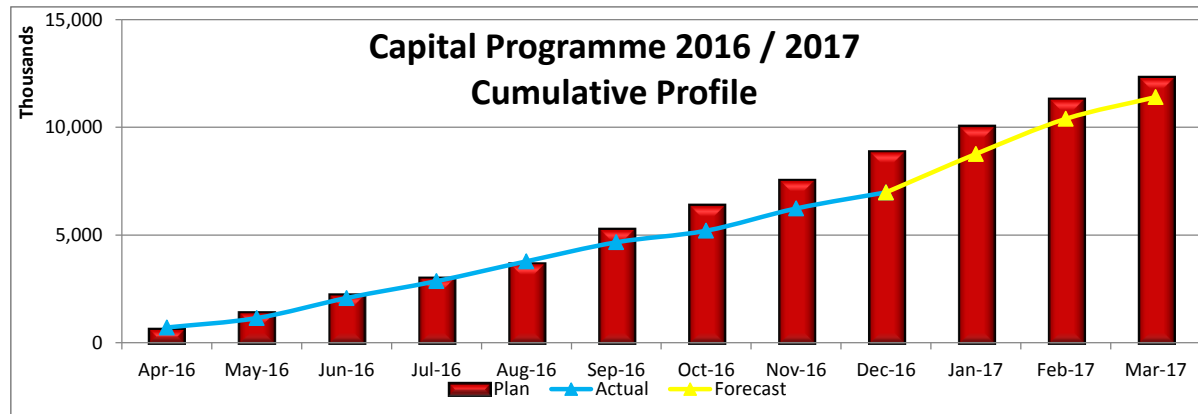
## Capital Programme 2016 / 2017

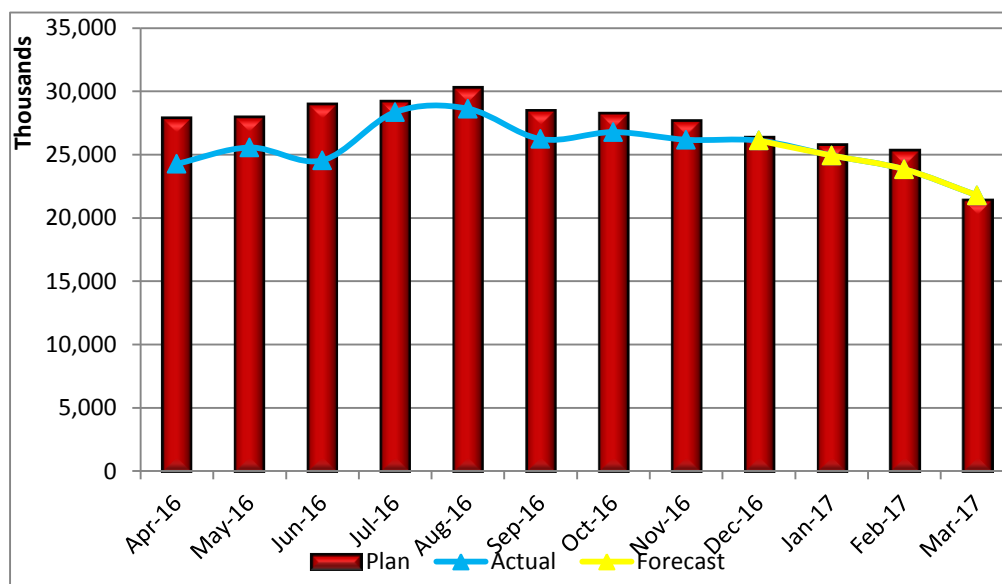
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	2,050	1,540	935	(606)	1,815	(236)	3
IM&T	1,210	947	209	(738)	992	(218)	
<b>Total Minor Capital &amp; IM &amp; T</b>	<b>3,260</b>	<b>2,487</b>	<b>1,143</b>	<b>(1,344)</b>	<b>2,807</b>	<b>(454)</b>	
<b>Major Capital Schemes</b>							
Pontefract Hub	1,795	1,795	1,889	94	1,939	144	4
Wakefield Hub	735	735	746	11	790	55	4
Fieldhead Non Secure	4,725	2,574	2,897	323	4,829	104	
Fieldhead Development	1,300	850	205	(645)	794	(506)	
Other	498	448	422	(25)	565	67	
<b>Total Major Schemes</b>	<b>9,053</b>	<b>6,402</b>	<b>6,159</b>	<b>(243)</b>	<b>8,916</b>	<b>(137)</b>	
VAT Refunds	0	0	(324)	(324)	(324)	(324)	
<b>TOTALS</b>	<b>12,313</b>	<b>8,889</b>	<b>6,978</b>	<b>(1,911)</b>	<b>11,398</b>	<b>(915)</b>	2

### Capital Expenditure 2016 / 2017

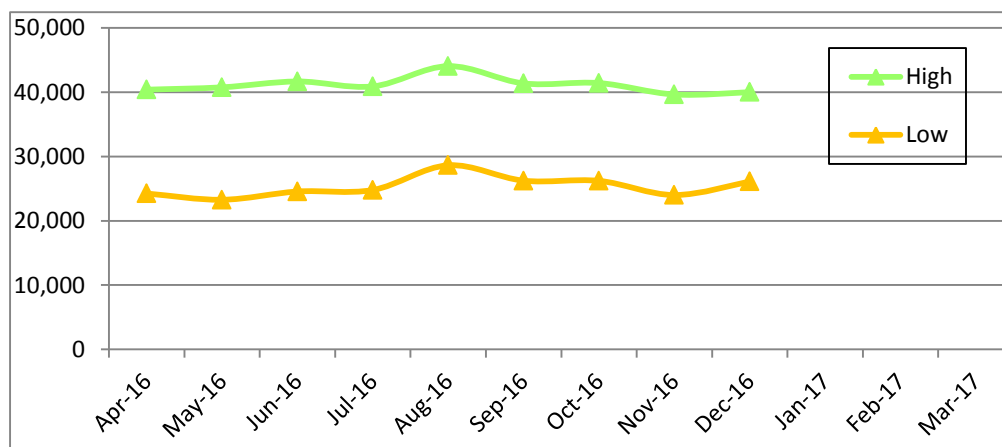
1. The Trust capital programme for 2016 / 2017 is £12.3m and schemes are guided by the Trust Estates Strategy.
2. The year to date position is £1.9m behind plan (22%). Excluding the benefit arising from successful VAT recovery agreed with HRMC this would be £1.6m behind plan (18%).

In month a senior review of the 16/17 capital programme has been conducted. As such the forecast has been revised to reflect the impact with schemes either continuing as planned, continuing within a reduced financial envelope, deferred or ceased. This exercise has reduced the forecast by £724k





	Plan £k	Actual £k	Variance £k
Opening Balance	27,107	27,107	
Closing Balance	26,371	26,113	(258)



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.

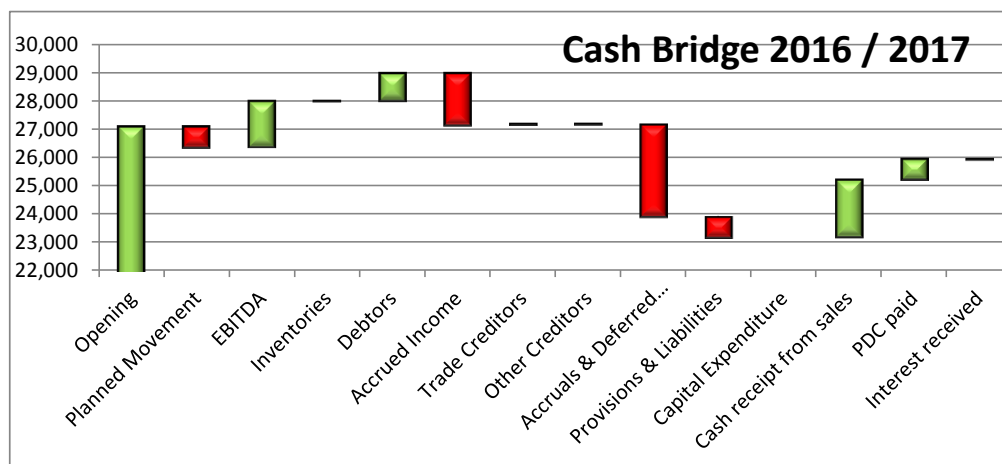
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £40m  
The lowest balance is: £26.1m

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
<b>Opening Balances</b>	<b>27,107</b>	<b>27,107</b>		
Surplus (Exc. non-cash items & revaluation)	7,102	8,729	1,627	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,425	3,416	991	
Accrued Income	0	(1,839)	(1,839)	4
Trade Payables (Creditors)	(300)	(246)	54	
Other Payables (Creditors)	0	(22)	(22)	
Accruals & Deferred income	2,000	(1,258)	(3,258)	5
Provisions & Liabilities	(1,890)	(2,614)	(724)	6
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(8,889)	(6,871)	2,018	2
Cash receipts from asset sales	299	1,045	747	3
PDC Dividends paid	(1,540)	(1,560)	(20)	
PDC Dividends received		173	173	
Interest (paid)/ received	56	53	(4)	
<b>Closing Balances</b>	<b>26,371</b>	<b>26,113</b>	<b>(257)</b>	



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

Factors which increase the cash position against plan:

1. The normalised surplus position at month 9 is behind plan although year to date remains in a surplus position. This position includes higher than plan depreciation charges and also an element of contingency release, both of which are non-cash transactions.
2. Capital expenditure, including capital creditors, is less than plan as noted within the capital expenditure report.
3. The Trust has disposed of 1 property in month (£325k). This was included within the plan as £299k and originally assumed for August 2016.

Factors which decrease the cash position against plan:

4. Accrued income continues to be higher than planned. Invoices will be raised as soon as possible to maximise the cash position.
5. Expenditure accruals remain at a low level. Issues with receiving invoices from NHS bodies, and reflected in the plan, have not been experienced to date in 2016 / 2017.
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

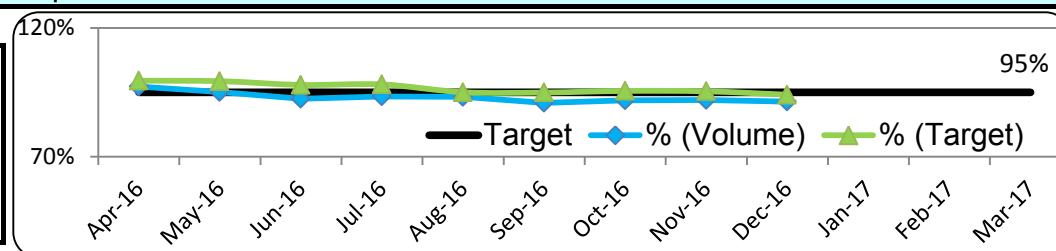
## Better Payment Practice Code

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.

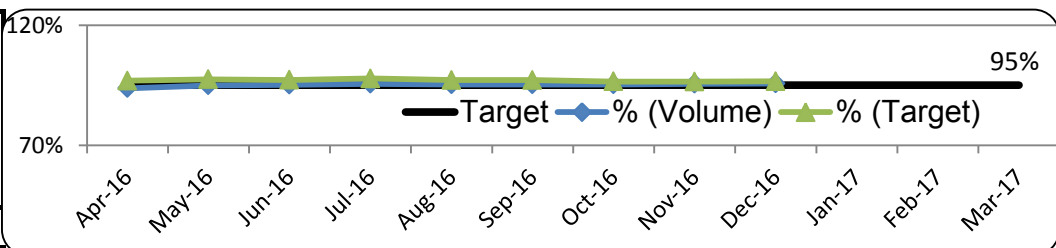
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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.

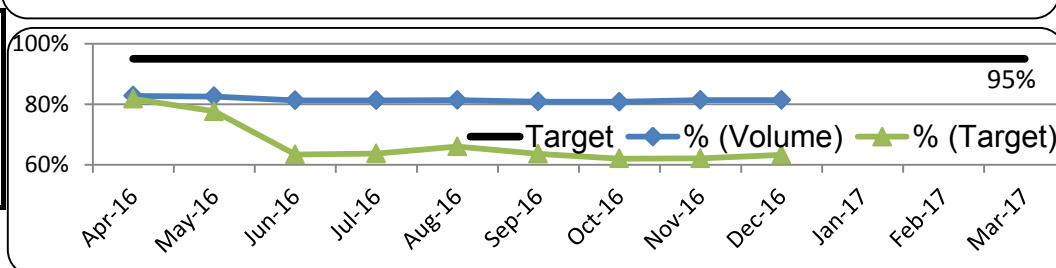
NHS		
	Number	Value
	%	%
Year to November 2016	92%	95%
Year to December 2016	91%	94%



Non NHS		
	Number	Value
	%	%
Year to November 2016	96%	96%
Year to December 2016	96%	97%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to November 2016	81%	62%
Year to December 2016	81%	63%



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 (£)
14/12/2016	Availability Charge SLA	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3019232	209,476
26/10/2016	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	3013774	119,857
01/12/2016	Rent	Kirklees	Kirklees Council	3017761	60,425
22/11/2016	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3016734	48,170
16/12/2016	CNST contributions	Trustwide	NHS Litigation Authority	3019744	33,986

Agency costs continue to remain a focus for the NHS nationally including publication by NHS Improvement performance against maximum levels of spend. The results of December 2016 (Quarter 3) will be published shortly and this will highlight that for the year to date the Trust is 89% above cap. This is an increase from the month 6 published position of 82%.

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.

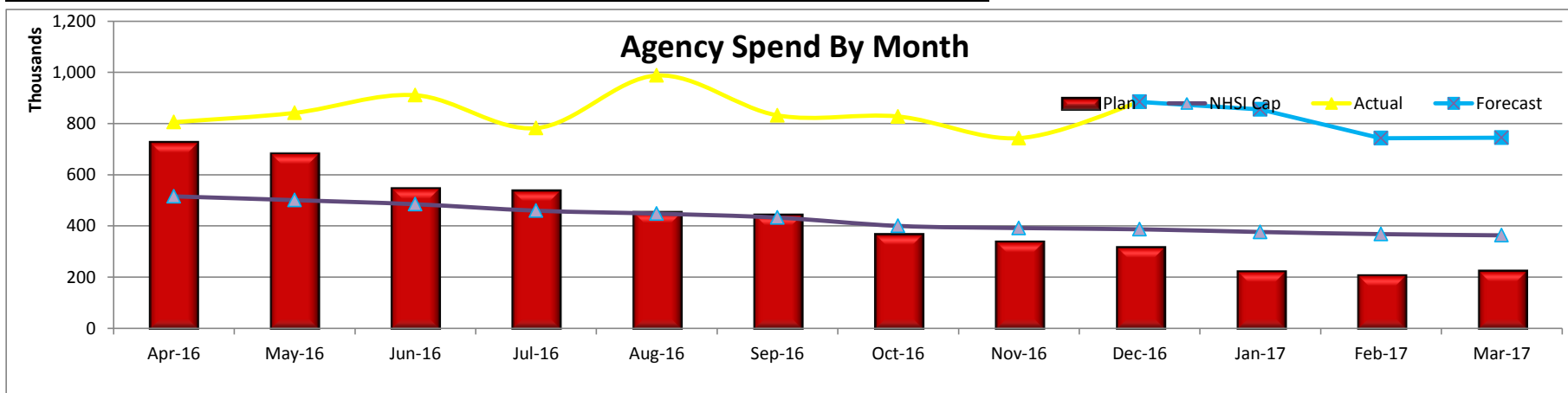
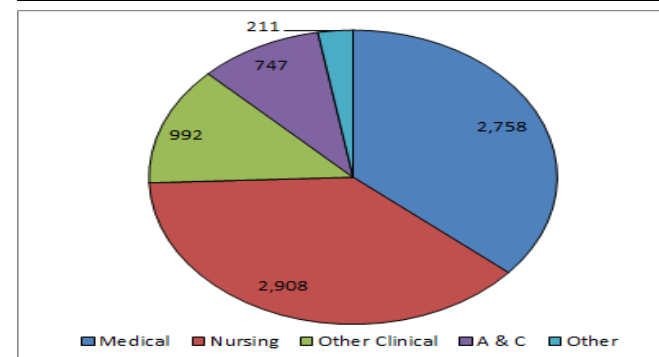
The Trust has seen increased levels of agency expenditure rising from £3.6m in 2013 / 2014 to £8.6m in 2015 / 2016. The introduction of an agency cap for 2016 / 2017 identified a capped level of spend of £5.1m. This represented a significant reduction of £3.3m (39%).

Agency expenditure, for the year to date is £7.6m, with average spend of £846k per month. Based upon current projections this results in a year end forecast position of £10m which is nearly double the Trust cap value and a further increase over previous year expenditure.

As shown by the graph below expenditure has increased in December 2016 (£885k from £743k in October 2016). In month expenditure on medical staff has remained the same (£302k per month) whilst nursing staff have increased from £245k to £429k in month. As a result additional actions have been agreed ensuring clarity on the reasons for agency usage and what plans are in place to reduce it.

Actions include monitoring at an individual / individual shift level the reason for each shift and what action is being undertaken to reduce or mitigate it. This will be reviewed, again at an individual level, by OMG which includes Directors and representatives from each BDU.

	Year to Date £000	Forecast £000
<b>Total Trust Position</b>	<b>7,615</b>	<b>9,950</b>
Less Agency Social Workers	(416)	(559)
Less Bespoke Packages of Care	(771)	(840)
<b>Net Trust Position</b>	<b>6,428</b>	<b>8,551</b>



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

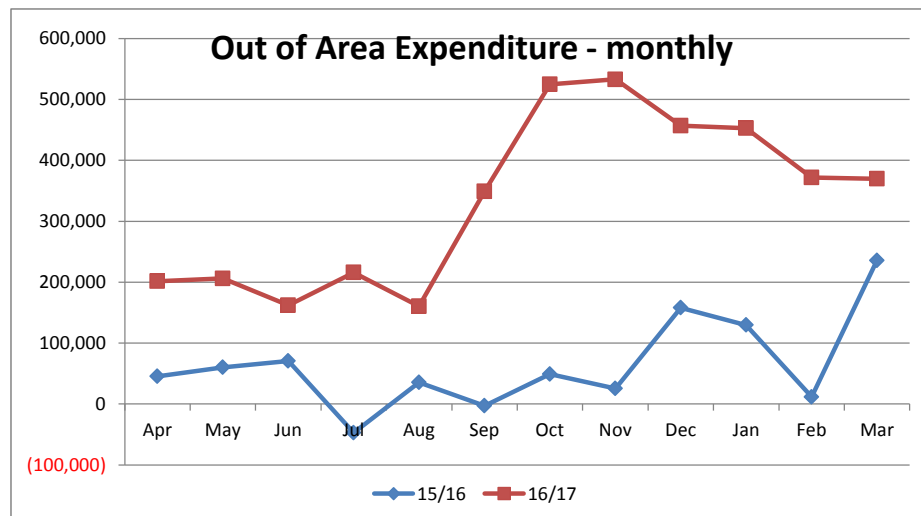
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	453	372	370	4,004

#### Bed Day Information 2015 / 2016 & 2016 / 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
15/16	104	152	192	190	246	42	92	119	180	338	439	504	2,598
16/17	294	272	343	310	216	495	755	726	679				4,090

#### Bed Day Information 2016 / 2017 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	138	167	196	144	70	211	367	377	222				1,892
Acute	96	43	100	89	62	154	288	309	426				1,567
Gender	60	62	47	77	84	130	100	40	31				631



This shows that expenditure has increased from £0.8m in 15/16 to forecast spend of £4.0m in 16/17. (400% increase). Expenditure in December 2016 has been less than the previous 2 months but remains higher than previous trends. 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	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.0%	4.1%	4.3%	4.3%	4.4%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.1%	4.6%	4.6%	4.5%	5.5%	6.20%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	69.9%	82.1%	91.5%	92.1%	94.1%	95%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	41.7%	60.4%	77.5%	83.2%	91.4%	94.10%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.7%	83.9%	88.0%	84.5%	83.2%	84.10%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.5%	75.7%	76.8%	79.0%	80.8%	81.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	47.5%	55.3%	58.5%	64.3%	66.5%	70.80%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.7%	92.6%	92.6%	92.1%	90.4%	91.70%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.5%	88.4%	88.5%	87.5%	86.2%	87.60%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	76.9%	79.9%	79.0%	80.7%	81.5%	81.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	89.7%	89.3%	88.5%	87.3%	87.7%	88.40%
Information Governance	Resources	Well Led	AD	>=95%	90.8%	89.9%	89.0%	89.1%	88.8%	87.50%
Moving and Handling	Resources	Well Led	AD	>=80%	83.7%	80.6%	80.3%	79.6%	80.5%	80.60%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.7%	90.9%	91.2%	91.2%	91.4%	91.90%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.5%	89.3%	89.5%	89.3%	90.1%	90.30%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%	98.9%	97.4%	97.4%	96.3%	95.7%	97.10%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%					16.8%	45.00%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%					11.3%	33.70%
Agency Cost	Resources	Effective	AD		£127k	£169k	£180k	£152k	£143k	£190k
Overtime Costs	Resources	Effective	AD		£6k	£6k	£4k	£6k	£5k	£6k
Additional Hours Costs	Resources	Effective	AD		£44k	£25k	£24k	£22k	£26k	£26k
Sickness Cost (Monthly)	Resources	Effective	AD		£151k	£171k	£171k	£157k	£169k	£192k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		154.87	156.73	173.89	97.45	116.31	133.76
Business Miles	Resources	Effective	AD		114k	123k	116k	130k	115k	112k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.3%	5.4%	5.4%	5.3%	5.1%	5.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.7%	5.9%	5.5%	4.8%	3.8%	4.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	56.5%	67.5%	82.4%	85.0%	95.1%	98.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	23.1%	35.6%	63.5%	72.3%	87.9%	93.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.3%	83.5%	84.3%	80.8%	79.7%	78.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	47.3%	47.6%	53.7%	57.9%	61.0%	66.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	19.1%	34.6%	35.6%	41.9%	50.0%	57.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.5%	92.3%	89.3%	88.1%	88.1%	89.10%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.4%	84.5%	83.0%	83.1%	82.2%	83.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.4%	77.4%	79.9%	79.8%	79.9%	81.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.1%	80.0%	77.9%	74.8%	78.0%	79%
Information Governance	Resources	Well Led	AD	>=95%	91.7%	89.7%	88.7%	84.0%	83.8%	86.60%
Moving and Handling	Resources	Well Led	AD	>=80%	80.2%	76.5%	73.5%	72.7%	73.4%	75.80%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	91.2%	90.8%	90.0%	89.4%	89.5%	90.70%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.9%	86.4%	85.3%	84.1%	85.5%	86.30%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%	98.3%	97.5%	96.4%	95.4%	95.9%	96.60%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%					13.1%	30.80%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%					12.4%	19.80%
Agency Cost	Resources	Effective	AD		£162k	£179k	£165k	£165k	£195k	£228k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£2k	£5k	£2k	£6k
Additional Hours Costs	Resources	Effective	AD		£6k	£1k	£2k	£3k	£1k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£126k	£125k	£119k	£98k	£77k	£83k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		73.49	78.74	69.49	61.86	55.8	50.95
Business Miles	Resources	Effective	AD		57k	56k	50k	64k	71k	75k

## Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.7%	5.9%	6.1%	6.00%	5.9%	6.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	7.1%	6.7%	6.7%	5.80%	5.3%	6.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	55.6%	67.6%	80.9%	87.30%	90.5%	92.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	13.6%	26.5%	49.2%	62.20%	71.8%	77.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.6%	78.9%	80.7%	80.30%	82.9%	83.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	70.0%	62.6%	60.8%	51.60%	49.2%	53.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	0.00%	0.0%	10.50%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.1%	92.2%	91.9%	90.50%	89.2%	90.80%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.5%	84.0%	84.6%	85.10%	84.8%	87.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	89.6%	90.0%	88.5%	86.60%	88.3%	89.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.7%	84.1%	83.0%	81.10%	81.9%	83.90%
Information Governance	Resources	Well Led	AD	>=95%	88.6%	85.5%	84.6%	83.90%	84.6%	85.20%
Moving and Handling	Resources	Well Led	AD	>=80%	86.3%	85.2%	83.6%	83.40%	84.1%	84.40%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.9%	88.8%	88.1%	86.60%	85.3%	89%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.3%	88.2%	88.4%	89.00%	85.5%	87.30%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%	0.0%	12.5%	80.0%	82.40%	77.8%	78.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%					12.30%	29.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%					8.90%	14.20%
Agency Cost	Resources	Effective	AD		£130k	£163k	£62k	£117k	£80k	£95k
Overtime Costs	Resources	Effective	AD			£0k	£0k	£0k	£0k	£9k
Additional Hours Costs	Resources	Effective	AD			£0k	£0k	£0k	£0k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£60k	£60k	£62k	£49k	£51k	£58k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		61.91	56.93	49.49	41.34	33.25	37.55
Business Miles	Resources	Effective	AD		14k	6k	9k	8k	7k	8k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.2%	5.1%	4.9%	4.8%	4.6%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.8%	4.2%	4.1%	3.9%	4.30%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	31.4%	48.5%	58.9%	63.8%	69.3%	82.70%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	22.9%	35.6%	50.4%	55.6%	61.8%	62.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	69.9%	75.8%	78.2%	77.0%	73.5%	74.60%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	49.5%	38.9%	52.0%	61.2%	65.9%	65.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	13.6%	0.0%		9.6%	15.8%	28.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.2%	92.4%	92.3%	89.5%	89.3%	89.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.2%	80.8%	82.0%	75.6%	75.7%	82.90%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.1%	54.2%	60.0%	57.7%	53.8%	60.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.6%	86.5%	85.1%	84.2%	84.5%	87.40%
Information Governance	Resources	Well Led	AD	>=95%	87.7%	85.9%	85.0%	81.0%	82.7%	84.20%
Moving and Handling	Resources	Well Led	AD	>=80%	81.4%	80.1%	79.0%	77.3%	79.5%	80.70%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.3%	86.9%	86.5%	84.8%	84.1%	85.90%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.1%	86.7%	84.4%	86.7%	88.90%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%	90.9%	72.7%		83.6%	87.4%	88.50%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%					4.2%	28.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%					4.3%	9.50%
Agency Cost	Resources	Effective	AD		£172k	£269k	£227k	£266k	£197k	£185k
Overtime Costs	Resources	Effective	AD		£3k	£2k	£1k	£2k	£2k	£2k
Additional Hours Costs	Resources	Effective	AD		£6k	£12k	£10k	£3k	£2k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£44k	£46k	£40k	£38k	£40k	£40k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		76.05	81.08	76.83	86.37	77.57	75.78
Business Miles	Resources	Effective	AD		32k	33k	20k	43k	47k	40k

## Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.0%	4.1%	4.1%	4.2%	4.3%	4.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	3.7%	4.2%	4.3%	4.4%	4.3%	5.2%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	52.4%	71.2%	79.3%	83.7%	89.7%	91.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	13.7%	34.2%	76.9%	84.3%	87.2%	89.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	75.2%	70.8%	70.3%	70.1%	66.8%	64.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	66.7%	62.5%	66.7%	65.6%	64.7%	90.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	100.0%	50.0%	100.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	86.7%	87.0%	87.2%	87.8%	87.1%	85.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.2%	82.5%	81.4%	82.3%	82.0%	84.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	93.7%	96.3%	92.2%	95.9%	95.0%	97.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	77.0%	74.6%	75.4%	76.9%	76.3%	82.2%
Information Governance	Resources	Well Led	AD	>=95%	86.7%	88.7%	88.3%	86.2%	86.1%	89.2%
Moving and Handling	Resources	Well Led	AD	>=80%	83.4%	82.3%	81.3%	77.6%	80.0%	79.7%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	87.3%	87.2%	86.2%	88.1%	87.2%	87.4%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	90.0%	90.7%	89.9%	87.5%	88.0%	88.8%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%	0.0%	0.0%	0.0%	50.0%	50.0%	100%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%					9.2%	90.1%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%					9.1£%	16.30%
Agency Cost	Resources	Effective	AD		£57k	£39k	£48k	£34k	£42k	£40k
Overtime Costs	Resources	Effective	AD		£0k	£6k	£0k	£4k	£3k	£2k
Additional Hours Costs	Resources	Effective	AD		£16k	£10k	£9k	£10k	£10k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£47k	£54k	£57k	£56k	£60k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		80.4	71.62	73.63	66.29	57.40	58.60
Business Miles	Resources	Effective	AD		37k	39k	39k	44k	50k	46k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	4.9%	4.8%	4.8%	4.8%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.9%	4.3%	4.5%	5.1%	4.9%	5.5%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	50.3%	69.1%	80.6%	88.5%	91.5%	93.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	23.1%	43.8%	58.8%	74.8%	78.8%	87.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.9%	86.3%	86.9%	83.9%	83.2%	83.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	47.4%	45.1%	50.8%	52.8%	55.2%	56.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	30.4%	34.2%	36.6%	40.2%	41.8%	52.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.5%	94.1%	93.0%	93.3%	92.8%	93.4%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.8%	83.7%	82.6%	81.2%	81.2%	85.7%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.9%	76.0%	75.2%	77.8%	76.5%	78.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.9%	87.4%	87.6%	86.1%	79.0%	78.8%
Information Governance	Resources	Well Led	AD	>=95%	94.9%	92.4%	90.8%	90.9%	85.2%	81.8%
Moving and Handling	Resources	Well Led	AD	>=80%	76.1%	70.4%	70.6%	70.8%	69.7%	71.1%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.9%	89.7%	89.3%	89.0%	87.6%	87.0%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	84.2%	84.5%	86.1%	83.1%	80.1%	80.4%
Sainsbury's Tool	Quality & Experience	Well Led	AD	>=80%	99.3%	98.8%	97.6%	95.0%	94.1%	95.0%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%					15.3%	33.00%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%					15.4%	25.60%
Agency Cost	Resources	Effective	AD		£143k	£170k	£152k	£97k	£96k	£146k
Overtime Costs	Resources	Effective	AD		£12k	£1k	£1k		£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£5k	£3k	£2k	£3k	£1k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£53k	£50k	£57k	£57k	£57k	£66k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		66.14	64.72	67.1	73.43	75.95	75.44
Business Miles	Resources	Effective	AD		32k	43k	37k	38k	40k	35k

## Glossary

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

KEY for dashboard Year End Forecast Position / RAG Ratings	
4	On-target to deliver actions within agreed timeframes.
3	Off trajectory but ability/confident can deliver actions within agreed time frames.
2	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
1	Actions/targets will not be delivered
	Action Complete

NB: The Trusts RAG rating system was reviewed by EMT during October 16 and some amendments were made to the wording and colour scheme.

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