Integrated Performance Dashboard

Monitor

1.1 CQC Compliance

Good

1.2 Monitor continuity of services risk rating .

4

Minimum Requirement:	3

1.3 Monitor governance rating

1.4 Monitor Quality Governance Score

4

Maximum Limit:	<4

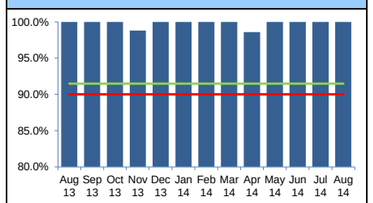
Monitor Governance Risk Indicators

Indicator No.	Indicator	13/14 Outturn	Target	Quarter 3 2013/2014				Quarter 4 2013/2014				Quarter 1 2014/2015				Quarter 2 2014/2015				NHS England Benchmark
				Oct	Nov	Dec	Q3 Outturn	Jan	Feb	Mar	Q4 Outturn	Apr	May	Jun	Q1 Outturn	July	Aug	Sept	Q2 Outturn	England
1.5	Access to health care for people with a learning disability		6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green	6 Green		6 Green	
1.6	Data completeness Referral to treatment information		50.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%	57.0%				60.1% Q1				Awaiting	
1.7	Data completeness Referral information		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%				86.8% Q1				Awaiting	
1.8	Data completeness treatment activity information		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%				92.9% Q1				Awaiting	
1.9	RTT dental 18 weeks waits - admitted		90.0%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	99.5%	100.0%	100.0%		100.0%	•89.4%
1.10	RTT dental 18 weeks waits - non admitted		95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	•95.9%
1.11	RTT dental 18 weeks waits - incomplete pathways		92.0%	99.7%	100.0%	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	•93.5%
1.12	Mental Health Delayed Transfers of Care		<=7.5%	4.6%	6.1%	4.2%	5.1%	4.4%	2.5%	4.5%	3.8%	3.9%	3.8%	3.6%	3.8%	2.8%	3.2%		3.0%	
1.13	Data Completeness: identifiers (MHMDS Part 1)		97.0%	99.3%	99.3%	99.3%	99.3%	99.3%	97.4%	99.1%	99.1%	99.1%	99.0%	99.2%	99.2%	99.1%	99.1%		99.1%	^97.0%
1.14	Data Completeness: outcomes for patients on CPA (MHMDS Part 2)		50.0%	87.6%	87.5%	86.9%	86.9%	86.1%	86.2%	85.3%	85.3%	86.0%	85.7%	84.1%	84.1%	84.5%	83.8%		83.8%	
1.15[1]	New psychosis cases by Early Intervention Teams		95.0%	233.9%	227.6%	230.1%	235.6%	223.4%	226.1%	215.4%	215.4%	157.8%	129.7%	121.8%	121.8%	121.6%	119.5%		119.5%	
1.16	Admission to inpatients services had access to Crisis Resolution Home Treatment Teams		95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	100.0%	96.5%	98.3%	100.0%	100.0%		100.0%	⌄98.3%
1.17	CPA patients receiving follow-up contact within 7 days of discharge		95.0%	95.3%	100.0%	98.2%	97.6%	98.3%	97.8%	97.6%	97.9%	100.0%	98.5%	97.1%	98.5%	100.0%	96.7%		98.1%	⌄97.4%
1.18	CPA patients having formal review within 12 months		95.0%	98.5%	97.7%	96.2%	96.2%	95.8%	95.1%	95.1%	95.1%	95.7%	96.8%	95.8%	95.8%	96.7%	96.2%		96.2%	*82.8%

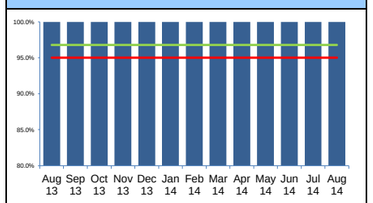
Monitor Narrative

Key	
	England Benchmark
	Indicator
	Target
1	Cumulative YTD
^	NHS England benchmarks as of April 2014 (provisional)
⌄	NHS England benchmarks as of Quarter 4 2013/2014
*	NHS England benchmarks data as of March 2014
•	NHS England benchmarks as of July 2014

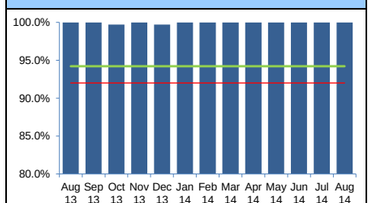
1.9 RTT dental 18 weeks waits - admitted



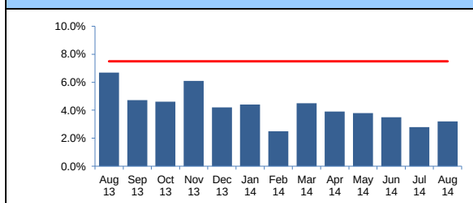
1.10 RTT dental 18 weeks waits - non admitted



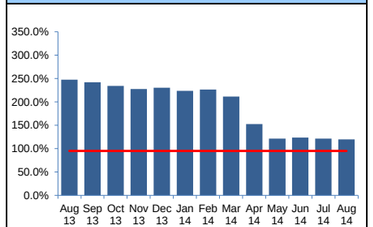
1.11 RTT dental 18 weeks waits - incomplete pathways



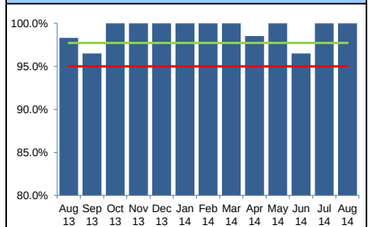
1.12 Mental Health Delayed transfers of care



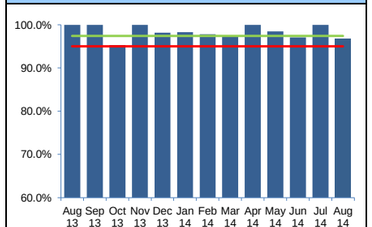
1.15 New psychosis cases by Early Intervention teams



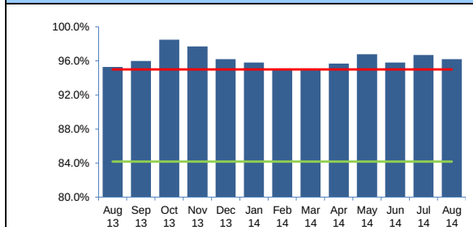
1.16 Admission to inpatients services had access to Crisis Resolution Home Treatment Teams



1.17 CPA patients receiving contact within 7 days discharge



1.18 CPA patients having formal review within 12 months



Integrated Performance Dashboard

Quality

Patient Experience

Equality Delivery System Goals

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.1*	Better Health Outcomes for All	76% Achieving		76% Achieving		
2.2*	Improved Patient Access and Experience	56% Achieving		56% Achieving		
2.3*	Empowered, engaged and well supported staff	59% Achieving		59% Achieving		
2.4*	Inclusive leadership at all levels	39% Achieving		39% Achieving		

Feedback

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.5	Complaints numbers	76	N/A	7	44	N/A
2.6	Compliments numbers	462	N/A	44	207	N/A
2.7	Dignity and respect (Q1 Data)	89.7%	95.0%	91.8%		
2.8	Satisfaction with information on healthcare (Q1 Data)	85.1%	95.0%	84.8%		
2.9	Access to services (Q1 Data)	82.2%	95.0%	85.1%		
2.10	Friends and Family Staff	TBC				
2.11	Friends and Family Patients	TBC				

Workforce

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.12	% Mandatory training	83.7%	80.0%	86.0%		
2.13	% Staff Receiving Appraisal	83.9%	80.0%	84.6%		
2.14	% Medical Staff Appraisals	100.0%	100.0%	100.0%		
2.15	% Consultant Job Plans	97.7%	100.0%	97.6%		
2.16	% Labour Turn Over	9.1%	10.0%	6.0%	9.0%	
2.17	% Sickness absence rate	5.6%	3% by 31st March 2015	4.9%	4.9%	

Quality Narrative

Indicators marked with an * are based on annual reporting.

Indicator 2.17: sickness absence is RAG rated against trajectory and current performance is therefore green. Forecast outturn has been changed to red to take into account the trend since April 2013 and the significant decrease required from current performance to achieve the 3% target by 31 March 2015.

Indicator 2.27: there was one complaint made to the Information Commissioner in August 2014. An exception report is provided in section 4 of the integrated performance report

QUALITY

Quality Accounts

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.18	Quality Accounts		90% of Indicators achieved			

Serious Incidents

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.19	Never events	0	0	0	0	
2.20	Serious incident numbers	129	N/A	21	119	N/A
2.21	Serious incident reporting timescales	87.9%	100.0%	92.5%	94.2%	
	Serious incident reporting timescales Pressure Ulcers	100.0%	100.0%	100.0%	97.6%	
	Serious incident reporting timescales Others	79.2%	100.0%	33.3%	69.2%	
2.22	Claims Numbers	17	N/A	1	7	N/A

Safety

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.23	Compliance within action dates CAS alert	100.00%	100.0%	100.0%	100.0%	
2.24	NHSLA	Level 1	Level 1	Level 1	Level 1	

Estates

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.25	Level of backlog maintenance	£1,270,415 (Risk adjusted figure is £459,112)	£530,372 (Risk adjusted figure is £115,502)	£737,692 (Risk adjusted figure is £160,799)	£737,692 (Risk adjusted figure is £160,799)	
2.26	% Vacant Estate	9%	<2%	4.0%	4.0%	

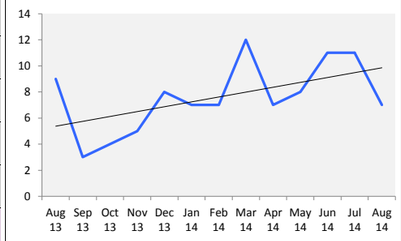
Information Governance

Indicator No.	Indicator	13/14 outturn	14/15 Target	Current Performance	14/15 YTD	FOT 14/15
2.27	Complaints to Information Commissioner	0	0	1	1	
2.28	Information Governance STEIS (Strategic Executive Information System)	3	0	0	1	
2.29	Information Governance IG Toolkit	Level 2	Level 2	Level 2	Level 2	
2.30	Information Governance SIRI's	N/A	0	0	0	

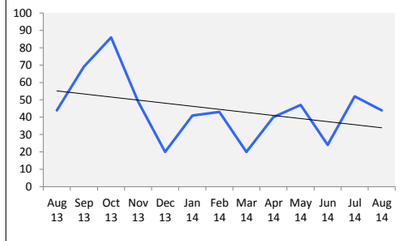
Chart Key

- Target
- Indicator
- Trend line
- Trajectory

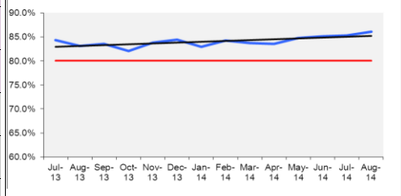
2.5 Complaints numbers



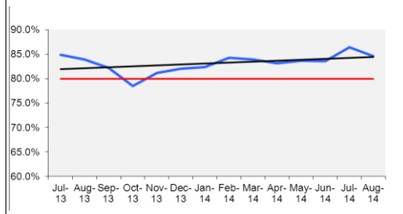
2.6 Compliments numbers



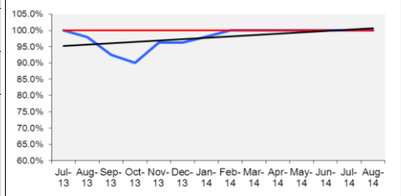
2.12 % Mandatory Training



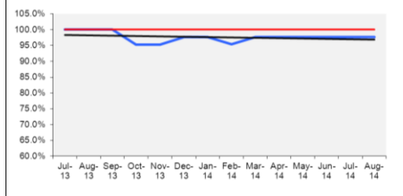
2.13 % of Staff Receiving Appraisal



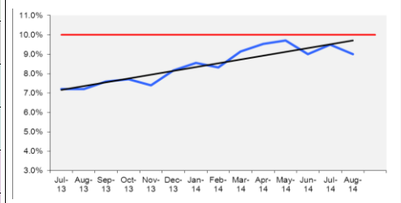
2.14 % Medical Staff Appraisals



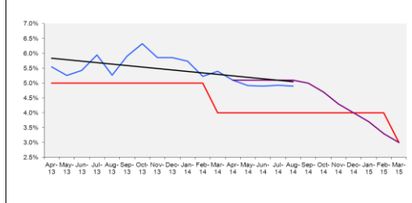
2.15 %Consultant Job Plans



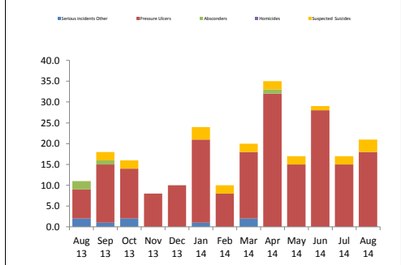
2.16 %Labour Turn Over YTD



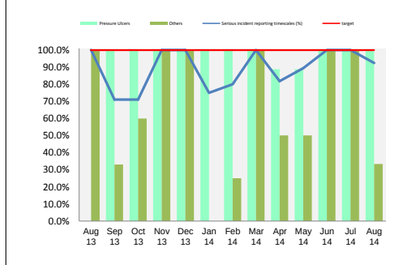
2.17 %Sickness Absence Rate



2.20 Serious incident numbers



2.21 Serious incident reporting timescales (% within 12 weeks, upto the 31/07/13) (% within 9 weeks, from the 01/08/13)



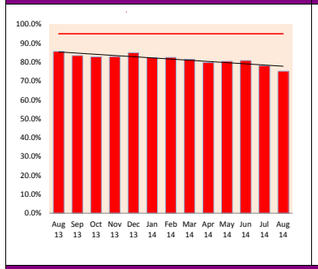
Integrated Performance Dashboard

Contractual

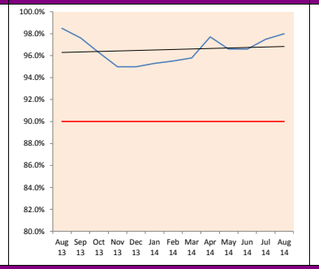
CQUINS

Indicator No.	Indicator	Q1	Q2	Q3	Q4	Total Value	95%
3.1	Low Secure	£10,198	£31,291	£10,198	£51,583	£103,270	£102,444
3.2	Mental health & Community	£342,748	£347,744	£120,138	£1,309,459	£2,120,089	£1,321,437
3.3	NHS England	£85,209	£108,715	£85,209	£14,691	£293,824	£246,813
Total of 3.1, 3.2 and 3.3	Total	£438,155	£487,750	£215,545	£1,375,733	£2,517,183	£1,670,694

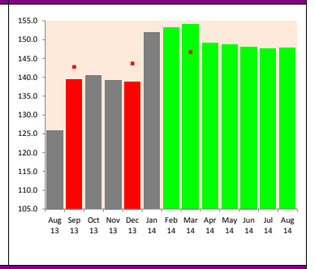
3.11 % of clients who are in scope who have an in-date cluster.



3.23 Low Secure inpatient occupancy (payment Threshold) (YTD)



3.24 HV numbers of Health Visitors (FTE) in post



Contractual Narrative

Indicators 3.10 and 3.11: an update on clustering indicators is provided within section 7 of the integrated performance report

Indicators 3.13 and 3.14: Improving Access to Psychological Therapies Step 3 waiting times is assessed by commissioners from quarter two of 2014/15 and is below target. The number of people accessing psychological therapies remains below target in August 2014. An exception report is provided in section 5 of the integrated performance report.

Contractual Activity Requirements

All

Indicator No.	Indicator	13/14 outturn	14/15 target	Numerator	Denominator	Current Performance	FOT 14/15	Trend	Potential Penalty
3.4	Mixed sex accommodation breaches	0	0	0		0		↔	£250 per day per patient affected
3.5	Publication of formulary		Published on website					↔	Withhold up to 1.% per month until published
3.6	Duty of candour							↔	Recovery costs of episode of care or £10,000
3.7	Infection control training at induction	100.0%	100.0%	16 (May 14)	16 (May 14)	100%		↔	Remedial action plan at second breach
3.8	Safeguarding adults and children	100.0%	100.0%	16 (May 14)	16 (May 14)	100%		↔	Remedial action plan at second breach
3.9	Mental capacity act training at induction	100.0%	100.0%	16 (May 14)	16 (May 14)	100%		↔	Remedial action plan at second breach
3.10	% of Clients clustered whose cluster is still in-date	84.7%	100.0% with 5% Tolerance. Breach <95% of target	4267	5416	78.8%		↓	
3.11	% of clients who are in scope who have an in-date cluster.	81.5%	>=95%	4267	5668	75.2%		↓	
	CCG								
3.12	IAPT: recovery rate	64.9%	>=60%	602	944	63.7%		↑	
3.13	IAPT: Step 3 Waiting Times		>=95.0% From Q2	154	215	71.6%		↑	
3.14	Number Accessing Psychological therapy		6602 (Annual) 1650 (Per Quarter)			1044 (June, July & Aug)		↑	
3.15	CPA 7 days (3 CCG only) (Quarterly Outturn)	97.8%	95.0%	105	107	98.1%		↓	£200 for each breach above threshold
3.16	Podiatry – reduced foot pain, more than 50% of patients reporting reduced pain using the 11 point Visual Analogue (VAS) Scale.		50.0%	55 (Q1 14/15)	55 Q1 (14/15)	100% (Q1 14/15)		New	Remedial action plan at first breach
3.17	Waiting Times - AQP Podiatry Nail Surgery	96.0%	95.0%	70 (July)	70 (July)	100.0% (July)		↑	Remedial action plan at first breach
3.18	All new referrals to District Nursing aged >65 years to be risk assessed for falls, target = 95%, reporting quarterly		95% reporting quarterly	893 (Q1 14/15)	926 (Q1 14/15)	96.4 (Q1 14/15)		New	
3.19	Tissue Viability percentage of referrals contacted within 10 working days		>=95% reporting quarterly	371 (Q1 14/15)	377 (Q1 14/15)	98.4% (Q1 14/15)		New	
3.20	Completion of Mental Health Minimum Data Set ethnicity coding for all detained and informal Service Users, as defined in Contract Technical Guidance		90.0%	TBC	TBC	TBC	TBC	New	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold
3.21	Completion of valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance		99.0%	TBC	TBC	TBC	TBC	New	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold
3.22	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance		90.0%	TBC	TBC	TBC	TBC	New	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold
	NHS England								
3.23	Low Secure inpatient occupancy (payment Threshold) (YTD)	95.8%	>=90%	4799	4896	98.0%		↑	Financial penalty relating to non achievement of occupancy levels.
3.24	HV numbers of Health Visitors (FTE) in post	154.17	159.7 by 31/3/15			147.79		↑	
3.25	Percentage of births that receive a face to face new birth visit within 14 days by a health visitor.		Q1 – 70%, Q2 – 80%, Q3 – 90% and	1935 (Q1 14/15)	1949 (Q1 14/15)	99.2% (Q1 14/15)		New	
3.26	% of academic year cohort who have received Dose 3 of the HPV vaccination	Cohort 10 93.7%	>=90.0% July	2795 July	3066 July	91.1% July		N/A	
	Local Authority/Other								
3.27	Percentage of those in treatment who have received an alcohol audit review within the last 6 months		100.0%	TBC	TBC	TBC	TBC	TBC	TBC

Integrated Performance Dashboard

Finance 1

1. Overall Financial Position for the Month Ending 31 August 2014

Key:	Month	Trend	Assurance	Page
A. Achievement of Planned Surplus	1,050	↑	4	3
B. Achievement of Monitor Continuity of Services Rating of at least 3	4	⇔	4	4
C. Achievement of Planned Cash Balance	17,505	⇔	3	4
D. Delivery of recurrent Cost Improvement Programme		↓	3	3
- Gross over achieved	(250)			
- High Risk CIP reserve	208			
	(42)	(14/15 plan Performance)		
- Net Over achieved	(42)	(14/15 plan Performance)		
E. Better Payment Practice Code				
- Non NHS (Number)	93%	⇔	3	
- NHS (Number)	93%	⇔		
- Non NHS (Value)	96%	⇔		
- NHS (Value)	96%	↑		
F. Capital Expenditure managed within Capital Resource Limit (CRL)	(1,450)	↓	3	4

Summarised Financial Performance

A. The year to date position is a surplus of £1,050k which is £230k above plan. Key highlights are detailed below;

⇔ 1. The Trusts plans assume achievement of 95% of available CQUIN revenues by 31st March 2015. Whilst the Trust has robust action plans in place and projects achievement of 95% of available revenues, at the end of quarter 1, £770k of the £2.5m maximum available CQUIN revenues are currently rated as Amber and Red. Schemes identified as being at risk will require careful management.

⇔ 2. Achievement of a challenging £6.2 million (gross) Cost Improvement Programme. Detailed review of CIPs carried out and substitute CIPs identified and awaiting review at quality impact assessment.

B. Under the Continuity of Services Rating (CoSR) the Trust score is 4.

C. As at 31 August 2014 the Trust had £2.4m less cash than planned due to higher levels of debtors, lower levels of creditors and slippage on the capital programme.

D. The Trust has delivered £2,311k of CIPs which equates to £250k below plan at Month 5. This has been offset by use of £208k from the CIP High Risk Reserve. The following schemes have been identified as being at risk;

1. Admin Transformation - Slippage of £212k year to date due cover for to sickness and vacancies. Full recruitment planned. However at least £288k of the CIP will not be recovered.
2. ATU Marketing – The Trust is currently unable to service additional beds and it is not therefore expected that this CIP will commence in 2014/15.
3. Community Mental Health - Phasing slippage. Forecast to deliver in full.
4. Effective use of estates - Delays in ward closure.

E. The Better Payment Practice Code target for the payment of invoices is 95% within 30 days. As at the end of the period 93% of Non NHS and 93% of NHS invoices have achieved this target.

F. The Trust has a year to date CRL of £2.07m. The Trust has spent £0.62m to date, generating a charge of £0.62m against the CRL and an underspend of £1.45m, reflecting slippage mainly on IT schemes including agile working.

This has been discussed at CPIG ultra revised monthly monitoring and performance management arrangements, with scheme leads asked to provide action plans to mitigate against year to date slippage and provide assurance that projects will be delivered.

Assurance Levels indicated above are in relation to the end of year planned position. These are rated 1 to 4, with 4 giving an assessment of the highest level of confidence around the anticipated end of year position.

2. Overall Income and Expenditure for the Month Ending 31 August 2014

Budget Area	YTD Performance: Revenue Budget	Revenue Actual	Revenue Variance Fav (Adv)	Expenditure Budget	Expenditure Actual	Expenditure Variance Fav (Adv)	Net Expenditure Budget	Net Expenditure Actual	Net Expenditure Variance Fav (Adv)	Quarter End Forecast Q1	Q2	Q3	Q4	Annual Budget	Annual Forecast	Annual Forecast Variance Fav (Adv)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Service Delivery:																
Airedale, Wharfedale & Craven	454	535	(71)	8,680	8,753	(73)	8,216	8,218	(2)	4,891	4,933	4,811	4,824	19,685	19,460	225
Bradford City	565	511	53	8,436	8,224	212	7,871	7,712	159	4,645	4,597	4,756	4,721	19,051	18,719	332
Bradford District	67	106	(39)	9,717	9,510	(192)	8,650	9,403	(753)	5,619	5,601	5,370	5,276	20,908	21,866	(958)
In Patient Services	26	163	(137)	9,647	10,351	(714)	9,620	10,197	(577)	6,096	6,230	6,046	5,977	22,793	24,349	(1,557)
Medical Staffing	490	535	(45)	2,581	2,671	(90)	2,090	2,136	(45)	1,223	1,329	1,168	1,116	4,626	4,836	(209)
Nursing & Specialist Services	108	173	(66)	1,533	1,425	108	1,426	1,251	174	702	810	839	948	3,440	3,299	141
Total Service Delivery:	1,720	2,025	(304)	39,594	40,943	(1,349)	37,873	38,918	(1,045)	23,177	23,501	22,989	22,862	90,503	92,528	(2,026)
Support & Corporate Budgets:																
Estates & Facilities	1,527	1,483	44	6,285	6,239	46	4,758	4,757	2	2,792	2,997	2,893	2,965	11,592	11,647	(55)
Support Services	40	133	(93)	4,879	4,908	(29)	4,839	4,775	64	2,915	2,828	2,993	3,081	11,800	11,817	(17)
Research & Development	239	198	42	292	215	77	52	17	35	11	21	48	48	129	129	0
Central & Reserves							0	0	0							
DO NOT USE							0	0	0							
Trust Reserves	(1,119)	302	(1,421)	(2)	(78)	76	1,117	(380)	1,497	(674)	(28)	636	507	3,226	642	0
Non Core Services	208	230	(21)	207	229	(22)	(1)	(1)	(1)	47	(46)	1	-1	(1)	2	(2)
Total Support & Corporate	896	2,345	(1,449)	11,662	11,513	148	10,766	9,168	1,598	5,291	5,774	6,571	6,600	26,747	24,236	(74)
	2,616	4,370	(1,754)	51,255	52,456	(1,201)	48,639	48,086	553	28,468	29,274	29,561	29,462	117,250	116,765	(2,099)
Revenue from Patient Care:																
Health Care Contracts	51,254	50,828	426	0	0	0	(51,254)	(50,828)	(426)	(30,083)	(30,918)	(30,517)	(30,611)	(122,948)	(122,129)	(820)
	51,254	50,828	426	0	0	0	(51,254)	(50,828)	(426)	(30,083)	(30,918)	(30,517)	(30,611)	(122,948)	(122,129)	(820)
EBITDA*	53,871	55,198	(1,327)	51,255	52,456	(1,201)	(2,615)	(2,742)	127	(1,615)	(1,643)	(956)	(1,149)	(5,698)	(5,364)	(2,920)
Depreciation	0	0	0	1,230	1,124	106	1,230	1,124	106	618	668	695	799	2,951	2,769	182
PDC Dividends Payable	0	0	0	512	512	0	512	512	0	336	248	259	284	1,283	1,130	153
Finance Costs	0	0	0	81	81	(0)	81	81	(0)	49	49	49	48	194	194	0
Investment Revenue	27	24	2	0	0	0	(27)	(24)	(2)	(16)	(16)	(17)	(17)	(64)	(64)	0
Profit/Loss on Asset Disposal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub-Total	27	24	2	1,823	1,717	106	1,796	1,692	104	990	939	986	1,115	4,364	4,029	335
TOTAL	53,897	55,222	(1,325)	53,078	54,173	(1,095)	(819)	(1,050)	230	(625)	(705)	30	(35)	(1,335)	(1,335)	(2,586)

*EBITDA (Earnings before interest, taxation, depreciation and amortisation) is a key performance measure under the Monitor Compliance regime for prospective and authorised Foundation Trusts. EBITDA separates costs associated with the provision of assets.

3. Cost Improvement Programme Monitoring for the Month Ending 31 August 2014

Cost Improvement Programme	Q1 Plan £'000s	Q2 Plan £'000s	Q3 Plan £'000s	Q4 Plan £'000s	2014/15 Plan £'000s	Forecast Actual £'000s	Var F/(A) £'000s	Forecast Achieved %	Forecast RAG £'000s	YTD Plan £'000s	YTD Actual £'000s	Variance F/(A) £'000s	Achieved %	YTD RAG Status £'000s
Transformation Schemes														
Additional Admin Review Transformation	320	320	320	320	1,278	990	(288)	77%	Amber	533	320	(212)	60%	Red
Skills mix CMHT Transformation	31	31	31	31	122	122	0	100%	Green	51	33	(18)	65%	Red
Community Services Childrens Transformation	93	93	93	93	372	372	(0)	100%	Green	155	123	(32)	80%	Amber
Community Services-Adult Transformation	109	109	109	109	438	438	0	100%	Green	182	182	0	100%	Green
Community Services-AHP Transformation	92	92	92	92	370	370	0	100%	Green	154	154	0	100%	Green
Effective use of Estates Transformation	33	33	33	33	132	0	(132)	0%	Red	55	0	(55)	0%	Red
EIP Transformation	44	44	44	44	177	83	(94)	47%	Red	74	35	(39)	47%	Red
Practice Based Working Transformation	48	48	48	48	192	134	(58)	70%	Amber	80	56	(24)	70%	Amber
Practice Based Working-Productivity Transformation	181	181	181	181	725	725	0	100%	Green	302	299	(3)	99%	Green
Psychological Therapies Skills Mix transformation	17	17	17	17	69	69	(0)	99%	Green	29	30	1	104%	Green
SUB TOTAL:	969	969	969	969	3,875	3,303	(572)	85%	Green	1,614	1,233	(382)	76%	Green
Non Transformation Schemes														
ATU Marketing	39	39	39	39	157	0	(157)	0%	Red	63	0	(63)	0%	Red
PICU Marketing	2	2	2	2	8	0	(8)	0%	Red	3	0	(3)	0%	Red
Community Services-Quality	10	10	10	10	40	40	0	100%	Green	17	17	0	100%	Green
Drugs Cost Reductions	6	6	6	6	25	25	0	100%	Green	10	10	0	100%	Green
Effective use of Estates & Procurement	223	223	223	223	890	890	(0)	100%	Green	371	371	0	100%	Green
Medical Staffing - Locum Cost Reduction	63	63	63	63	250	250	0	100%	Green	104	104	0	100%	Green
Other - Corporate	158	158	158	158	631	632	0	100%	Green	259	259	(0)	100%	Green
Taxi Costs and Travel	72	72	72	72	287	287	0	100%	Green	120	120	0	100%	Green
SUB TOTAL:	572	572	572	572	2,289	2,124	(165)		Amber	947	881	(66)	93%	Green
GROSS CIP PLAN PERFORMANCE	1,541	1,541	1,541	1,541	6,164	5,426	(737)	88%	Amber	2,561	2,114	(447)	83%	Amber
NEW SCHEMES						695	695		Green		197	197		Green
GROSS CIP TARGET PERFORMANCE	1,541	1,541	1,541	1,541	6,164	6,081	(82)		Amber	2,561	2,311	(250)	90%	Green
HIGH RISK CIP RESERVE	(125)	(125)	(125)	(125)	(500)	0	500			(208)	0	208		
NET CIP TARGET PERFORMANCE	1,416	1,416	1,416	1,416	5,664	6,081	418	107%	Green	2,353	2,311	(42)	98%	Green

4. Analysis of Expenditure for the Period Ending 31 August 2014

Subjective Expenditure Category:	Annual Budget	Year to Date: Budget	Salary:	Bank & Agency:	Cost	Variance Fav / (Adv)	Key Variances
	£'000	£'000	£'000	£'000	£'000	£'000	
Admin & Clerical	12,030	4,987	4,444	1,305	5,749	(763)	Driven by use of Bank and Agency staff in Admin roles.
Ancillary	3,868	1,610	1,127	447	1,575	36	Vacancies
Dental	1,407	580	528	0	528	52	Vacancies
Medical	9,094	3,960	3,266	798	4,063	(103)	Agency costs to cover vacancies
Nursing Qualified & Unqualified	52,081	21,845	19,507	1,741	21,248	597	Vacancies in District Nursing and Health Care Assistants
						0	
Other Healthcare Staff	11,728	4,909	4,288	73	4,362	547	Vacancies in Psychological Therapies and Speech & Language
Other Pay Costs	780	(462)	63	826	889	(1,350)	Agency Costs in IHTT, Low Secure and Community Mental Health.
Senior Managers & Directors	7,345	3,042	2,819	75	2,893	149	Vacancies in Transformation and Finance teams
Pay: Expenditure Total	98,333	40,471	36,043	5,264	41,306	(835)	
			87%	13%	100%		Staff Cost Category as % of Pay: Bill
Clinical Supplies & Services	5,414	2,249			2,760	(511)	£558k is OATs - Costs offset by underspend in other areas.
Drugs	1,517	632			536	96	Underspend on FP10s
General Supplies & Services	705	438			488	(50)	Dental & district nursing overspend
Hotel Services	980	407			406	1	
Office Supplies	615	255			284	(29)	Over spend on print management
Other Non-Pay Costs	9,023	3,612			3,495	117	Slippage on service developments implementation
Property & Establishment Costs	5,547	2,185			2,178	7	
Training & Education	398	169			209	(40)	Over spend on conferences and courses relating to CPD in forensic bids
Travel & Transport Costs	2,010	837			795	43	Reduction in business mileage rates
Non Pay: Expenditure Total	26,210	10,784	0	0	11,150	(366)	
Total Operational Expenditure	124,543	51,255	36,043	5,264	52,456	(1,201)	

Workforce Value for Money Indicators

Funded WTE	2,607.8	Contracted WTE	2,372.5
↑		Vacancies as % Funded WTE	9.0%
↓		Average Cost per WTE (contracted staff)	£36,460
↓		Temporary Staff Costs as % of Pay: Budget	13.0%

Integrated Performance Dashboard

Finance 2

5. Statement of Financial Position as at 31 August 2014

31 Mar 14 £000s		Current Month £000s	Year End Plan £000s	Note
	Non-current assets:			
48,080	Property, plant and equipment	47,575	53,810	1
0	Trade and other receivables	0	0	
48,080	Total non-current assets	47,575	53,810	
	Current Assets:			
17	Inventories	17	9	
3,944	Trade and Other Receivables	7,276	4,218	2
19,144	Cash and cash equivalents	17,905	15,921	3
23,106	Subtotal Current Assets	25,198	20,148	
0	Non Current Assets Held for Sale	0	0	
23,106	Total Current Assets	25,198	20,148	
71,186	TOTAL ASSETS	72,773	73,958	
	Current Liabilities:			
(12,051)	Trade and other payables	(12,886)	(13,544)	
(798)	Provisions	(625)	(743)	
(299)	Borrowings	(174)	(321)	
(13,149)	Total Current Liabilities	(13,685)	(14,608)	
9,957	Net Current Assets	11,513	5,540	
58,037	TOTAL ASSETS LESS CURRENT LIABILITIES	59,088	59,350	
	Non Current Liabilities:			
0	Other liabilities		0	
(532)	Provisions	(532)	(531)	
(3,730)	Borrowings	(3,730)	(3,405)	
(4,262)	Total Non Current Liabilities	(4,262)	(3,936)	
53,775	TOTAL ASSETS EMPLOYED	54,826	55,414	
	TAXPAYERS EQUITY:			
33,458	Public Dividend Capital	33,458	34,579	
(4,241)	Retained Earnings	(3,191)	(3,152)	4
14,363	Revaluation Reserve	14,363	13,791	
10,196	Other reserves	10,196	10,196	
53,775	TOTAL TAXPAYERS EQUITY	54,826	55,414	

Notes

The Balance Sheet analysis compares the current month end position to the previous year end position, and against the TDA year end plan as submitted to the NHS Trust Development Authority. Current Forecasts are shown alongside this with note for key changes.

1 The change in PPE in month reflects the depreciation charge and year to date capital expenditure; affected by slippage on capital expenditure programme as shown at

2 Trade and other receivables reflects the level of outstanding debtor balances of £2.6m and prepayments, accrued income and other debtor balances of £4.6m. Month end accruals are higher than plan due to invoicing lags over the holiday period. This has now been resolved and outstanding invoices have been raised in September.

3 The variance from plan of £2.4m is due to higher than planned debtor levels of £3m, lower than planned creditor levels of £1.2m which results in less cash than planned. This is then offset by slippage on the capital programme of £1.4m, the higher than planned surplus of £200k and other minor changes in working balances.

4 Retained Earnings have increased by the year to date surplus of £1,050k

6. 2014/15 Capital Expenditure Programme as at 31 August 2014

	2014/15 Capital Programme																
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	YTD £000	Q1 £000	Q2 £000	Q3 £000	Q4 £000	Total £000
Original Planned Capital Expenditure	518	518	518	259	259	519	519	519	519	530	970	970	1,813	1,554	1,037	2,745	2,919	
Less: Book Value of Disposed Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0				0
Equals Capital Resource Limit (CRL)	518	518	518	259	259	519	519	519	519	530	970	970		1,554	1,037	2,745	2,919	8,555
Cumulative CRL	518	1,036	1,554	1,813	2,072	2,591	3,110	4,723	5,636	6,616	7,585	8,555	1,813	1,554	2,591	5,636	8,555	8,555
Current Projected Capital Expenditure																		
TOTAL BLOCK ALLOCATIONS	37	37	37	37	37	37	63	57	57	57	57	57	112	112	112	178	182	584
TOTAL STRATEGIC INPATIENT REVIEW	41	41	41	0	0	331	331	331	331	331	331	331	124	124	331	992	992	2439
TOTAL IT SCHEMES	439	439	439	222	222	222	296	296	296	353	353	353	1318	1318	666	889	1059	3932
TOTAL CIP RELATED SCHEMES	0	0	0	0	0	229	229	229	229	229	229	229	0	0	229	686	686	1600
TOTAL NOT YET ALLOCATED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Actual Capital Disposals	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Actual Capital Expenditure	55	139	122	229	73	0	0	0	0	0	0	0	618	316				316
Charge against CRL	55	139	122	229	73	0	0	0	0	0	0	0	618	316				316
Variance from plan	(463)	(379)	(396)	(30)	(186)	0	0	0	0	0	0	0	(1,454)	(1,238)				(1,238)

Explanation of variance from plan:

Current Variance Comments: The under spend against the original plan relates mainly to IT schemes including agile working £800k, IDCR £292k, Telecommunications £138k, Windows 7 upgrade £103k and other schemes £205k. The re-forecast exercise undertaken and agreed with project leads shows a revised underspend on IT schemes of £294k. This is made up of £209k on agile working, £49k on the IDCR project and the balance of £36k on other related IT schemes. Exception reports on each of these schemes and the underlying reasons for the under spends were discussed at CPIG on 15 September. These reasons include additional work being undertaken on the procurement framework to be used for agile working and unforeseen staffing issues within the IT team. The project lead is working with finance to revisit the forecast for the remainder of the year. More detailed action plans will be prepared for the October CPIG meeting with clear indicators of when the expenditure will be back on track to mitigate any risks to achievement of the forecast out turn position. It is likely that there will be continued slippage in September with expenditure getting back in line with the revised forecast from October.

8a. Cashflow & Cashflow Forecast for Period Ending 31 August 2014

	2014/15 Cashflow (Current Financial Year)																
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000		Q1 £000	Q2 £000	Q3 £000	Q4 £000	Total £000
NTDA Cash Plan 2014/15	18,982	19,492	19,756	20,056	20,341	19,620	19,156	18,680	18,189	17,615	17,052	15,921		19,756	19,620	18,189	15,921	
In Year	Actual					Forecast												
Opening Balance b'fwd	19,145	17,032	17,291	16,916	18,753	17,905	17,301	17,189	17,077	16,965	16,765	16,565		19,145	17,905	17,077	16,565	
Total receipts	10,729	10,149	9,772	12,761	10,360	10,722	10,722	10,722	10,722	10,722	10,722	10,722		30,650	33,833	32,166	32,166	128,815
Total payments	12,842	9,890	10,147	10,924	11,198	11,326	10,834	10,834	10,834	10,922	10,922	11,366		32,879	33,448	32,502	33,210	132,039
Forecast Rolling 12 Month Balance						17,301	17,189	17,077	16,965	16,765	16,565	15,921						
Actual Closing Balance	17,032	17,291	16,916	18,753	17,905	0	0	0	0	0	0	0		16,916				
Variance from plan	(1,950)	(2,201)	(2,840)	(1,303)	(2,436)	0	0	0	0	0	0	0		(2,840)				

Current Variance Comments: The variance from plan of £2.4m is due to higher than planned debtor levels of £3m, lower than planned creditor levels of £1.2m which results in less cash than planned. This is then offset by slippage on the capital programme of £1.4m, the higher than planned surplus of £200k and other minor changes in working balances. Month end accruals are higher than plan due to invoicing lags over the holiday period. This has now been resolved and outstanding invoices have been raised in September.

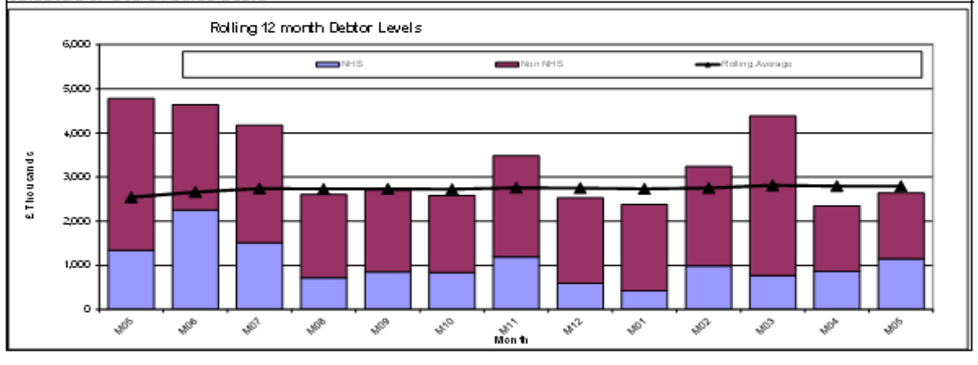
2014/15 Cashflow - Rolling 12 Months Projection

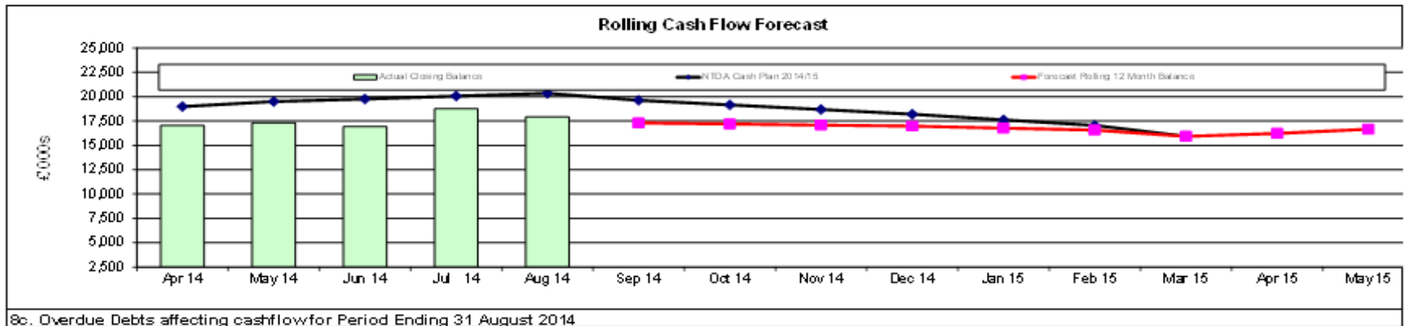
Next Year	Forecast												Q1	Q2	Q3	Q4
Opening Balance b'fwd	15,921	16,228	16,652	17,078												
Total receipts	10,722	10,722	10,722	10,722												
Total payments	10,416	10,298	10,296	9,913												
Forecast Rolling 12 Month Balance	16,228	16,652	17,078	17,887	0	0	0	0	0	0	0		17,078		0	0

7. Monitor Compliance - Financial Risk Rating for Period Ending 31 August 2014

Monitor Continuity of Services Rating	4

8b. Levels of Overall Billed Debts





8c. Overdue Debts affecting cashflow for Period Ending 31 August 2014

	0 - 30	31 - 60	61 - 90	90 +	90 + %	Total
NHS Receivables	699	112	116	225	19.6%	1,152
Non NHS Receivables	239	23	35	101		398
BMDC Receivables	1,000	31	0	62		1,093
Non NHS receivables including BMDC	1,239	54	35	163	10.8%	1,491
Total Billed Receivables	1,938	166	151	388	14.7%	2,643
BMDC % of Total Billed Receivables	37.8%	1.2%	0.0%	2.3%		41.4%
Percentage of Total Billed	73%	6.3%	5.7%	14.7%		100%

Debtors over 90 days were £388k; or 14.7 % of due billed revenues totalling £2,643k at the period end. NHS over 90 days of £225k includes £170k with BTHFT, £46k with ANHSFT and £16k with East Lancashire CCG of which £12k was paid in September. Discussions continue with BTHFT and ANHSFT regarding the outstanding queries.

Integrated Performance Dashboard

Transforming Care Programme

Project: Adult Mental Health — Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: Forecast overspend in Out of Area treatments and in Bank/Agency spend. EIP budget reduction will not meet original target.

Workforce: On track to achieve 14-15 Targets

Activity: ALoS remains above target at 52.5 days v. 30 day target, resulting in above target occupancy of 94.8%. Alerting reports produced to focus on the issue. Trial of teleconsultation to facilitate more timely review. Mental Health Strategies work ongoing to investigate length of stay - extended to analyse CMHT.

Quality: CPA 3 day follow-up below target but 7 day is above 95% target

Milestone: On track to achieve revised plans regarding bed closures

Project: Inpatient Redesign — Project Sponsor: Liz Romaniak

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: On track to achieve 14-15 Targets

Workforce: On track to achieve 14-15 targets

Activity: On track to achieve 14-15 Targets

Quality: On track to achieve 14-15 Targets

Milestones: On track to achieve 14-15 Targets

Project: Adult Community Nursing — Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: On track to achieve 14-15 targets

Workforce: On track to recruit key posts by Oct 14

Activity: On track to achieve 14-15 targets

Quality: On track

Milestone: Airedale Hospice at home - options appraisal work ongoing

Project: Children And Families — Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD		YTD	YTD
FOT	FOT		FOT	FOT

Finance: On track to achieve 14-15 targets

Workforce: On track to achieve 14-15 Targets

Activity: No activity target for this project

Quality: On track to achieve 14-15 Targets

Milestones: On track to achieve 14-15 Targets

Project: Bradford Locality Working — Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
		YTD	YTD	YTD
		FOT	FOT	FOT

Finance: No finance targets for this project

Workforce: No workforce target for this project

Activity: On track

Quality: No risks to quality indicators predicted by year end

Milestone: On track against future milestones

Project: Productivity — Project Sponsor: Sandra Knight

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD	YTD	YTD
FOT	FOT	FOT	FOT	FOT

Finance: Predicted outturn of £992K saving in 14-15 admin review against target of £1279K saving. Unfunded bank and agency staff in post. Cost pressures and CIP underachievement identified and a cost reduction plan has been formulated.

Workforce: To be defined

Activity: Productivity target to be defined. Other indicators on track.

Quality: Staff complaints relating to agile working

Milestones: Tender process delayed until August 2014

Project: Care Pathways & Packages — Project Sponsor: Liz Romaniak

Financial	Workforce	Activity	Quality	Milestone
		YTD	YTD	YTD
		FOT	FOT	FOT

Finance: No finance targets for this project

Workforce: Workforce target for this project to be defined

Activity: Clients clustered figure at 78.7% v target of 95%. Exceptions identified at HCP / Service User level.
Admin resource in Inpatient Services closing multiple open clusters in conjunction with clinicians. Revised action plan under development to focus on training including the recruitment of relevant staff and on clustering awareness. Wider issues discussed at EMT; follow-up discussion planned.

Quality: Clients with multiple open clusters - 94 of these remaining; Client level exception report has been produced. Transitions between care clusters show numbers of unexpected transitions.

Milestone: Milestones are in future for 14-15. Current focus on revised training package to improve clustering performance.

Project: Airedale, Wharfedale & Craven Locality Working — Project Sponsor: Nicola Lees

Financial	Workforce	Activity	Quality	Milestone
		YTD	YTD	YTD
		FOT	FOT	FOT

Finance: No finance targets for this project

Workforce: No workforce target for this project

Activity: On track

Quality: Delay to establishment of individual SystmOne units. Administration of units being discussed at Integrated Care Delivery Board.

Milestone: TBC

Project: Complex Care Services — Project Sponsor: Helen Bourner

Financial	Workforce	Activity	Quality	Milestone
YTD	YTD	YTD		YTD
FOT	FOT	FOT		FOT

Finance: Capital budget being monitored as a result of delay to opening date, but still on track.

Workforce: On track to achieve 14-15 targets regarding recruitment

Activity: To be measured once open

Quality: Measured from 2015 onwards

Milestone: Five week delay to opening of unit due to structural issues. On track against new milestone.

Project: Substance Misuse & Womens Working Services — Project Sponsor: Helen Bourner

Financial	Workforce	Activity	Quality	Milestone
On-Hold	On-Hold	On-Hold	On-Hold	On-Hold
On-Hold	On-Hold	On-Hold	On-Hold	On-Hold

Finance: On hold

Workforce: On hold

Activity: On hold

Quality: On hold

Milestone: On hold

Integrated Performance Dashboard

Trust Summary Position

Indicator No.	Indicator	Current Performance
7.1	Exact/ Over Compliance	2144
7.2	Under Compliance	241
7.3	Non-compliance	0

Narrative

Narrative on data extracts regarding staffing levels on 13 wards duringAugust 2014

Key/ Definitions:

Compliance is measured against minimal staffing requirements per ward - (split by registered/ unregistered requirements per shift per day) - based on advised definitions by the TDA as below.

Exact/over compliance	Any shift (split by registered/ unregistered staff) recorded as having either an exact match to requirements or more than the requirements for a particular ward - For example 3 registered staff (actual) compared to 3 planned , or 4 registered staff (actual) compared to 3 planned.
Under Compliance	Measured where any shifts (split by registered/ unregistered staff) are recorded as fewer staff than planned requirement. For example, 2 registered staff on a shift where planned requirement is 3.
Non-compliance	Any shift recorded as having no registered staff on the ward compared to planned requirements or insufficient staffing to cover minimum requirements (therefore making a ward unsafely staffed) .

Data analysis - Aug 14:

'***Exact/over compliant shifts***' -The overall percentage split between exact and over compliance shows that 22.22% (inc. from last month of 6.76%) of shifts were over compliant. This highlights and underpins the argument for developing an acuity tool (to identify requirement levels aligned to complexity of need) to confirm "required" staffing levels. Over compliant shifts have particularly been highlighted on Acute wards due to the acuity (complexity of need) of the ward and the requirement of specialing within the unit.

'***Under compliant' shifts*** - Under compliance often highlights different skill mix within wards, whilst maintaining minimum levels of staff overall. During the month of August, clinical staff rostered on 9-5 shifts have not been included in the figures asthese staff were used for cover. Monitoring of these staff will continue over the next 3 months to highlight levels of utilisation by reason for usage. A further variable is that due to ward occupancy levels a shift may not require the mimimum level of staff. In these cases necessary risk assessments were made and contingency plans put in place at a local level.

'***Non-compliant shifts***' - No shifts have been recorded as non-compliant this month. However, due to the absence of a suitable acuity tool for mental health (which means it is not currently possible to create a more flexible/ intuitive system to respond to the changing acuity/ complexity of need of the ward), it is possible that some shifts may be shown as non-compliant as per the definition above.

Risks:

Under compliant shifts highlight medium risks with the requirement of Agency and NHSP staff due to sickness and current vacancies. Sickness is often short notice and NHSP are unable to fill requested shifts. Recruitment plans in place for vacancies.

There has been a high level of acuity and occupancyon all Acute wards that has required an increase in staffing levels.

Contingency/ Mitigating Actions:

Roster review / risk assessment on a daily basis

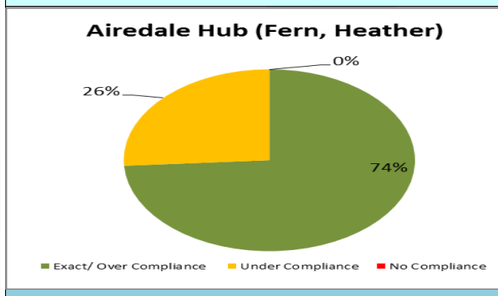
Risks initially managed by the ward manager or designated deputy.
Escalation procedures followed when local management plans have failed resulting in :-

- Book additional temporary staff
- Moving staff between wards to ensure Safer staffing levels
- Ward managers reschedule official duties to work on ward

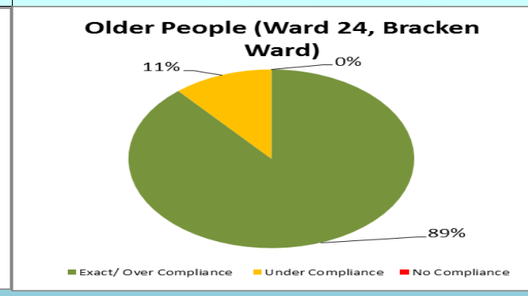
Ward Level Information

AIREDALE WARDS

7.4 Airedale Hub (Fern, Heather)

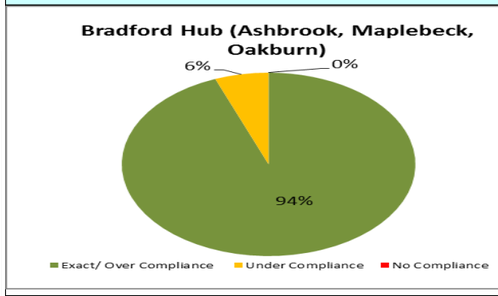


7.5 Older People (Ward 24, Bracken Ward)

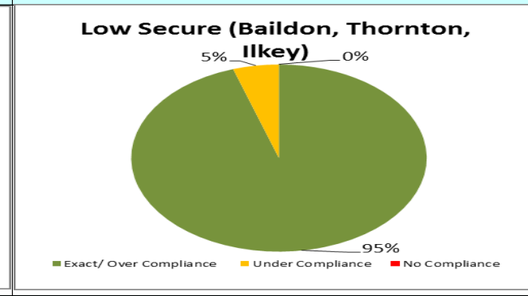


BRADFORD WARDS

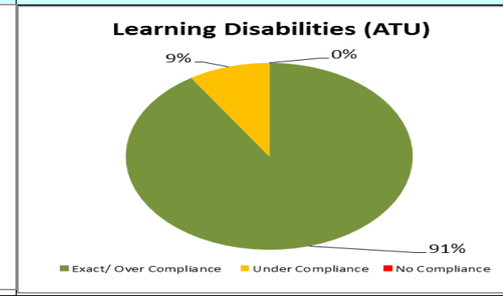
7.6 Bradford Hub (Ashbrook, Maplebeck, Oakburn)



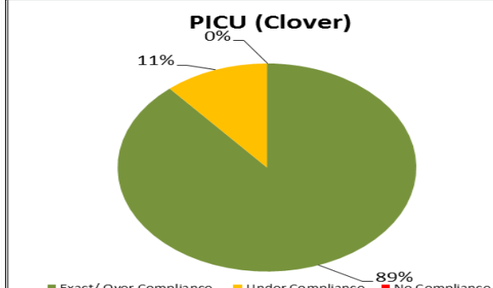
7.7 Low Secure (Baildon, Thornton, Ilkey)



7.8 Learning Disabilities (ATU)



7.9 PICU (Clover)



7.10 Rehab (Step Forward)

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Org: TAD Bradford District Care Trust

Period: August_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=90840

Validation alerts (see control panel)	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	TAD16	Airedale Centre for Mental Health	Fern	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1005	1095	1185	907.5	297.6	325.5	511.5	232.5	109.0%	76.6%	109.4%	45.5%
	TAD16	Airedale Centre for Mental Health	Heather	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNE	952.5	1140	1297.5	1147.5	288.3	437.1	576.6	697.5	119.7%	88.4%	151.6%	121.0%
	TAD16	Airedale Centre for Mental Health	Bracken	710 - ADULT MENTAL ILLNESS	715 - OLD AGE PSYCHIATRY	900	1102.5	1110	1260	288.3	325.5	837	874.2	122.5%	113.5%	112.9%	104.4%
	TAD16	Airedale Centre for Mental Health	Ward 24	710 - ADULT MENTAL ILLNESS	715 - OLD AGE PSYCHIATRY	952.5	892.5	1222.5	1212	288.3	306.9	864.9	781.2	93.7%	99.1%	106.5%	90.3%
	TAD17	LYNFIELD MOUNT HOSPITAL	Ashbrook	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	930	1147.5	1395	2602.5	288.3	409.2	864.9	1729.8	123.4%	186.6%	141.9%	200.0%
	TAD17	LYNFIELD MOUNT HOSPITAL	Maplebeck	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	907.5	1125	1395	1192.5	362.7	390.6	576.6	874.2	124.0%	85.5%	107.7%	151.6%
	TAD17	LYNFIELD MOUNT HOSPITAL	Oakburn	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	930	1027.5	1395	2572.5	297.6	316.2	576.6	1664.7	110.5%	184.4%	106.3%	288.7%
	TAD17	LYNFIELD MOUNT HOSPITAL	Baildon	710 - ADULT MENTAL ILLNESS	712 - FORENSIC PSYCHIATRY	930	907.5	645	907.5	288.3	288.3	576.6	576.6	97.6%	140.7%	100.0%	100.0%
	TAD17	LYNFIELD MOUNT HOSPITAL	Ilkley	710 - ADULT MENTAL ILLNESS	712 - FORENSIC PSYCHIATRY	502.5	885	900	945	288.3	288.3	576.6	576.6	176.1%	105.0%	100.0%	100.0%
	TAD17	LYNFIELD MOUNT HOSPITAL	Thornton	710 - ADULT MENTAL ILLNESS	712 - FORENSIC PSYCHIATRY	697.5	720	1335	1237.5	297.6	325.5	567.3	548.7	103.2%	92.7%	109.4%	96.7%
	TAD17	LYNFIELD MOUNT HOSPITAL	Assessment & Treatment Unit (LD)	700- LEARNING DISABILITY	700- LEARNING DISABILITY	915	810	1245	1357.5	288.3	288.3	688.2	781.2	88.5%	109.0%	100.0%	113.5%
	TAD17	LYNFIELD MOUNT HOSPITAL	Clover (PICU)	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	810	1012.5	900	810	288.3	297.6	753.3	744	125.0%	90.0%	103.2%	98.8%
	TAD17	LYNFIELD MOUNT HOSPITAL	Step Forward (Rehab)	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	465	600	840	757.5	288.3	288.3	288.3	288.3	129.0%	90.2%	100.0%	100.0%