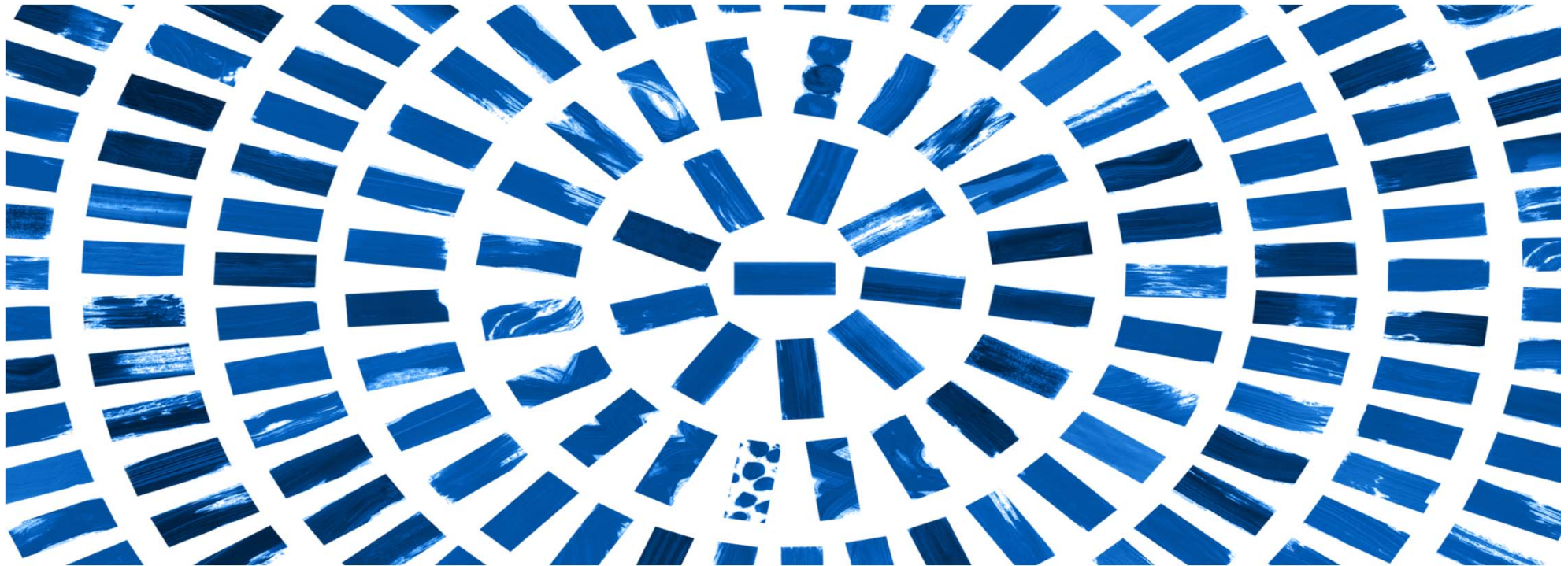


Integrated Performance Report

Strategic Overview



August 2016

With **all of us** in mind.

Table of Contents

	Page No
Introduction	4
Summary	5
NHS Improvement	6
Quality	7 -10
Locality	11
Finance /Contracts	12-13
Workforce	14-16
Publication Summary	17
Appendix 1 - Workforce Wall	18-20
Glossary	21

Introduction

Please find the Trust's Integrated Performance Report for August 2016. The report has undergone further development this month to include identifying an owner for each key metric, and aligning the metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. A further piece of work has been undertaken to identify additional quality metrics to report to Board and performance against these will be included in the next report. The proposed metrics are provided within this report. This will then move the report towards the vision of having 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. Further consultation with non executive directors will take place prior to the Q2 report being published.

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	Green								Green
	NHS Improvement Finance Risk Rating (FT)	4	4	4	4	4	4								4
CQC	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green								Green

Lead Director:

Narrative:

The integrated performance report shows a good performance rating, with achievement of all of the NHS Improvement indicators during August 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. Effective from October NHSI will monitor all Trusts using a new single oversight framework. The full impact of this will be the subject of a separate paper at their October Trust Board. 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 further reduced at the end of August. The Trust achieved 76% in quarter 1, 83.8% July 16 and 81.3% at the end of August 16, therefore continuing to meet the 75% threshold. Performance in Barnsley has improved and now reports above the 75% threshold.

Workforce - higher sickness levels can be seen in Calderdale and Kirklees, Forensic and Specialist BDUs during August 16 - with each BDU reporting above 5%. 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 all the national thresholds.

The Trust continues to perform well against the national standards for 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.

Summary

NHS Improvement

Quality

Locality

Transformation

Finance / Contracts

Workforce

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.

KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Q1 16/17	Year End Forecast Position *	Trend
					%											
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.35%	98.76%	98.80%	98.11%	97.83%	97.95%	99.12%	98.40%	95.85%	98.24%	4	
Delayed Transfers Of Care	Health & Wellbeing	Responsive	SR/KT	7.50%	2.02%	1.88%	2.93%	2.33%	4.04%	1.88%	2.27%	2.37%	2.37%	2.13%	4	
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	95.51%	97.29%	95.69%	98.32%	96.80%	96.83%	97.14%	95.70%	100.00%	96.91%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	98.66%	97.97%	95.50%	97.44%	95.12%	96.64%	98.61%	96.24%	100.00%	96.72%	4	
% SU on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	95%	97.92%	98.44%	98.56%	96.60%	96.10%	82.34%	98.16%	98.16%	96.36%	98.16%	4	
Data completeness: comm services - Referral to treatment information	Health & Wellbeing	Responsive	SR	50%	100%	100.00%	100.00%	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	4	
Data completeness: comm services - Referral information	Health & Wellbeing	Responsive	SR	50%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	4	
Data completeness: comm services - Treatment activity information	Health & Wellbeing	Responsive	SR	50%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%	4	
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT	97%	99.62%	99.54%	99.45%	98.48%	98.80%	98.40%	98.10%	98.8%	97.39%	98.10%	4	
Data completeness: Outcomes for patients on CPA	Health & Wellbeing	Safe	SR/KT	50%	77.63%	76.97%	78.58%	75.58%	75.69%	75.09%	77.50%	78.07%	77.81%	77.50%	4	
Compliance with access to health care for people with a learning disability	Health & Wellbeing	Responsive	CH	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4	
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	77.84%	75.91%	71.62%	70.51%	74.04%	74.19%	79.98%	83.76%	81.29%	76.12%	4	
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	99.09%	99.15%	99.37%	98.09%	98.60%	98.39%	99.19%	99.63%	99.03%	98.88%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	N/A	N/A	85.19%	86.00%	73.91%	78.26%	80.00%	83.33%	93.75%	77.46%	4	

* See key included in glossary.

Narrative:

Areas of concern/to note:

- Data Completeness Identifiers - this remains over the threshold but has been reducing for the last 3 months - there appears to be an issue linked to invalid postcodes. Action is being taken to identify hotspot areas and improve data quality.
- IAPT - Treatment within 6 weeks of referral: Performance continues to show an upward trend and is above threshold for the third consecutive month at a Trust wide level. The Barnsley IAPT service has had issues in achieving the target as previously reported, this is mostly attributed to the number of Psychological Wellbeing Practitioner vacancies within the Barnsley team. The service has put mitigating actions in place to improve the waiting time and these are having a positive 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 entered within 6 weeks which evidences improvements in current waiting times (April - 80.3%, May - 85.2%, June 86.8%, July 16, 87% Aug 16 - 86%). However, due to the construct of this indicator (counting those completing treatment), improvement will take time to filter through. A targeted piece of work has been undertaken which has focused on how this can be resolved in the short term but also includes medium and long term plans.
- Diagnostic Waiting Time - The Trust has not recorded any breaches of the 6 week standard to report during July 16. This new weekly return is 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.

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.



Quality Headlines (& CQUINS performance on a quarterly basis)

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Year End Forecast Position *
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Quality & Experience	Safe	TB	6	0	3	0	0	0	0	0	0	0	4
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	0	4
Outcomes	% SU on CPA in Employment	Health & Well Being	Responsive	DS	10%	7.18%	7.55%	7.37%	7.25%	6.89%	6.96%	7.18%	6.99%	6.72%	1
	% SU on CPA in Settled Accommodation	Health & Well Being	Responsive	DS	60%	64.44%	62.81%	64.09%	62.26%	60.04%	67.89%	64.63%	65.79%	66.98%	4
Complaints	% Complaints with Staff Attitude as an Issue	Quality & Experience	Caring	DS	< 25%	14% 23/179	13% 20/156	14% 20/140	15% 31/211	8% 4/53	23% 12/53	11% 7/62	8% 4/52	9% 4/45	4
Service User Experience	Friends and Family Test	Quality & Experience	Caring	DS	TBC	89.00%	91.00%	88.83%	87.20%	85%	84.00%	82%	85.70%		N/A

* See key included in glossary

Work has been undertaken to identify the key quality measures to report both monthly and quarterly to EMT and Trust Board. These metrics will be available in the October report.

Historically we have not reached the target in achieving 10% of CPA service users in employment and the current trajectory does not suggest this will be achieved at the year end. The indicator parameters only include clients on CPA within the age range 18-69 years old. The Trust is currently undertaking a pilot project in Barnsley covering all mental health service users (regardless of CPA status or age) which is focusing on employment, volunteering and training.

Commissioning for Quality and Innovation (CQUIN)

The Trust submitted its quarter 1 returns in line with contractual requirements and achieved 89.1% of CQUIN value in the submission.
Hotspot areas impacting on Q1 related to:

Safety First

Summary of Q1 incidents compared to July and August 16/17

	Q1	Jul 2016	Aug 2016
Green No harm	2136	721	678
Green	976	309	296
Yellow	297	100	105
Amber	81	21	25
Red	10	4	11
Total	3500	1155	1115

During August, Forensic Services reported most incidents (289), followed by Wakefield (199) and Kirklees (189)

Summary of SIs reported in Q1, compared with July and August 16/17

	Q1	Jul	Aug
Apparent suicide	5	1	4
Information disclosed in error	2	0	0
Death - other cause	1	0	0
Formal patient absent without leave	0	1	0
Physical violence (contact made) against other by patient	1	0	0
Physical violence (contact made) against staff by patient	1	0	0
Self harm (actual harm) with suicidal intent	1	0	0
Slip, trip or fall - patient	1	0	0
Pressure Ulcer - grade 3	1	0	0
Total	13	2	4

No never events reported in August



Quality Headlines (& CQUINS performance on a quarterly basis)

MRSA Bacteraemia – Poplars cue unit

- A SI has been reported by Barnsley CCG for an MRSA bacteraemia in a deceased patient.
- A post infection review has been instigated by Barnsley CCG following the MRSA bacteraemia. The individual died in Barnsley Hospital and had previously been admitted to the Poplars cue unit between April and July 2016
- SWYPFT's senior nurse for infection prevention and control has conducted an investigation of the period the individual spent in our services and shared the learning with the unit
- The Trust awaits the outcomes of the CCG investigation

MRSA Colonisation – Mount Vernon Hospital (MVH)

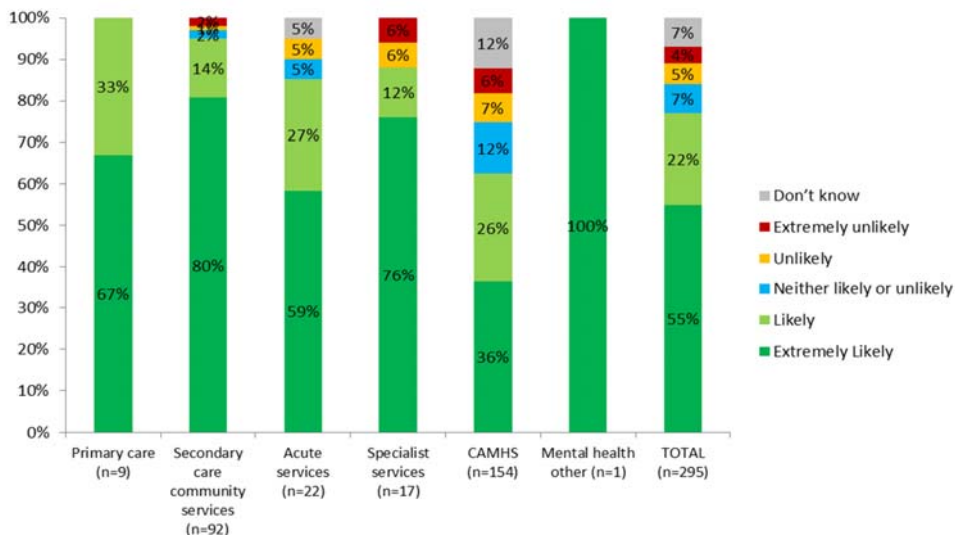
- 4 cases of 1st isolate MRSA have been identified during a 3 week period in August 2016. These individuals have previously been screened as MRSA free.
- The increase in incidence was promptly identified and infection prevention and control measures implemented.
- MRSA high impact intervention tool kit has been utilised with reassuring, positive results. These will continued to be monitored

Patient Experience

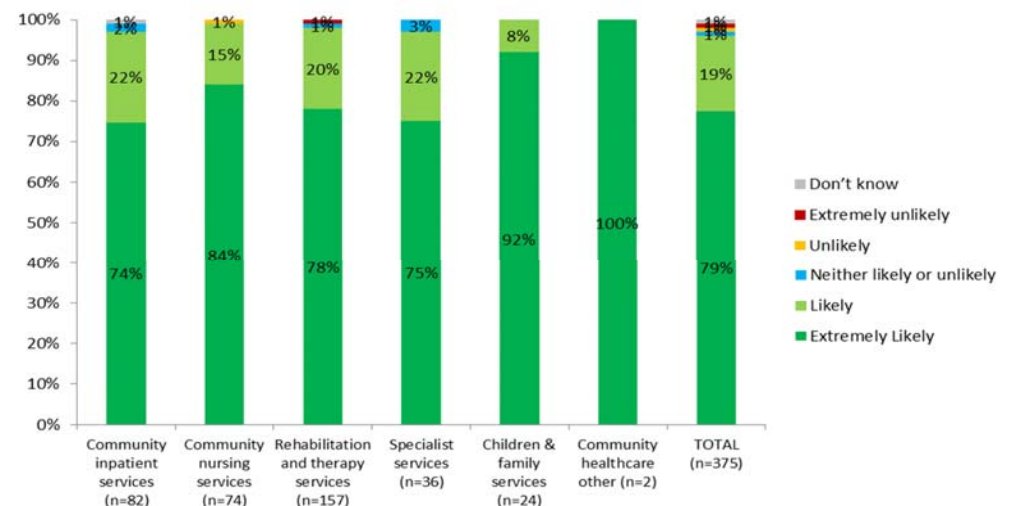
Friends and family test shows

- Community Services – 98% would recommend the Trust services
 - All service lines achieved 74% or above for patients/carer's stating they were extremely likely to recommend the Trusts services.
- Mental Health Services – 77% would recommend the Trust services
 - Significant variance across the services in the numbers extremely likely to recommend the Trust– between 36% (CAMHS) and 100% (Mental Health Other)
 - Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services





Quality Headlines (& CQUINS performance on a quarterly basis)

Improving Care

CAMHs to Adult transition

Current transition protocol under review to ensure improvement in transition experience and consistency with NICE guidelines

NICE

Campaign to raise awareness of NICE guidance and our approach is being launched (NICE fortnight) followed by series of focused events

First event held on physical healthcare 15/9

Falls & Bone Health Safety

Enhanced inpatient falls screening and bone health tool being rolled out

Latest falls figures have shown a reduction in fall with injury by 15% over past 4 years

Horizon

Recent review of investigation action plan showed positive progress,

CQC visit provided additional assurance through provision of

a good rating overall

Tissue Viability

Recent improvements in reporting & management of TV has led to reduction in avoidable pressure ulcers. Outcomes improved for patients and cash saving of £40k

AIMS accreditation

Trinity 1 has received continued accreditation under Royal College of Psychiatrists AIMS scheme. Ward has demonstrated high quality of care meeting national quality guidelines & standards

0-19 Exit Strategy

Services will transfer on 1 October 2016. The Trust continues to be responsible for any risk in the service until this date.

Care Quality Commission

Action plan submitted to CQC following recent inspection - response awaited.

Meeting scheduled with CQC for 22nd September to agree action plan monitoring and sign off process

Recent CQC MHAC visit reports show actions being closed in a timely manner in most wards. Action being taken where performance improvement is required.

MHA training uptake on a positive trajectory.



Quality Headlines (& CQUINS performance on a quarterly basis)

Report Development

Additional quality metrics have been identified and will be included in the report from next month.

Quality Metric	CQC Domain	Trust Objective	Owner
Total number of reported incidents	Safety Domain	Quality and Experience	TB
Total number of incidents resulting in severe harm and death	Safety Domain	Quality and Experience	TB
Total number of incidents resulting in moderate or severe harm and death	Safety Domain	Quality and Experience	TB
Safety thermometer	Safety Domain	Quality and Experience	TB
Safer staff fill rates	Safety Domain	Quality and Experience	TB
Number of pressure ulcers	Safety Domain	Quality and Experience	TB
Complaint closure times	Responsive	Health & Wellbeing	DS
Referral to treatment times	Responsive	Health & Wellbeing	DS
Un-outcomed appointments	Effective	Quality and Experience	KT/SR
Data completeness	Effective	Quality and Experience	KT/SR
Number of Information Governance breaches	Effective	Quality and Experience	MB
Number of complaints about staff attitude	Caring	Quality and Experience	DS
Friends & Family Test	Caring	Quality and Experience	TB
Staff survey results	Caring	Quality and Experience	AD
Number of compliments received	Caring	Quality and Experience	DS
CQC action plan completeness	Well led	Quality and Experience	TB



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:

- Data inaccuracies in MAS have led to the development of a significant action plan to review systems and processes and to bring us back in line with our KPIs. Due to sustained effort within the service and in P&I we are now confident that we will be able to manage data albeit often manually to provide reassurance to both the team and the CCG
- The service has noted a 30% increase in referrals into SPA. Work is underway to map this and identify any underlying trends
- The service is making good progress in the recruitment of psychologists as part of our CQC action plan

Calderdale & Kirklees BDU:

- Work to take place to review the data with Kirklees SPA to ensure accuracy of recording and reporting against the 14 days access indicator for routine referrals.
- DTOC – increase in delays on Beachdale ward in Calderdale - ongoing discussions taking place with social service commissioners as delays are due to awaiting social care placements.
- Early Intervention in Psychosis – some data clean-up work is to be undertaken and this will review the data back to April 16.
- Bed Occupancy - bed pressure capacity across all areas in the BDU, as a consequence all beds on Ashdale have been opened to assist with meeting the demand.
- Strong and effective management of Out of areas placements.

Forensics BDU:

- All wards except 2 report a downward trend in sickness. Unfortunately the 2 wards increase in short term sickness affects the overall figure. The ward managers are aware of the increase and processes are in place as appropriate.
- The recording of 25 hours of activity has been improved and improved performance is now evident.
- Managers report a delay in recording completed appraisals. This is being addressed.

Specialist BDU:

- Learning Disability are preparing to move to reporting against the new activity and performance/quality indicators from 1 October 2016. A key activity measure for the new pricing structure is the delivery of 40% direct clinical delivery.
- Sickness absence continues to be a challenge and particularly so in Pharmacy. Managers are working with HR business partners to ensure staff are appropriately supported to return / remain in work

Wakefield BDU:

- There has been an improvement in performance against 4 hour response this month, though still slightly below target
- Both Adults of Working Age and Older People's Services are significantly over achieving the 14 day access target
- Increased lengths of stay in PICU noted – this is due to delays in step down resulting from bed pressures across the system

Summary

NHS Improvement

Quality

Locality

Trans-formation

Finance /
Contracts

Workforce

Overall Financial Performance 2016 / 2017

Executive Summary / Key Performance Indicators

Performance Indicator		Objective	CQC Domain	Owner	Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	Resources	Effective	MB	4	4	The Trust has planned for and delivered a risk rating of 4 in August 2016. It is currently forecast that a rating of 4 will be maintained throughout the year.
2	Surplus	Resources	Effective	MB	£1.6m	£1.9m	Surplus to date is £1.0m pre Sustainability and Transformation Funding (STF) and £1.6m post STF. Delivery of the pre STF surplus (£0.4m better than plan) ensures continued recovery of the STF which equates to £0.6m to date. The forecast remains challenging and actions continue to ensure that this is secured.
3	Agency Cap	Resources	Effective	AD	£4.3m	£7.3m	Agency spend in August was close to £1m, some £260k above forecast. Reasons currently under investigation. All BDUs adverse to forecast.
4	Cash	Resources	Effective	MB	£28.6m	£22.3m	The Trust cash position is £1.7m less than plan at month 5 due to invoice timing and associated cash receipt assumptions. Forecast remains in line with plan. Overall the cash position remains strong.
5	Capital	Resources	Safe	MB	£3.8m	£12.1m	Capital expenditure is marginally ahead of plan as at August 2016. The forecast remains that the capital programme will spend in line with plan for the full year.
6	Delivery of CIP	Resources	Effective	MB	£3.9m	£9.2m	Year to date CIP delivery is £0.3m behind plan. Overall the forecast position includes £0.83m of red rated schemes which is a further reduction from the previous month.
7	Better Payment	Resources	Effective	MB	97%		This performance is based upon a combined NHS / Non NHS value.

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

Summary

NHS Improvement

Quality

Locality

Transformation

Finance / Contracts

Workforce

Contracting

CQUIN

o CQUIN performance in Quarter One was below planned trajectory, but recoverable through clarification and negotiation. This has been the subject of further scrutiny and support by the Trust-wide CQUIN group and the Operational Management Group. Recovery plans are in place and focus remains on CQUIN delivery in line with our operational plan.

QIPP

o Specific QIPP schemes have been agreed with Wakefield CCG which address circa half of the annual planned value. These schemes are on track to deliver. Further conversations are planned with Wakefield CCG to identify specific schemes to address the remaining unidentified value.

Key Contract Issues – Barnsley

- o The MSK Clinical Assessment Service and the Memory Assessment team have been working with Barnsley CCG to resolve contract queries which have arisen in recent months.
- o Multi-agency work is progressing towards the agreement of an 'MCP style' pathway based contract for Diabetes and Respiratory care, which is due to take effect in 2017/18
- o Transition of 0-19 contract to BMBC taking place at 30/9/16 as per plan.

Key Contract Issues – Calderdale

- o Work is ongoing with commissioners and provider partners to secure a smooth continuation of CAMHS when the current contract ceases at 31/3/17. Planning assumptions regarding income remain intact.

Key Contract Issues – Kirklees

- o Work is ongoing on a tender process to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017. Planned income assumptions for 16/17 remain intact.
- o Smoking Cessation contract discussions with commissioners highlight likelihood of change to contract, which is not currently reflected in annual planning assumptions

Key Contract Issues- Wakefield

- o Multi-agency work towards MCP-style contractual approach for some services from 17/18 onwards. No immediate material change to income assumptions, more likely of relevance in 18/19
- o H&WB services subject to partial decommissioning, some re-commissioning and transfer into local authority. Impacts on SWYPFT colleagues and on 16/17 planned income.

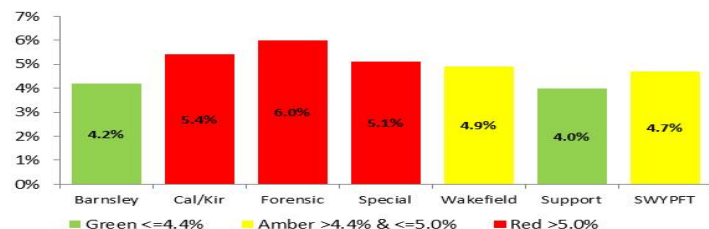
Key Contract Issues– Other

- o Smoking cessation contracts in Rotherham and Doncaster and in Sheffield subject to commissioner requests for extension into 17/18, pending re-commissioning, which may impact on future income. Rotherham and Doncaster extension contingent on identification of commissioner savings.

Workforce

Human Resources Performance Dashboard - August 2016

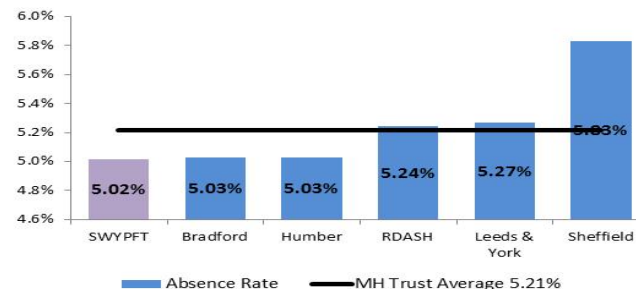
Sickness Absence



Current Absence Position - July 2016

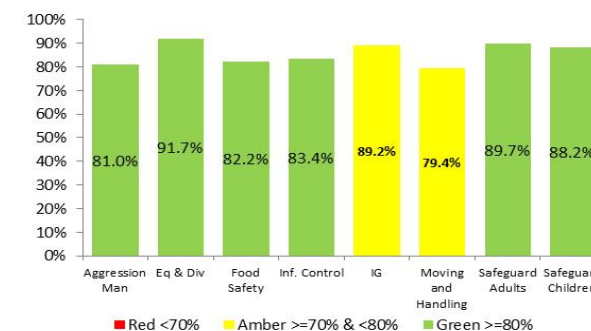
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.7%	5.8%	7.0%	4.9%	4.6%	4.1%	5.1%
Trend	↓	↑	↓	↑	↔	↑	↓

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



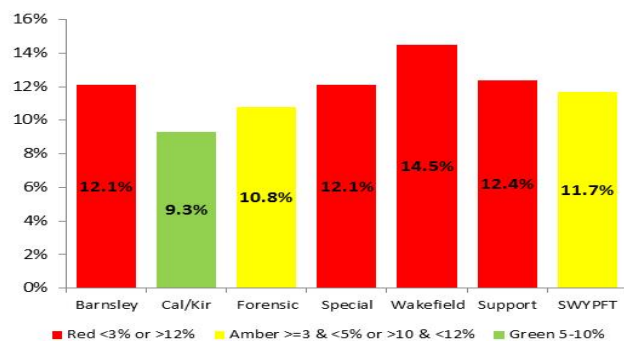
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the 12 months to the end of March 2016. During this time the Trust's absence rate was 5.02% which is below the regional average of 5.21%.

Mandatory Training

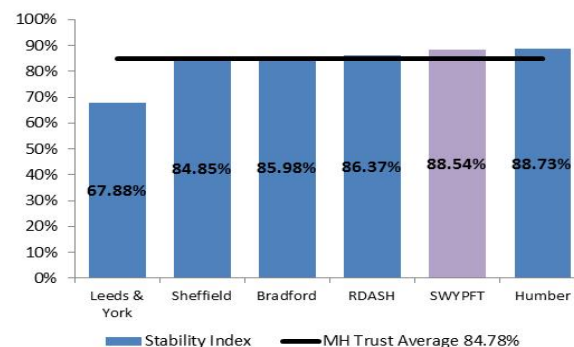


The above chart shows the mandatory training rates for the Trust to the end of August 2016. Information Governance (IG) has a target of 95%; the target for all other mandatory training is 80%. Only Moving&Handling and IG are currently below the target levels. All are based on a rolling year.

Turnover and Stability Rate Benchmark

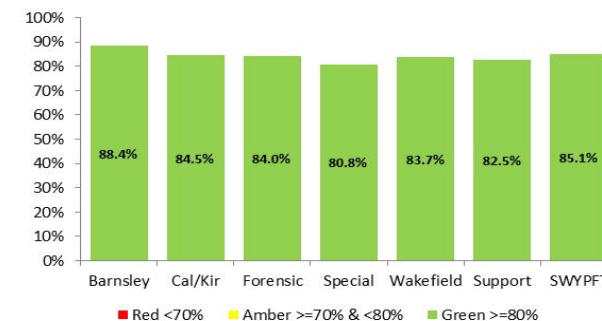


This chart shows the YTD turnover levels up to the end of August 2016. Turnover figures may look high but this due to the small amount of data, the figures will level out over the new reporting year.



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 Training Attendance



The chart shows the YTD fire lecture figures to the end of August 2016. The Trust continues to achieve its 80% target for fire lecture training, and all areas are now above the target level.

Summary

NHS
Improvement

Quality

Locality

Transformation

Finance /
Contracts

Workforce

Workforce - Performance Wall

Trust Performance Wall										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	< = 4.4%	5.0%	5.0%	4.7%	4.5%	4.6%	4.7%
Sickness (Monthly)	Resources	Well Led	AD	< = 4.4%	5.1%	4.8%	4.7%	4.4%	4.8%	5.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	> = 95%	97.5%	1.3%	20.1%	43.1%	56.7%	71.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	> = 95%	96.9%	0.1%	6.3%	14.1%	26.8%	44.3%
Aggression Management	Quality & Experience	Well Led	AD	> = 80%	83.2%	83.3%	82.6%	81.7%	80.8%	81.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	> = 80%					62.0%	60.6%
Clinical Risk	Quality & Experience	Well Led	AD	> = 80%					28.2%	39.0%
Equality and Diversity	Resources	Well Led	AD	> = 80%	92.2%	91.8%	92.0%	91.5%	91.9%	91.7%
Fire Safety	Health & Wellbeing	Well Led	AD	> = 80%	86.7%	85.2%	83.2%	82.8%	84.5%	85.1%
Food Safety	Health & Wellbeing	Well Led	AD	> = 80%	78.4%	78.4%	79.1%	80.0%	80.8%	82.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	> = 80%	87.6%	85.6%	83.4%	84.8%	84.5%	83.4%
Information Governance	Resources	Well Led	AD	> = 95%	96.0%	93.6%	90.0%	89.9%	90.2%	89.2%
Moving and Handling	Resources	Well Led	AD	> = 80%	85.6%	85.0%	84.4%	82.2%	82.2%	79.4%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	> = 80%	90.2%	90.3%	89.0%	90.0%	90.1%	89.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	> = 80%	89.9%	88.4%	87.1%	88.0%	88.3%	88.2%
Bank Cost	Resources	Well Led	AD		£548k	£463k	£370k	£434k	£434k	£512k
Agency Cost	Resources	Effective	AD		£1449k	£805k	£842k	£925k	£791k	£989k
Overtime Costs	Resources	Effective	AD		£33k	£31k	£33k	£23k	£35k	£17k
Additional Hours Costs	Resources	Effective	AD		£103k	£87k	£60k	£68k	£78k	£52k
Sickness Cost (Monthly)	Resources	Effective	AD		£501k	£497k	£470k	£458k	£489k	£519k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		400.13	429.66	469.78	485.3	506.13	502.96
Business Miles	Resources	Effective	AD		257k	345k	321k	267k	286k	3006k



Workforce - Performance Wall cont...

Notes:

Mental Health Act (MHA) training - compliance against MHA training will flow from Q3.

Sickness

- The trust remains amber at 4.7%
- Calderdale & Kirklees (5.4%), Forensic (6.0%) and Specialist Services (5.1%) BDUs report the highest levels of sickness.

Vacancies (Non Medical)

- Barnsley have the greatest number of vacancies at end of August16.
- Specialist and Support services have seen the greatest increase in vacancies (period Mar 16 to Aug16) - Specialist services have increased from 55.3wte to 81.0wte; Support services have increased from 45.6wte to 71.6wte
- Follow up recruitment summit planned. Range of recruitment and retention measures identified

Bank and Agency

- Agency and Bank utilisation above cap (almost £1m agency in month)
- Centralised bank service gone live 12 September
- EMT reviewing impact of bank incentive scheme in inpatient areas, some evidence of impact

Health & Wellbeing Survey

- Results of the Health & Wellbeing survey being fed back and discussed with teams.
- Each team generating a Health & Wellbeing action plan

Mandatory Training

- The Trust is achieving above threshold for all areas with the exception of Information Governance (89.2%); Moving & Handling (79.4%) and Mental Health Act (MHA) training - compliance against MHA training will flow from Q3.
Cardiopulmonary resuscitation and clinical risk training are new measures and whilst these are currently showing as red, they are on a planned trajectory.
- Continued focus being placed on IG across the trust given recent ICO reportable incidents.

Publication Summary

Department of Health (DH)

Scope of performance assessments of providers regulated by the Care Quality Commission (CQC)

CQC currently regulate and inspect providers of health and social care and the ratings are limited to NHS trusts, NHS foundation trusts, GP practices, adult social care providers and independent hospitals. The government would like CQC to develop ratings for other sectors and is seeking views on these proposed changes. The consultation closes on 14 October 2016.

[Click here for consultation](#)

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


Learning disability services monthly statistics - England commissioner census (assuring transformation) - July 2016, experimental statistics

Mental health services monthly statistics: final May, provisional June 2016

Improving access to psychological therapies report, May 2016 final, June 2016 primary and most recent quarterly data (quarter 4 2015-16)

NHS sickness absence rates, April 2016

NHS workforce statistics, May 2016 provisional statistics

Quarterly performance of the NHS provider sector: 3 months ended 30 June 2016 (NHS Providers) 

NHS Improvement provider bulletin, 31 August 2016

Public Health England bulletin, 31 August 2016

Understanding safe caseloads in the district nursing service (Queens Nursing Institute)

Combined performance summary, July 2016

Hospital episode statistics and diagnostic imaging dataset data linkage report - provisional summary statistics, April 2016

NHS safety thermometer report, August 2016 to August 2016

Mixed sex accommodation breaches, August 2016

Direct access audiology waiting times, July 2016

NHS provider bulletin: 14 September 2016

Appendix 1 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.60%	4.60%	4.20%	3.90%	4.00%	4.20%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.40%	4.60%	4.10%	3.70%	4.10%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.60%	0.00%	0.00%	58.60%	69.90%	82.10%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.20%	0.20%	11.10%	23.80%	41.70%	60.40%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.00%	100.00%	100%	88.00%	86.70%	83.90%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%					75.50%	75.70%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%					47.50%	55.30%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.70%	100.00%	100%	92.40%	92.70%	92.60%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	89.70%	100.00%	100%	86.60%	87.50%	88.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.10%			76.60%	76.90%	79.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	91.00%	100.00%	100%	89.80%	89.70%	89.30%
Information Governance	Resources	Well Led	AD	>=95%	97.40%	100.00%	100%	90.90%	90.80%	89.90%
Moving and Handling	Resources	Well Led	AD	>=80%	87.90%	100.00%	100%	83.70%	83.70%	80.60%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	92.90%	100.00%	100%	91.70%	91.70%	90.90%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	91.70%	100.00%	100%	89.00%	89.50%	89.30%
Sainsburys Tool				>=80%					98.90%	97.40%
Bank Cost	Resources	Well Led	AD		£50k	£64k	£52k	£55k	£66k	£90k
Agency Cost	Resources	Effective	AD		£289k	£133k	£207k	£157k	£127k	£169k
Overtime Costs	Resources	Effective	AD		£10k	£14k	£15k	£12k	£6k	£6k
Additional Hours Costs	Resources	Effective	AD		£60k	£48k	£34k	£35k	£44k	£25k
Sickness Cost (Monthly)	Resources	Effective	AD		£196k	£175k	£143k	£136k	£153k	£178k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		130.8	127.33	130.14	138.43	154.87	156.73
Business Miles	Resources	Effective	AD		105k	139k	127k	113k	114K	123k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.20%	5.10%	4.60%	5.00%	5.30%	5.40%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.70%	4.80%	4.60%	5.30%	5.90%	5.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	100.00%	3.20%	22.60%	42.90%	56.50%	67.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.40%	0.00%	6.40%	11.10%	23.10%	35.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.40%	85.50%	85.30%	84.90%	83.30%	83.50%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%					47.30%	47.60%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%					19.10%	34.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.80%	91.90%	92.10%	91.90%	92.50%	92.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.80%	85.00%	79.80%	82.20%	84.40%	84.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	72.10%	75.90%	74.70%	77.60%	77.40%	77.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.60%	87.60%	84.90%	84.80%	84.10%	80.00%
Information Governance	Resources	Well Led	AD	>=95%	96.70%	95.70%	91.10%	91.30%	91.70%	89.70%
Moving and Handling	Resources	Well Led	AD	>=80%	84.80%	84.60%	83.40%	81.20%	80.20%	76.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.70%	90.20%	88.60%	90.00%	91.20%	90.80%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	90.60%	89.00%	87.50%	87.90%	86.90%	86.40%
Sainsburys Tool				>=80%					98.30%	97.50%
Bank Cost	Resources	Well Led	AD		£161k	£145k	£102k	£134k	£134k	£140k
Agency Cost	Resources	Effective	AD		£246k	£232k	£135k	£143k	£162k	£179k
Overtime Costs	Resources	Effective	AD		£3k	£1k	£5k	£5k	£2k	£2k
Additional Hours Costs	Resources	Effective	AD		£5k	£6k	£5k	£4k	£6k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£113k	£100k	£107k	£120k	£132k	£122k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		64.88	71.52	70.34	71.46	73.49	78.74
Business Miles	Resources	Effective	AD		56k	66k	67k	51k	57k	56k

Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	<= 4.4%	6.40%	6.30%	4.50%	5.00%	5.60%	6.00%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.4%	5.60%	5.40%	4.50%	5.40%	6.90%	7.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	87.00%	0.00%	9.20%	41.90%	55.60%	67.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	89.10%	0.00%	2.80%	5.80%	13.60%	26.50%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.70%	77.50%	77.80%	75.70%	77.60%	78.90%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%					70.00%	62.60%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%					0.00%	0.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.90%	93.90%	93%	94.00%	93.10%	92.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.40%	79.80%	81.20%	80.90%	83.50%	84.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	86.00%	86.80%	88%	89.70%	89.60%	90.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.40%	87.20%	83.90%	86.80%	87.70%	84.10%
Information Governance	Resources	Well Led	AD	>=95%	94.30%	93.50%	88.90%	89.70%	88.60%	85.50%
Moving and Handling	Resources	Well Led	AD	>=80%	89.20%	86.70%	85.40%	85.90%	86.30%	85.20%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	92.10%	90.30%	85.60%	88.80%	88.90%	88.80%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.30%	86.40%	86.40%	87.90%	89.30%	88.20%
Bank Cost	Resources	Well Led	AD		£142k	£123k	£93k	£115k	£116k	£134k
Agency Cost	Resources	Effective	AD		£320k	£107k	£134k	£174k	£130k	£163k
Overtime Costs	Resources	Effective	AD				£1k	£1k		£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k		£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£42k	£45k	£38k	£47k	£57k	£65k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		49.57	51.83	53.58	61.1	61.91	56.93
Business Miles	Resources	Effective	AD		6k	11k	5k	10k	14k	6k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	<= 4.4%	5.00%	5.00%	5.70%	5.30%	5.30%	5.10%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.4%	6.30%	5.10%	5.70%	5.00%	5.00%	5.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.30%	0.50%	6.90%	13.30%	31.40%	48.50%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.70%	0.00%	4.10%	10.30%	22.90%	35.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.00%	78.20%	72.30%	70.10%	69.90%	75.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%					49.50%	38.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%					13.60%	0.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.40%	93.30%	92.80%	92.50%	93.20%	92.40%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.80%	83.90%	83.10%	82.90%	83.20%	80.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	74.50%	68.50%	66.70%	68.00%	68.10%	54.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.30%	85.90%	83.90%	82.60%	83.60%	86.50%
Information Governance	Resources	Well Led	AD	>=95%	96.40%	95.00%	88.30%	88.70%	87.70%	85.90%
Moving and Handling	Resources	Well Led	AD	>=80%	87.00%	84.90%	83.60%	83.20%	81.40%	80.10%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.80%	86.40%	86.10%	87.70%	87.30%	86.90%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.30%	87.30%	85.90%	86.10%	86.90%	87.10%
Sainsburys Tool				>=80%					90.90%	72.70%
Bank Cost	Resources	Well Led	AD		£30k	£18k	£19k	£20k	£20k	£20k
Agency Cost	Resources	Effective	AD		£313k	£224k	£226k	£303k	£172k	£269k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£2k	£1k	£3k	£2k
Additional Hours Costs	Resources	Effective	AD		£6k	£8k	£3k	£5k	£6k	£12k
Sickness Cost (Monthly)	Resources	Effective	AD		£54k	£49k	£48k	£45k	£46k	£50k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.33	55.73	70.59	76.07	76.05	81.08
Business Miles	Resources	Effective	AD		28k	35k	39k	29k	32k	33k

Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.90%	4.80%	4.80%	4.20%	4.00%	4.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	3.70%	4.10%	4.80%	3.80%	3.70%	4.10%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.00%	0.50%	8.10%	36.40%	52.40%	71.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	99.40%	0.00%	2.60%	6.80%	13.70%	34.20%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.80%	80.20%	81.00%	80.40%	75.20%	70.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%					66.70%	62.50%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%					0%	0.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.40%	84.50%	85.60%	85.70%	86.70%	87.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.30%	84.80%	82.40%	77.10%	82.20%	82.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	90.90%	87.50%	91.80%	91.70%	93.70%	96.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.20%	75.30%	73.80%	76.10%	77.00%	74.60%
Information Governance	Resources	Well Led	AD	>=95%	91.50%	86.10%	84.30%	84.20%	86.70%	88.70%
Moving and Handling	Resources	Well Led	AD	>=80%	83.90%	83.90%	83.10%	81.40%	83.40%	82.30%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.90%	88.40%	88.40%	88.10%	87.30%	87.20%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	90.00%	89.80%	89.50%	89.30%	90.00%	90.70%
Bank Cost	Resources	Well Led	AD		£57k	£47k	£32k	£30k	£29k	£40k
Agency Cost	Resources	Effective	AD		£135k	£51k	£36k	£53k	£57k	£39k
Overtime Costs	Resources	Effective	AD		£3k		£1k	£1k	£0k	£6k
Additional Hours Costs	Resources	Effective	AD		£17k	£17k	£12k	£17k	£16k	£10k
Sickness Cost (Monthly)	Resources	Effective	AD		£50k	£61k	£66k	£54k	£47k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		45.57	70.28	73.94	82.14	80.4	71.62
Business Miles	Resources	Effective	AD		32k	54k	45k	33k	37k	39k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.30%	5.30%	5.90%	5.40%	5.10%	4.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.10%	5.40%	5.90%	5.00%	4.90%	4.60%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	97.90%	1.10%	17.70%	37.00%	50.30%	69.10%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	93.90%	0.00%	1.30%	10.40%	23.10%	43.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.20%	86.10%	86.40%	84.00%	85.90%	86.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%					47.40%	45.10%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%					30.40%	34.20%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.50%	94.00%	94.80%	93.70%	94.50%	94.10%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	81.10%	77.50%	80.00%	81.60%	80.80%	83.70%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	72.30%	70.00%	73.10%	70.30%	73.90%	76.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	84.10%	80.80%	76.80%	78.80%	80.80%	81.40%
Information Governance	Resources	Well Led	AD	>=95%	97.90%	96.80%	93.80%	94.50%	94.90%	92.40%
Moving and Handling	Resources	Well Led	AD	>=80%	78.60%	76.90%	76.00%	76.10%	76.10%	70.40%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.80%	90.00%	87.70%	90.30%	89.90%	89.70%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.20%	85.70%	85.20%	84.10%	84.20%	84.50%
Sainsburys Tool				>=80%					99.30%	98.80%
Bank Cost	Resources	Well Led	AD		£108k	£66k	£71k	£79k	£69k	£87k
Agency Cost	Resources	Effective	AD		£145k	£58k	£102k	£95k	£143k	£170k
Overtime Costs	Resources	Effective	AD		£15k	£14k	£9k	£15k	£12k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£8k	£6k	£6k	£5k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£45k	£67k	£68k	£57k	£54k	£51k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		51.83	58.63	75.79	61.17	66.14	64.72
Business Miles	Resources	Effective	AD		31k	40k	36k	31k	32k	43k

Glossary

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

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