

# Integrated Performance Report

## Strategic Overview



**May 2016**

With **all of us** in mind.



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## Introduction

Welcome to the Trust's new style Integrated Performance Report: Strategic Overview for May 2016, information unless stated. The format of the report has been revised in conjunction with representatives from our Non-Executive Directors. The vision is to have a single report that plots a clear line between our objectives, priorities and activities. The intention is to build more flexibility and depth into the report that can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated. We will also strive to ensure that there is appropriate ownership and accountability for the delivery of all our performance metrics.

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

The Trusts three strategic objectives are:

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

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

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

Work will be undertaken in the coming months to further align the report to the delivery of the strategic objectives. Specific focus will be applied on the strengthening of reporting of our quality measures on a monthly and quarterly basis. This will continue to adhere to the following principles

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

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

As this report is under development, the Trust would welcome any feedback.

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

**Lead Director:**

**Narrative:**

The integrated performance report shows a good performance rating, with achievement of the majority of indicators at May 2016. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken place and did not identify any significant areas of concern other than those identified below.

As work is undertaken to refine developments to track performance against 16/17 objectives, these may be incorporated into this report.

Areas to Note:

NHS Improvement - risk is associated with achievement of the IAPT Referral to treatment within 6 weeks indicator at the end of quarter 1. There is a risk that the target will not be achieved for the third consecutive quarter. Details can be seen in the NHSI section of the report.

Workforce - high sickness levels can be seen in Specialist and Wakefield BDU during May 16. Further detail can be seen in the workforce section of the report.

Achieving Better Access to Mental Health Services by 2020 - Access Targets for Early Intervention for Psychosis and Improving Access to Psychological Therapies - The Trust continues to achieve against the national thresholds, with the exception of IAPT 6 weeks indicator as outlined above.

The Trust continues to perform well against the national standards for Delayed Transfers of Care from an inpatient setting and 18 weeks Referral to Treatment for applicable services. Detail of performance and actions in place to support trajectory of improvement can be seen in the NHSI section of the report.

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

Section	KPI	Target	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year End Forecast Position *	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.35%	98.76%	98.80%	98.11%	97.83%	97.95%				4	
Delayed Transfers Of Care	M	7.50%	2.02%	1.88%	2.93%	2.33%	4.04%	1.88%				4	
% Admissions Gatekept by CRS Teams	M	95%	95.51%	97.29%	95.69%	98.32%	96.80%	96.83%				4	
% SU on CPA Followed up Within 7 Days of Discharge	M	95%	98.66%	97.97%	95.50%	97.44%	95.12%					4	
% SU on CPA Having Formal Review Within 12 Months	M	95%	97.92%	98.44%	98.56%	96.60%	96.10%	82.34%				4	
Data completeness: comm services - Referral to treatment information	M	50%	100%	100.00%	100.00%	100%	100%	100.00%				4	
Data completeness: comm services - Referral information	M	50%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%				4	
Data completeness: comm services - Treatment activity information	M	50%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%				4	
Data completeness: Identifiers (mental health)	M	97%	99.62%	99.54%	99.45%	98.48%	98.80%	98.40%				4	
Data completeness: Outcomes for patients on CPA	M	50%	77.63%	76.97%	78.58%	75.58%	75.69%	75.09%				4	
Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant				4	
IAPT - Treatment within 6 Weeks of referral	M	75%	77.84%	75.91%	71.62%	70.51%	74.04%	74.19%				4	
IAPT - Treatment within 18 weeks of referral	M	95%	99.09%	99.15%	99.37%	98.09%	98.60%	98.39%				4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	M	50%	N/A	N/A	85.19%	86.00%	73.91%	78.26%				4	

\* See key included in glossary.

**Lead Director:**

**Narrative:**

**Areas of concern:**

IAPT - Treatment within 6 weeks of referral: The under performance is attributed to the Barnsley and Calderdale IAPT services and is mostly attributed to the number of Psychological Wellbeing Practitioner vacancies within the Barnsley team. The service have put mitigating actions in place to assist with reducing the waiting time. This includes an ongoing recruitment plan and work being undertaken in conjunction with HR related to training places. The issue regarding number of training places allocated has been raised with Health Education England (HEE). Capacity of existing staff has been increased, close monitoring of performance is being undertaken both internally and with the CCG which is playing a supporting role. On review of the waiting times for those entering treatment during May 16, 85.3% entered within 6 weeks which evidences improvements in current waiting times (April 16 80.3%). However, due to the construct of this indicator (counting those completing treatment), improvement will take time to filter through. The Calderdale IAPT service did not achieve the 75% criteria during May 16, and this relates mostly to those entering the High Intensity pathway and is also linked to capacity. The service has made some adjustments to align the access process to that of the Kirklees service and for those entering treatment during May, 96% entered within 6 weeks. A targeted piece of work is being undertaken which will focus on how this can be resolved in the short term but also includes medium and long term plans.

% Service Users on CPA having formal review within 12 months - Performance has dipped for the month of May 16. The reported performance reflects a forecast position based on the actual position as at the end of May 16. Performance is anticipated to improve by the end of quarter 1 due to a number of reviews already been scheduled and any outstanding reviews being identified to take place within the required timescales. There are also a number of data quality issues contributing to the current reported performance that are being actioned and will contribute to the anticipated achievement of the target at the quarter end.

NHS Improvement expects NHS foundation trusts to establish and effectively implement systems and processes to ensure they can meet national standards for access to healthcare services. Performance against a number of these standards is included in the assessment of the overall governance of a trust. Breach of a single metric in three consecutive quarters or four or more metrics breached in a single quarter will trigger a governance concern. Based on April and May data there is high risk of this not being achieved at the end of quarter 1.

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

Section	KPI	Target	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year End Forecast Position *
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	3	0	0	0	0				4
C-Diff	C Diff avoidable cases	0	0	0	0	0	0	0				4
Outcomes	% SU on CPA in Employment	10%	7.18%	7.55%	7.37%	7.25%	6.89%	6.96%				1
	% SU on CPA in Settled Accommodation	60%	64.44%	62.81%	64.09%	62.26%	60.04%	67.89%				4
Complaints	% Complaints with Staff Attitude as an Issue	< 25%	14% 23/179	13% 20/156	14% 20/140	15% 31/211	8% 4/53	23% 12/53				4
Service User Experience	Friends and Family Test	TBC	89.00%	91.00%	88.83%	87.20%	85%	84.00%				N/A

\* See key included in glossary

Further and more detailed reporting of performance against quality and compliance metrics is currently reported via the Strategic Overview Integrated Performance report on a quarterly basis. Work will be undertaken to review monthly reporting to ensure a stronger set of indicators on quality, to cover the three dimensions – experience, outcomes, safety.

Historically we have not reached the target in achieving 10% of CPA service users in employment and the current trajectory does not suggest this will be achieved at year end. The indicator parameters only include clients on CPA, within the age range 18-69 years old - the Trust is currently undertaking a pilot project in Barnsley covering all mental health service users (regardless of CPA status or age) which is focusing on employment, volunteering and training. Further work will be undertaken in the next few months with partners to review this indicator with specific regard to the report parameters and the expected contribution of SWYPFT to the achievement of this indicator going forward.



This section of the report is to be developed during 2016/17 and populated with key performance issues or highlights as reported by each BDU.

#### **Barnsley BDU:**

- Sickness absence improved to 4.1%.
- Recovery plan for IAPT has been developed and is supported by the CCG.
- Falls waiting times have been reduced from over 3 weeks to less than 2 weeks.
- DTOC for MH services has increased to 12.65%, this is largely related to 7 individuals with reasons for delay relating to awaiting availability/placement in nursing or residential setting.

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

- Older Peoples Service – 14 day access targets improved in May following reductions in March and April. Sickness in OPS CMHT remains high although all being actively managed.
- Acute services remain under significant pressure with regards to acute admissions.
- Community services – current service model struggling to meet demand, however new model will enable demand to be more effectively managed.

#### **Forensics BDU:**

- Acuity and physical violence within the forensic services has been a concern, evidenced by an increase in reported incidents of violence. Plans are in place to continue to deliver safe and effective care. Use of temporary staffing will remain high, with additional requirements currently being 10 staff every shift.
- 25 hours structured activity for service users in Newton Lodge remains a challenge, with performance at 88.41% against a target of 100%. Further analysis of the recording and reporting is being undertaken to ensure that activity is captured and that where activity is not undertaken for clinical reasons, this is understood.

#### **Specialist BDU:**

There has been significant improvement in waiting times for the initial assessment in CAMHS. Work is underway to address the long waits that remain for appointments to commence treatment and for ASD assessment and diagnosis.

#### **Wakefield BDU:**

- Qualified staffing issues are impacting on capacity within Wakefield Acute Mental Health Wards and admissions are being managed accordingly. Position monitored daily to prioritise staff deployment across BDU, and staff recruited for September cohort.
- Sickness levels in Older Peoples services are being adversely affected by long term absence – this is being proactively managed within the relevant Policy.
- Significant improvements in gatekept admissions over recent months are being sustained within the BDU.

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## Overall Financial Performance 2016 / 2017

### Executive Summary / Key Performance Indicators

	Performance Indicator	Year to Date	Forecast	Narrative
1	<b>NHS Improvement Risk Rating</b>	4	4	The Trust has planned for and delivered, a risk rating of 4 in May 2016. It is currently forecast that a rating of 4 will be maintained throughout the year.
2	<b>Surplus</b>	£0.59m	£1.85m	The year to date position shows a surplus of £589k; this is £145k better than plan. Full year forecast remains in line with plan at £1.85m. This will require use of all contingency, based on current BDU projections and risk associated with CIP delivery, which must be mitigated.
3	<b>Agency Cap</b>	£1.65m	tbc	NHS Trusts have been set maximum agency spend caps for 2016 / 2017 by NHS Improvement. Expenditure in month 2 is in line with month 1 and based on this trend this cap will be breached. Additional controls and monitoring are to be put in place.
4	<b>Cash</b>	£25.6m	£23.2m	The cash position is lower than plan at May 2016 mainly due to creditor payments. The forecast position projects the Trust to be back in line with plan from month 3.
5	<b>Capital</b>	£1.15m	£12.31m	Capital expenditure is marginally under plan as at May 2016. This is due to timing delays in major schemes but these remain forecast to deliver on time and in budget.
6	<b>Delivery of CIP</b>	£1.32m	£7.17m	Year to date CIP delivery is £0.52m behind plan . Overall the forecast position includes £2.89m of red rated schemes, against which actions must be taken or replacements identified to ensure delivery.
7	<b>Better Payment</b>	98%		This performance is based upon a combined NHS / Non NHS value. We do not currently forecast future performance against this KPI.

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

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## Contracting

### Trust Summary by BDU - Current Contract Performance - Position at month 1

Contract Variations	In progress	Completed	TOTAL
B BDU	0	0	£0.0
W BDU	0	0	£0.0
C BDU	0	0	£0.0
K BDU	0	0	£0.0
S DBU	0	0	£0.0
F BDU	0	0	£0.0
TOTAL CVs	0	0	£0.0

### QUIN Performance

### Q1 Forecast based on

Quarter	Quarter 1 £000s	Achieved	Variance	M1 Performance	Vari
Barnsley	£352.6			£352.6	£0.0
Wakefield	£113.1			£113.1	£0.0
Kirklees	£105.7			£105.7	£0.0
Calderdale	£52.2			£52.2	£0.0
Specialised	£103.1			£103.1	£0.0
Forensics	£130.8			£130.8	£0.0
Trust Total	£857.5	£0.0	£0.0	£857.5	£0.0

### QUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,655.9	£1,438.4	-£217.5
Wakefield	£767.2	£698.6	-£68.7
Kirklees	£702.3	£553.7	-£148.5
Calderdale	£346.7	£273.4	-£73.3
Specialised	£500.9	£473.2	-£27.7
Forensics	£568.5	£568.5	£0.0
Trust Total	£4,541.5	£4,005.9	-£535.7

### Key Contract Issues - Specialist

Calderdale CAMHs procurement imminent

Kirklees 0-19 procurement including CAMHs imminent

**Barnsley:** CAMHs contracting discussion returning to main BCCG Contract meetings.

**Wakefield:** Focussed joint work with WCCG to understand CAMHs VfM and service delivery.

**Eating Disorders:** Awaiting draft contract

**Wakefield LD:** community service spec and KPIs currently being finalised. Date for implementation of new model to be agreed following this.

### Key Contract Issues - Barnsley

**Rotherham & Doncaster MBCs PH** - SWYPFT has agreed to a contract reduction against the Drugs which is a pass through

**0 - 19 Service** - The formal agreement is that BMBC will take services in house from 1st October 2016

**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

**Intermediate Care** - The CCG has informed SWYPFT that it will be going out to tender for the Service. The new Service starting in July 2017

### QIPP Targets & Delivery for 2016/17

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,000.0	£0.0	-£1,000.0	
Kirklees**				tbc
Calderdale	£0.0			
TOTAL £000s	£1,000.0	£0.0	-£1,000.0	

\*\* K includes Specialist LD scheme

### Proposals under the QIPP scheme -

W - QIPP Cumulative Position for 2014/15/16 shows £1.944m delivered in total.

W - £1m: contract value to remain unchanged - schemes to be developed in conjunction with CCG to deliver target

K - 16/17 value tbc £xm in total, across K & Specialist BDUs 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements KBDU owned. Reduction in OOA LD Specialist placements Specialist BDU.

C - No requirements

### KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£5.3	MSK as at Mth 1

### Key Contract Issues - Kirklees

**K IAPT:** New reporting from Apr 16 includes 4 indicators aligned to National Contract -

Moving to Recovery, Prevalence and Access Waiting Times (6&18 weeks). Prevalence figs reflect HSCIC requirements.

Commissioners keen to align services with external Provider (INSIGHT).

### Key Contract Issues - Calderdale

C IAPT - As above

### Key Contract Issues - Forensics

National procurement identified for 2016/17 for Medium & Low Secure MH Services with CAMHs tier 4 likely to be in first lot.

### Key Contract Issues - Wakefield

WAA transformation – CCG governance documents to be completed and submitted to CCG for approval.

KPIs to be developed and agreed.

Memory clinic – concern over capacity and performance, further information requested by commissioner

Dementia service – tender process expected to start autumn 2016. Commissioner seeking assurance that Trust internal OPS transformation will align with dementia service re-design.

WDH navigators – meeting arranged with WDH to co-produce SLA. Recruitment under way.

Anger management – joint project between CCG and Trust to map pathway and identify gaps in service

QIPP – no schemes identified as yet, priority to find cash releasing schemes

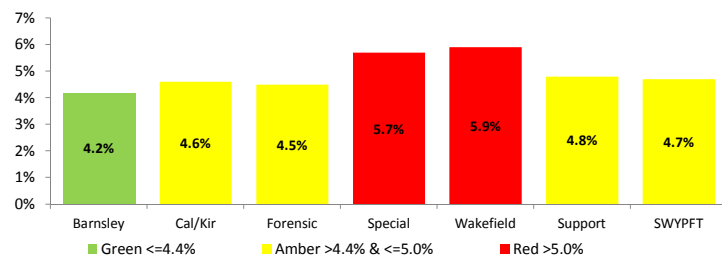
### Key Contract Issues - Health & Wellbeing

Work is ongoing with Wakefield MDC PH regarding the decommissioning of the Health & Wellbeing Services, excluding Stop Smoking Services during 2016/17

## Workforce

### Human Resources Performance Dashboard - May 2016

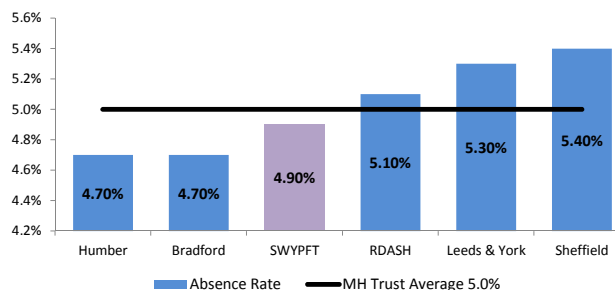
#### Sickness Absence



#### Current Absence Position - April 2016

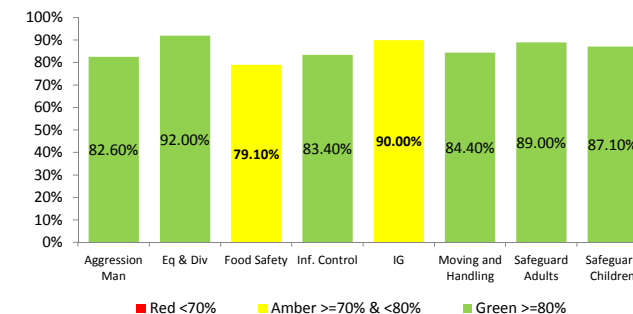
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.2%	4.6%	4.5%	5.7%	5.9%	4.8%	4.7%
Trend	↓	↑	↓	↑	↑	↑	↓

The Trust YTD absence levels in April 2016 (chart above) were above the 4.4% target at 4.7%.



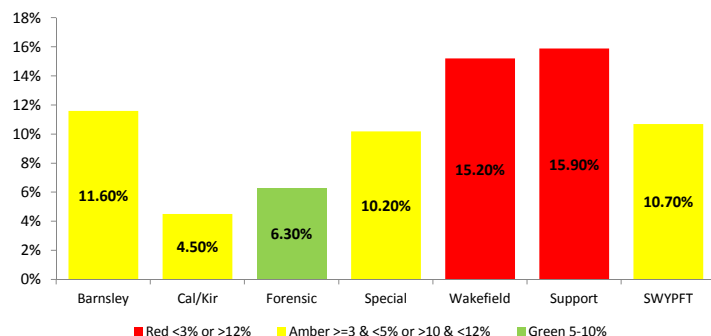
The above chart shows the YTD absence levels in MH/LD Trusts in our region to the end of September 2015. During this time the Trust's absence rate was 4.9% which is below the regional average of 5%.

#### Mandatory Training

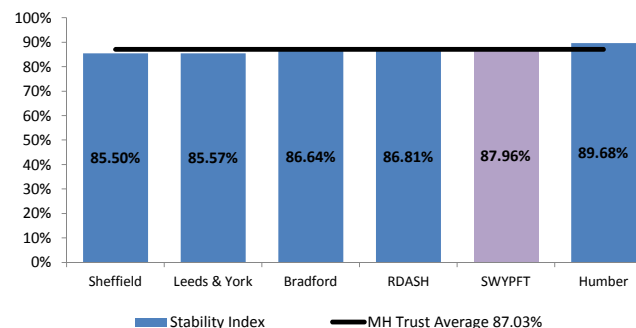


The above chart shows the mandatory training rates for the Trust to the end of May 2016. Apart from Information Governance (IG), all mandatory training has a target of above 80%; IG has a target of above 95%; all are based on a rolling year.

#### Turnover and Stability Rate Benchmark

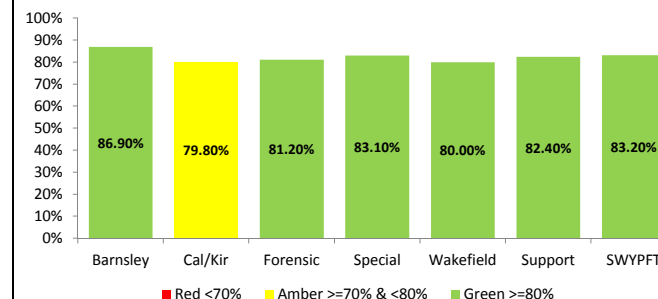


This chart shows the YTD turnover levels up to the end of May 2016. Turnover figures may look high but this is due to the small amount of data; the figures will level out over the new reporting year.



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 May 2016. The Trust continues to achieve its 80% target for fire lecture training, apart from Calderdale & Kirklees BDU which is just below the target.

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## Workforce - Performance Wall

Trust Performance Wall							
Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	5.00%	5.00%	5.00%	5.00%	5.00%	4.70%
Sickness (Monthly)	<=4.4%	5.30%	5.00%	5.40%	5.10%	4.80%	4.70%
Appraisals (Band 6 and above)	>=95%	92.80%	94.50%	97.30%	97.50%	1.30%	20.10%
Appraisals (Band 5 and below)	>=95%	83.50%	89.20%	96.60%	96.90%	0.10%	6.30%
Aggression Management	>=80%	83.10%	82.50%	83.20%	83.20%	83.30%	82.60%
Equality and Diversity	>=80%	90.30%	90.60%	91.40%	92.20%	91.80%	92.00%
Fire Safety	>=80%	85.60%	83.80%	86.70%	86.70%	85.20%	83.20%
Food Safety	>=80%	75.80%	75.40%	77.00%	78.40%	78.40%	79.10%
Infection Control and Hand Hygiene	>=80%	85.80%	86.50%	88.20%	87.60%	85.60%	83.40%
Information Governance	>=95%	89.10%	82.40%	95.10%	96.00%	93.60%	90.00%
Moving and Handling	>=80%	83.80%	84.60%	85.90%	85.60%	85.00%	84.40%
Safeguarding Adults	>=80%	88.30%	88.70%	89.40%	90.20%	90.30%	89.00%
Safeguarding Children	>=80%	87.70%	88.20%	89.20%	89.90%	88.40%	87.10%
Bank Cost		£414k	£426k	£419k	£548k	£463k	£370k
Agency Cost		£606k	£527k	£774k	£1449k	£805k	£842k
Sickness Cost (Monthly)		£527k	£508k	£571k	£501k	£497k	£470k
Vacancies (Non-Medical) (WTE)		316.89	353.49	380.25	400.13	429.66	469.78
Business Miles		323k	327k	323k	257k	345k	321k

Barnsley District							
Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	4.30%	4.40%	4.50%	4.60%	4.60%	4.20%
Sickness (Monthly)	<=4.4%	5.10%	5.20%	5.80%	5.40%	4.60%	4.10%
Appraisals (Band 6 and above)	>=95%	95.60%	97.20%	98.20%	98.60%	0.00%	0.00%
Appraisals (Band 5 and below)	>=95%	89.80%	92.10%	97.20%	98.20%	0.20%	11.10%
Aggression Management	>=80%	84.10%	80.80%	82.60%	87.00%	100.00%	100%
Equality and Diversity	>=80%	92.60%	93.00%	93.60%	94.70%	100.00%	100%
Fire Safety	>=80%	86.20%	85.80%	89.50%	89.70%	100.00%	100%
Infection Control and Hand Hygiene	>=80%	88.10%	87.80%	90.50%	91.00%	100.00%	100%
Information Governance	>=95%	90.50%	86.40%	96.20%	97.40%	100.00%	100%
Moving and Handling	>=80%	86.10%	86.40%	88.10%	87.90%	100.00%	100%
Safeguarding Adults	>=80%	89.80%	90.10%	91.00%	92.90%	100.00%	100%
Safeguarding Children	>=80%	89.00%	89.40%	90.40%	91.70%	100.00%	100%
Bank Cost		£65k	£61k	£61k	£50k	£64k	£52k
Agency Cost		£130k	£170k	£168k	£289k	£133k	£207k
Sickness Cost (Monthly)		£176k	£199k	£227k	£196k	£175k	£143k
Vacancies (Non-Medical) (WTE)		87.34	108.19	124.09	130.8	127.33	130.14
Business Miles		126k	132k	135k	105k	139k	127k

Calderdale and Kirklees District							
Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	5.10%	5.00%	5.10%	5.20%	5.10%	4.60%
Sickness (Monthly)	<=4.4%	5.40%	4.70%	5.80%	5.70%	4.80%	4.60%
Appraisals (Band 6 and above)	>=95%	99.10%	99.70%	100.00%	100.00%	3.20%	22.60%
Appraisals (Band 5 and below)	>=95%	91.70%	92.50%	98.40%	98.40%	0.00%	6.40%
Aggression Management	>=80%	86.10%	87.30%	87.20%	85.40%	85.50%	85.30%
Equality and Diversity	>=80%	92.00%	93.20%	92.40%	92.80%	91.90%	92.10%
Fire Safety	>=80%	85.40%	83.00%	86.10%	86.80%	85.00%	79.80%
Food Safety	>=80%	72.00%	74.50%	74.10%	72.10%	75.90%	74.70%
Infection Control and Hand Hygiene	>=80%	90.40%	91.10%	90.70%	88.60%	87.60%	84.90%
Information Governance	>=95%	87.50%	83.30%	96.30%	96.70%	95.70%	91.10%
Moving and Handling	>=80%	83.40%	84.30%	85.20%	84.80%	84.60%	83.40%
Safeguarding Adults	>=80%	88.20%	88.90%	88.50%	89.70%	90.20%	88.60%
Safeguarding Children	>=80%	89.40%	91.00%	90.40%	90.60%	89.00%	87.50%
Bank Cost		£114k	£123k	£147k	£161k	£145k	£102k
Agency Cost		£117k	£124k	£182k	£246k	£232k	£135k
Sickness Cost (Monthly)		£107k	£88k	£124k	£113k	£100k	£107k
Vacancies (Non-Medical) (WTE)		72.44	69.5	64.92	64.88	71.52	70.34
Business Miles		61k	63k	62k	56k	66k	67k

Forensic Services							
Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	6.80%	6.60%	6.50%	6.40%	6.30%	4.50%
Sickness (Monthly)	<=4.4%	5.70%	5.00%	5.10%	5.60%	5.40%	4.50%
Appraisals (Band 6 and above)	>=95%	84.70%	84.10%	86.60%	87.00%	0.00%	9.20%
Appraisals (Band 5 and below)	>=95%	77.60%	83.90%	89.20%	89.10%	0.00%	2.80%
Aggression Management	>=80%	81.70%	80.60%	80.20%	79.70%	77.50%	77.80%
Equality and Diversity	>=80%	92.80%	93.00%	92.90%	93.90%	93.90%	93%
Fire Safety	>=80%	89.00%	83.10%	86.40%	85.40%	79.80%	81.20%
Food Safety	>=80%	79.70%	79.60%	82.70%	86.00%	86.00%	88%
Infection Control and Hand Hygiene	>=80%	85.40%	87.00%	88.00%	88.40%	87.20%	83.90%
Information Governance	>=95%	90.80%	80.60%	93.00%	94.30%	93.50%	88.90%
Moving and Handling	>=80%	87.90%	88.80%	89.20%	89.20%	86.70%	85.40%
Safeguarding Adults	>=80%	91.50%	91.90%	92.10%	92.10%	90.30%	85.60%
Safeguarding Children	>=80%	87.70%	85.20%	86.10%	87.30%	85.40%	86.40%
Bank Cost		£86k	£108k	£77k	£142k	£123k	£93k
Agency Cost		£68k	£92k	£143k	£320k	£107k	£134k
Sickness Cost (Monthly)		£50k	£41k	£43k	£42k	£45k	£38k
Vacancies (Non-Medical) (WTE)		37.11	45.11	49.62	49.57	51.83	53.58
Business Miles		12k	7k	4k	6k	11k	5k

Summary

NHS Improvement

Quality

Locality

Transformation

Finance / Contracts

Workforce

## Workforce - Performance Wall cont...

### Specialist Services

Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	4.80%	4.80%	4.80%	5.00%	5.00%	5.70%
Sickness (Monthly)	<=4.4%	3.80%	4.50%	5.10%	6.30%	5.10%	5.70%
Appraisals (Band 6 and above)	>=95%	75.10%	77.90%	91.80%	92.30%	0.50%	6.90%
Appraisals (Band 5 and below)	>=95%	64.80%	71.30%	94.00%	94.70%	0.00%	4.10%
Aggression Management	>=80%	79.80%	81.20%	81.60%	80.00%	78.20%	72.30%
Equality and Diversity	>=80%	90.50%	90.10%	91.30%	92.40%	93.30%	92.80%
Fire Safety	>=80%	84.60%	85.10%	86.00%	86.80%	83.90%	83.10%
Food Safety	>=80%	73.70%	73.20%	74.50%	74.50%	68.50%	66.70%
Infection Control and Hand Hygiene	>=80%	85.90%	86.30%	87.40%	87.30%	85.90%	83.90%
Information Governance	>=95%	89.50%	85.20%	95.90%	96.40%	95.00%	88.30%
Moving and Handling	>=80%	83.10%	84.80%	85.70%	87.00%	84.90%	83.60%
Safeguarding Adults	>=80%	84.40%	84.80%	86.60%	86.80%	86.40%	86.10%
Safeguarding Children	>=80%	85.60%	87.70%	87.80%	87.30%	87.30%	85.90%
Bank Cost		£32k	£25k	£21k	£30k	£18k	£19k
Agency Cost		£146k	£59k	£173k	£313k	£224k	£226k
Sickness Cost (Monthly)		£45k	£45k	£48k	£54k	£49k	£48k
Vacancies (Non-Medical) (WTE)		40.71	39.15	49.08	55.33	55.73	70.59
Business Miles		40k	36k	37k	28k	35k	39k

### Support Services

Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	5.00%	5.00%	5.00%	4.90%	4.80%	4.80%
Sickness (Monthly)	<=4.4%	6.00%	5.40%	4.90%	3.70%	4.10%	4.80%
Appraisals (Band 6 and above)	>=95%	96.90%	98.50%	99.00%	99.00%	0.50%	8.10%
Appraisals (Band 5 and below)	>=95%	74.80%	89.70%	99.60%	99.40%	0.00%	2.60%
Aggression Management	>=80%	78.60%	78.50%	78.90%	76.80%	80.20%	81.00%
Equality and Diversity	>=80%	80.40%	80.90%	84.10%	84.40%	84.50%	85.60%
Fire Safety	>=80%	83.50%	80.90%	84.20%	84.30%	84.80%	82.40%
Food Safety	>=80%	89.90%	87.30%	91.00%	90.90%	87.50%	91.80%
Infection Control and Hand Hygiene	>=80%	78.30%	79.20%	82.00%	81.20%	75.30%	73.80%
Information Governance	>=95%	86.60%	71.30%	90.90%	91.50%	86.10%	84.30%
Moving and Handling	>=80%	81.90%	82.70%	84.80%	83.90%	83.90%	83.10%
Safeguarding Adults	>=80%	85.40%	85.90%	86.90%	86.90%	88.40%	88.40%
Safeguarding Children	>=80%	84.80%	85.50%	88.60%	90.00%	89.80%	89.50%
Bank Cost		£39k	£38k	£42k	£57k	£47k	£32k
Agency Cost		£74k	£33k	£42k	£135k	£51k	£36k
Sickness Cost (Monthly)		£84k	£81k	£73k	£50k	£61k	£66k
Vacancies (Non-Medical) (WTE)		37.2	43.98	41.82	45.57	70.28	73.94
Business Miles		48k	45k	42k	32k	54k	45k

### Wakefield District

Month		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Sickness (YTD)	<=4.4%	5.50%	5.40%	5.30%	5.30%	5.30%	5.90%
Sickness (Monthly)	<=4.4%	5.80%	4.80%	5.00%	4.10%	5.40%	5.90%
Appraisals (Band 6 and above)	>=95%	91.80%	95.10%	97.90%	97.90%	1.10%	17.70%
Appraisals (Band 5 and below)	>=95%	81.30%	87.00%	93.90%	93.90%	0.00%	1.30%
Aggression Management	>=80%	84.20%	82.10%	83.80%	85.20%	86.10%	86.40%
Equality and Diversity	>=80%	92.60%	91.50%	92.70%	93.50%	94.00%	94.80%
Fire Safety	>=80%	85.20%	82.50%	82.90%	81.10%	77.50%	80.00%
Food Safety	>=80%	69.50%	68.80%	70.40%	72.30%	70.00%	73.10%
Infection Control and Hand Hygiene	>=80%	82.00%	85.30%	86.70%	84.10%	80.80%	76.80%
Information Governance	>=95%	89.00%	84.40%	97.00%	97.90%	96.80%	93.80%
Moving and Handling	>=80%	77.60%	78.30%	79.00%	78.60%	76.90%	76.00%
Safeguarding Adults	>=80%	89.00%	88.20%	89.70%	88.80%	90.00%	87.70%
Safeguarding Children	>=80%	86.30%	86.40%	87.70%	87.20%	85.70%	85.20%
Bank Cost		£78k	£72k	£71k	£108k	£66k	£71k
Agency Cost		£71k	£49k	£66k	£145k	£58k	£102k
Sickness Cost (Monthly)		£64k	£55k	£56k	£45k	£67k	£68k
Vacancies (Non-Medical) (WTE)		40.49	45.96	48.79	51.83	58.63	75.79
Business Miles		37k	44k	43k	31k	40k	36k

# Publication Summary

## Care Quality Commission (CQC)

Better care in my hands: a review of how people are involved in their care

This report describes how well people are involved in their own care and what good involvement looks like. It is based on newly analysed evidence from our national reports and inspection findings, as well as national patient surveys and a literature review. It identifies what enables people and their families to work in partnership with health and social care staff and illustrates this with good practice examples from our inspection findings.

[Click here for briefing](#)

## Department of Health (DH)

Improving the physical health of people with mental health problems: actions for mental health nurses

This evidence-based information will help mental health nurses to improve the physical health and wellbeing of people living with mental health problems. This document focuses on how to deal with some of the main risk factors for physical health problems, and helps to make sure that people living with mental health problems have the same access to health checks and healthcare as the rest of the population.

[Click here for guidance](#)

## Care Quality Commission (CQC)

Shaping the future: CQC's strategy for 2016 to 2021

This five-year strategy sets out CQC's vision and ambitions for a more targeted, responsive and collaborative approach to regulation so that more people receive high-quality care. It describes how CQC will combine learning from 22,000 comprehensive inspections with better use of intelligence from the public, providers and partners in order to focus inspections more tightly to where people may be at risk of poor care. The new strategy also aims to encourage services to innovate and collaborate to drive improvement.

[Click here for strategy](#)

## Children's Commissioner

Lightning review: access to child and adolescent mental health services, May 2016

This review of access to mental health services highlights the long waiting lists and restricted access for those with life-threatening conditions. From a request for data from public bodies, the review found that 28 per cent of children who were referred for specialist mental health treatment in 2015 did not receive a service. A significant proportion of children with life-threatening mental health conditions - 14 per cent of the 3,000 about whom information was obtained - were denied specialist support. These included children who had attempted suicide or serious self-harm and those with psychosis and anorexia nervosa.

[Click here for report](#)

## Publication Summary cont...

### Care Quality Commission (CQC)

Consultation on changes to the NHS patient survey programme

The survey programme is used to collect feedback on the experiences of people using a range of NHS healthcare services. The current programme includes surveys of adult inpatients, community mental health service users, people using maternity services, outpatients, children and young people's inpatient services and accident and emergency patients. Our aim in consulting on changes is to ensure that the programme has maximum impact and value, and that it remains relevant and useful for those using the survey results across the health and social care system. The consultation will run to 21 July 2016.

[Click here for consultation](#)

### Care Quality Commission (CQC)

2015 adult inpatient survey

This survey provides information on the experiences of people admitted to an acute or acute specialist NHS hospital in England in 2015. The results indicate that there have been small, but statistically significant improvements in a number of areas, compared with previous surveys. This includes patients' perceptions of the quality of communication between medical professionals and patients, the standards of hospital cleanliness, the availability of help to eat when needed, the number of nurses on duty and being involved in decisions about their care and treatment.

[Click here for report](#)

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

How is the NHS performing? Quarterly monitoring report (The Kings Fund)

Child measurement programme: academic year ending July 2015

Direct access audiology waiting times for March 2016

Bed availability and occupancy: quarter ending March 2016

Mixed sex accommodation breaches, April 2016

NHS outcome framework indicators - May 2016 release

Learning disability services monthly statistics - England commissioner census (Assuring Transformation) - April 2016, experimental statistics

Improving Access to Psychological Therapies report, February 2016 final, March 2016 primary and most recent quarterly data (quarter 3 2015/16)

Mental health services monthly statistics: final February, provisional March 2016

NHS workforce statistics - February 2016, provisional statistics

NHS sickness absence rates: January 2016

Provisional monthly hospital episode statistics for admitted patient care, outpatients and accident and emergency data - April 2015 to March 2016

NHS Improvement provider bulletin: 25 May 2016

Learning disability statistics - annual overview, England 2015-2016

Referral to treatment waiting times statistics for consultant-led elective care annual report, 2015/16

Monthly hospital activity data, April 2016

Early intervention in psychosis access and waiting time experimental statistics, April 2016

Diagnostics waiting times and activity, April 2016

Delayed transfers of care, April 2016

Combined performance summary, April 2016

## Glossary

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

KEY for dashboard Year End Forecast Position	
4	Forecast met, no plan required/plan in place likely to deliver
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