Quality Performance Report

Strategic Overview

June 2015

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Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for June 2015 information unless stated. The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions.

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

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

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

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

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

QUALITY ACCOUNT 2015-16

The 7 specified quality priorities for 15-16 are underpinned by a number of identified performance indicators including some current key performance measures and CQUIN targets. Note: figures/ratings used do not exactly correlate with achievement of CQUIN targets set by commissioners - this is because for the Quality Account a rounded average is taken across BDUs and care groups rather than split down into target achievement in each care group and BDU.

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1 A	Q1 M	Q1 J	Q2 J	Q2 A	Q2 S	Q3 O	Q3 N	Q3 D	Q4 J	Q4 F	Q4 M	Year End Position @ Q4 Month 12
Quality Priority 1: To continue to listen to our service users and carers and act on their feedback	% of people in forensic services who are extremely likely/ likely to recommend the service to friends and family	70%	Quarterly													
	% of people in CAMHs service who are extremely likely/ likely to recommend the service to friends and family	75%	Quarterly													
	% of people in District Nursing services who are extremely likely/likely to recommend the service to their Friends & Family	90%	Bi annually													
	% of people in Learning Disability services who are extremely likely/likely to recommend the service to their Friends & Family	85%	Quarterly													
	Friends and Family Test: percentage of scores recommending our services as either likely or extremely likely: ü Mental Health Services ü Community services	80% 95%	Quarterly													
Quality Priority 2: Continue to improve the timeliness and ease of people accessing services when they need them	Improving access for people experiencing non-acute mental health problems (routine) ; face to face contact within 14 days of referral (CKW)	90%	Quarterly													
	Improving access for people experiencing non-acute mental health problems (routine)face to face contact within 14 days of referral (B)		Quarterly													
	CAMHS Patients seen within 5 weeks of initial referral	95%	Quarterly													
	CAMHS - development of service line pathways to improve access	Progress report	Annual													
	Access to care navigation and tele health services (Barnsley Community Services)	Q1 establish baseline. Q2-4= 100% of new referrals into the service will be allocated a score	Quarterly													
	Implementation of mental health Crisis Concordat	Progress report	Bi annually from Q2													
	Implementation of a Single Point of Access in each BDU for access to mental health teams	Progress report	Bi annually from Q2													
Quality priority 3: Continue to improve care, care planning & evaluation of care.	The number of people in mental health services (adult and older persons) who have had an assessment of their needs and allocated a care pathway within 8 weeks (Mental health CKW)	98%	Quarterly													
	Mental Health currency development: Adherence to care pathway reviews	80%	Quarterly													
	Monitor the quality of care plans: service users subject to the care Programme Approach will have a care plan that is individualised underpinned by recovery principles and focussed on staying well (Mental Health CKW)	Audit by SWYPFT & CCG: 80% of case notes to contain relevant evidence	Quarterly													
	Increase the number of clinical audits that have actions implemented/ demonstrate outcomes (Trust wide)	Progress report	Quarterly													
	Involve secure service users in a process of collaborative risk assessment & management. (Forensic services)	Progress report	Quarterly													
	Measure the use of clinically relevant outcome tools across the learning disability (LD) service. (Calderdale/ Kirklees and Wakefield) 2 parts to measure: A: % of service users for whom an outcome measure has been achieved and reviewed. B: % of improvement identified at discharge or review.	A: Q1 = 50%: Q2= 60%; Q3= 70%; Q4=80%; B: 50% of service users to achieve improvement at review or discharge.	Quarterly													
Quality priority 4: Improve clinical record keeping and data quality	Monitor compliance with mental health Act documentation in Acute and community mental health services Forensic services Learning Disability services.	Progress report	Quarterly													
	Implementation of recommendations from clinical record keeping audits in the following areas Acute & community mental health services Community & Wellbeing services CAMHS Forensic services Learning Disability services	Progress report	Quarterly													
Quality priority 5: Continue to improve transfers of care by working in partnership across the care pathway	Delayed transfers of Care (DTOC) 1. Monitor performance figures 2. implementation of Standard Operating Procedure (trust wide / residential areas)	<=7.5 Progress report	Monthly Quarterly													
	Development and implementation of CAMHS transition protocols	Progress report	Quarterly													
	Improve communications with GP's: people on CPA with a diagnosis of psychosis should have an updated CPA care plan or a comprehensive discharge summary shared with GP.	Audit report	Quarterly													
	Implementation of the Care Programme Approach framework in CAMHS services	Progress report	Quarterly													
	Development of an Intermediate Care Service (Barnsley Community & Well Being)	Progress report from Q2	Quarterly													
Quality priority 6: Ensure that our staff are professionally physically and mentally fit to undertake their duties	Implementation of trust wide clinical supervision audit	Progress report	Quarterly													
	Staff Friends & Family Test: percentage of scores recommending 1. the Trust as a place to work	80%	Quarterly (Q1,2,4)													
	2. Our services to friends and family	80%	Quarterly (Q1,2,4)													
Quality priority 7: To improve the safety of our service users, carers, staff and visitors	Implementation of MH safety thermometer - action from monthly audits	Progress reports	Quarterly													
	Implementation of the sign up to safety campaign	Progress report	Quarterly													
	Cardio metabolic assessment & treatment for patients with psychosis. (Forensic services)	90% by Q4	Quarterly													
	Caner screening (Barnsley Learning Disability services	30% by Q4	Quarterly													

Key: Green: achieving target   Amber: within 10% of target   Red =more than 10% away from target   Blue: no information expected in the reporting period.

Quality Headlines

Safer Staffing

In *Hard Truths* (2013), the Secretary of State outlined the requirement for NHS organisations to demonstrate they are delivering safe and effective staffing levels. A range of actions and support have since been put in place. These include the Trust publishing actual versus planned staffing numbers on a monthly basis for in-patient wards. The National Institute for Health and Care Excellence (NICE) has published safer staffing guidelines for acute adult care and endorsed staffing models. In November 2014, a guide to support providers and commissioners identify 'care contact time' was published. However, work on developing NICE guidance for mental health services has recently been suspended.

Additionally, nursing safer staffing indicators now provide an overall RAG rating for Trusts. These indicators support the patient safety information already published and provide comparable information for the Trust to use and for service users to make an informed choice of care provider. It will also be used by the regulatory bodies as part of their Trust assurance process.

The Chief Nursing Officer's letter dated February 2015 includes 'composite indicators' that make up the required data set of staffing indicators. There is an indication of a need for the Trust to maintain accurate and up-to-date information on ESR in relation to the proposed **Safer Staffing Indicators:**
✓Staff sickness rate, taken from the ESR (published by HSCIC);
✓The proportion of mandatory training completed, taken from the National staff survey measure;
✓Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
✓Staff views on staffing, taken from the National staff survey measure; and
✓Patient views on staffing, taken from the National patient survey measure.

SWYPT has responded positively to the safer staffing requirements that originated from Hard Truths (2013). The Trust has developed a decision support tool for safer staffing and this has been used to evaluate current e-rostered staffing levels. Findings suggest that established staffing levels based on the e-roster are optimal. SWYPT has consistently had fill rates over 100% since reporting began and most recent fill rates for May 2015 suggest that SWYPT over-fill by 7% overall and none of the wards fell below a 90% fill rate. However, qualified fill rates have been lower than 80% on a number of wards. Exception reporting identified several reasons for this including inaccurate roster completion, increased acuity, sickness, reduced bed occupancy, covering qualified staff with unqualified and unrostered cover by senior staff (e.g. ward manager) and staff from other wards. Remedial action is planned in all the areas.

Monthly exception reporting will continue and a business case to develop a more flexible and responsive peripatetic workforce is currently being considered in the Trust. The preferred option is to run the initial phase of a new centralised bank system and employment of a peripatetic workforce as a pilot on the one of the Trust sites, with full monitoring and evaluation. To this end, job descriptions have been drafted and a project timeline produced.

Horizon Unit External Review

The trust have now received the external review of Horizon Services and shared the early stage findings with our CCG colleagues. An action plan is underway and a detailed report will be taken to future CCG meetings.

On Horizon unit there is a care situation that is extremely complex in nature and providing significant challenge to our governance processes. The Multi - Disciplinary team are overseeing the care and treatment of the person with support from quality academy colleagues . The management and leadership team , in conjunction with CCG partners are monitoring progress.

Information Governance

During Quarter 1, the Trust was asked to sign an undertaking by the Information Commissioner's Office due to data breaches under the Data Protection Act 1998 involving staff sending misdirected mail. There were 8 incidents of mail being sent to the wrong address recorded during the quarter. A communication has been sent to all staff highlighting this issue and providing a number of practical steps to follow for all mail going forward. The Information Governance team is also intending to launch more bespoke training packages to ensure that staff are clear on how Information Governance relates to

Quality Headlines cont….

CAMHS Summit
 The CAMHS Summit met on 19th June and confirmed:
✓The Trust was on track with its Data Quality plan and able to report that the backlog of referrals for the generic CAMHS service had now been cleared, with the earliest referral now waiting being May 2014.
✓There are still long waits for a multi-agency assessment for Autistic Spectrum Disorder (ASD). Commissioners are aware of the situation and looking at ways to improve the ASD position, whilst acknowledging that SWYPFT provides only a part of the solution to a robust multi-agency pathway for those families seeking an assessment for ASD.
 ✓The CCGs agreed that there was significant underinvestment in the CAMHS service in Calderdale & Kirklees and this needed to be remedied.
✓The SUMMIT 'Task and Finish' group would continue to meet to make recommendations for further investment to ensure that the service was able to meet the outcomes of the specification when it was revised.
✓As part of the jointly agreed programme of 'Enhanced Surveillance', a detailed Quality Dashboard has been agreed. In addition, Commissioner visits had been undertaken on 29th May and 10th June 2015. Positive feedback – from both Commissioners and the Trust - was given and all agreed that these had been beneficial. Further visits will be arranged, particularly from Kirklees Commissioners.

A report on the Governance arrangements within CAMHS is in draft and will be presented to the July summit meeting. The CCGs are starting to prepare their Transformation Plans, with the Lead Commissioner in Calderdale being Calderdale Council and the CCG in Kirklees. The plans are due for completion by the end of September 2015 and will require engagement with stakeholders and young people and will also have to go through an assurance process.

Safeguarding children supervision statistics –

The safeguarding children team have provided and achieved a 96% success rate, of the staff that were required to have one to one child protection supervision (Health visitors, School Nurses, and Family Nurse Partnership) and for the 4 % that were not able to achieve their supervision in this quarter the reasons included; demands placed upon them for attendance at child protection conferences and long term sickness.

This is an increase of over 20% and a rise of 34% from quarter 1 last year where compliance was 62%.

Safeguarding supervision is now provided and embedded into Trust wide CAMHS and Early Intervention in Psychosis teams.

Safeguarding Children training –

The safeguarding children mandatory training figures indicate a compliance with all three levels above the mandatory 80%:

Level 1 – 90.79%
Level 2 – 82.74%
Level 3 – 86.70%

There has been a large increase in the number of attendees from specialist areas with 81.63% compliance at level 3.

Quality Improvement Group

The inaugural meeting of the Quality Improvement Group was held on 8th July. The meeting was chaired by the Deputy Director of Nursing and was well attended with representatives from Executive, District and Deputy Directors, Clinical Leads, General Managers, Practice Governance Coaches and quality academy staff. Initial feedback is that the meeting was viewed positively by those in attendance. An evaluation of the event is being planned. A brief overview of the day is being produced and will be presented to Clinical Governance & Clinical Safety Committee in September.

Compliance

CQC Intelligent Monitoring: Intelligent Monitoring is used to assign trusts providing mental health services into four priority bands for inspection. It is intended to raise questions about various aspects of care which, alongside inspection findings and local information (from partners, the public, and trusts through their specialist knowledge), provides a basis on which final judgements are made. It should be noted that an "Intelligent Monitoring" for Community Services is also being developed by the CQC. Many of the indicators included in the report are also Trust-wide rather than just mental health e.g., staff survey results.

The June 2015 intelligent monitoring report had SWYPFT's risk rating increase from a Band 4 to Band 3. This was due to 1 identified risk – relating to the inpatient death of a detained patient and 2 identified elevated risks – relating to the proportion of patients who have been in hospital less than a year who received a physical health check on admission and a snapshot of whistleblowing alerts received by CQC.

Indicator MHMORT01 – Number of deaths of patients detained under the Mental Health Act as a result of suicide and suspected suicide for all ages
The Trust has reviewed our information and found that all patients, with the exception of 1 person died from natural causes whilst detained.
In the case of the one person who died from other causes the case was reviewed by an independent external reviewer who concluded that there were no contributory or causal factors arising from care or service delivery problems.
Indicator MHCAR201 - Proportion of patients who have been in hospital less than a year who received a physical health check on admission
The Trust are confident we have robust systems in place to ensure physical health screening on admission and for annual health care checks in accordance with Trust policy. We are undertaking a piece of work to ensure consistent recording of physical healthcare checks across our services.

Information regarding the whistleblowing alerts received by the CQC is not shared with Trusts.

Patient Experience

• The Trust continues to achieve the key performance indicator target in regard to respondents rating the care received as excellent/good by in-patient and community services in Wakefield, Calderdale and Kirklees
• Trust received over 1870 responses for the Friends and Family Test in Q1 with the vast majority being extremely likely / likely to recommend services. 78% would recommend mental health services, 10% would not. It has to be noted that in April, as a Trust 369 responses were received. The national average number of responses per Trust was 187. However, the number of respondents who were 'Extremely likely' or 'Likely' to recommend services was 78% for SWYPFT, compared to the national average of 87%. This can be attributed to SWYPFT receiving a high number of responses from CAMHS where satisfaction is generally not as high. This area has been prioritised to focus upon.
• 98% would recommend community health services, 2% would not. SWYPFT is currently scoring higher than the national average of people who would recommend community services. But it has to be noted that the Trust's number of respondents is below the national average and work needs to be focussed to improve the number of responses.
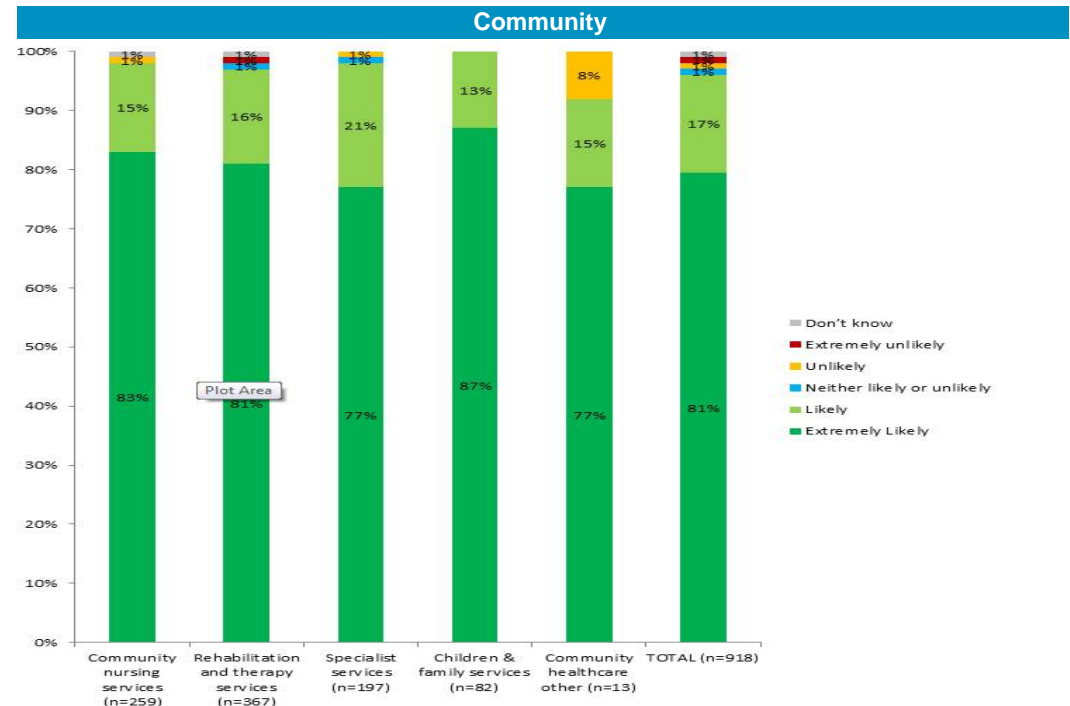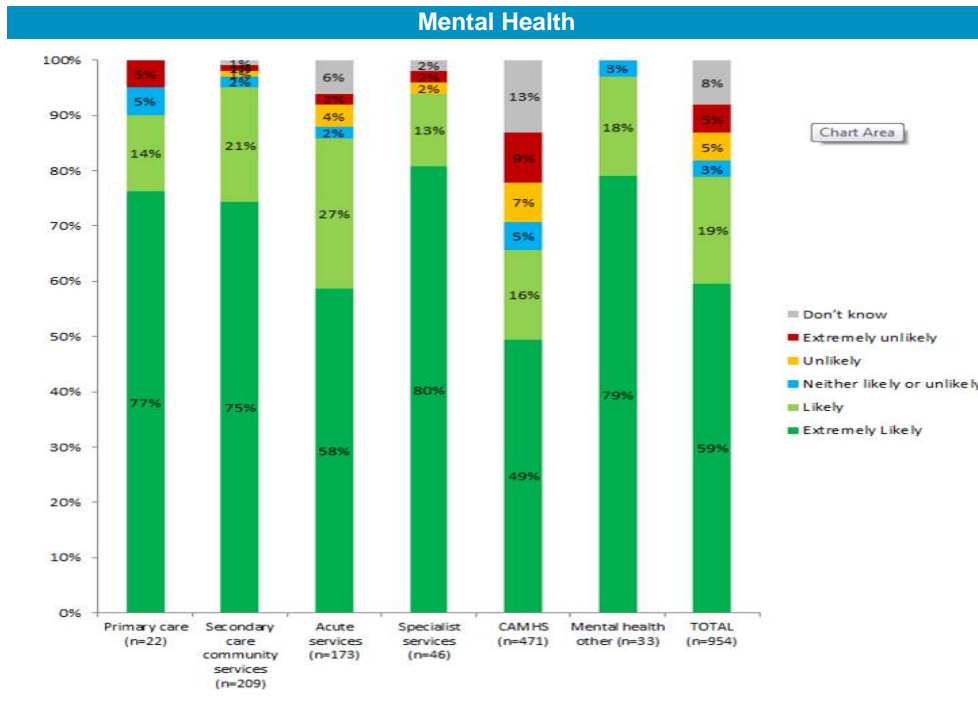
Strategic Overview Dashboard 2015/16

Business Strategic Performance Impact & Delivery

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	Green	4
	Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4	4	4	4
CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green	Green	Green	Green	4
CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
IAPT	IAPT Kirklees: % Who Moved to Recovery	C	52%	41.48%	49.21%	55.15%	54.17%	64.03%	57.78%	Data Not Avail	60.95%	4
	IAPT Outcomes - Barnsley	C (FP)	90%	97.42%	99.00%	98.02%	98.96%	99.24%	99.33%	Data Not Avail	Data Not Avail	4
	IAPT Outcomes - Calderdale	C (FP)	90%	96.00%	78.79%	100%	94.29%	95.12%	Data Not Avail	95.56%	Data Not Avail	4
	IAPT Outcomes - Kirklees	C (FP)	90%	95.81%	95.75%	97.24%	100%	99.35%	Data Not Avail	99.49%	Data Not Avail	4
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	8	0	2	0	0	0	0	0	Data Not Avail	4
C-Diff	C Diff avoidable cases	C	0	0	0	0	0	0	0	0	Data Not Avail	4
PSA Outcomes	% SU on CPA in Employment	L	10%	6.60%	7.47%	7.47%	7.43%	7.23%	7.27%	7.33%	7.33%	3
	% SU on CPA in Settled Accommodation	L	60%	72.20%	70.66%	66.91%	66.08%	65.82%	63.66%	63.53%	65.82%	4

Customer Focus

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	13%(8/61)	13% 23/180	15%24/160	18%29/159	12% 8/66	14% 6/44	13% 9/69	14% 23/179	4
MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Data Not Avail	4
	Physical Violence - Against Staff by Patient	L	50-64	Above ER	Within ER	Above ER	Above ER	Above ER	Above ER	Above ER	Data Not Avail	4
FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100%	100%	100%	100%	100% 24/24	100% 17/17	100% 24/24	100% 65/65	4
Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	83.00%	73.00%	75.00%	92.00%	92.00%	92.00%	92.00%	92.00%	4
Member's Council	% of Publicly Elected Council Members Actively Engaged in Trust Activity	L	50%	30.00%	56.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	4
	% of Quorate Council Meetings	L	100%	100%	100%	100%	100%	100%	100%	100%	100%	4
Membership	% of Population Served Recruited as Members of the Trust	M	1%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	4
	% of 'Active' Members Engaged in Trust Initiatives	M	50%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	4
Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	75.00%	80.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	4
	% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	88.00%	80.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	4
	% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%	100%	100%	4

Operational Effectiveness: Process Effectiveness

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.10%	98.92%	99.33%	99.49%	99.11%	100%	99.86%	99.70%	4
	Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.50%	97.31%	97.95%	98.25%	98.06%	97.09%	99.82%	98.35%	4
	Delayed Transfers Of Care (DTOC) (Monitor)	M	7.50%	4.18%	4.97%	4.59%	3.20%	2.50%	1.52%	2.03%	2.01%	4
	% Admissions Gatekept by CRS Teams (Monitor)	M	95%	96.50%	95.06%	100%	100%	93.28%	96.30%	97.20%	95.51%	4
	% SU on CPA Followed up Within 7 Days of Discharge (Monitor)	M	95%	96.84%	95.36%	96.33%	98.41%	98.21%	100%	97.86%	98.66%	4
	% SU on CPA Having Formal Review Within 12 Months (Monitor)	M	95%	96.50%	98.06%	98.64%	98.59%	96.37%	95.18%	97.92%	97.92%	4
	Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	186.19%	179.49%	200.84%	177.82%	108.97%	102.48%	104.60%	104.60%	4
	Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%	100%	100%	4
	Data completeness: comm services - Referral information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	96.80%	96.80%	4
	Data completeness: comm services - Treatment activity information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	96.80%	96.80%	4
	Data completeness: Identifiers (mental health) (Monitor)	M	97%	99.40%	99.54%	99.58%	99.59%	99.70%	99.64%	99.62%	99.62%	4
	Data completeness: Outcomes for patients on CPA (Monitor)	M	50%	84.40%	83.20%	80.04%	80.27%	78.83%	79.07%	77.63%	77.63%	4
	Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4
Data Quality	% Inpatients (All Discharged Clients) with Valid Diagnosis Code	L	99%	81.71%	100%	100%	99.46%	99.51%	100%	100.00%	99.75%	4
	% Valid NHS Number	C (FP)	99%	99.94%	99.94%	99.65%	99.88%	99.87%	99.88%	Data not avail	Data not avail	4
	% Valid Ethnic Coding	C (FP)	90%	93.34%	94.87%	95.32%	95.11%	99.05%	94.93%	Data not avail	Data not avail	4
Mental Health PbR	% of eligible cases assigned a cluster	L	100%	95.90%	95.90%	95.81%	95.48%	95.30%	95.48%	95.10%	95.10%	3
	% of eligible cases assigned a cluster within previous 12 months	L	100%	80.10%	79.10%	78.56%	76.64%	76.60%	77.62%	82.30%	82.30%	3

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Fit for the future Workplace

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Sickness	Sickness Absence Rate (YTD)	L	4%	4.50%	4.50%	4.70%	4.80%	4.80%	5.10%	5.00%	5.00%	1
Vacancy	Vacancy Rate	L	10%	4.60%	4.70%							4
Appraisal	Appraisal Rate Band 6 and above	L	95%	54.10%	88.50%	95.90%	96.45%	Avail M3	Avail M3	56.80%	56.80%	4
Appraisal	Appraisal Rate Band 5 and below	L	95%	17.00%	78.30%	96.30%	97.07%	Avail M6	Avail M6	Avail M6	Avail M6	4
Mandatory Training	Aggression Management	L	80%	56.60%	62.60%	67.30%	72.95%	73.70%	73.65%	75.83%	75.83%	1
Mandatory Training	Equality, Diversity & Inclusion	L	80%	62.30%	70.20%	74.70%	81.43%	82.30%	84.55%	84.87%	84.87%	4
Mandatory Training	Fire Safety	L	80%	76.74%	82.70%	84.30%	86.28%	86.50%	86.24%	86.31%	86.31%	4
Mandatory Training	Infection, Prevention & Control & Hand Hygiene	L	80%	63.00%	71.30%	76.70%	80.90%	80.60%	82.09%	82.82%	82.82%	4
Mandatory Training	Information Governance	M	95%	89.91%	89.80%	85.70%	96.04%	91.90%	92.55%	92.67%	92.67%	4
Mandatory Training	Safeguarding Adults	L	80%	74.20%	78.60%	78.40%	82.19%	82.80%	82.60%	84.14%	84.14%	4
Mandatory Training	Safeguarding Children	L	80%	69.70%	77.30%	81.50%	84.38%	84.70%	85.22%	86.00%	86.00%	4
Mandatory Training	Food Safety	L	80%	41.80%	48.40%	57.70%	63.66%	65.20%	66.89%	69.00%	69.00%	1
Mandatory Training	Moving & Handling	L	80%	36.10%	52.40%	62.00%	70.14%	71.80%	73.66%	75.31%	75.31%	1

KEY

4	Forecast met, no plan required/plan in place likely to deliver
3	Forecast risk not met, plan in place but unlikely to deliver
2	Forecast high risk not met, plan in place but vey unlikely to deliver
1	Forecast Not met, no plan / plan will not deliver
CQC	Care Quality Commission
M	Monitor
C	Contract
C (FP)	Contract (Financial Penalty)
L	Local (Internal Target)
ER	Expected Range
N/A	Not Applicable
Data Not Avail	Data not available at time of report
Above ER	Bold Itallic means figure represents the last month in a quarter not a quarter figure

Impact and Delivery
• Compliance - The Trust still has 2 CQC compliance actions outstanding and these will remain in place until CQC re-inspect. The action plan related to the compliance actions has been fully implemented.
• June 2015 position is green for Monitor Risk Ratings and CQC compliance.
• Quarter One Quality indicators (CQUINs) are due to be submitted at the end of July. The overall forecast is 81%, The risk assessment on achievement of all indicators for 2014/15 is predicting an overall potential shortfall in income of £900K and the overall rating for the year end position is Amber/Green.
• Number of service users on CPA in employment – continues to be below 10% and has remained static for the last 2 months. Benchmarking has been undertaken to compare achievement between BDUs. There are some data quality issues linked to the completeness of this indicator, however, this is unlikely to impact on the percentage in employment. A piece of work is underway which will review how the Trust supports all service users back to eventual employment i.e. volunteering, Recovery Colleges etc., compare with best practise and what further actions the Trust or with partners are required to support service users.

Operational Effectiveness
• Issues in performance associated with Data quality (DQ) indicators continue and are mostly associated with clinical record keeping, case management and the caseload allocation in teams – the Trust have agreed a CQUIN for Mental Health Clustering for 15/16 across the two main commissioner contracts and this should assist with an improvement against the % of eligible cases assigned a cluster and timeliness of initial cluster and review. During 2015-16, the Trust intends to identify a small number of focus areas and prioritise their improvement. A clinical record keeping/data quality workshop is to be organised focussed on engaging the management "Trios" and agreeing priority areas and practical steps for improvement.

Workforce
• Sickness continues to remain above trajectory at end of June 15.   Work continues to focus on reducing sickness related absence within the Trust.
• Review of mandatory training KPIs are being undertaken by HR to focus on key staff groups and risk areas – the year end position has shown significant improvement in most mandatory training areas with all now exceeding threshold, with the exception of Aggression Management, Food Safety and Moving & Handling, this shows a positive impact of the work being undertaken within the organisation.
• BDUs and Support services continue to review compliance with mandatory training to ensure completion. This is supported by the staff appraisal and objective setting process.

Overall Financial Position

Performance Indicator		Month 3 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent		
Trust Targets					**2**	**1**	**-**
1	Monitor Risk Rating	🟢	🟢	↔	🟢	🟢	
2	£0.74m Deficit on Income & Expenditure	🟢	🟢	↓	🟢	🟢	
3	Cash Position	🟡	🟢	↑	🟡	🟡	
4	Capital Expenditure	🟡	🟢	↑	🔴	🔴	
5	Delivery of CIP	🟡	🔴	↑	🟡	🟡	
6	Better Payment Practice Code	🟡	🟡	↑	🟡	🟡	

Key		
	🟢	In line, or greater than plan
	🟡	Variance from plan ranging from 5% to 15%
	🔴	Variance from plan greater than 15%

Summary Financial Performance

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

1. The Trust Financial Risk Rating is 4 against a plan level of 4. (A score of 4 is the highest possible) The forecast is that the Trust will retain a rating of 4 at 31st March 2016.

2. The year to date position, as at June 2015, is a small surplus of £0.16m. This is £0.82m ahead of plan.

Supported by the utilisation of Trust provisions the Trust are confident that the financial plan for 2015 / 2016 will be achieved. If the current trend continues this would enable the Trust to achieve a break even position rather than deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At June 2015 the cash position is £30.18m which is £1.32m behind plan. This is a £1.9m improvement from month 2 (£3.2m). The main issue continues to be prompt

4. Capital spend to June 2015 is £2.28m which is £0.41m (15%) behind the Trust capital plan.

5. At month 3 the Cost Improvement Programme is £0.19m (9%) behind plan. Overall a Full Year Value of £1.3m (14%) has been rated as red, after mitigations. A red rating indicates that the CIP opportunity does not currently have an implementation plan and therefore carries a high risk on non achievement.

6. As at 30th June 2015 (Month 3) 88% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This is an improvement from month 2.

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations	
BBDU NHSE H&J: Liaison & Diversion Service - received for signature	£290.2

CQUIN Performance — Q1 Forecast based on

Quarter	Quarter 1 £000s	Achieved	Variance	M2 Performance	Vari
Barnsley	£369.0			£353.0	-£16.0
Wakefield	£118.1			£118.1	£0.0
Kirklees	£133.2			£133.2	£0.0
Calderdale	£59.8			£59.8	£0.0
Specialised	£73.1			£73.1	£0.0
Forensics	£22.5			£22.5	£0.0
Trust Total	£775.8	£0.0	£0.0	£759.8	-£16.0

CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,625.3	-£164.8
Wakefield	£793.9	£566.0	-£228.0
Kirklees	£878.2	£629.9	-£248.4
Calderdale	£394.1	£282.6	-£111.5
Specialised	£292.6	£254.8	-£37.8
Forensics	£562.3	£453.6	-£108.7
Trust Total	£4,711.3	£3,812.1	-£899.2

CQUIN Performance Q1 Hotspots
West CCGs Improving Urgent & Emergency Care, Reduction in A&E MH reattendances Scheme still tbc with Commissioners and risk share agreed
BBDU MH Clustering - Clustering Initial Referrals

Contract Performance Issues
CAMHS C&K: Commissioners more assured about data quality and what is being reported The service has received positive feedback from arranged Commissioner visits into the service
CAMHS: W -Data being pulled via RiO continues to not reflect service delivery. This is being picked-up internally. Commissioner/Service relations are extremely good.
LD W - Requirement to develop a suite of data and reporting by Sep 2015 that reflects our performance against the service specification.   **LD C** - Addressing reporting requirements against the new specification with Commissioners from September 2015

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,398.9	-£391.1	🟥
Kirklees**	£1,000.0	£1,450.0	£450.0	🟩
Calderdale	£0.0	£0.0	£0.0	🟥
TOTAL £000s	£2,790.0	£2,848.9	£58.9	

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

Proposals under the QIPP scheme -
W:- £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Savile Park): MH Contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget) - delivered: Repricing LD beds - nearly complete: **C**:- 15/16 Schemes to be identified by end of Q1. Potential Productivity Schemes identified, not finalised/agreed.   **K:-** £1m in total: 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements £500k, 2) Reduction in OOA LD Specialist placements £500k (CCG budgets), both schemes required to generate in excess of £1m, for reinvestment in new service models

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£25.0	MSK m2

Contract Performance Information - based on month 2
Key areas where performance is above contracted levels
· Acute MH Inpatient services for adults of working age across W,K,C BDUs
· MH PICU Inpatient services for adults of working age in Calderdale
· Older People's MH inpatients services in Wakefield
· Older People's Memory services across W &K
· Intermediate Care in Barnsley
Key areas where performance is below contracted levels
· MH PICU Inpatient services for adults of working age in W & K
· MH Adult Crisis Resolution services in Wakefield
· MH Adult Rehabilitation services in Wakefield & Calderdale
· Diabetes nursing and MSK in Barnsley
Key areas where performance is back on target
· IAPT: Kirklees - remains above 52% target

Contract Performance Issues
Health & Wellbeing - Both Sheffield & Barnsley Stop Smoking will have to reduce costs due to the reduction in funding in the revised contracts
Forensics:- National procurement identified during 2015/16 for Medium & Low Secure MH Services. Joint Commissioner / Provider review of Outreach services & pathways to verify funding Joint Review of Service Unit Prices to inform future Commissioning and service delivery Commissioners identified Re-procurement of Forensic CAMHs Services

Mental Health Currency Development

The Trust has been a key member of the Care Packages and Pathway Project (CPPP) - a consortium of organisations in the Yorkshire & Humber and North East SHA areas who have been working together to develop National Currencies and Local Tariffs for Mental Health.

The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, and that this assessment must be regularly reviewed in line with the timing and protocols. Clusters will form the basis of the contracting arrangements between commissioners and providers and this is due to take effect from April 2016. This will mean that for working age adults and older people that fall within the scope of the mental health currencies the activity value will be agreed based on the clusters, and a price will be agreed for each cluster review period. The cluster review period is the time between reassessments and their is some protocol behind this. The mental health clustering tool (MHCT) guidance booklet has recently been revised to update the care transition protocols.

The scope of PbR is now being extended into other areas of Mental Health such as Learning Disabilities, Forensic, IAPT and Children and Adolescent Mental Health Services.

The Trust have been successful in agreeing a CQUIN related to MH Clustering in the two main commissioning contracts and this will assist greatly in the data quality preparatory work that needs to be undertaken in advance of April 2016.

The CQUINs have 3 common elements:
Clustering of Initial Referral Assessments - 98% to be clustered within 8 weeks of 'eligible' initial referral assessments
Review of Service Users and Clusters - agreed % to be reviewed by March 2016.
Adherence to Red Rules (assurance that the cluster is accurate, complete and of high quality)
The West contract includes the development of a PbR Dashboard and this will be an interactive reporting tool. Developments are on track and quarter 1 requirements have been met.

As part of the Mental Health Transformation work stream, the clusters and care packages are being used to feed into demand and capacity modelling.

MH Currency Indicators - June 2015
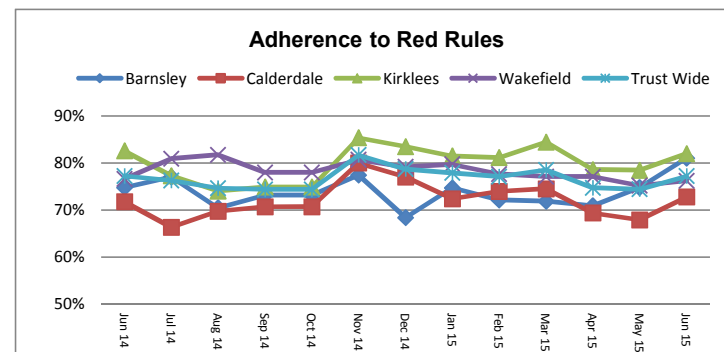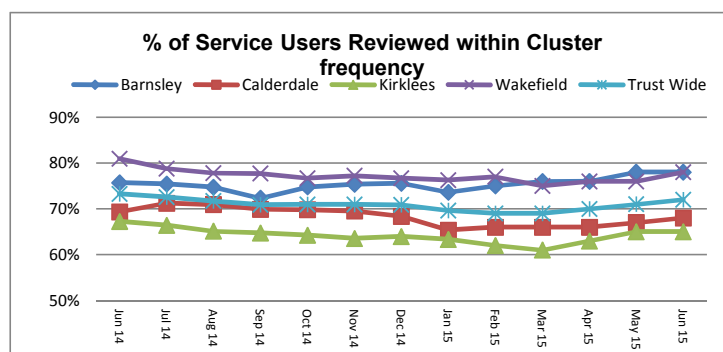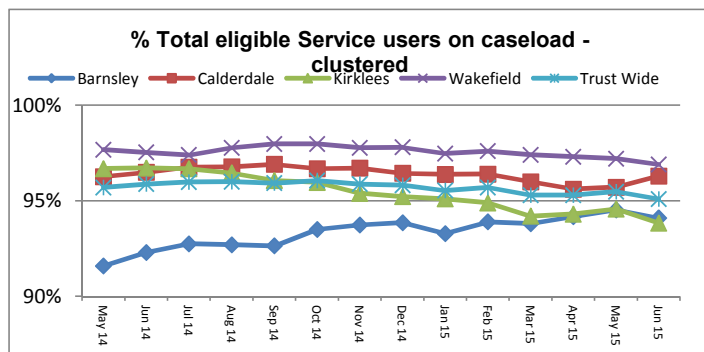
IAPT & Forensic Secure Services and Clustering
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added to RiO with effect from 16th March to enable more robust reporting to be made for inclusion into the Forensic PbR Pilot submission. The datasets have the facility to flow the data from April 15 and internal monitoring of the completeness of this data will take place during 15/16.
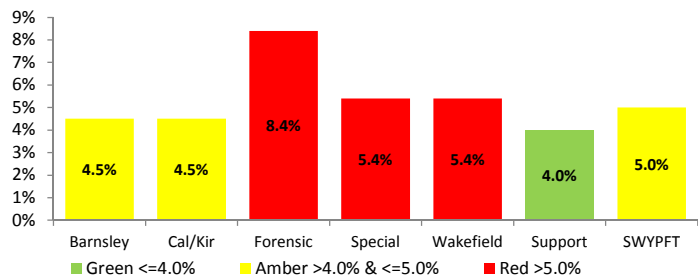
Learning Disabilities
The implementation of Clustering for Learning Disabilities service users, in relation to the CP&PP LD pilot, has been slower than anticipated, focus will be placed within the service to ensure this data begins to flow.
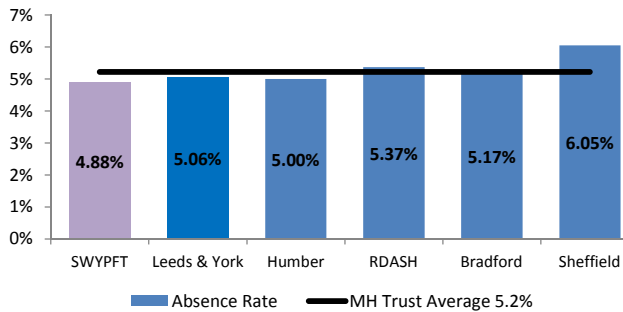
Human Resources Performance Dashboard - June 2015

Sickness Absence

| | Green <=4.0% | Amber >4.0% & <=5.0% | Red >5.0% |

Current Absence Position - May 2015

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.5%	4.1%	8.4%	5.4%	5.2%	4.1%	4.9%
Trend	↓	↓	↑	↓	↓	↓	↓

The Trust YTD absence levels in May 2015 (chart above) were above the 4% target at 5.0%


| | Absence Rate | MH Trust Average 5.2% |

The above chart shows absence levels in MH/LD Trusts in our region to the end 2014/15. During this time the Trust's absence rate was 4.88% which is below the regional average of 5.2%.

Mandatory Training

| | Red <70% | Amber >=70% & <80% | Green >=80% |
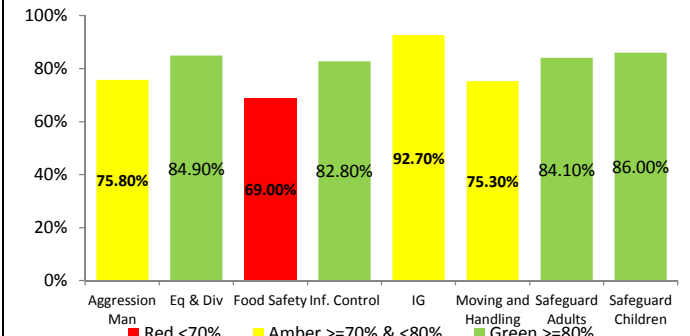
The above chart shows the mandatory training rates for the Trust. Apart from Information Governance (IG), mandatory training has a target of above 80%; IG has a target of above 95%; all are based on a rolling year.
All training rates have shown a continuous improvement over the last months.

Turnover and Stability Rate Benchmark

| | Red <3% or >12% | Amber >=3 & <5% or >10 & <12% | Green 5-10% |
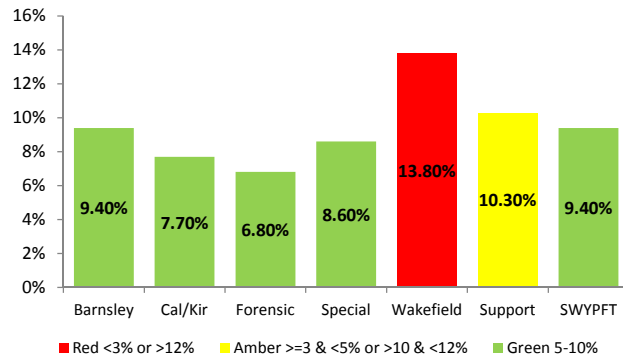
This chart shows Turnover levels up to the end of June 2015.

Turnover figures may look high but this due to the small amount of data, the above figures will level out over the new reporting year.

| | Stability Index | MH Trust Average 89.3% |
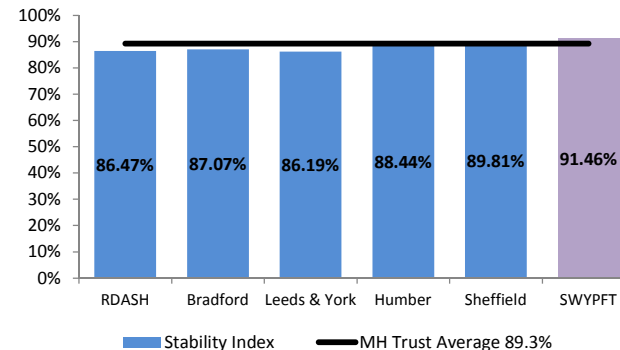
This chart shows stability levels in MH Trusts in the region for the 12 months ending in Jan 2015. The stability rate shows the percentage of staff employed with over a years' service. It shows that the Trust has the best stability rate compared with other MH/LD Trusts in our region.

Fire Lecture Attendance

| | Red <70% | Amber >=70% & <80% | Green >=80% |
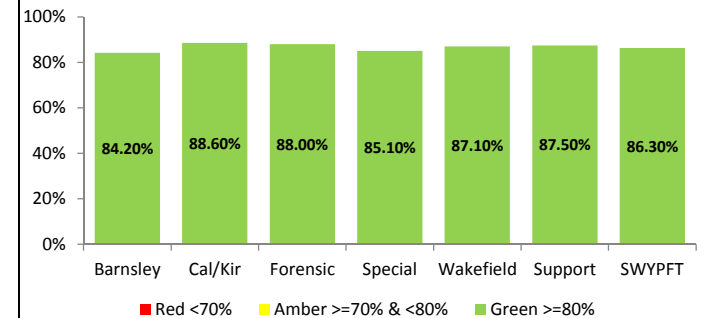
The Trust continues to achieve its 80% target for fire lecture training, with all areas having maintained their figures above target for several months.

Workforce - Performance Wall

Trust Performance Wall

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.70%	4.80%	4.80%	4.80%	5.10%	5.00%
Sickness (Monthly)	<=4%	5.30%	5.40%	5.00%	5.30%	5.10%	4.90%
Appraisals (Band 6 and above)	>=95%	96.20%	96.50%	96.50%	4.00%	13.10%	56.70%
Appraisals (Band 5 and below)	>=95%	96.90%	97.00%	97.10%	2.70%	5.40%	16.90%
Aggression Management	>=80%	68.60%	70.90%	72.90%	73.70%	73.70%	75.80%
Equality and Diversity	>=80%	77.00%	78.90%	81.40%	82.30%	84.50%	84.90%
Fire Safety	>=80%	84.10%	85.00%	86.30%	86.50%	86.20%	86.30%
Food Safety	>=80%	58.00%	62.40%	63.70%	65.20%	66.90%	69.00%
Infection Control and Hand Hygiene	>=80%	77.10%	78.70%	80.90%	80.60%	82.10%	82.80%
Information Governance	>=95%	83.80%	86.10%	96.00%	91.90%	92.60%	92.70%
Moving and Handling	>=80%	65.00%	67.40%	70.10%	71.80%	73.70%	75.30%
Safeguarding Adults	>=80%	79.50%	81.00%	82.20%	82.80%	82.60%	84.10%
Safeguarding Children	>=80%	82.50%	83.40%	84.40%	84.70%	85.20%	86.00%
Bank Cost		£334k	£363k	£502k	£412k	£360k	£398k
Agency Cost		£269k	£383k	£517k	£296k	£720k	£608k
Overtime Cost		£12k	£14k	£11k	£12k	£13k	£16k
Additional Hours Cost		£70k	£89k	£93k	£104k	£76k	£90k
Sickness Cost (Monthly)		£585k	£581k	£481k	£567k	£526k	£515k
Vacancies (Non-Medical) (WTE)		381.86	408.27	404.26	308.42	343.02	328.68
Business Miles		306k	314k	310k	295k	304k	305k

Barnsley District

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.30%	4.40%	4.40%	4.50%	4.60%	4.50%
Sickness (Monthly)	<=4%	5.10%	4.90%	5.00%	5.30%	4.60%	4.50%
Appraisals (Band 6 and above)	>=95%	96.90%	96.90%	96.70%	4.70%	18.10%	58.90%
Appraisals (Band 5 and below)	>=95%	96.50%	96.50%	96.80%	3.10%	5.80%	18.80%
Aggression Management	>=80%	74.20%	82.70%	83.70%	85.30%	79.90%	81.80%
Equality and Diversity	>=80%	81.40%	82.60%	83.80%	84.60%	86.90%	86.70%
Fire Safety	>=80%	82.80%	83.60%	83.70%	82.60%	83.60%	84.20%
Food Safety	>=80%	65.80%	69.90%	70.40%	74.40%	76.30%	77.80%
Infection Control and Hand Hygiene	>=80%	80.10%	81.30%	83.20%	82.40%	83.90%	83.70%
Information Governance	>=95%	84.10%	84.80%	93.20%	90.10%	90.20%	90.40%
Moving and Handling	>=80%	69.40%	70.80%	72.10%	73.40%	76.00%	77.70%
Safeguarding Adults	>=80%	83.80%	84.00%	85.40%	85.20%	86.10%	86.80%
Safeguarding Children	>=80%	82.70%	84.10%	84.50%	84.70%	85.10%	86.10%
Bank Cost		£44k	£54k	£64k	£57k	£67k	£71k
Agency Cost		£12k	£109k	£181k	£46k	£259k	£214k
Overtime Cost		£3k	£5k	£6k	£9k	£10k	£10k
Additional Hours Cost		£33k	£46k	£48k	£56k	£43k	£43k
Sickness Cost (Monthly)		£197k	£181k	£158k	£201k	£179k	£170k
Vacancies (Non-Medical) (WTE)		119.47	119.54	122.38	110.55	120.43	105.51
Business Miles		134k	138k	129k	135k	134k	128k

Calderdale and Kirklees District

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.50%	4.50%	4.50%	4.60%	4.80%	4.50%
Sickness (Monthly)		4.40%	4.90%	4.80%	5.40%	4.80%	4.10%
Appraisals (Band 6 and above)	>=95%	100.00%	100.00%	100.00%	2.40%	4.70%	65.50%
Appraisals (Band 5 and below)	>=95%	98.90%	98.70%	98.40%	5.10%	7.30%	22.70%
Aggression Management	>=80%	66.90%	67.80%	71.10%	75.40%	77.90%	79.50%
Equality and Diversity	>=80%	77.30%	80.40%	82.50%	83.10%	85.00%	85.90%
Fire Safety	>=80%	87.90%	88.00%	90.40%	90.00%	86.90%	88.60%
Food Safety	>=80%	42.40%	52.80%	54.50%	58.70%	59.50%	64.90%
Infection Control and Hand Hygiene	>=80%	76.80%	78.40%	80.60%	81.20%	82.90%	84.30%
Information Governance	>=95%	90.00%	92.30%	98.70%	92.60%	94.80%	94.60%
Moving and Handling	>=80%	65.20%	66.00%	67.40%	68.80%	70.40%	72.20%
Safeguarding Adults	>=80%	78.30%	80.20%	81.00%	81.20%	79.70%	80.90%
Safeguarding Children	>=80%	80.90%	81.70%	82.00%	83.10%	84.60%	85.30%
Bank Cost		£89k	£105k	£120k	£117k	£108k	£104k
Agency Cost		£59k	£40k	£83k	£59k	£157k	£57k
Overtime Cost		£7k	£6k	£3k	£1k	£0k	£3k
Additional Hours Cost		£6k	£4k	£3k	£3k	£2k	£5k
Sickness Cost (Monthly)		£105k	£105k	£99k	£113k	£98k	£86k
Vacancies (Non-Medical) (WTE)		61	89.55	89.24	75.76	79.76	83.33
Business Miles		59k	61k	63k	58k	66k	61k

Forensic Services

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	7.20%	7.30%	7.40%	7.40%	8.40%	8.40%
Sickness (Monthly)	<=4%	7.90%	8.40%	7.50%	7.70%	8.40%	8.50%
Appraisals (Band 6 and above)	>=95%	98.20%	98.10%	98.10%	3.10%	6.00%	43.10%
Appraisals (Band 5 and below)	>=95%	93.40%	94.10%	93.90%	1.00%	2.30%	6.80%
Aggression Management	>=80%	72.60%	74.70%	76.40%	77.60%	76.30%	77.00%
Equality and Diversity	>=80%	78.60%	84.00%	85.80%	87.70%	88.70%	89.30%
Fire Safety	>=80%	86.00%	88.50%	89.60%	91.80%	90.30%	88.00%
Food Safety	>=80%	50.30%	50.00%	51.00%	52.90%	55.80%	57.60%
Infection Control and Hand Hygiene	>=80%	77.10%	80.40%	83.20%	83.50%	84.20%	84.90%
Information Governance	>=95%	84.50%	95.70%	98.40%	94.10%	94.40%	93.40%
Moving and Handling	>=80%	68.40%	74.30%	76.60%	78.20%	79.20%	80.20%
Safeguarding Adults	>=80%	76.60%	83.90%	85.60%	86.40%	86.90%	87.00%
Safeguarding Children	>=80%	77.90%	79.40%	81.50%	83.10%	84.60%	85.00%
Bank Cost		£92k	£83k	£137k	£93k	£61k	£82k
Agency Cost		£61k	£96k	£56k	£58k	£116k	£91k
Additional Hours Cost		£0k	£0k	£3k	£0k	£1k	£3k
Sickness Cost (Monthly)		£71k	£76k	£63k	£70k	£74k	£78k
Vacancies (Non-Medical) (WTE)		46.46	41.9	39.5	16.26	16.94	16.7
Business Miles		4k	4k	7k	3k	4k	4k

Specialist Services

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	5.50%	5.70%	5.70%	5.70%	5.50%	5.40%
Sickness (Monthly)	<=4%	5.80%	6.90%	6.00%	5.30%	5.60%	5.40%
Appraisals (Band 6 and above)	>=95%	82.20%	84.90%	84.70%	4.80%	12.70%	33.50%
Appraisals (Band 5 and below)	>=95%	86.80%	89.00%	88.80%	1.40%	3.90%	9.40%
Aggression Management	>=80%	66.30%	71.60%	74.30%	67.50%	69.30%	70.60%
Equality and Diversity	>=80%	73.40%	75.30%	82.50%	83.70%	86.70%	87.30%
Fire Safety	>=80%	76.10%	78.40%	84.00%	86.20%	86.00%	85.10%
Food Safety	>=80%	78.70%	79.30%	83.90%	70.20%	72.20%	72.70%
Infection Control and Hand Hygiene	>=80%	68.50%	72.70%	77.60%	78.60%	79.50%	81.10%
Information Governance	>=95%	79.40%	75.40%	94.80%	88.40%	89.20%	91.10%
Moving and Handling	>=80%	57.30%	60.90%	66.30%	69.60%	72.50%	74.80%
Safeguarding Adults	>=80%	70.00%	72.10%	75.10%	77.50%	78.10%	80.40%
Safeguarding Children	>=80%	76.30%	78.80%	83.40%	82.20%	81.80%	84.30%
Bank Cost		£29k	£25k	£34k	£24k	£31k	£33k
Agency Cost		£114k	£69k	£152k	£92k	£145k	£195k
Overtime Cost		£1k	£2k	£2k	£2k	£2k	£2k
Additional Hours Cost		£5k	£7k	£6k	£9k	£7k	£7k
Sickness Cost (Monthly)		£69k	£84k	£62k	£58k	£58k	£56k
Vacancies (Non-Medical) (WTE)		37.5	36.48	33.44	42.31	52.51	52.47
Business Miles		30k	31k	31k	29k	29k	38k

Support Services

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.10%	4.20%	4.20%	4.10%	3.90%	4.00%
Sickness (Monthly)	<=4%	5.40%	5.00%	3.60%	3.80%	3.90%	4.20%
Appraisals (Band 6 and above)	>=95%	100.00%	99.50%	99.50%	1.50%	9.50%	66.80%
Appraisals (Band 5 and below)	>=95%	99.40%	99.60%	99.60%	1.90%	4.00%	11.90%
Aggression Management	>=80%	51.90%	49.60%	49.20%	49.20%	51.00%	57.10%
Equality and Diversity	>=80%	65.00%	65.90%	68.60%	69.20%	72.40%	73.20%
Fire Safety	>=80%	85.10%	84.90%	88.30%	88.90%	88.00%	87.50%
Food Safety	>=80%	94.50%	96.20%	97.10%	87.70%	89.30%	90.20%
Infection Control and Hand Hygiene	>=80%	75.50%	74.90%	76.00%	76.50%	78.60%	78.90%
Information Governance	>=95%	77.70%	82.20%	97.10%	93.60%	94.80%	94.80%
Moving and Handling	>=80%	60.90%	65.00%	70.80%	72.10%	72.80%	74.90%
Safeguarding Adults	>=80%	77.90%	78.60%	81.70%	81.70%	79.70%	81.60%
Safeguarding Children	>=80%	87.70%	87.00%	88.20%	88.00%	87.60%	87.80%
Bank Cost		£16k	£31k	£47k	£42k	£25k	£38k
Agency Cost		£3k	£23k	£23k	£16k	£25k	£27k
Additional Hours Cost		£14k	£19k	£20k	£21k	£17k	£23k
Sickness Cost (Monthly)		£88k	£80k	£47k	£59k	£58k	£64k
Vacancies (Non-Medical) (WTE)		45.78	47.33	49.43	21.26	26.51	24.8
Business Miles		37k	42k	45k	38k	32k	34k

Wakefield District

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.40%	4.50%	4.50%	4.60%	5.50%	5.40%
Sickness (Monthly)	<=4%	4.80%	4.80%	4.80%	5.60%	5.50%	5.20%
Appraisals (Band 6 and above)	>=95%	97.70%	97.70%	97.70%	6.80%	19.20%	54.80%
Appraisals (Band 5 and below)	>=95%	98.50%	98.10%	98.10%	1.10%	7.60%	25.60%
Aggression Management	>=80%	75.60%	75.60%	78.80%	77.80%	77.70%	80.40%
Equality and Diversity	>=80%	82.00%	83.20%	87.00%	87.90%	89.40%	89.50%
Fire Safety	>=80%	85.50%	87.40%	83.70%	85.20%	88.20%	87.10%
Food Safety	>=80%	53.40%	58.70%	59.50%	61.50%	62.60%	62.40%
Infection Control and Hand Hygiene	>=80%	77.10%	80.50%	82.30%	79.40%	80.70%	83.20%
Information Governance	>=95%	84.60%	87.20%	98.00%	95.40%	94.00%	94.20%
Moving and Handling	>=80%	60.40%	62.80%	65.80%	68.60%	69.60%	70.60%
Safeguarding Adults	>=80%	80.20%	81.60%	77.60%	80.50%	81.00%	85.70%
Safeguarding Children	>=80%	85.40%	85.10%	85.30%	85.90%	86.50%	86.10%
Bank Cost		£64k	£65k	£100k	£79k	£69k	£69k
Agency Cost		£19k	£46k	£20k	£24k	£18k	£24k
Additional Hours Cost		£12k	£12k	£12k	£15k	£6k	£9k
Sickness Cost (Monthly)		£56k	£56k	£52k	£66k	£59k	£61k
Vacancies (Non-Medical) (WTE)		37.51	34.65	33.16	43.08	48.87	47.87
Business Miles		41k	37k	34k	32k	39k	40k

Publication Summary

Department of Health and Health Education England framework agreement

The framework agreement defines how the department and Health Education England will work together to serve patients, the public and the taxpayer. It sets out roles, responsibilities, governance and accountability arrangements.

Click here for link

NHS England

Accessible information standard

The accessible information standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language interpreter.

Click here for link

Monitor

Consultation on changes to the NHS foundation trust annual reporting manual 2015/16

This consultation document summarises the main changes to the NHS foundation trust annual reporting manual 2015/16. The manual 2015/16 will be republished once consultation responses have been received and reviewed, subject to approval by the Department of Health. The consultation closes on 31 July 2015.
Click here for link

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

Hospital activity data, April 2015
Mental health crisis review – experiences of black and minority ethnic (BME) communities (race Equality Foundation)
Direct access audiology waiting times, April 2015
Transforming our health care system: ten priorities for commissioners (The Kings Fund)
NHS workforce statistics - March 2015, provisional statistics
NHS sickness absence rates: February 2015
Delayed transfers of care: monthly situation reports, May 2015
Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data - April 2015 to March 2015
Friends and family test, May 2015
NHS foundation trust bulletin: 1 July 2015
Transforming care for people with learning disabilities: next steps (NHS England)
Hospital episode statistics, mental health and learning disabilities dataset data linkage report, summary statistics: March 15
Referral to treatment waiting times statistics, May 2015
Hospital activity data, May 2015

Glossary

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