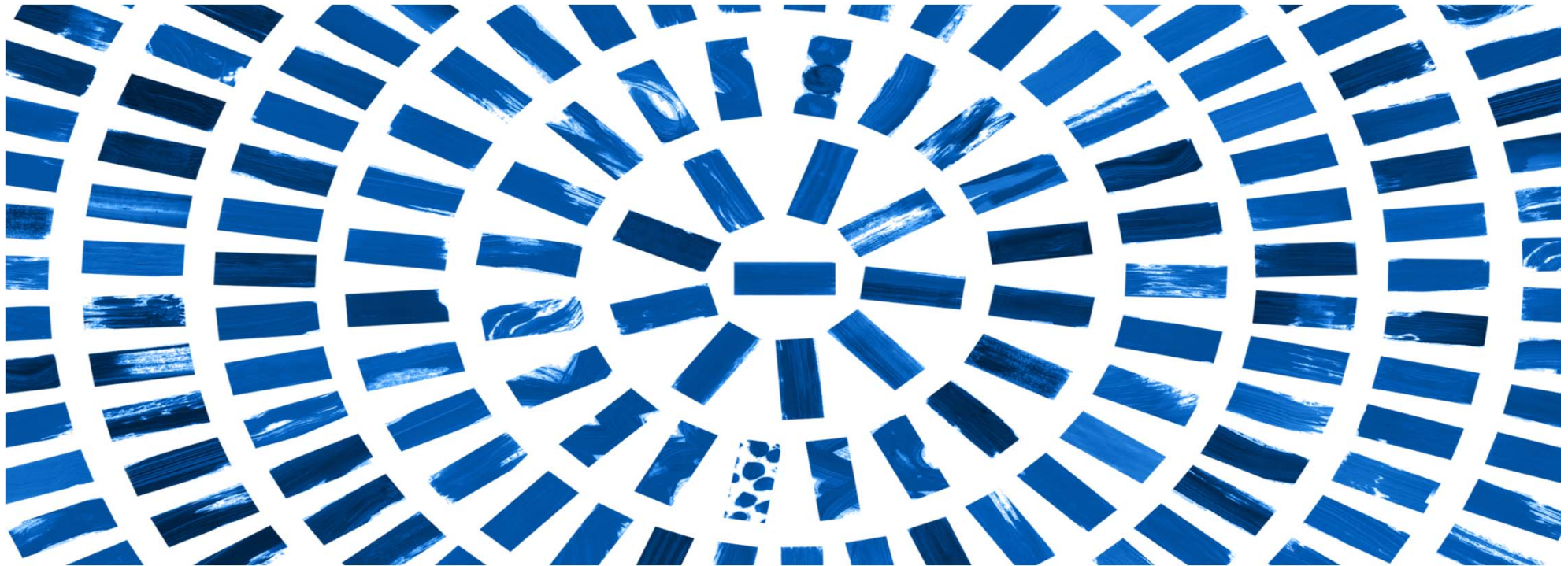


# Integrated Performance Report

## Strategic Overview



**June 2016**

With **all of us** in mind.



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## Introduction

Please find the Trust's Integrated Performance Report for June 2016. The format of the report is in line with that produced for the May Board. The plan is to further develop the report by the time of the September Board meeting. Current actions taking place include identifying an owner for each key metric, aligning the metrics with Trust objectives and CQC domains, identifying additional quality metrics to report to Board, and reviewing performance reports from other Trusts to gain examples of how we can improve ours. 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

The report 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.

Summary

NHS  
Improvement

Quality

Locality

Trans -  
formation

Finance /  
Contracts

Workforce

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

Lead Director:

Narrative:

The integrated performance report shows a good performance rating, with achievement of all of the Monitor indicators at June 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 previously associated with achievement of the IAPT Referral to treatment within 6 weeks indicator has reduced at the end of quarter 1. The Trust achieved 76% in quarter 1, meeting the 75% threshold.

Workforce - high sickness levels can be seen in Specialist and Wakefield BDU during June 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 is now achieving against all the national thresholds.

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 see in the NHSI section of the report.

Summary

NHS Improvement

Quality

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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	Q1 2016/17	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%	99.12%	98.24%	4	
Delayed Transfers Of Care	M	7.50%	2.02%	1.88%	2.93%	2.33%	4.04%	1.88%	2.27%	2.13%	4	
% Admissions Gatekept by CRS Teams	M	95%	95.51%	97.29%	95.69%	98.32%	96.80%	96.83%	97.14%	96.91%	4	
% SU on CPA Followed up Within 7 Days of Discharge	M	95%	98.66%	97.97%	95.50%	97.44%	95.12%	96.64%	98.61%	96.72%	4	
% SU on CPA Having Formal Review Within 12 Months	M	95%	97.92%	98.44%	98.56%	96.60%	96.10%	82.34%	98.16%	98.16%	4	
Data completeness: comm services - Referral to treatment information	M	50%	100%	100.00%	100.00%	100%	100%	100.00%	100.00%	100.00%	4	
Data completeness: comm services - Referral information	M	50%	96.80%	96.80%	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%	96.80%	96.80%	4	
Data completeness: Identifiers (mental health)	M	97%	99.62%	99.54%	99.45%	98.48%	98.80%	98.40%	98.10%	98.10%	4	
Data completeness: Outcomes for patients on CPA	M	50%	77.63%	76.97%	78.58%	75.58%	75.69%	75.09%	77.50%	77.50%	4	
Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	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%	79.98%	76.12%	4	
IAPT - Treatment within 18 weeks of referral	M	95%	99.09%	99.15%	99.37%	98.09%	98.60%	98.39%	99.19%	98.88%	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%	80.00%	77.46%	4	

\* See key included in glossary.

Lead Director:

Narrative:

Areas of concern/to note:

IAPT - Treatment within 6 weeks of referral: Performance improved in June 16 which resulted in Q1 position achieving the national threshold. Although improving, there is still some under performance attributed to the Barnsley IAPT service and as reported previously, this 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 and these are having some impact. 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 June 16, 86.8% entered within 6 weeks which evidences improvements in current waiting times (April - 80.3%, May - 85.2%). However, due to the construct of this indicator (counting those completing treatment), improvement will take time to filter through. 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 dipped during May 16, but at quarter end has exceeded the 95% threshold as forecast.

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.

At the end of Quarter 1, the Trust has achieved all relevant thresholds.

Diagnostic Waiting Time - NHSI have introduced a weekly return which is applicable to Foundation Trusts with effect from 20th July 2016. This is to monitor diagnostic waiting times and aligns to an existing monthly return (DM01). This return will be applicable to the Trust's Dexa Scanning and Paediatric Audiology services (Barnsley BDU). No areas of risk are identified and the services consistently meet the requirements of 99% diagnostics within 6 weeks.

Summary

NHS Improvement

Quality

Locality

Trans - formation

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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	0			4
C-Diff	C Diff avoidable cases	0	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%	7.18%			1
	% SU on CPA in Settled Accommodation	60%	64.44%	62.81%	64.09%	62.26%	60.04%	67.89%	64.63%			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	11% 7/62			4
Service User Experience	Friends and Family Test	TBC	89.00%	91.00%	88.83%	87.20%	85%	84.00%	82%			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.

### Quality Headlines

#### Police Liaison Scheme nominated for a HSJ Value Award

The Kirklees and Calderdale Police Liaison team were nominated for a HSJ Value in Healthcare award, recognising our mental health practitioner's work alongside police officers at stations and at the scene of incidents. Since their work began there has been:

- 54% reduction in the number of arrests under a 'breach of the peace' for people identified as having a mental health condition
- Reduction in number of people detained in police cells and with Section 136 arrests
- Improved experience of service users in crisis, allowing them access to help and support in a timely way.

The HSJ Value in Healthcare awards recognises and rewards outstanding efficiency and improvement by the NHS, including excellent use of resources.

#### Safeguarding

- Safeguarding team contributed to Calderdale Children Safeguarding Peer review in April 2016. The feedback demonstrated that the reviewing panel were impressed by the commitment from Calderdale professionals and commented that the level of contribution and engagement was a positive cultural shift and a major strength of the CSCB and the children's workforce partnership.
- In the recent CQC inspection in Calderdale for safeguarding children and looked after children, that initial feedback included the fact that safeguarding was evident from Board through to frontline practice
- Established safeguarding coordinator and MARAC representatives' forum to ensure that staff who occupy these roles feel valued and supported, keeping up to date with national and local issues, ensuring positive outcomes for service users.
- Development of a safeguarding adult's database to mirror the safeguarding children's database





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

### Safer Staffing

- Continue centralised recruitment to fill establishment vacancies – 40 new registered nurses anticipated in September
- Comprehensive media and marketing plan in development
- Ongoing centralisation of the staff bank
- Recruitment of non-registered staff onto peripatetic workforce, including at risk staff
- Enhancements to bank pay for inpatient mental health wards until September 2016 to encourage repatriation from agency to Trust bank and support in-patient areas during challenging times
- Extended offer to student nurses being enrolled on bank to include 2nd year students thus increasing the pool of availability and having their pre-employment checks already done encouraging them to apply for registered posts upon graduation
- Reviewing the establishment template tool and revisiting this on an annual basis to ensure staffing establishment numbers are in line with clinical acuity
- Working group to look at retention of staff in particular within inpatient areas. This will include looking at various issues as identified through the safer staffing group.

### 0-19 Exit Strategy and Risk

- Working to ensure smooth transfer of staff following decision by SWYPFT to withdraw from the provision of Barnsley's 0-19 healthy child programme commissioned by Barnsley MBC
- Briefings have been held with staff and staff side colleagues kept informed.
- 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.

### RightCare Barnsley

- Won their second national award this year, winning the innovations and service redesign category in the Healthcare Transformation Awards 2016. This follows their recent Health Service Journal 'Value in Healthcare' award in clinical support services.
- RightCare Barnsley is run in alliance with Barnsley CCG by Barnsley Hospital and South West Yorkshire Partnership NHS Foundation Trust. They provide a one stop co-ordination service for GPs and other healthcare professionals, helping people get the treatment and care they need, so avoiding admission to hospital if more suitable alternatives for their condition are available.

### Tissue Viability

- Barnsley Community Tissue Viability service have been successful in receiving funding from NHS England to recruit a band 5 nurse, 0.6WTE for a 6 months secondment, to deliver the React to Red training package for care and prevention of pressure Ulcers.
- The training will be delivered to the staff in 78 care homes in Barnsley.
- The React to Red training will ensure that all staff caring for clients at risk of developing harmful pressure ulcers, will have the skills and knowledge to identify early signs of pressure damage and will therefore refer to the district nursing teams before the skin breaks. This will protect our patients from the harm and complications of avoidable pressure damage
- The training pack will also be used within inpatient areas to give SWYFT staff an increased knowledge and skills.

### Mental Health Act

The Trust is on target with current MHA/MCA action plan and all MHA CQC visit action plans have been returned within required deadlines.

### Serious Incidents

Serious Incidents	Q1
Apparent suicide -	5 (2 current and 3 discharged community patients)
Death other	1
Physical violence by patient	2
Self harm	1
Slip, trip or fall	1
Pressure ulcer	1
Information governance	2

No never events reported in Q1.

Reduction in serious incidents (Q4 = 20, Q1 = 13)

### Incidents

Summary of Q1 incidents compared to Q4 15/16:

	Q4 2015/16	Q1 2016/17	Trend
Green no harm	2031	2105	↑
Green low harm	1022	957	↓
Yellow	375	301	↓
Amber	82	83	↑
Red	19	11	↓
Total	3529	3457	↓

Kirklees reported most incidents-708, followed by Forensic 674





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

### Care Quality Commission

#### CQC

- The quality summit took place on 14th July. A number of stakeholders were present and following a summary of the comprehensive inspection and its findings some time was set aside for a discussion on the proposed actions we plan to take to meet the regulatory breaches.
- The quality improvement and assurance team are developing a quality improvement plan that will incorporate the improvements the CQC identified into our current key work streams, and identify where further work streams may be appropriate.

#### 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.

#### RiO

- Since the RiO 7 upgrade took place there have been a number of issues which have adversely impacted on clinical record keeping. The most significant issue has been staff being logged out of the system without warning. The Trust IT team has been working hard with the supplier to identify how this issue can be rectified. The rollout of the new RiO desktop shortcut which is expected to improve this situation commenced on Monday 4 July and the impact is being closely monitored.
- A number of other issues have been resolved or have had potential "fixes" applied which are being evaluated.
- A review of all outstanding issues is taking place towards the end of July. From that review it will be determined what further technical action is still required and if any ways of working need to take place.
- The Director of Finance and Medical Director met with Servelec executives during July.

#### 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. They will incorporate new ways of working which will be more risk based and focused on areas where there is poor care and/or major concerns with the quality and safety of the service. The main themes of these changes are:

- Improving use of data and information so that CQC will become better at analysing data in decision-making
- Implementing a single shared view of quality by developing a shared framework for measuring quality of care against the CQC's five KLOE's to help care providers and regulatory bodies to work in a consistent way.
- Targeting and tailoring inspection activity to focus and follow up activity on those areas that have been rated as inadequate or requiring improvement. There will also be more unannounced visits through the new CQC way of working.
- Developing a flexible approach to registration
- Assessing how well hospitals use resources will mean that CQC will now also check whether NHS trusts' are using such things as staff, equipment and facilities in the best way possible to ensure services are sustainable and offer value for money.

The new CQC strategy will put more emphasis on the need for organisations to become more efficient with such things as data quality and accuracy. A new data set called 'CQC insight' is being introduced to replace intelligent monitoring so quality reporting will be more closely aligned with the five KLOE's.



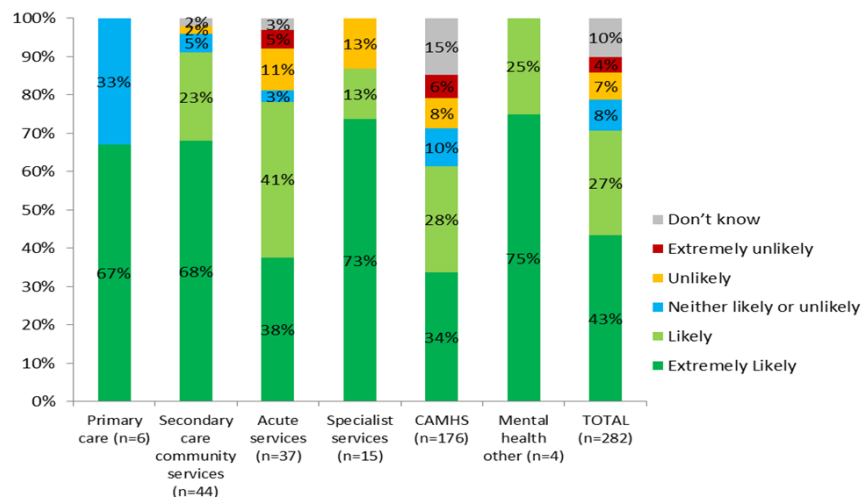
## Quality Headlines (& CQUINS performance on a quarterly basis)

### Patient Experience

#### Patient experience – Trust FFT scores

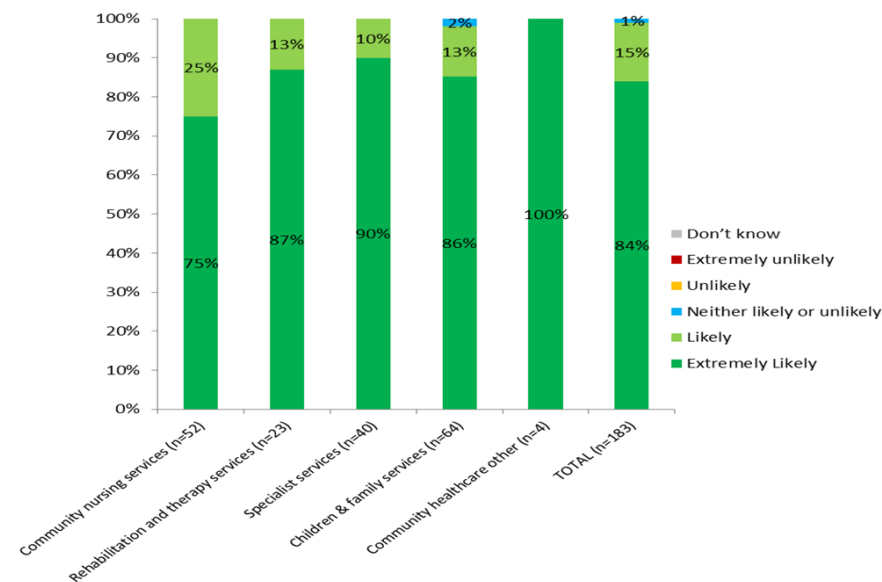
The Trust has adopted the FFT as its quality measure for patient experience as this is the one consistent question that is asked across all services. The results for June can be seen on the charts below:

#### Mental Health:



70% would recommend mental health services, 11% would not.

#### Community:



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



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

**Barnsley BDU:**

- IAPT access within 6 weeks – the service has seen further improvement in performance for patients accessing the services within 6 weeks, although it still remains under the 75% threshold. Recovery plan for IAPT has been developed and is supported by the CCG.
- Delayed transfers of care in mental health - 11.3% (above the NHSI threshold of 7.5% - this related to 11 individuals across Willow, Beamshaw and Clarke, delayed for a total of 154 days during the month.
- Musculoskeletal assessment waiting times have increased significantly. The service adheres to national Referral to Treatment 18 week standards, however the standard wait which is usually 4 weeks for an initial assessment appointment had risen to approximately 15 weeks. The BDU has undertaken analysis and a recovery plan has been put in place which addresses capacity issues, delays with diagnostics and business continuity/workforce planning.

**Calderdale & Kirklees BDU:**

- Acute services remain under pressure with regards to acute admissions and capacity.
- Out of area placements have reduced due to focused capacity and flow management. Ashdale ward has reduced bed capacity to 20 beds (24) due to sickness levels and vacancies.
- Sickness levels are improving and new nurses/staff are starting in July to September. The BDU is monitoring acute ward capacity daily and increasing Ashdale capacity as risks reduce.
- Community services – As with Acute inpatient services the teams are under pressure from current caseloads and referrals. Implementation of the new model from September onwards is designed to manage demand.

**Forensics BDU:**

- Work has been successful in ensuring that 100% of patients have had a formal CPA review.
- Forensic services have fully achieved their CIP target and in doing so have also redesigned roles within their unregistered workforce to create new band 2 and band 4 positions.
- Safeguarding training for both adults and children is above the Trusts target of 80% but below the commissioner's target of 90%. Managers are taking action to address this so that the service achieves over 90%

**Specialist BDU:**

- Following the transformation programme, the LD team along with commissioners across the four districts, have developed a set of key performance and quality indicators that will start to measure meaningful outcomes from the new services from October 2016.
- The CAMHS team is working with the PMO to understand demand and capacity and ensure that pathways improve patient flow in order to reduce long waits for treatment.
- Specialist services are currently under-performing in relation to appraisals. These are booked in and there will be management oversight to ensure that this is addressed.

**Wakefield BDU:**

- Adult Acute Qualified staffing issues are impacting on capacity within Wakefield Acute Mental Health Wards and admissions are being managed accordingly. Daily SitRep reporting and twice weekly staffing meetings taking place to monitor levels, experience/skill mix.

Summary

NHS Improvement

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## Overall Financial Performance 2016 / 2017

### Executive Summary / Key Performance Indicators

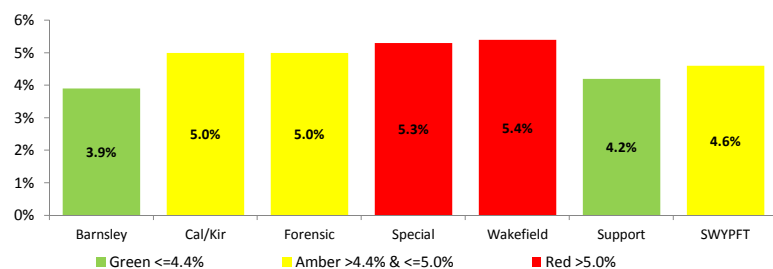
	Performance Indicator	Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	4	4	The Trust has planned for and delivered a risk rating of 4 in June 2016. It is currently forecast that a rating of 4 will be maintained throughout the year.
2	Surplus	£1.1m	£0.8m	The year to date position shows a surplus of £1.1m; this is marginally ahead of plan. Full year forecast currently shows £1.1m under plan. This position needs to be validated. Main issues being CIP underachievement, agency costs and out of area bed usage. Mitigations to be fully assessed.
3	Agency Cap	£2.6m	tbc	NHS Trusts have been set maximum agency spend caps for 2016 / 2017 by NHS Improvement. Expenditure in month 3 is higher than previous months and Qtr 1 trajectory would see the ceiling exceeded by £3m - £4m. Main issues being medical and nursing staff.
4	Cash	£24.6m	£19.5m	The cash position is lower than planned at June 2016 mainly due to timing of creditor payments. Based upon the forecast surplus position the projected year end cash position is also less than plan.
5	Capital	£2.1m	£12.3m	Capital expenditure is under plan as at June 2016. An element of this relates to successful VAT recovery. The forecast remains in line with plan.
6	Delivery of CIP	£2.1m	£7.7m	Year to date CIP delivery is £0.7m behind plan. Overall the forecast position includes £2.3m of red rated schemes, against which actions must be taken or replacements identified to ensure delivery.
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.

<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

## Workforce

### Human Resources Performance Dashboard - June 2016

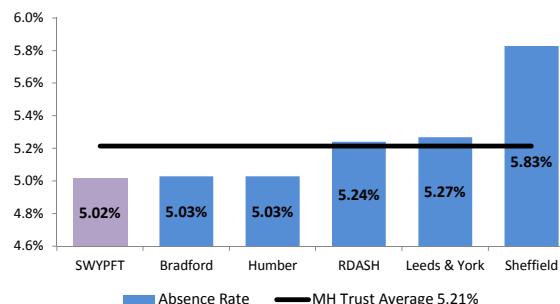
#### Sickness Absence



#### Current Absence Position - May 2016

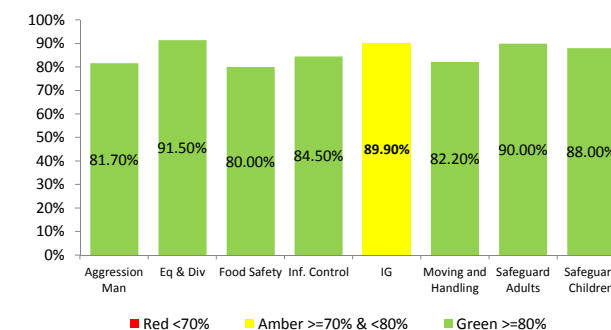
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	3.7%	5.3%	5.4%	5.0%	3.8%	5.0%	4.4%
Trend	↓	↑	↓	↑	↔	↑	↓

The Trust YTD absence levels in May 2016 (chart above) were above the 4.4% target at 4.6%.



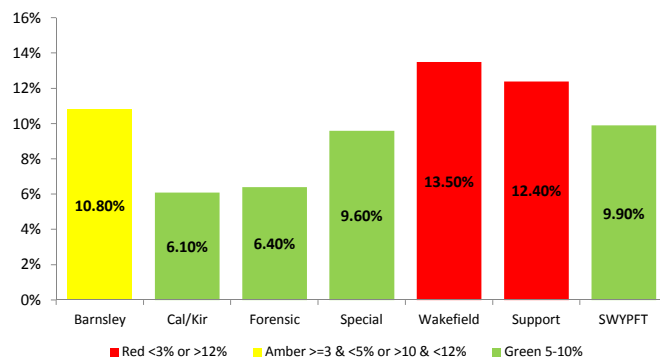
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the 12 months to the end of March 2016. During this time the Trust's absence rate was 5.02% which is below the regional average of 5.21%.

#### Mandatory Training

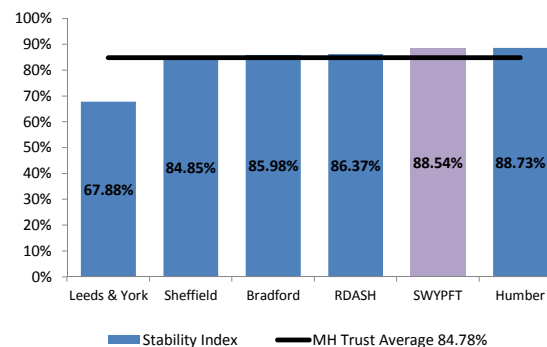


The above chart shows the mandatory training rates for the Trust to the end of June 2016. Apart from Information Governance (IG), all mandatory training has a target of above 80% and all are above target; IG has a target of above 95%; all are based on a rolling year.

#### Turnover and Stability Rate Benchmark

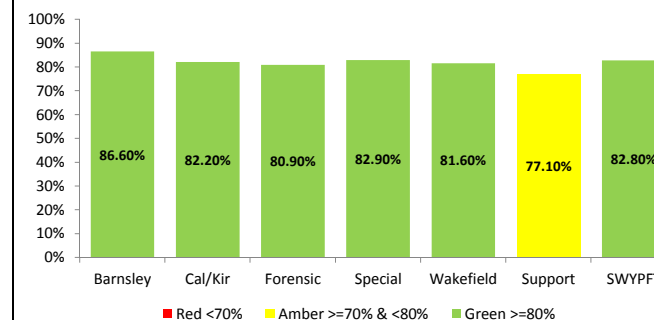


This chart shows the YTD turnover levels up to the end of June 2016. Turnover figures may look high but this due to the small amount of data, the figures will level out over the new reporting year.



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

#### Fire Lecture Attendance



The chart shows the YTD fire lecture figures to the end of June 2016. The Trust continues to achieve its 80% target for fire training, with only one area, Support Services, falling just below the target.

Summary

NHS Improvement

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## Workforce - Performance Wall

Trust Performance Wall							
Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	5.00%	5.00%	5.00%	5.00%	4.70%	4.50%
Sickness (Monthly)	<=4.4%	5.00%	5.40%	5.10%	4.80%	4.70%	4.40%
Appraisals (Band 6 and above)	>=95%	94.50%	97.30%	97.50%	1.30%	20.10%	43.10%
Appraisals (Band 5 and below)	>=95%	89.20%	96.60%	96.90%	0.10%	6.30%	14.10%
Aggression Management	>=80%	82.50%	83.20%	83.20%	83.30%	82.60%	81.70%
Equality and Diversity	>=80%	90.60%	91.40%	92.20%	91.80%	92.00%	91.50%
Fire Safety	>=80%	83.80%	86.70%	86.70%	85.20%	83.20%	82.80%
Food Safety	>=80%	75.40%	77.00%	78.40%	78.40%	79.10%	80.00%
Infection Control and Hand Hygiene	>=80%	86.50%	88.20%	87.60%	85.60%	83.40%	84.50%
Information Governance	>=95%	82.40%	95.10%	96.00%	93.60%	90.00%	89.90%
Moving and Handling	>=80%	84.60%	85.90%	85.60%	85.00%	84.40%	82.20%
Safeguarding Adults	>=80%	88.70%	89.40%	90.20%	90.30%	89.00%	90.00%
Safeguarding Children	>=80%	88.20%	89.20%	89.90%	88.40%	87.10%	88.00%
Bank Cost		£426k	£419k	£548k	£463k	£370k	£434k
Agency Cost		£527k	£774k	£1449k	£805k	£842k	£925k
Sickness Cost (Monthly)		£508k	£571k	£501k	£497k	£470k	£458k
Vacancies (Non-Medical) (WTE)		353.49	380.25	400.13	429.66	469.78	485.3
Business Miles		327k	323k	257k	345k	321k	267k

Barnsley District							
Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	4.40%	4.50%	4.60%	4.60%	4.20%	3.90%
Sickness (Monthly)	<=4.4%	5.20%	5.80%	5.40%	4.60%	4.10%	3.70%
Appraisals (Band 6 and above)	>=95%	97.20%	98.20%	98.60%	0.00%	0.00%	58.60%
Appraisals (Band 5 and below)	>=95%	92.10%	97.20%	98.20%	0.20%	11.10%	23.80%
Aggression Management	>=80%	80.80%	82.60%	87.00%	100.00%	100%	88.00%
Equality and Diversity	>=80%	93.60%	93.60%	94.70%	100.00%	100%	92.40%
Fire Safety	>=80%	85.80%	89.50%	89.70%	100.00%	100%	86.60%
Food Safety	>=80%	72.70%	74.20%	77.10%			76.60%
Infection Control and Hand Hygiene	>=80%	87.80%	90.50%	91.00%	100.00%	100%	89.80%
Information Governance	>=95%	86.40%	96.20%	97.40%	100.00%	100%	90.90%
Moving and Handling	>=80%	86.40%	88.10%	87.90%	100.00%	100%	83.70%
Safeguarding Adults	>=80%	90.10%	91.00%	92.90%	100.00%	100%	91.70%
Safeguarding Children	>=80%	89.40%	90.40%	91.70%	100.00%	100%	89.00%
Bank Cost		£61k	£61k	£50k	£64k	£52k	£55k
Agency Cost		£170k	£168k	£289k	£133k	£207k	£157k
Sickness Cost (Monthly)		£199k	£227k	£196k	£175k	£143k	£136k
Vacancies (Non-Medical) (WTE)		108.19	124.09	130.8	127.33	130.14	138.43
Business Miles		132k	135k	105k	139k	127k	113k

Calderdale and Kirklees District							
Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	5.00%	5.10%	5.20%	5.10%	4.60%	5.00%
Sickness (Monthly)	<=4.4%	4.70%	5.80%	5.70%	4.80%	4.60%	5.30%
Appraisals (Band 6 and above)	>=95%	99.70%	100.00%	100.00%	3.20%	22.60%	42.90%
Appraisals (Band 5 and below)	>=95%	92.50%	98.40%	98.40%	0.00%	6.40%	11.10%
Aggression Management	>=80%	87.30%	87.20%	85.40%	85.50%	85.30%	84.90%
Equality and Diversity	>=80%	93.20%	92.40%	92.80%	91.90%	92.10%	91.90%
Fire Safety	>=80%	83.00%	86.10%	86.80%	85.00%	79.80%	82.20%
Food Safety	>=80%	74.50%	74.10%	72.10%	75.90%	74.70%	77.60%
Infection Control and Hand Hygiene	>=80%	91.10%	90.70%	88.60%	87.60%	84.90%	84.80%
Information Governance	>=95%	83.30%	96.30%	96.70%	95.70%	91.10%	91.30%
Moving and Handling	>=80%	84.30%	85.20%	84.80%	84.60%	83.40%	81.20%
Safeguarding Adults	>=80%	88.90%	88.50%	89.70%	90.20%	88.60%	90.00%
Safeguarding Children	>=80%	91.00%	90.40%	90.60%	89.00%	87.50%	87.90%
Bank Cost		£123k	£147k	£161k	£145k	£102k	£134k
Agency Cost		£124k	£182k	£246k	£232k	£135k	£143k
Sickness Cost (Monthly)		£88k	£124k	£113k	£100k	£107k	£120k
Vacancies (Non-Medical) (WTE)		69.5	64.92	64.88	71.52	70.34	71.46
Business Miles		63k	62k	56k	66k	67k	51k

Forensic Services							
Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	6.60%	6.50%	6.40%	6.30%	4.50%	5.00%
Sickness (Monthly)	<=4.4%	5.00%	5.10%	5.60%	5.40%	4.50%	5.40%
Appraisals (Band 6 and above)	>=95%	84.10%	86.60%	87.00%	0.00%	9.20%	41.90%
Appraisals (Band 5 and below)	>=95%	83.90%	89.20%	89.10%	0.00%	2.80%	5.80%
Aggression Management	>=80%	80.60%	80.20%	79.70%	77.50%	77.80%	75.70%
Equality and Diversity	>=80%	93.00%	92.90%	93.90%	93.90%	93%	94.00%
Fire Safety	>=80%	83.10%	86.40%	85.40%	79.80%	81.20%	80.90%
Food Safety	>=80%	79.60%	82.70%	86.00%	86.80%	88%	89.70%
Infection Control and Hand Hygiene	>=80%	87.00%	88.00%	88.40%	87.20%	83.90%	86.80%
Information Governance	>=95%	80.60%	93.00%	94.30%	93.50%	88.90%	89.70%
Moving and Handling	>=80%	88.80%	89.20%	89.20%	86.70%	85.40%	85.90%
Safeguarding Adults	>=80%	91.90%	92.10%	92.10%	90.30%	85.60%	88.80%
Safeguarding Children	>=80%	85.20%	86.10%	87.30%	85.40%	86.40%	87.90%
Bank Cost		£108k	£77k	£142k	£123k	£93k	£115k
Agency Cost		£92k	£143k	£320k	£107k	£134k	£174k
Sickness Cost (Monthly)		£41k	£43k	£42k	£45k	£38k	£47k
Vacancies (Non-Medical) (WTE)		45.11	49.62	49.57	51.83	53.58	61.1
Business Miles		7k	4k	6k	11k	5k	10k

Summary

NHS Improvement

Quality

Locality

Transformation

Finance / Contracts

Workforce

## Workforce - Performance Wall cont...

### Specialist Services

Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	4.80%	4.80%	5.00%	5.00%	5.70%	5.30%
Sickness (Monthly)	<=4.4%	4.50%	5.10%	6.30%	5.10%	5.70%	5.00%
Appraisals (Band 6 and above)	>=95%	77.90%	91.80%	92.30%	0.50%	6.90%	13.30%
Appraisals (Band 5 and below)	>=95%	71.30%	94.00%	94.70%	0.00%	4.10%	10.30%
Aggression Management	>=80%	81.20%	81.60%	80.00%	78.20%	72.30%	70.10%
Equality and Diversity	>=80%	90.10%	91.30%	92.40%	93.30%	92.80%	92.50%
Fire Safety	>=80%	85.10%	86.00%	86.80%	83.90%	83.10%	82.90%
Food Safety	>=80%	73.20%	74.50%	74.50%	68.50%	66.70%	68.00%
Infection Control and Hand Hygiene	>=80%	86.30%	87.40%	87.30%	85.90%	83.90%	82.60%
Information Governance	>=95%	85.20%	95.90%	96.40%	95.00%	88.30%	88.70%
Moving and Handling	>=80%	84.80%	85.70%	87.00%	84.90%	83.60%	83.20%
Safeguarding Adults	>=80%	84.80%	86.60%	86.80%	86.40%	86.10%	87.70%
Safeguarding Children	>=80%	87.70%	87.80%	87.30%	87.30%	85.90%	86.10%
Bank Cost		£25k	£21k	£30k	£18k	£19k	£20k
Agency Cost		£59k	£173k	£313k	£224k	£226k	£303k
Sickness Cost (Monthly)		£45k	£48k	£54k	£49k	£48k	£45k
Vacancies (Non-Medical) (WTE)		39.15	49.08	55.33	55.73	70.59	76.07
Business Miles		36k	37k	28k	35k	39k	29k

### Support Services

Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	5.00%	5.00%	4.90%	4.80%	4.80%	4.20%
Sickness (Monthly)	<=4.4%	5.40%	4.90%	3.70%	4.10%	4.80%	3.80%
Appraisals (Band 6 and above)	>=95%	98.50%	99.00%	99.00%	0.50%	8.10%	36.40%
Appraisals (Band 5 and below)	>=95%	89.70%	99.60%	99.40%	0.00%	2.60%	6.80%
Aggression Management	>=80%	78.50%	78.90%	76.80%	80.20%	81.00%	80.40%
Equality and Diversity	>=80%	80.90%	84.10%	84.40%	84.50%	85.60%	85.70%
Fire Safety	>=80%	80.90%	84.20%	84.30%	84.80%	82.40%	77.10%
Food Safety	>=80%	87.30%	91.00%	90.90%	87.50%	91.80%	91.70%
Infection Control and Hand Hygiene	>=80%	79.20%	82.00%	81.20%	75.30%	73.80%	76.10%
Information Governance	>=95%	71.30%	90.90%	91.50%	86.10%	84.30%	84.20%
Moving and Handling	>=80%	82.70%	84.80%	83.90%	83.90%	83.10%	81.40%
Safeguarding Adults	>=80%	85.90%	86.90%	86.90%	88.40%	88.40%	88.10%
Safeguarding Children	>=80%	85.50%	88.60%	90.00%	89.80%	89.50%	89.30%
Bank Cost		£38k	£42k	£57k	£47k	£32k	£30k
Agency Cost		£33k	£42k	£135k	£51k	£36k	£53k
Sickness Cost (Monthly)		£81k	£73k	£50k	£61k	£66k	£54k
Vacancies (Non-Medical) (WTE)		43.98	41.82	45.57	70.28	73.94	82.14
Business Miles		45k	42k	32k	54k	45k	33k

### Wakefield District

Month		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Sickness (YTD)	<=4.4%	5.40%	5.30%	5.30%	5.30%	5.90%	5.40%
Sickness (Monthly)	<=4.4%	4.80%	5.00%	4.10%	5.40%	5.90%	5.00%
Appraisals (Band 6 and above)	>=95%	95.10%	97.90%	97.90%	1.10%	17.70%	37.00%
Appraisals (Band 5 and below)	>=95%	87.00%	93.90%	93.90%	0.00%	1.30%	10.40%
Aggression Management	>=80%	82.10%	83.80%	85.20%	86.10%	86.40%	84.00%
Equality and Diversity	>=80%	91.50%	92.70%	92.50%	94.00%	94.80%	93.70%
Fire Safety	>=80%	82.50%	82.90%	81.10%	77.50%	80.00%	81.60%
Food Safety	>=80%	68.80%	70.40%	72.30%	70.00%	73.10%	70.30%
Infection Control and Hand Hygiene	>=80%	85.30%	86.70%	84.10%	80.80%	76.80%	78.80%
Information Governance	>=95%	84.40%	97.00%	97.90%	96.80%	93.80%	94.50%
Moving and Handling	>=80%	78.30%	79.00%	78.60%	76.90%	76.00%	76.10%
Safeguarding Adults	>=80%	88.20%	89.70%	88.80%	90.00%	87.70%	90.30%
Safeguarding Children	>=80%	86.40%	87.70%	87.20%	85.70%	85.20%	84.10%
Bank Cost		£72k	£71k	£108k	£66k	£71k	£79k
Agency Cost		£49k	£66k	£145k	£58k	£102k	£95k
Sickness Cost (Monthly)		£55k	£56k	£45k	£67k	£68k	£57k
Vacancies (Non-Medical) (WTE)		45.96	48.79	51.83	58.63	75.79	61.17
Business Miles		44k	43k	31k	40k	36k	31k



# Publication Summary

## NHS Improvement

### Single oversight framework consultation

This draft framework aims to identify where providers may benefit from improvement support across five areas: quality of care; finance and use of resources; operational performance; strategic change; and leadership and improvement capability. The framework is set to replace the legacy risk assessment framework (used by Monitor to regulate foundation trusts) and the accountability framework used by the NHS Trust Development Authority. Feedback and comments are being sought on the draft framework and the deadline for responses is 4 August 2016.

[Click here for consultation](#)

## Department of Health

### National Data Guardian for Health and Care's review of data security, consent and opt-outs

This consultation seeks views on the proposed data security standards and the consent/opt-outs model from health and care professionals and organisations and the public. The review includes: ten new data security standards; a method of testing compliance with these standards; and a new consent model for data sharing in health and social care. The consultation closes on 7 September 2016.

[Click here for consultation](#)

## NHS England

### Implementing the five year forward view for mental health

This plan outlines the changes people will see on the ground over the coming years in response to the Mental Health Taskforce's recommendations to improve care. It is intended as a blueprint for the changes that NHS staff, organisations and other parts of the system can make to improve mental health. The plan also gives a clear indication to the public and people who use services what they can expect from the NHS, and when. The plan also outlines further details on key commitments to greater funding for mental health services.

[Click here for plan](#)

## Publication Summary cont...

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

NHS Safety Thermometer report - England: May 2015 to May 2016

Direct access audiology waiting times for April 2016□

Mixed sex accommodation breaches, May 2016□

Mental health services monthly statistics: final March 2016

Learning disability services monthly statistics: commissioner census (assuring transformation), May 2016□

Improving access to psychological therapies report: March final, April primary 2016□

NHS workforce statistics, March 2015, provisional statistics

NHS sickness absence rates, February 2016

NHS Improvement: provider bulletin, 22 June 2016

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

Combined performance summary, May 2016

Referral to treatment waiting times statistics for consultant-led elective care for May 2016

Early intervention in psychosis access and waiting time experimental statistics for May 2016

Diagnostics waiting times and activity for May 2016

Delayed transfers of care for May 2016

## Glossary

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

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 very unlikely to deliver
1	Forecast Not met, no plan / plan will not deliver