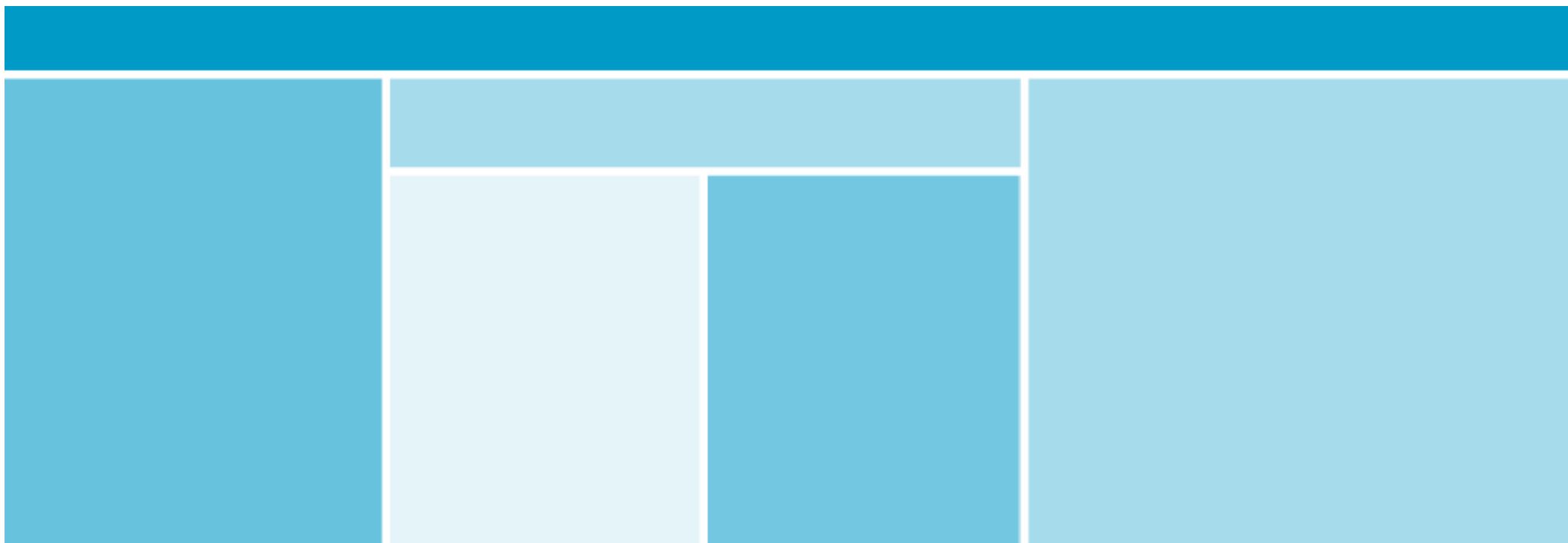




With all of us in mind

Quality Performance Report

Strategic Overview



March 2016

Table of Contents

	Page No
Introduction	4
Quality Headlines	5 - 6
Compliance	7 - 8
Strategic Overview Dashboard	9 - 10
Finance - Overall Financial Position	11
Contracts - Trust - BDU	12
MH Currencies Development	13 - 14
Workforce	15 - 17
Publication Summary	18 - 19
Glossary	20

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for March 2016 information unless stated. 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.

The Trust continues to improve its performance framework to deliver the Trust IM&T strategy of right information in the right format at the right time. Performance reports are now available as electronic documents that allow the reader to look at performance from different perspectives and at different levels within the organisation.

Performance is reported through a number of key performance indicators (KPIs) using the Trust's balanced score card to enable performance to be discussed and assessed with respect to

- Business Strategic Performance – Impact & Delivery
- Customer Focus
- Operational Effectiveness – Process Effectiveness
- Fit for the Future - Workforce

KPIs provide a high level view of actual performance against target and assurance to the Board about the delivery of the strategic objectives and adhere to the following principles:

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

1. Feedback from managers following incident reviews/investigation

Patient safety support team have developed and tested the facility on Datix to provide feedback to staff who reported an incident. This will be live before the end of April. Staff who report incidents will be able to choose to receive feedback following the review by the manager when the incident is finally approved. If an investigation is still ongoing staff will be informed of this and given the managers name to contact for further update.

2. Infection, prevention and control

The annual plan 2015-16 has progressed well. Positive work has been undertaken throughout the year. There were 71 objectives, 68 have been completed 3 are in progress. All 3 are audits that have been undertaken; the data has been collated, awaiting reports and subsequent action plans.

- 2016-17 Annual Plan has been approved at IPC TAG.
- Barnsley BDU has a locally agreed C difficile Toxin Positive Target of 6. End of year total 3 cases, all scrutinised through the Post Infection Review (PIR) group and deemed unavoidable.
- Mandatory training- Hand Hygiene training - trust total- 90%
- Infection Prevention and Control- trust total – 88%
- Participating in PLACE audits throughout the trust.
- Save Lives: Clean your hands- WHO's global annual call to action for health workers, will be on the 5th May 2016.

3. NMC assurance visit

The NMC recently visited a number of clinical areas/practice placements within SWYPFT as part of their Quality Assurance monitoring of the undergraduate nursing courses at University of Huddersfield. Reviewers commented on strong partnerships, good risk management strategies, good service user and carer involvement and considerable investment in the support of nursing mentors. They concluded that effective Quality Assurance processes were in place, supported by Practice Learning Facilitators and consequently all outcomes were met.

4. Revalidation

We have developed a presentation and workshop to train staff and their managers/confirmers in revalidation and the requirements, to date over 300 people have attended. We have also developed a website on the trust intranet with all resources required. We have worked closely with colleagues in workforce to ensure systems support (e.g. alerts are sent to registrants to remind them) and have met with colleagues in Learning and Development to look at how appraisal might support and we are working on some potential options. There are 2 people seconded until June 2016 to lead the process and they have managed to steer first 20 nurses through in April 2016 using a case managed cohort approach.

Lots of lessons learned and even with very clear systems, training, reminders and intensive support of project leads, some people appear to struggle to engage with the process. Colleagues in workforce reported that this was not unusual and every month, under current (much simpler) system of re-registration, we usually have a couple of registrants who either fail to reregister or leave till very last minute.

5. Safer staffing

There remains a concern about staffing on the acute wards in Wakefield. Work is ongoing, led by the BDU in partnership with the nursing, AHPs and Clinical Governance Directorate to address and resolve the issues. This includes shift planning and support from the Safer Staffing Project Manager. Additionally the acute wards have been provided with the first four peripatetic HCSW's.

Recruitment – there is an ongoing Trust wide Band 5 recruitment Drive. Currently we have held 3 assessment centres resulting in 37 successful candidates being offered posts. The recruitment drive continues and we are actively engaging in university careers fairs and planning an open day.

6. Innovation factsheets

As part of the preparation for the CQC inspection we produced a number of factsheets and innovation briefings, these are bite size pieces of information that give an overview of what we have done to improve the quality of care. Briefings can be found on the trust intranet. We have received very positive feedback on the factsheets.

7. Physical health care in mental health and learning disability services

46% of people with mental health problems or learning disabilities also have long term physical health problems (King's Fund, 2012). It's vital we look after the whole person. We have established a programme of work to address this need.

Achievements to date

- We have audited the physical health examination undertaken by medical staff during the admissions process and found some good results.
- We have audited the physical health monitoring of people who have been prescribed antipsychotic medications looking for baseline measurements and ongoing monitoring again found good areas of practice.
- The guideline document on physical health care is in use trust wide and has received positive feedback from services and clinicians.
- A pilot is in situ on the Fieldhead site looking at the use of the Bradford Physical health model with particular emphasis on ECG measurements using state of the art equipment.
- RAMPPS training is being actively pursued with the creation of the Physical Health Training facility in L&D FHH.
- Proposed future work involves developing a Physical Health Policy and rolling out of the Bradford Physical Health Model across the trust.

8. Information Governance

82 IG incidents were recorded across the Trust during the quarter, which represents a 32.3% increase on the previous quarter. This increase in incidents remains a concern and a plan to mitigate the risks is in place.

An IG SIRI was notified to regulators in January when sensitive information about a child was disclosed in error to the birth mother of a fostered child and allegedly later posted on social media. The investigation into the employee responsible for the error has now been completed and the first draft report will be available shortly.

9. Enfield Down

Recent visit by CQC has triggered an action plan to develop the following improvements

1. Medical time enhanced and evenly spread across the week
2. Psychological Therapies enhanced with future position identified
3. Physical Health interventions improved – a no of options to pursue
4. Clinical Leadership structure redesign
5. Band 6 focus on the pillars of governance

All actions to improve access to Mental Health, Physical Health and Psychological Services to enhance individual well -being which supports their rehab programme for step down, step up.

Clinical leadership will focus on clinical outcomes, ensuring the workforce is fit for purpose to deliver the rehab and recovery service.

10. Health of Children in Care

A number of areas have been worked on this year in partnership with our local authority partners and the CCG. Actions were identified from CQC inspections and lessons learned from a serious case review.

What difference have these actions made?

- Better use of the Strengths and Difficulties (SDQ) both within individual health assessments and data collection to identify themes and trends.
- Health professionals that undertake LAC health assessments have received training to support competency requirements recommended in the Looked after Children: Knowledge, skills and competences of health care staff.

INTERCOLLEGIATE ROLE FRAMEWORK March 2015

- Young people's right to consent or dissent is supported and upheld.
- Information from a wider range of health provision is used to inform health assessments.
- There is closer timely monitoring of health assessments and any concerns are escalated including to the CCG when appropriate.
- Children and young people placed out of Barnsley are not disadvantaged in terms of their health needs.
- The Service Specification for Children in Care and Care Leavers has been reviewed by the CCG, to ensure it remains appropriate in light of new statutory guidance. They have also liaised with Public health to ensure LAC provision is considered within the new commissioning arrangements for 0-19 children's community services.

11. MHA/MCA action plan

As part of the CQC inspection we submit our action plan for the MHA code of Practice. The outstanding amber actions are placed within the relevant BDU's and TAG's. The action plan is on the agenda for the MHA committee in May 2016

12. Junior Doctor industrial action

To date the industrial action taken by junior doctors has had a minimal impact to our planned services. This is expected position for future action.

13. RIO

We continue to experience ongoing issues with RiO. The team continue to work with Servalec to address the problems and resolve issues as quickly as possible.

14. Risk panel goes live

We have enhanced our weekly risk scan and commenced a risk panel attended by the Medical and Nursing Directors to assess and make recommendations in response to clinical risks impacting on the Trust arising from serious incidents reported on datix.

The panel will fulfil a number of functions including

- Review of red and amber serious incidents (Sis) reported on DATIX in previous week and
- Contributing to the terms of reference for SI reviews
- Commission reviews and/or advise on objectives for reviews of amber incidents and/or clinical reviews as required
- Identify where themes or trends emerge following the reviewing of incidents
- Advise on remedial actions if required
- Review intelligence from within and outside the Trust

15. Children's services exit strategy and risk

SWYPFT are working to ensure a smooth transfer of staff following the decision by SWYPFT to withdraw from the provision of Barnsley's 0-19 healthy child programme commissioned by Barnsley MBC

What have we done?

- Following months of negotiation with BMBC, SWYPFT's Board took the difficult decision to withdraw from this contract as no clinically safe model could be agreed upon within the resources available.
- Briefings have been held with staff affected and Staffside colleagues kept informed.
- HR currently working on TUPE
- Internal Transformation team formed to undertake actions prior to and during transfer to new provider. Meetings held on a weekly basis regarding transfer and continuity of service provision.
- Director level weekly programme dial in meeting held with Senior colleagues at BMBC, to raise actions/issues etc.

16. Horizon action plan

Following a number of concerns relating to practice at the Horizon Centre in 2006, 2013 and 2014, SWYPT commissioned an independent review in order for the concerns to be explored in detail and to seek assurance relating to practice and culture in accordance with its vision, values and national standards. In response a number of concerns were highlighted and a comprehensive and detailed action plan has now been put in place supported by senior managers in the Trust and the service commissioners.

17. Management of aggression and violence

The trust took part in NHS Benchmarking Network's national exercise and our performance overall in relation to patient to patient violence and violence against staff is better than sector average as is use of restraint overall. Some individual areas were above the average for their sectors in that month. We are aware that overall our figures for violence against staff and patient on patient have increased this year but we are still below average for both areas when weighted.

1. CQC Inspection

The Trust received a formal CQC inspection under the new framework in March 2016. Initial verbal feedback from the visit has been received by the trust, with the final report being expected early May 2016. When we are awarded our rating from the CQC we are required to display them in each and every premise where regulated activity is delivered, in our main place of business and on our website. The CQC guideline also encourages Trusts to raise awareness of ratings when communicating with people who use our services, by letter, email or other means.

2. CQC regulation fees

As the CQC is required to reduce the funds it receives from central finances the costs are being recouped from the services it regulates. Throughout 2015/16 the CQC have made changes to the costs associated with regulation, effectively increasing our costs from approx. £90,000 per year to £217,000 by 2017/18.

3. CQC Strategy 2016-2021

In March 2016 the CQC published a consultation document: Shaping the future (CQC's strategy 2016 to 2021). This document sets out how they propose to deliver their vision by becoming a more efficient and effective regulator. There are 6 themes to the review which may collectively have potential risks we need to consider and mitigate against. The themes are:

- improving use of data and information;
- implementing a single shared view of quality
- targeting and tailoring inspection activity
- developing a flexible approach to registration
- assessing how well hospitals use resources
- developing methods to assess quality for populations and across local areas

Should these proposals be accepted early identifiable potential risks may include:

- the increased importance of correct and complete clinical information
- increase in whistleblowing alerts and subsequent investigations
- contribution to a new data set in a move away from intelligent monitoring to 'CQC insight'
- all quality reporting to be aligned to the CQC 5 key domains framework (both at national and local level)
- increased regulatory scrutiny of services that receive ratings of either requires improvement or inadequate in any of their core services/ teams.

4 CQC Intelligent Monitoring

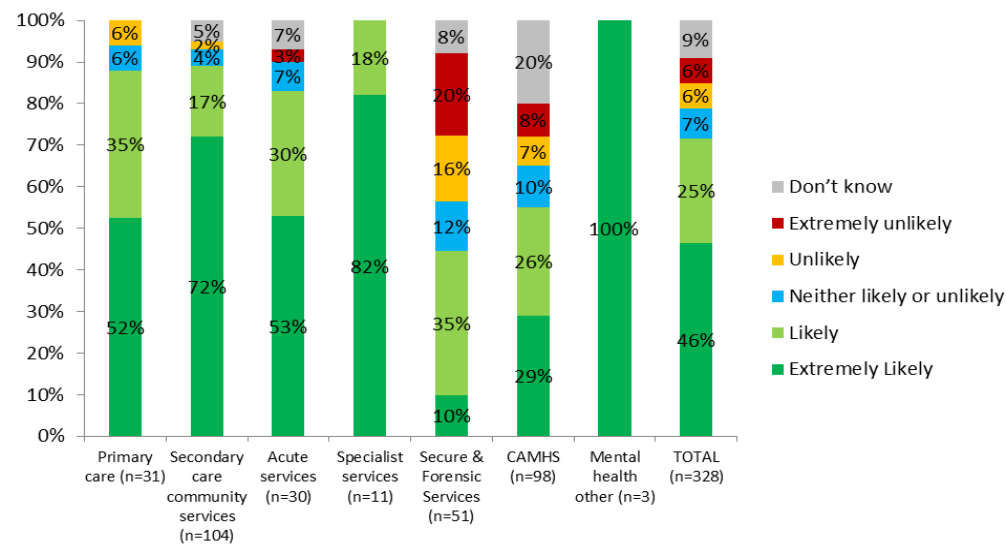
In February 2016 the Trust received the latest CQC Intelligent Monitoring report, which is a report the CQC has developed for monitoring a range of key indicators about Trusts that provide Mental Health services. These indicators relate to the five key questions the CQC ask of all services – are they safe, effective, caring, responsive and well-led? The indicators are used to raise questions about the quality of care. Changes from the June 2014 report are: The 'elevated risk' around whistleblowing has been closed. Therefore there are currently no 'elevated' risk against the Trust and 4 'risks'. Our risk rating currently sits at a 4 (lowest possible risk) which is reduced from June 2014, when the risk level was 3.

Patient experience – Trust FFT scores (heading)

The trust has adopted the FFT as its quality measure for patient experience as this is the one consistent question that is asked across all services. March results can be seen on the charts below:

Mental Health

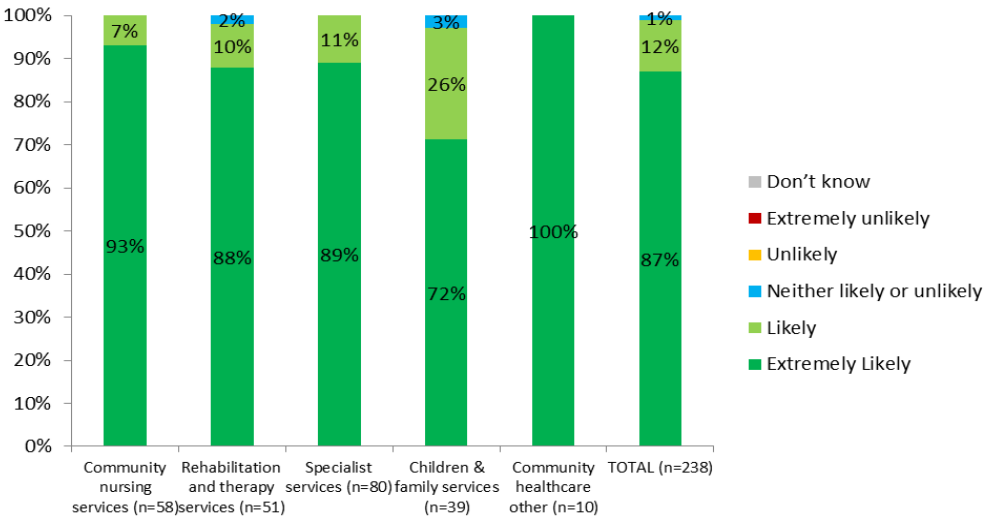
Number of unique patients accessing services during the month: 13735



71% would recommend mental health services, 12% would not.

Community Services

Number of unique patients accessing services during the month: 19919



99% would recommend community services, 0% would not.

Strategic Overview Dashboard																							
Business Strategic Performance Impact & Delivery																							
1	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position	
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		4	
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4		4	
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		4	
5	COUIN	COUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G		3	
6		COUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G		3	
7		COUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G		3	
8		COUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G		3	
9		COUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Green	Amber/G	Amber/G	Amber/G	Green	Amber/G	Amber/G	Amber/G	Green	Green	Green	Amber/G		3
10	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	6	0	0	0	2	1	0	0	0	0	0	0	0	0	3	0	0		4	
11	C-Diff	C Diff avoidable cases	C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		4	
12	Outcomes	% SU on CPA in Employment	L	10%	6.55%	7.34%	7.18%	6.97%	7.38%	7.55%	7.68%	7.32%	7.37%	7.17%	7.25%	7.05%	7.18%	7.55%	7.37%	7.25%			
13		% SU on CPA in Settled Accommodation	L	60%	60.27%	65.26%	64.44%	57.79%	60.34%	62.81%	64.46%	63.39%	64.09%	63.56%	62.26%	61.34%	64.44%	62.81%	64.09%	62.26%			
Customer Focus																							
14	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position	
15	Complaints	% Complaints with Staff Attitude as an Issue	L	<25%	12% 8/66	14% 6/44	13% 9/69	12% 9/73	12% 5/42	15% 6/41	12% 5/42	16% 9/58	15% 6/40	7% 4/57	13% 10/74	21% 17/80	14% 23/179	13% 20/156	14% 20/140	15% 31/211		4	
16	Service User Experience	Friends and Family Test	L	TBC	89.00%	92.00%	87.00%	93.00%	89.00%	91.00%	88.00%	85.79%	93.51%	89%	88.00%	83.00%	89.00%	91.00%	88.83%	87.20%			
17	MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Within ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER		4	
18		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER		4	
19	FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100% 24/24	100% 17/17	100% 24/24	100% 28/28	100% 20/20	100% 25/25	100% 19/19	100% 13/13	100% 19/19	100% 23/23	100% 23/23	100% 29/29	100% 65/65	100% 73/73	100% (51/51)	100% 75/75		4	
20	Media	% of Positive Media Coverage Relating to the Trust and Its Services	L	60%	92.00%	92.00%	92.00%	80.00%	75.00%	50.00%	40.00%	50.00%	Data avail month end	Data avail month end	Data avail month end	Data avail month end	92.00%	68.00%	Data avail month end	Data avail month end		4	
21	Befriending services	% of Service users allocated a befriender or volunteer led group support (gardening/music/social) within 16 weeks	L	70%	50.00%	50.00%	50.00%	20.00%	20.00%	100%	100%	100%	100%	100%	100%	100%	50.00%	20.00%	100%	100%		4	
22		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		4	
23		% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		4	
Operational Effectiveness: Process Effectiveness																							
24	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position	
25	Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.11%	100%	99.86%	100%	99.32%	98.60%	99.86%	97.64%	100%	97.91%	95.43%	97.41%	99.70%	99.28%	99.18%	96.90%		4	
26		Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.06%	97%	99.82%	100%	97.31%	99.16%	98.92%	97.58%	100%	100.00%	97.86%	95.81%	98.35%	98.76%	98.80%	98.11%	93.10%	4	
27		Delayed Transfers Of Care	M	750%	2.69%	1.64%	2.06%	1.96%	1.70%	1.80%	3.49%	2.89%	2.42%	2.31%	2.23%	2.46%	1.21%	1.83%	2.73%	Data avail month end		4	
28		% Admissions Gatekept by CRS Teams	M	95%	83.26%	96.30%	97.20%	100%	95.90%	96.12%	95.49%	95.90%	96.77%	99.06%	95.88%	100.00%	95.51%	97.29%	95.69%	98.32%		4	
29		% SU on CPA Followed up Within 7 Days of Discharge	M	95%	98.21%	100%	97.86%	97.70%	95.35%	100%	95.39%	95.60%	95.95%	97.73%	97.52%	97.33%	98.66%	97.97%	95.50%	97.44%	96.90%	4	
30		% SU on CPA Having Formal Review Within 12 Months	M	95%	96.37%	95.18%	97.92%	96%	88.57%	98.44%	86.88%	97.52%	98.56%	98.32%	96.72%	96.60%	97.92%	98.44%	98.56%	96.60%	97.67%	4	
31		Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	108.97%	102%	104.60%	147.59%	108.97%	113.25%	83.42%	99.48%	102.51%	96.15%	83.85%	94.14%	104.60%	113.25%	102.51%	84.14%		4	
32		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100.00%	100%	100%	100.00%	100.00%	100.00%	100%		4
33		Data completeness: comm services - Referral information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%		4
34		Data completeness: comm services - Treatment activity information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%		4
35		Data completeness: Identifiers (mental health)	M	97%	99.70%	100%	99.62%	100%	99.62%	99.54%	99.65%	99.55%	99.45%	99.25%	99.82%	98.48%	99.62%	99.54%	99.45%	98.48%		4	
36		Data completeness: Outcomes for patients on CPA	M	50%	78.83%	79.07%	77.63%	78.67%	77.64%	76.97%	78.40%	77.94%	78.58%	78.13%	76.84%	75.58%	77.63%	76.97%	78.58%	75.58%		4	
37		Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant		Compliant	
38		IAPT - Treatment within 6 Weeks of referral	M	75%	81.46%	76.52%	75.72%	73.70%	75.83%	77.98%	75.31%	72.28%	65.66%	70.06%	70.04%	71.42%	77.84%	75.91%	71.62%	70.51%			
39		IAPT - Treatment within 18 weeks of referral	M	95%	98.60%	98.90%	99.74%	99.09%	98.89%	99.38%	99.38%	99.67%	99.10%	98.15%	97.47%	97.50%	99.09%	99.15%	99.37%	98.09%			
40		Early Intervention in Psychosis - 2 weeks (NICE approved care package)	M	50%	40.00%	81.82%	58.33%	56.25%	55.56%	80.00%	66.67%	84.60%	See below for new criteria.										
		Early Intervention in Psychosis - 2 weeks (NICE approved care package) - Clock Stops		50%	National reporting commenced Q3.								85.19%	90.91%	88.24%	73.33%	National reporting commenced Q3			85.19%			
		Early Intervention in Psychosis - 2 weeks (NICE approved care package) - Waiting at month end		50%	National reporting commenced Q3.								25.00%	93.75%	60%	60%	National reporting commenced Q3			25.00%			
43	Data Quality	% Valid NHS Number	C (FP)	99%	99.87%	100%	99.88%	99.71%	99.58%	99.76%	99.58%	99.30%	94.11%	99.58%	99.65%	Aval Next Month	99.88%	99.68%	97.66%	Aval Next Month		4	
44		% Valid Ethnic Coding	C (FP)	90%	99.05%	95%	94.86%	94.88%	94.90%	94.83%	94.73%	94.12%	99.31%	99.62%	94.59%	Aval Next Month	96.28%	94.87%	96.05%	Aval Next Month		4	

Strategic Overview Dashboard

Fit for the future Workforce																						
Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position	
Sickness	Sickness Absence Rate (YTD)	L	4.4%	4.80%	5.10%	5.00%	4.80%	4.80%	4.90%	4.90%	4.90%	5.00%	5.00%	5.00%	5.00%	5.00%	4.90%	5.00%	5.00%		1	
Appraisal	Appraisal Rate Band 6 and above	L	95%	Avail M3	Avail M3	56.80%	72.90%	80.30%	87.30%	89.50%	91.60%	92.90%	94.50%	97.33%	97.50%	56.80%	87.30%	92.90%	97.50%		4	
	Appraisal Rate Band 5 and below	L	95%	Avail M6	Avail M6	Avail M6	Avail M6	Avail M6	66.30%	75.80%	80.30%	83.60%	89.20%	96.59%	96.90%	Avail M6	66.30%	83.60%	96.90%		4	
Mandatory Training	Aggression Management	L	80%	73.70%	73.65%	75.83%	77.04%	78.89%	78.85%	80.38%	80.78%	83.12%	82.53%	83.18%	83.20%	75.83%	78.85%	83.12%	83.20%		1	
	Equality, Diversity & Inclusion	L	80%	82.30%	84.55%	84.87%	85.76%	87.17%	88.28%	88.81%	89.37%	90.31%	90.58%	91.39%	92.21%	84.87%	88.28%	90.31%	92.21%		4	
	Fire Safety	L	80%	86.50%	86.24%	86.31%	86.55%	86.44%	85.33%	84.60%	84.83%	85.56%	83.78%	86.66%	86.69%	86.31%	85.33%	85.56%	86.69%		4	
	Food Safety	L	80%	65.20%	66.89%	69.00%	70.67%	71.80%	73.06%	74.30%	74.10%	75.79%	75.36%	76.99%	76.99%	78.41%	69.00%	73.06%	75.79%	78.41%		1
	Infection, Prevention & Control & Hand Hygiene	L	80%	80.60%	82.09%	82.82%	83.69%	85.25%	85.55%	85.58%	84.86%	85.84%	86.52%	88.24%	87.60%	82.82%	85.55%	85.84%	87.60%		4	
	Information Governance	L	95%	91.90%	92.55%	92.67%	92.76%	92.73%	91.96%	91.56%	90.58%	89.06%	82.42%	95.12%	95.98%	92.67%	91.96%	89.06%	95.98%		4	
	Safeguarding Adults	L	80%	82.80%	82.60%	84.14%	84.95%	86.16%	86.94%	87.74%	87.34%	88.34%	88.65%	89.40%	90.19%	84.14%	86.94%	88.34%	90.19%		4	
	Safeguarding Children	L	80%	84.70%	85.22%	86.00%	86.39%	87.12%	87.93%	86.12%	85.54%	87.68%	88.22%	89.21%	89.95%	86.00%	87.93%	87.68%	89.95%		4	
	Moving & Handling	L	80%	71.60%	73.66%	75.31%	77.40%	79.32%	80.37%	82.11%	83.03%	83.83%	84.57%	85.89%	85.64%	75.31%	80.37%	83.83%	85.64%		1	
Safer Staffing	Safer Staffing - Fill Rate (Nurses)	L	90%	91.80%	94.20%	96.30%	94.40%	91.10%	92.80%	95.90%	97.60%	93.90%	93.70%	95.90%	94.10%	96.30%	92.80%	93.90%	94.10%		4	
	Safer Staffing - Fill Rate (HCA's)	L	90%	117.60%	118.60%	115.40%	112.90%	112.90%	111.90%	116.10%	113.60%	114.30%	116.00%	116.10%	117.40%	115.40%	111.90%	114.30%	117.40%		4	
KEY				Impact and Delivery																		
4	Forecast met, no plan required/plan in place likely to deliver			• Performance for Quality indicators (CQUINS) is monitored by BDU's on a monthly basis. The Quarter 4 performance is currently being collated. The risk assessment on achievement of all indicators for 2015/16 is predicting an overall potential shortfall in income of £1.273M, which equates to 73% achievement and the overall rating for the year end position remains at Amber/Green. • Under performance issues related to CQUINS to date are linked to MH Clustering in all BDU's, Care Planning in Calderdale, Kirklees and Wakefield and High Performing Teams in Bamsley - detailed action plans have been drawn to improve performance however, some underperformance is forecast to continue to end of Q4.																		
3	Forecast risk not met, plan in place but unlikely to deliver																					
2	Forecast high risk not met, plan in place but vey unlikely to deliver																					
1	Forecast Not met, no plan / plan will not deliver			Operational Effectiveness • Issues in performance associated with waiting times for IAPT continue in March 16 and this can be linked in part to psychological wellbeing practitioner vacancies within IAPT teams. Mitigating actions have been put in place, however, the indicator reports against clients that have completed treatment and this is therefore taking time to be evidenced in the performance. There is an underperformance related to the number of new cases of psychosis at end of March 16. This indicator is being removed from the Monitor Risk Assessment Framework in 16/17 and replaced with the Early Intervention access indicator where the focus will be on timely access to services.																		
CQC	Care Quality Commission																					
M	Monitor																					
C	Contract			Workforce • Sickness continues to remain above trajectory at end of March 16 and has been static for the last four months. Work continues to focus on reducing sickness related absence within the Trust with specific target being placed on long term sickness. • Food Safety training is now the only area not achieving threshold but has shown an incremental increase month on month since April 15.																		
C (FP)	Contract (Financial Penalty)																					
L	Local (Internal Target)																					
ER	Expected Range																					
N/A	Not Applicable																					

Overall Financial Performance 2015 / 2016

Performance Indicator		Month 12 Performance	Annual Forecas	Trend from last month	Last 3 Months - Most recent		
Trust Targets					11	10	9
1	Monitor Risk Rating	●	●	↑	●	●	●
2	REVISED £0.10m Surplus on Income & Expenditure	●	●	↑	●	●	●
3	Cash Position	●	●	↑	●	●	●
4	Capital Expenditure	●	●	↔	●	●	●
5	Delivery of CIP	●	●	↔	●	●	●
6	Better Payment Practice Code	●	●	↑	●	●	●

Key		●	In line, or greater than plan
		●	Variance from plan ranging from 5% to 15%
		●	Variance from plan greater than 15%

Summary Financial Performance

These Key Performance Indicators (KPI's) help the Trust to monitor progress against each element of our financial strategy.

1. The year end Trust Financial Risk Rating is 4 against a plan level of 4. (A score of 4 is the highest possible).
2. The year end position is a surplus of £207k which is £107k better than planned. This has been possible through the use of Trust reserves to offset in year pressures arising from healthcare contract income and non pay expenditure within the BDU's.
3. At March 2016 the cash position is £27.11m which is £2.84m ahead of plan.
4. Capital spend to March 2016 is £11.29m which is £0.71m (6%) behind the original Trust capital plan. The main variance relates to IM & T expenditure where schemes have been delivered at a cost less than planned.
5. At March 2016 the Cost Improvement Programme is £1350k behind plan. (14%). In year delivery has also included £2454k of non recurrent schemes.
6. As at March 2016 91% of NHS and 96% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be a small improvement from previous months.

Contracting

Trust Summary by BDU - Current Contract Performance - Position at month 11

Contract Variations	In progress	Completed	TOTAL
B BDU	£0.0	£1,013.0	£1,013.0
W BDU	£0.0	£62.2	£62.2
C BDU	£3.7	£0.0	£3.7
K BDU	£0.0	£0.0	£0.0
S DBU	£277.1	£94.0	£371.1
F BDU	£0.0	£0.0	£0.0
TOTAL CVs	£280.8	£1,169.2	£1,450.0

QUIN Performance Q4 Forecast based on

Quarter	Quarter 3 £000s	Achieved	Variance	M11 Performance	Variance
Barnsley	£426.6	£378.6	-£48.0	£489.8	-£92.8
Wakefield	£136.1	£70.7	-£65.4	£115.8	-£177.2
Kirklees	£150.3	£76.6	-£73.7	£127.3	-£194.2
Calderdale	£67.4	£34.4	-£33.1	£57.1	-£87.2
Specialised	£75.4	£75.4	£0.0	£56.5	-£18.9
Forensics	£22.5	£22.5	£0.0	£397.4	£0.0
Trust Total	£878.4	£658.2	-£220.1	£1,244.0	-£570.3

QUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,441.3	-£348.8
Wakefield	£793.9	£465.6	-£328.4
Kirklees	£878.2	£495.0	-£383.3
Calderdale	£394.1	£200.1	-£194.0
Specialised	£301.7	£282.8	-£18.9
Forensics	£562.3	£562.3	£0.0
Trust Total	£4,720.4	£3,447.1	-£1,273.3

Key Contract Issues - Specialist

CAMHS - RiO Issues - Trust wide data potentially 20% under what should be. Main area for CAMHS is uncompleted appointments

C&K: Still awaiting DoV from Commissioners. 2016/17 new contract being issued for 1yr period.

Both C & K services will go out to tender for new contract in 17/18.

Barnsley: Task & Finish Group dissolved. Future contracting issues to be picked up within main BCCG meetings

Wakefield: WCCG focussing on service delivery and make up. Potential in year review.

Learning Disability

W - constraints on the number of patients able to be admitted against contract plan due to intake of complex client

C - SWYPFT team delivering on timescales. Positive feedback and service being recognised as good practice

Key Contract Issues - Barnsley

Wakefield MDC - SWYPFT is agreeing to an extension to 30/09/16 and a 3% reduction in value

Rotherham & Doncaster MBCs PH - SWYPFT is agreeing a contract reduction against the Drugs which is a pass through

Substance Misuse Services - SWYPFT is agreeing the new model & transition costs with PF service. SWYPFT has done so with a model costing £558k, current contract value is £1,079k

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,843.3	£53.3	***
Kirklees**	£1,000.0	£595.6	-£404.4	
Calderdale	£0.0	£0.0	£0.0	
TOTAL £000s	£2,790.0	£2,438.8	-£351.2	

* W target is cumulative covering 2014/15 & 2015/16: ** K includes Specialist LD scheme

*** W RAG remains at R as risks identified ~ see summary below

Proposals under the QIPP scheme -

W:- £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Saville Park) - on target: MH contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget - prevention client OOA) ~ CCG contesting this £47k : Repricing LD beds - ongoing:

Risk within plan as includes £41k for use of Barnsley PICU bed & SWYPFT funded £338k

from contract growth for ADHD sustainable case & backlog clearance ~tbc by CCG

C:- 15/16 Schemes to be identified by end of Q1. Potential Productivity Schemes identified, not finalised/agreed.

K:- £1m in total: 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements £500k, 2) Reduction in OOA LD Specialist placements £500k (CCG budgets), both schemes required to generate in excess of £1m, for reinvestment in new service models. Below target

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£2.2	MSK as at Mth 11

Key Contract Issues - Kirklees

Psychology: 18 week pathway holding although there has been an increase in referrals. Waiting lists beginning to reduce.

IAPT: Remaining below target for recovery, 6 week & 18 week waits (ref to entering IAPT treatment).

Police Liaison: £150k funding for GH for 2.2 wte staff. 12hr day service with SWYPFT staff being co-located with the Police. Rapid Response pathway to operate utilising IHBT capacity to provide overall cover.

Key Contract Issues - Calderdale

Police Liaison: £150k funding for Calderdale for 2.2 wte staff. 12hr day service with SWYPFT staff being co-located with the Police. Rapid Response pathway to operate utilising IHBT capacity to provide overall cover.

R&R: CCCG clear about intentions re redesign of pathway. Joint pathway with health & social care. Move from bed based approach and moving to community rehab model.

IAPT (AQP): DoV signed by SWYPFT. Awarded tender for future provision.

ED: Agreement for a B6 Care Co-ordinator to coordinate existing ED cases Feb 16-31st Mar 17

Key Contract Issues - Forensics

National procurement identified for 2015/16/17 for Medium & Low Secure MH Services with CAMHS likely to be in first lot.

Key Contract Issues - Wakefield

Key Contract Issues - Health & Wellbeing

Negotiations are ongoing with Wakefield MDC & Rotherham & Doncaster MBS with regard to changes in their contracts for 2016/17

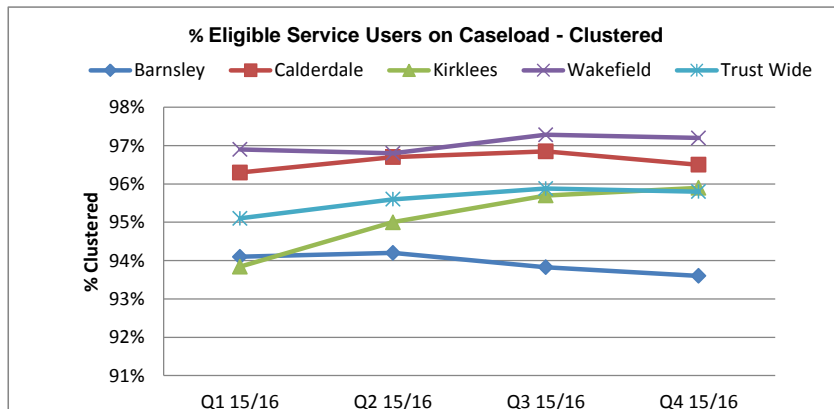
Mental Health

The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, this assessment must be regularly reviewed in line with the timing and protocols. It is the intention that clusters will form the basis of the contracting arrangements between commissioners and providers, the commencement of this is not yet clear.

The Trust have been at the forefront of developments of the mental health clustering process and have had strong links into the national project. The clustering is now embedded into operational practice and the below are key priorities within the Trust related to development of mental health currencies.

Person First and in the Centre - access to timely assessment

At the end March 16, the Trust have achieved 95.8% of service users clustered against a national target of 95%. There are some under performance issues within individual BDU's and each BDU has a trajectory of improvement:



Trajectory of improvement to be set for 16/17 based on 15/16 Q4.

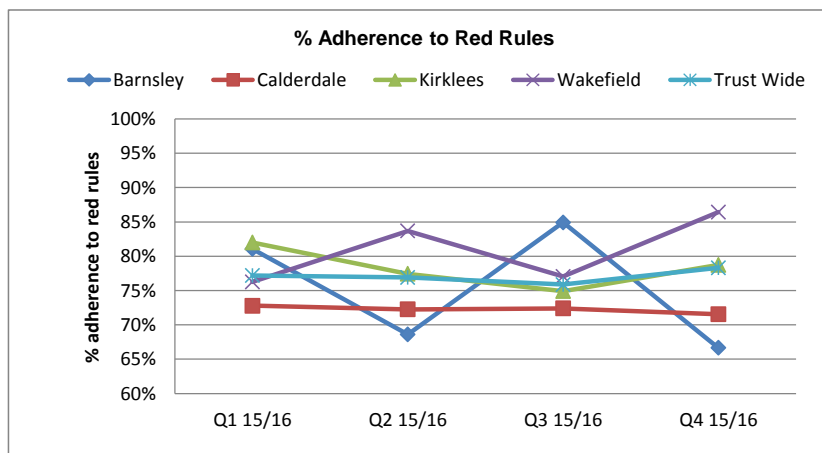
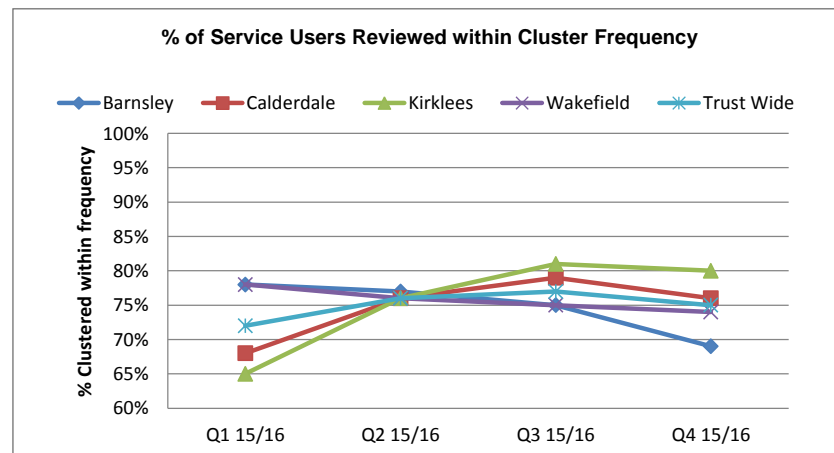
Barnsley BDU - Engaged with Transition and Development Manager- action plan to be developed over the next month as there has been a definite decline in performance overall.

Calderdale BDU - Refresher sessions taking place; Shared Governance group being developed for sustainability.

Kirklees BDU - OPS have process in place to review all medical caseloads and data cleansing-meet monthly; members of OPS staff assisting with the review of the people never clustered, 12 month out of review date; Training sessions being set up and identified staff for shared governance group ; Support identified in WAA; Support and refresher training to be undertaken with the Dual diagnosis team.

Wakefield BDU - Support identified for WAA CMHT; Shared Governance group commencing April; Caseload Reviewer in post for one year, who is also carrying out training; Concentrated efforts supporting and data cleansing OPS Medical staff; Meeting with TRIOs and attending service line meetings ; Caseload reviewer carrying out training with IHBTT staff, and all inpatient staff

Recovery with the use of the care pathway to facilitate recovery - promoting relationships



This KPI measures assurance that the cluster is accurate, complete and of high quality

Currency Development

The care package (Interventions) are our core business and the care we deliver supports the individual person receive the right care through shared decision- making, self management, person centred 'safety planning, consistently, through competence, listening and communication to support recovery

KPI's that are associated with this are:

* % with a MHCT on CPA/standard care

% with MHCT at discharge

This has been identified as an area for training as the Trusts new CPA policy is now in place. Reporting and monitoring for this will commence during quarter 1.

Training and refresher training across the whole Trust will commence once the national MHCT booklet V5 is published.

Outcome measures and reporting of these are being developed across the Trust, these include:

Clinician Rated Outcome Measures

Patient Rated Outcome Measures

Patient Related Experience Measures

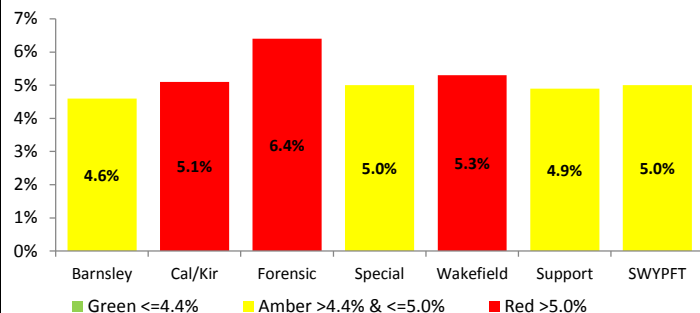
Other developments to be considered and supported within the Trust relate to clustering for Learning Disabilities, Children & Adolescent Mental Health Services, Forensic, Improving Access to Psychological Therapies (IAPT).

Community Services

The NHS Pricing Authority and case mix team at HSCIC are working in partnership to develop a national currency for community services. The partnership have hosted a number of national events which the Trust has been engaged in. The Trust are keen to be involved in this development and have expressed an interest in involvement of the Community Steering group who will provide governance for community dataset development which will feed into the currencies project. Nationally, organisations have been sharing local work on community currencies. These ideas and local innovations across England are being incorporated into the project. The project is keen for the currency design to resonate with the way services are developing.

Human Resources Performance Dashboard - March 2016

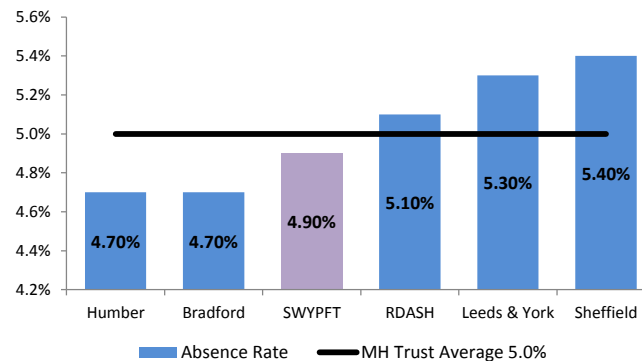
Sickness Absence



Current Absence Position - February 2016

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.5%	5.6%	5.7%	6.5%	4.1%	3.7%	5.2%
Trend	↓	↑	↓	↑	↓	↑	↓

The Trust YTD absence levels in February 2016 (chart above) were above the 4.4% target at 5%.



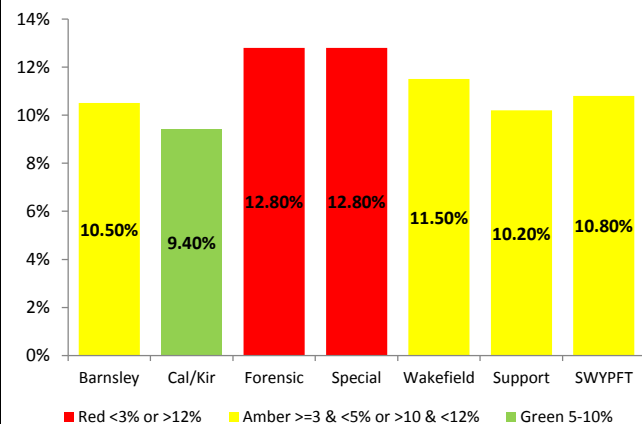
The above chart shows the YTD absence levels in MH/LD Trusts in our region to the end of September 2015. During this time the Trust's absence rate was 4.9% which is below the regional average of 5%.

Appraisals - All Staff

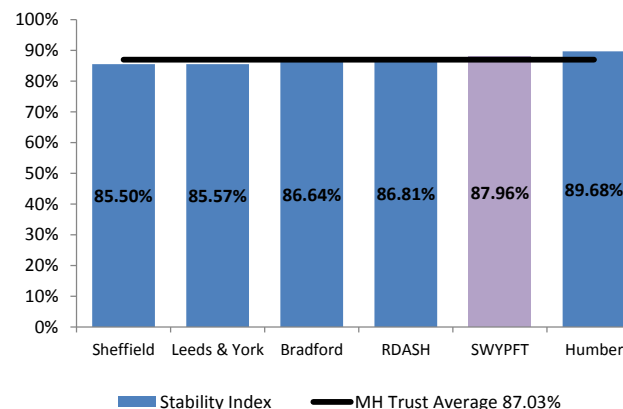


The above chart shows the YTD appraisal rates for all Trust staff to the end of March 2016. The Trust's target for appraisals is 95% or above. All areas have shown improvement each month since the inclusion of Bands 1 to 5 in the figures in September 2015.

Turnover and Stability Rate Benchmark

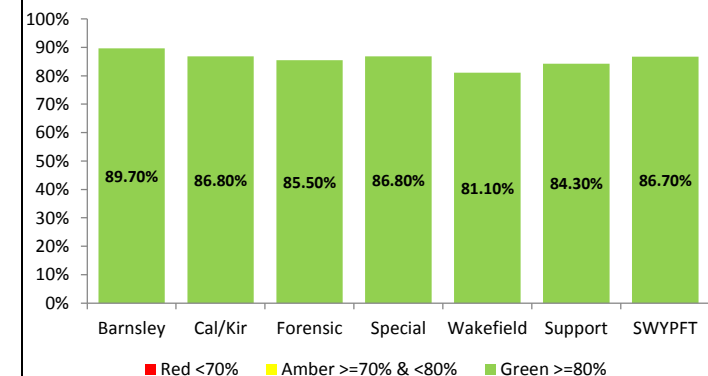


This chart shows the YTD turnover levels up to the end of March 2016.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in October 2015. The stability rate shows the percentage of staff employed with over a year's service. The Trust's rate is better than the average compared with other MH/LD Trusts in our region.

Fire Lecture Attendance



The chart shows the YTD fire lecture figures to the end of March 2016. The Trust continues to achieve its 80% target for fire lecture training, with all areas having maintained their figures above target for several months.

Workforce - Performance Wall

Trust Performance Wall							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	4.90%	4.90%	5.00%	5.00%	5.00%	5.00%
Sickness (Monthly)	<=4.4%	4.90%	5.30%	5.40%	5.00%	5.50%	5.20%
Appraisals (Band 6 and above)	>=95%	89.50%	91.60%	92.80%	94.50%	97.30%	97.50%
Appraisals (Band 5 and below)	>=95%	75.80%	80.10%	83.50%	89.20%	96.60%	96.90%
Aggression Management	>=80%	80.40%	80.80%	83.10%	82.50%	83.20%	83.20%
Equality and Diversity	>=80%	88.80%	89.40%	90.30%	90.60%	91.40%	92.20%
Fire Safety	>=80%	84.60%	84.80%	85.60%	83.80%	86.70%	86.70%
Food Safety	>=80%	74.30%	74.10%	75.80%	75.40%	77.00%	78.40%
Infection Control and Hand Hygiene	>=80%	85.60%	84.90%	85.80%	86.50%	88.20%	87.60%
Information Governance	>=95%	91.60%	90.60%	89.10%	82.40%	95.10%	96.00%
Moving and Handling	>=80%	82.10%	83.00%	83.80%	84.60%	85.90%	85.60%
Safeguarding Adults	>=80%	87.70%	87.30%	88.30%	88.70%	89.40%	90.20%
Safeguarding Children	>=80%	86.10%	85.50%	87.70%	88.20%	89.20%	89.90%
Bank Cost		£478k	£428k	£414k	£426k	£419k	£548k
Agency Cost		£772k	£770k	£606k	£527k	£774k	£1449k
Overtime Cost		£30k	£37k	£22k	£31k	£30k	£33k
Additional Hours Cost		£74k	£87k	£89k	£64k	£70k	£103k
Sickness Cost (Monthly)		£475k	£546k	£533k	£515k	£576k	£483k
Vacancies (Non-Medical) (WTE)		324.2	306.46	316.89	353.49	380.25	400.13
Business Miles		333k	347k	323k	327k	323k	257k

Calderdale and Kirklees District							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	4.80%	5.00%	5.10%	5.00%	5.10%	5.10%
Sickness (Monthly)	<=4.4%	5.10%	6.60%	5.60%	4.80%	5.90%	5.60%
Appraisals (Band 6 and above)	>=95%	98.80%	99.70%	99.10%	99.70%	100.00%	100.00%
Appraisals (Band 5 and below)	>=95%	85.00%	88.80%	91.70%	92.50%	98.40%	98.40%
Aggression Management	>=80%	83.20%	82.80%	86.10%	87.30%	87.20%	85.40%
Equality and Diversity	>=80%	90.60%	91.60%	92.00%	93.20%	92.40%	92.80%
Fire Safety	>=80%	83.00%	83.20%	85.40%	83.00%	86.10%	86.80%
Food Safety	>=80%	69.50%	70.20%	72.00%	74.50%	74.10%	72.10%
Infection Control and Hand Hygiene	>=80%	88.60%	90.00%	90.40%	91.10%	90.70%	88.60%
Information Governance	>=95%	90.40%	89.80%	87.50%	83.30%	96.30%	96.70%
Moving and Handling	>=80%	81.30%	82.70%	83.40%	84.30%	85.20%	84.80%
Safeguarding Adults	>=80%	86.60%	86.80%	88.20%	88.90%	88.50%	89.70%
Safeguarding Children	>=80%	86.20%	86.50%	89.40%	91.00%	90.40%	90.60%
Bank Cost		£117k	£124k	£114k	£123k	£147k	£161k
Agency Cost		£199k	£173k	£117k	£124k	£182k	£246k
Overtime Cost		£1k	£2k	£0k	£3k	£0k	£3k
Additional Hours Cost		£2k	£3k	£3k	£2k	£5k	£5k
Sickness Cost (Monthly)		£101k	£142k	£116k	£97k	£131k	£107k
Vacancies (Non-Medical) (WTE)		71.14	75.66	72.44	69.5	64.92	64.88
Business Miles		65k	73k	61k	63k	62k	56k

Barnsley District							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	4.10%	4.20%	4.30%	4.40%	4.60%	4.60%
Sickness (Monthly)	<=4.4%	4.20%	4.50%	5.10%	5.20%	5.90%	5.50%
Appraisals (Band 6 and above)	>=95%	92.10%	94.40%	95.60%	97.20%	98.20%	98.60%
Appraisals (Band 5 and below)	>=95%	83.30%	87.50%	89.80%	92.10%	97.20%	98.20%
Aggression Management	>=80%	83.50%	82.90%	84.10%	80.80%	82.60%	87.00%
Equality and Diversity	>=80%	90.70%	91.30%	92.60%	93.00%	93.60%	94.70%
Fire Safety	>=80%	84.70%	85.80%	86.20%	85.80%	89.50%	89.70%
Food Safety	>=80%	80.10%	75.70%	74.90%	72.70%	74.20%	77.10%
Infection Control and Hand Hygiene	>=80%	86.40%	87.00%	88.10%	87.80%	90.50%	91.00%
Information Governance	>=95%	92.10%	90.90%	90.50%	86.40%	96.20%	97.40%
Moving and Handling	>=80%	84.50%	85.10%	86.10%	86.40%	88.10%	87.90%
Safeguarding Adults	>=80%	90.00%	89.20%	89.80%	90.10%	91.00%	92.90%
Safeguarding Children	>=80%	87.90%	87.40%	89.00%	89.40%	90.40%	91.70%
Bank Cost		£85k	£75k	£65k	£61k	£61k	£50k
Agency Cost		£119k	£200k	£130k	£170k	£168k	£289k
Overtime Cost		£10k	£17k	£8k	£17k	£16k	£10k
Additional Hours Cost		£35k	£40k	£36k	£33k	£33k	£60k
Sickness Cost (Monthly)		£138k	£155k	£175k	£199k	£230k	£190k
Vacancies (Non-Medical) (WTE)		92.75	85.33	87.34	108.19	124.09	130.8
Business Miles		144k	148k	126k	132k	135k	105k

Forensic Services							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	7.20%	7.00%	6.80%	6.60%	6.50%	6.40%
Sickness (Monthly)	<=4.4%	6.80%	5.80%	5.70%	5.00%	5.30%	5.70%
Appraisals (Band 6 and above)	>=95%	70.00%	74.70%	84.70%	84.10%	86.60%	87.00%
Appraisals (Band 5 and below)	>=95%	66.20%	71.50%	77.60%	83.90%	89.20%	89.10%
Aggression Management	>=80%	78.20%	80.70%	81.70%	80.60%	80.20%	79.70%
Equality and Diversity	>=80%	90.40%	92.40%	92.80%	93.00%	92.90%	93.90%
Fire Safety	>=80%	87.30%	88.60%	89.00%	83.10%	86.40%	85.40%
Food Safety	>=80%	70.60%	73.50%	79.70%	79.60%	82.70%	86.00%
Infection Control and Hand Hygiene	>=80%	85.30%	84.40%	85.40%	87.00%	88.00%	88.40%
Information Governance	>=95%	91.70%	91.90%	90.80%	80.60%	93.00%	94.30%
Moving and Handling	>=80%	85.80%	87.60%	87.90%	88.80%	89.20%	89.20%
Safeguarding Adults	>=80%	88.50%	89.90%	91.50%	91.90%	92.10%	92.10%
Safeguarding Children	>=80%	85.30%	85.90%	87.70%	85.20%	86.10%	87.30%
Bank Cost		£114k	£97k	£86k	£108k	£77k	£142k
Agency Cost		£122k	£68k	£68k	£92k	£143k	£320k
Overtime Cost		£0k	£2k	£0k	£-1k	£0k	£0k
Additional Hours Cost		£0k	£0k	£0k	£0k	£1k	£1k
Sickness Cost (Monthly)		£58k	£56k	£50k	£40k	£44k	£41k
Vacancies (Non-Medical) (WTE)		24.94	24.54	37.11	45.11	49.62	49.57
Business Miles		9k	9k	12k	7k	4k	6k

Specialist Services							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	5.10%	5.00%	4.80%	4.80%	4.80%	5.00%
Sickness (Monthly)	<=4.4%	4.70%	4.60%	4.80%	4.40%	4.60%	6.50%
Appraisals (Band 6 and above)	>=95%	68.70%	73.80%	75.10%	77.90%	91.80%	92.30%
Appraisals (Band 5 and below)	>=95%	47.50%	53.60%	64.80%	71.30%	94.00%	94.70%
Aggression Management	>=80%	76.40%	77.10%	79.80%	81.20%	81.60%	80.00%
Equality and Diversity	>=80%	89.90%	90.00%	90.50%	90.10%	91.30%	92.40%
Fire Safety	>=80%	83.20%	82.10%	84.60%	85.10%	86.00%	86.80%
Food Safety	>=80%	69.00%	71.20%	73.70%	73.20%	74.50%	74.50%
Infection Control and Hand Hygiene	>=80%	84.00%	84.30%	85.90%	86.30%	87.40%	87.30%
Information Governance	>=95%	90.10%	90.20%	89.50%	85.20%	95.90%	96.40%
Moving and Handling	>=80%	82.50%	83.10%	83.10%	84.80%	85.70%	87.00%
Safeguarding Adults	>=80%	83.20%	82.00%	84.40%	84.80%	86.60%	86.80%
Safeguarding Children	>=80%	84.90%	81.30%	85.60%	87.70%	87.80%	87.30%
Bank Cost		£31k	£28k	£32k	£25k	£21k	£30k
Agency Cost		£228k	£216k	£146k	£59k	£173k	£313k
Overtime Cost		£1k	£1k	£1k	£2k	£2k	£1k
Additional Hours Cost		£5k	£7k	£11k	£4k	£9k	£6k
Sickness Cost (Monthly)		£53k	£55k	£45k	£43k	£44k	£54k
Vacancies (Non-Medical) (WTE)		45.31	44.49	40.71	39.15	49.08	55.33
Business Miles		30k	39k	40k	36k	37k	28k

Wakefield District							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	5.30%	5.40%	5.50%	5.40%	5.30%	5.30%
Sickness (Monthly)	<=4.4%	5.60%	5.90%	5.80%	4.80%	5.00%	4.10%
Appraisals (Band 6 and above)	>=95%	88.10%	90.20%	91.80%	95.10%	97.90%	97.90%
Appraisals (Band 5 and below)	>=95%	68.40%	76.70%	81.30%	87.00%	93.90%	93.90%
Aggression Management	>=80%	82.90%	82.80%	84.20%	82.10%	83.80%	85.20%
Equality and Diversity	>=80%	92.20%	92.20%	92.60%	91.50%	92.70%	93.50%
Fire Safety	>=80%	86.10%	84.70%	85.20%	82.50%	82.90%	81.10%
Food Safety	>=80%	68.60%	69.70%	69.50%	68.80%	70.40%	72.30%
Infection Control and Hand Hygiene	>=80%	83.80%	81.80%	82.00%	85.30%	86.70%	84.10%
Information Governance	>=95%	92.60%	91.50%	89.00%	84.40%	97.00%	97.90%
Moving and Handling	>=80%	74.00%	75.70%	77.60%	78.30%	79.00%	78.60%
Safeguarding Adults	>=80%	89.70%	88.90%	89.00%	88.20%	89.70%	88.80%
Safeguarding Children	>=80%	85.60%	85.30%	86.30%	86.40%	87.70%	87.20%
Bank Cost		£71k	£90k	£78k	£72k	£71k	£108k
Agency Cost		£34k	£73k	£71k	£49k	£66k	£145k
Overtime Cost		£14k	£14k	£12k	£10k	£12k	£15k
Additional Hours Cost		£9k	£13k	£12k	£7k	£9k	£8k
Sickness Cost (Monthly)		£63k	£70k	£64k	£55k	£56k	£44k
Vacancies (Non-Medical) (WTE)		36.58	34.71	40.49	45.96	48.79	51.83
Business Miles		43k	44k	37k	44k	43k	31k

Support Services							
Month		Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sickness (YTD)	<=4.4%	4.70%	4.80%	5.00%	5.00%	5.00%	4.90%
Sickness (Monthly)	<=4.4%	4.80%	5.40%	6.00%	5.40%	4.90%	3.70%
Appraisals (Band 6 and above)	>=95%	95.50%	96.50%	96.50%	98.50%	99.00%	99.00%
Appraisals (Band 5 and below)	>=95%	71.10%	72.70%	74.80%	89.70%	99.60%	99.40%
Aggression Management	>=80%	72.40%	74.30%	78.60%	78.50%	78.90%	76.80%
Equality and Diversity	>=80%	78.70%	78.90%	80.40%	80.90%	84.10%	84.40%
Fire Safety	>=80%	84.60%	84.30%	83.50%	80.90%	84.20%	84.30%
Food Safety	>=80%	90.10%	89.20%	89.90%	87.30%	91.00%	90.90%
Infection Control and Hand Hygiene	>=80%	82.30%	76.80%	78.30%	79.20%	82.00%	81.20%
Information Governance	>=95%	91.70%	89.60%	86.60%	71.30%	90.90%	91.50%
Moving and Handling	>=80%	81.10%	81.50%	81.90%	82.70%	84.80%	83.90%
Safeguarding Adults	>=80%	84.90%	84.50%	85.40%	85.90%	86.90%	86.90%
Safeguarding Children	>=80%	83.70%	82.80%	84.80%	85.50%	88.60%	90.00%
Bank Cost		£60k	£14k	£39k	£38k	£42k	£57k
Agency Cost		£71k	£40k	£74k	£33k	£42k	£135k
Overtime Cost		£4k	£0k	£0k		£0k	£3k
Additional Hours Cost		£22k	£19k	£20k	£17k	£13k	£17k
Sickness Cost (Monthly)		£61k	£68k	£84k	£80k	£72k	£47k
Vacancies (Non-Medical) (WTE)		51.48	36.73	37.2	43.98	41.82	45.57
Business Miles		42k	35k	48k	45k	42k	32k

Publication Summary

NHS England

Sustainability and transformation plan footprints

This document outlines the 44 footprint areas that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS five year forward view.

[Click here for briefing](#)

Monitor

2016/17 national tariff payment system

This guidance contains a set of prices and rules to help providers of NHS care and commissioners provide best value to their patients. This year's national tariff aims to give providers of NHS services the space to restore financial balance and support providers and commissioners to make ambitious longer term plans for their local health economies.

[Click here for guidance](#)

Care Quality Commission (CQC)

Fees scheme 2016/17

This document outlines the changes to revised fees that providers will have to pay to cover the chargeable costs of CQC regulation for 2016/17. These new fees will take effect from 1 April 2016.

[Click here for provider guidance](#)

NHS England

Our 2016/17 business plan

This business plan builds on three guiding principles to shape the work of NHS England for the year ahead: constancy of purpose and priorities; coherent national support for locally-led improvement; and solving today's issues by accelerating tomorrow's solutions.

[Click here for business plan](#)

Publication Summary cont....

Department of Health

NHS outcomes framework 2016 to 2017 at-a-glance

The NHS outcomes framework will remain unchanged for 2016 to 2017. This document lists the indicators that will be used to hold NHS England to account for improvements in health outcomes.

[Click here for outcomes framework](#)

Department of Health

Multi-agency statutory guidance on female genital mutilation (FGM)

These multi-agency guidelines on FGM are aimed at those with statutory duties to safeguard children and vulnerable adults. It supersedes the previous guidance issued in 2014, 'Female genital mutilation: guidelines to protect women and children'.

[Click here for guidance](#)

NHS England

CCG improvement and assessment framework 2016/17

This new assessment framework for CCGs will include ratings published online to show patients how their local health service is performing in six important areas. From June, an initial assessment of CCG performance will be available online that will cover six crucial areas including cancer, dementia, diabetes, mental health, learning disabilities and maternity care. Each will be based on metrics in the framework that will be verified by independent panels chaired by experts in each field. This will be followed by an annual assessment in June 2017 which will incorporate additional

[Click here for framework](#)

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

Combined performance summary, January 2016□

Hospital activity data, January 2016□

Direct access audiology waiting times, January 2016□

Mixed sex accommodation breaches, February 2016□

Diagnostic imaging dataset, March 2016□

Winter health watch summary, 17 March 2016□

Winter health watch summary: 24 March 2016□

NHS workforce statistics, December 2015, provisional statistics□

NHS sickness absence rates, November 2015, provisional statistics□

Hospital activity data, February 2016□

Glossary

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