



With all of us in mind

Quality Performance Report

Strategic Overview

September 2015

Table of Contents

	Page No
Introduction	4
Quality Headlines	5-8
Strategic Overview Dashboard	9-10
Finance - Overall Financial Position	11
Contracts - Trust-BDU	12
MH Currency Development	13
Workforce	14-16
Publication Summary	17
Glossary	18

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for September 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 Headlines

1. IPC - infection at MVH

A water safety incident occurred at Mount Vernon Hospital commencing on 13th August 2015. A Water Safety Group was convened and met regularly including specialist input from a trust appointed Water Safety Consultant, Consultant Microbiologist, Public Health England and the Infection Prevention and Control Team. Wards 4 and 5 were closed to admissions and restorative measures were utilised including flushing, filtering and chemical controls. Following adherence to a comprehensive action plan, it was deemed that it was safe to re-occupy the wards to full capacity on 06th October 2015. An online Chlorine Dioxide dosing system is due to be installed on the 28th October 2015, which is anticipated to negate the need for any further added control measures.

2. Update on actions taken against Horizon service external review

The Horizon outline improvement plan was approved at the Clinical Governance and Clinical Safety Committee Meeting on 8th September 2015. This is now being developed to provide a detail action by the LD Trio with support from the nursing clinical governance team. A multi-disciplinary team is to be set up to provide support and steer to the LD team and the LD transformation Board will receive regular action plan updates

The Clinical Governance and Clinical Safety Committee have asked for a verbal update in November and a written update report in January 2016.

3. Safer staffing - SEPT Trust Board report

The national commitment to safer staffing is ongoing and SWYPT need to maintain the progress already made in delivering safer staffing. The Trust currently meets its safer staffing requirement overall although there is regularly a shortfall in qualified staff and some areas have difficulty finding sufficient staff at times of increased demands. This results in use of existing, bank and agency staff and increases risks due to variable quality and competencies of staff and lack of familiarity with the Trust. Planned inpatient staffing numbers rostered onto shifts meet or exceed the requirements for minimum staffing. However, staff survey and Datix reports suggest concerns remain regarding safer staffing on wards and a more proactive, flexible and sustainable workforce is required to respond to fluctuations in need and demand. Within SWYPT, significant financial investments of £954,153k have already been made since 2014 to support safer staffing. The proposed peripatetic workforce supported by an enhanced centralised bank staff management system is likely to result in financial savings while providing higher quality staffing and safer care for service users. Current plans will help the Trust prepare for new guidance from the centre and also provide the Trust with the capacity and a platform from which to explore further workforce initiatives around the quality of care contact time, multi-professional approaches and use of non-registered staff. Future plans include;

Continue to build upon and improve data in exception reports including develop dashboards for datix incidents

triangulation of DATIX, exception reporting and HR information

Extend and maximise functionality within current e-rostering system.

Convene a safer staffing group to manage the pilot peripatetic project and monitor safer staffing issues including a co-ordinated approach to recruitment, e-rostering, implementation of national staffing frameworks, monitoring use of agency staff, finance and related workforce issues. This will include members from HR and Nursing Directorate, Finance, BDUs and ward managers.

Consider Safer Staffing in the community and improve understanding and monitoring of direct care contact time

4. Revalidation - Quality Board report

On the 8th October 2015, the NMC made the decision to introduce revalidation for all nurses and midwives in the UK: the most significant change to regulation in a generation. Revalidation means that everyone on the register will have to demonstrate on a regular basis that they are able to deliver care in a safe, effective and professional way. All nurses and midwives will have to show they are staying up to date in their practice and living the values of the Code, by reflecting on their practice and engaging in discussions with colleagues. For the first time, they will also have to obtain confirmation that they have met all the requirements before they apply to renew their place on the register every three years.

As of 3rd July 2015, SWYPT had 1,416.6 WTE registered nursing staff. The SWYPT response to the new arrangements will be led by the Nursing Directorate and the Director of Nursing, Clinical Governance and Safety. We have recently drafted a new nursing strategy for the trust where implications of revalidation were reviewed and implementing nursing revalidation is a key priority for action.

The Trust has reports in our electronic staff records that can identify every registered nurses revalidation date. Our intention is to remind all nurses very soon when their revalidation is due, especially those who will be subject to the new arrangements from April 2016.

Senior staff from the nursing and HR directorates met and identified the first cohort of registrants who will be subject to the new arrangements in quarter 1 2016. SWYPT has developed a revalidation action plan driven by our nursing strategy in readiness for revalidation. This has been developed in preparation for the results from the national revalidation pilot released in October 2015.

5. CAMHS - SEPT Trust Board report

Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013. As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. Following concerns from the Trust and commissioners about the scale and pace of change, a series of multi-agency 'summit' meetings have been held throughout this year to jointly oversee the CAMHS improvement within the whole health and social care economy. Commissioners have now agreed investment in a Crisis/Home-Based Treatment service for children and young people in Calderdale and Kirklees. A separate Trust Board is also provided.

6. Urgent and emergency care bid

The Urgent and Emergency Care (UEC) Vanguard initiative bid, which encompasses the whole of the West Yorkshire UEC system, was successful. We are one of eight successful bids and one of the two that covers a whole system (the other being the North East). The whole programme is being led by Chris Dowse, Chief Executive of North Kirklees CCG. "Attain" have been engaged to provide programme management support. SWYPT are fully committed to making this a success and the mental health part of the bid is being led by Simon Large, Chief Executive of Bradford District Care trust. Other members are Leeds & Yorkshire Partnerships trust, Yorkshire Ambulance Services trust, West Yorkshire Police, Local Authority representative (Bradford).

The deadline for the finalisation of the Vanguard "Value Proposition", i.e. exactly what the mental health offer is and what the outcomes are that it will deliver is end of November 2015. There are many good ideas and developments for the mental health offer and six priority themes have been identified:

- * Liaison services – young people and joint in reach assessment work
- * Baseline service modelling and tracking of access points and activity
- * Standard governance and operating model across whole of West Yorkshire
- * Young people's crisis care concordat
- * Suicide reduction strategy
- * Emergency services conveyancing and disposal

7. End of life care for a person in Forensic Services

The Bretton Centre provided end of life care for an individual who has been known to the service for a number of years.

This gentleman chose to remain within the centre, rather than go to a hospice as he regarded it as his home and wanted to be with staff he trusted and knew well on his final journey. The staff received many positive acknowledgements for their attention to detail and holistic care, care "which can not be taught that comes automatically from staff who truly care". The team supported this gentleman and the palliative care team felt that his physical, psychological, social and spiritual needs were met to a standard expected in hospice care.

8. 0-19 years tender

Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013. As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. Following concerns from the Trust and commissioners about the scale and pace of change, a series of multi-agency 'summit' meetings have been held throughout this year to jointly oversee the CAMHS improvement within the whole health and social care economy. Commissioners have now agreed investment in a Crisis/Home-Based Treatment service for children and young people in Calderdale and Kirklees. A separate Trust Board is also provided.

9. Introduction of peer support workers

'The Trust is committed to embracing the application of lived experience in the workforce and the enormous added value experience brings. The term 'lived experience' is used to describe:

The experience people have of living with a particular health issue

The experience people have of caring for somebody who lives with a particular health issue

In line with all our recovery development work it includes people with lived experience of both physical and mental health issues. The term peer has been adopted to describe people with lived experience who have been specifically chosen (either as an employee or a volunteer) for a role where they are asked to explicitly use their lived experience, and the framework for developing this supports the introduction of both peer volunteers and paid peer support worker posts, along with the application of lived experience within the existing workforce

The Trust have a number of peer volunteers taking up roles in October 2015, and peer support worker posts being developed for 2016 in line with transformation and workforce planning. The Trust wellbeing at work survey will also be reviewed to gather information regarding the prevalence and use of lived experience within the workforce and results will inform the trust action plan regarding next steps to both support and embrace this'

Quality Headlines

10. Peer to peer review programme

The seasonal 'flu programme has been and remains a challenge to deliver for a number of reasons. To increase accessibility of the vaccine we need to look at other modes of delivery to support the OH programme. Peer to peer vaccinators are ideally placed to improve the accessibility of the flu vaccine, dispel misconceptions & help situations where whole teams / departments are negative towards the vaccine. Our employees can be vaccinated by someone they know and trust both in ability and integrity.

The peer vaccinators play a vital role in minimising the impact of the potentially fatal flu virus by making sure as many colleagues as possible have easy, convenient access to flu jabs in all areas of the Trust. To date we have 24 staff trained to give the vaccine to colleagues and a further 4 staff pending training this week. The response from our staff has been fantastic and is a great development opportunity.

11. Ward manager network

However you can put in the report that the Ward Manager network is to be re-launched tying in with the Middleground programme and the Leadership and Management agenda. I am hoping we will have a date set for the first launch meeting before the end of this year. These will then be held throughout the year at a timeframe yet to be determined – I am hoping we can discuss this at the first meeting with the Ward Managers to enable the timeframe to be both meaningful

13. PICU accreditation

The College Centre for Quality Improvement (CCQI) is a department within the Royal College of Psychiatrists who are committed to supporting mental health services to improve the quality of care they provide. The accreditation for inpatient mental health services (AIMS) is a standard based programme. PICU recently went through this comprehensive process of review. Accreditation was awarded which assures staff, service users, carers, commissioners and regulators of the quality of the service being provided.

12. Outstanding CQC visits (Waterton and Elmdale)

Elmdale – visit 17th June 2015 received outstanding in three areas which led to an overall score of outstanding.

The service was able to demonstrate that they are safe and effective in that they have an excellent incident reporting culture with staff reporting incidents and learning discussed in team meetings. All staff could describe the safeguarding procedure, involvement of Trust specialist advisors. Mandatory Training requirements are discussed in each of the regular supervision sessions. Daily engagement audits are being undertaken on a daily basis to ensure and evidence personalised care. There are regular MDT reviews and there is a good relationship with the CMHTs. The service demonstrated that they are well led. All Band 6s, 5s and 3s are allocated leads for a subject area and have responsibility for feeding information on that subject back into the team/attending appropriate meetings etc. All staff are clear about their role and responsibilities and described the leadership structure within the ward as working effectively. They feel respected and valued by the ward and also the organisation. There is visible local leadership.

Waterton – visit 10th July 2015 received outstanding in three areas which led to an overall score of outstanding.

The service was able to demonstrate that they are effective and caring in that they held weekly MDT meetings, staff accessed regular supervision. Mandatory training was up to date and all staff have received appraisals. There was also evidence of outcomes measures being used to monitor effectiveness of care. In addition to this clinical records are of a good standard with service user involvement and risk assessment and management plans. Primary nurses address the physical health needs of the service users on a weekly basis.

The service demonstrated that they are well led. The ward manager holds regular team meeting, which has been adapted following the implementation of 12 hour shifts. Good support systems are in place for junior and new staff.

14. National Stroke Award

The stroke rehabilitation service based at Kendray Hospital has achieved many prestigious awards nationally reported and reviewed by the Care Quality Commission achieving 3rd best in England and top in Yorkshire and Humber for rehabilitation and after care services. More recently the CQC inspections achieved an "outstanding" review of the stroke rehabilitation unit.

Efficient and effective management of patients depends upon a well-organised, expert and integrated service that can respond to the particular needs of each individual patient following a stroke. The Barnsley model reflects the evidence that all patients following a stroke, benefit from being managed initially in a specialised integrated stroke service to maximise their potential and reduce long-term disability. By promoting GP and Public awareness of stroke and developing a local stroke strategy group has enabled us to develop the stroke service extensively over recent years from direct admission 7 days per week, inpatient rehabilitation, Rapid Access TIA Clinics and 24/7 stroke thrombolysis.

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. The next report is due in November and an update will be provided in Q3.

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.

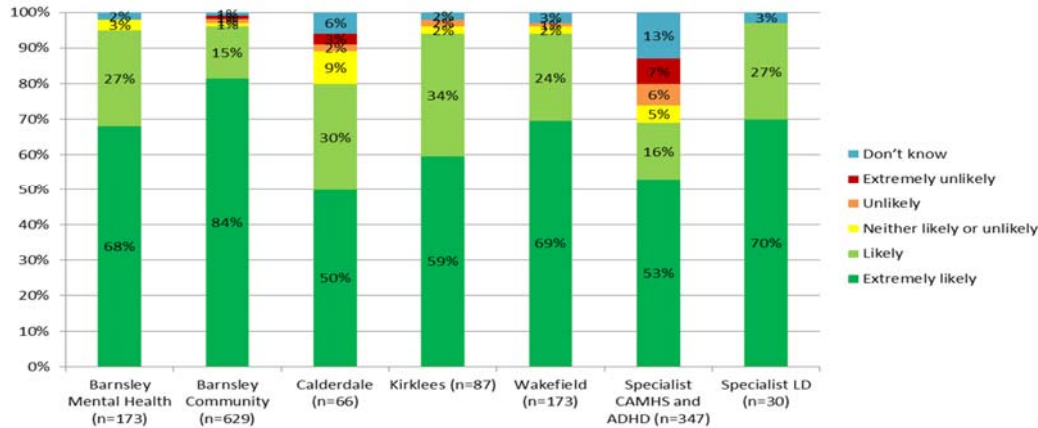
Information regarding the whistleblowing alerts received by the CQC is not shared with Trusts.

Patient Experience

The Trust has now adopted the FFT as its Quality Measure / KPI. This is due to the FFT being the one consistent patient experience question used across the organisation. For Quarter 2 the number of respondents Extremely Likely / Likely to recommend services were: Barnsley BDU 98%, Calderdale and Kirklees BDU 88%, Specialist Services BDU 71%, Wakefield BDU 94%. No FFT responses were received from the Forensic BDU in Q2 due to a separate CQUIN survey being developed – this survey will focus upon care planning, activities and food. The data collection will take place in Q3.

The Trust is in the process of setting up a sentiment analysis engine to theme and analyse text. The system was demoed in August by CRT and set up is due to start in Q3. This system will allow bulks of text to be analysed in a much more efficient way ensuring we make best use of patient feedback.

How likely are you to recommend our services to friends or family if they required similar care or treatment?



Strategic Overview Dashboard

Business Strategic Performance Impact & Delivery

1	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green		Green					4
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4		4					4
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green		Green					4
5	CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G			3
6		CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G			3
7		CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G			3
8		CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G			3
9		CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G			3
10	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	6	0	0	0	2	1	0	0	3				4
11	C-Diff	C Diff unavoidable cases	C	0	0	0	0	2	Data Not Avail	0	0					4

Customer Focus

12	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
13	Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	12% 8/66	14% 6/44	13% 9/69	12% 9/73	12% 5/42	15% 6/41	14% 23/179	13% 20/156				4
14	Service User Experience	Friends and Family Test	L	TBC	89.00%	92.00%	87.00%	93.00%	89.00%	91.00%	89.00%	91.00%				
15	MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail	N/A	N/A				4
16		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail	N/A	N/A				4
17	FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100% 24/24	100% 17/17	100% 24/24	100% 28/28	100% 20/20	100% 25/25	100% 65/65	100% 73/73				4
18	Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	92.00%	92.00%	92.00%	92.00%	92.00%		92.00%					4
19	Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%					4
20		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	100%	100%	100%		100%					4
21		% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%		100%					4

Operational Effectiveness: Process Effectiveness

22	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position	
23	Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.11%	100%	99.86%	100%	99.32%	98.60%	99.70%	99.28%				4	
24		Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.06%	97%	99.82%	100%	97.31%	99.16%	98.35%	98.76%				4	
25		Delayed Transfers Of Care	M	7.50%	2.50%	1.52%	2.03%	1.96%	1.70%	1.80%	2.01%	1.88%				4	
26		% Admissions Gatekept by CRS Teams	M	95%	93.28%	96.30%	97.20%	100%	95.90%	96.12%	95.51%	97.29%				4	
27		% SU on CPA Followed up Within 7 Days of Discharge	M	95%	98.21%	100%	97.86%	97.70%	95.35%	100%	98.66%	97.97%				4	
28		% SU on CPA Having Formal Review Within 12 Months	M	95%	96.37%	95.18%	97.92%	96%	86.57%	98.44%	97.92%	98.44%				4	
29		Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	108.97%	102%	104.60%	147.59%	108.97%	113.25%	104.60%	113.25%				4	
30		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100.00%	100%	100.00%				4	
31		Data completeness: comm services - Referral information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%				4	
32		Data completeness: comm services - Treatment activity information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%				4	
33		Data completeness: Identifiers (mental health)	M	97%	99.70%	100%	99.62%	100%	99.62%	99.54%	99.62%	99.54%				4	
34		Data completeness: Outcomes for patients on CPA	M	50%	78.83%	79.07%	77.63%	78.67%	77.64%	76.97%	77.63%	76.97%				4	
35		Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant				Compliant	
36		IAPT - Treatment within 6 Weeks of referral	M	75%													
37		IAPT - Treatment within 18 weeks of referral	M	95%													
38		Early Intervention in Psychosis - 2 weeks (NICE approved care package)	M	50%	40.00%	81.82%	58.33%	56.25%	55.56%	80.00%							
39		Data Quality	% Valid NHS Number	C (FP)	99%	99.87%	100%	99.88%	99.71%	99.58%	Avail Month7	99.88%					4
40			% Valid Ethnic Coding	C (FP)	90%	99.05%	95%	94.86%	94.88%	94.90%	Avail Month7	96.28%					4

Fit for the future Workplace

41	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
42	Sickness	Sickness Absence Rate (YTD)	L	4.4%	4.80%	5.10%	5.00%	4.80%	4.80%	4.90%	5.00%	4.90%				1
43	Appraisal	Appraisal Rate Band 6 and above	L	95%	Avail M3	Avail M3	56.80%	72.90%	80.30%	87.30%	56.80%	87.30%				4
44		Appraisal Rate Band 5 and below	L	95%	Avail M6	Avail M6	Avail M6	Avail M6	Avail M6	66.30%	Avail M6	66.30%				4
45	Vacancy	Vacancy Rate	L	10%												4
46	Mandatory Training	Aggression Management	L	80%	73.70%	73.65%	75.83%	77.04%	78.89%	78.85%	75.83%	78.85%				1
47		Equality, Diversity & Inclusion	L	80%	82.30%	84.55%	84.87%	85.76%	87.17%	88.28%	84.87%	88.28%				4
48		Fire Safety	L	80%	86.50%	86.24%	86.31%	86.55%	86.44%	85.33%	86.31%	85.33%				4
53		Food Safety	L	80%	65.20%	66.89%	69.00%	70.67%	71.80%	73.06%	69.00%	73.06%				1
50		Infection, Prevention & Control & Hand Hygiene	L	80%	80.60%	82.09%	82.82%	83.69%	85.25%	85.55%	82.82%	85.55%				4
51		Information Governance	L	95%	91.90%	92.55%	92.67%	92.76%	92.73%	91.96%	92.67%	91.96%				4
52		Safeguarding Adults	L	80%	82.80%	82.60%	84.14%	84.95%	86.16%	86.94%	84.14%	86.94%				4
53		Safeguarding Children	L	80%	84.70%	85.22%	86.00%	86.39%	87.12%	87.93%	86.00%	87.93%				4
54	Moving & Handling	L	80%	71.80%	73.66%	75.31%	77.40%	79.32%	80.37%	75.31%	80.37%				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

Overall Financial Performance 2015 / 2016

Performance Indicator		Month 6 Performance	Annual Foreca	Trend from	Last 3 Months - Most recent		
					5	4	3
Trust Targets					5	4	3
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 September 2015, is a surplus of £0.6m. This is £1.58m 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 small surplus rather than a deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At September 2015 the cash position is £28.68m which is £1.12m ahead of plan. This is an improvement from previous months.

4. Capital spend to September 2015 is £5.47m which is £0.61m (10%) behind the Trust capital plan.

5. At September 2015 the Cost Improvement Programme is £121k behind plan. Overall a Full Year Value of £1165k (12%) 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 September 2015 90% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be an improvement from previous months.

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations	
Barnsley BDU NHSE National Childhood Flu Immunisation (3 yr contract) - completed	£60.9
Calderdale & Kirklees CAMHS: Awaiting signed 2015-16 deed of variation from Commissioners	
Wakefield BDU WCCG Portrait of a Life - Care Home Vanguard (received tbc)	£67.0
SBDU WCCG offer tbc to fund 12-18mths Psychologist support to reduce ASD backlog	£61.4

Q2 Forecast based on

Quarter	Quarter 1 £000s	Achieved	Variance	M5 Performance	Variance
Barnsley	£369.0	£321.0	-£48.0	£379.8	-£32.0
Wakefield	£118.1	£85.8	-£32.3	£175.8	-£14.2
Kirklees	£133.2	£96.1	-£37.1	£200.0	-£14.6
Calderdale	£59.8	£43.1	-£16.6	£89.8	-£6.6
Specialised	£75.4	£75.4	£0.0	£75.4	£0.0
Forensics	£22.5	£22.5	£0.0	£120.0	£0.0
Trust Total	£778.1	£644.0	-£134.0	£1,040.8	-£67.4

QQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,593.3	-£196.8
Wakefield	£793.9	£533.6	-£260.3
Kirklees	£878.2	£592.8	-£285.5
Calderdale	£394.1	£266.0	-£128.1
Specialised	£301.7	£263.9	-£37.8
Forensics	£562.3	£528.6	-£33.7
Trust Total	£4,720.4	£3,778.2	-£942.2

QQUIN Performance Q2 Hotspots

West CCGs MH Clustering - Q1, 3 out of 4 indicators failed. Remedial work in place between BDU's, GMs and P&I

West CCGs Improving Urgent & Emergency Care, Reduction in A&E MH reattendances Scheme still tbc with Commissioners and risk share agreed

BBDU - MH Clustering - The BDU still predicts that the target for the Review of Service Users & Clusters will not be achieved. Work is still ongoing with the Teams to achieve this CQUIN

BBDU - Communications with GPs -the BDU predicts that it will only achieve a 50% payment for that part of the CQUIN. Work is ongoing to improve this.

Contract Performance Issues

Future in Minds report returns being submitted by Commissioners Fri 16th Oct. 5yrs allocation of funding available

Cald&Kirk CAMHS: SWYPFT & Commissioners to review Recovery Plan to form an Action Plan in October meeting. Lack of availability of T4 Beds: CCCG picking up with NHSE. Documentation still not signed and sent by Commissioners.

Wakefield CAMHS: Urgent Assessments: Agreement for 2-3 patients p/a to be seen by service at LA request. Process to be defined.

Proposed revision of CQUIN descriptor for 15/16 accepted by WCCG.

Wakefield LD: Developing suite of data to reflect performance against service specification.

Cald LD: Addressing reporting requirements against new specification with intention to provide all data by Mar-16.

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,793.1	£3.1	***
Kirklees**	£1,000.0	£534.4	-£465.6	
Calderdale	£0.0	£0.0	£0.0	
TOTAL £000s	£2,790.0	£2,327.4	-£462.6	

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

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

Proposals under the QIPP scheme -

Wakefield:- £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Savile Park) - on target: MH contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget - prevention client OOA) ~ CCG contesting this £47k : Repricing LD beds - ongoing: Risk within plan as includes £41k for use of Barnsley PICU bed & SWYPFT funded £338k from contract growth for ADHD sustainable case & backlog clearance ~tbc by CCG

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

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

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£25.1	As at Month 5

Contract Performance Information - based on month 5

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 Wakefield
- Older People's MH inpatients services in Wakefield
- Older People's Memory services in Calderdale
- Intermediate Care in Barnsley

Key areas where performance is below contracted levels

- MH PICU Inpatient services for adults of working age in C & K
- MH Adult Crisis Resolution services in Wakefield
- MH Adult Rehabilitation services in W & C
- Older People's Memory services in Wakefield
- 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

Medium Secure bed occupancy has improved in M5 but remains below 90% threshold, BDU seeking new admissions to avoid financial penalty

Mental Health Currency Development

The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. This 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.

In the Trusts two main contracts for 2016 are a set of Quality (CQUIN) indicators related to MH Clustering, this will assist the Trust in preparedness for 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

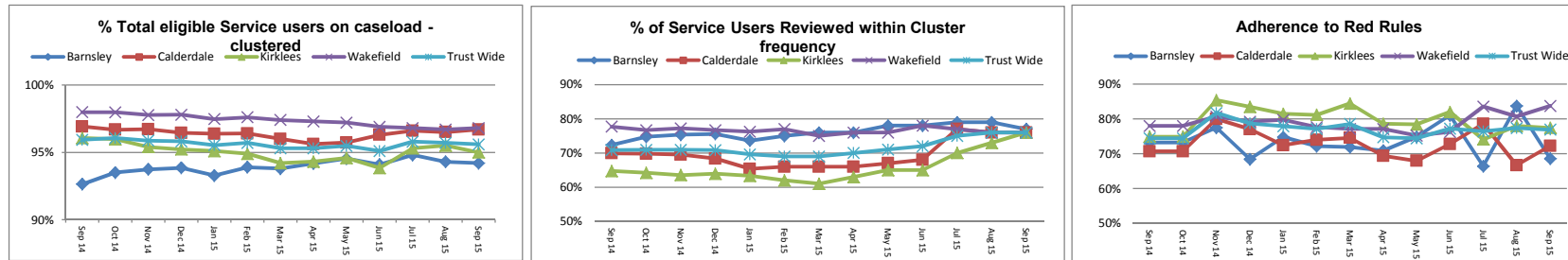
Review of Service Users and Clusters - agreed % to be reviewed by March 2016.

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.

Across the Trust, a number of caseload reviewers have been undertaking a data quality exercise, work continues to focus on this area however, to date, there has been some underperformance against contract thresholds.

MH Currency Indicators - September 2015



IAPT & Forensic Secure Services and Clustering

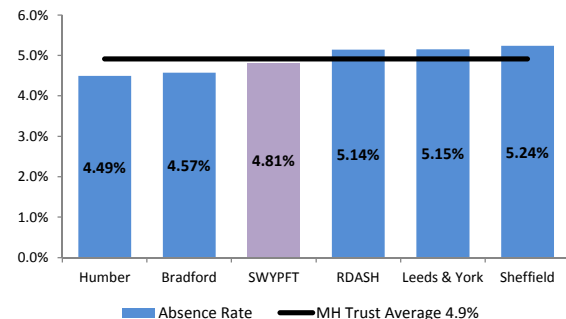
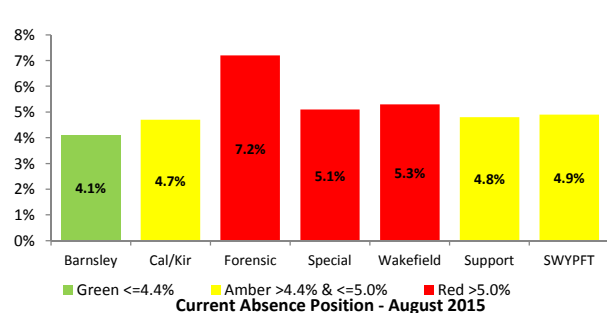
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to be reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added to RiO with effect from March 15 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. From quarter 2, the monitoring of clustering for these services will be included in the relevant BDU dashboards.

Learning Disabilities

The implementation of Clustering for Learning Disabilities service users, in relation to the CP&PP LD pilot, has been slower than anticipated, the service are now planning to commence data collection in January 2016 which will then enable data to flow into the pilot.

Human Resources Performance Dashboard - September 2015

Sickness Absence



The above chart shows YTD absence levels in MH/LD Trusts in our region to the end of June 2015. During this time the Trust's absence rate was 4.81% which is below the regional average of 4.91%.

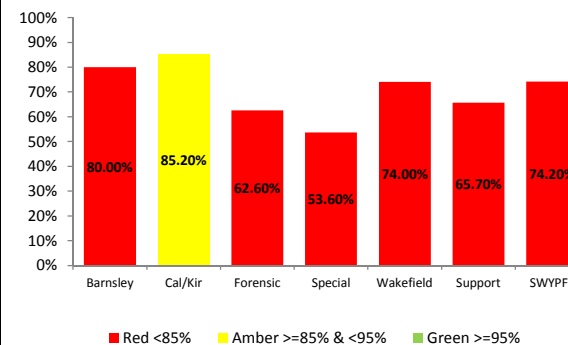
Green <=4.4% Amber >4.4% & <=5.0% Red >5.0%

Current Absence Position - August 2015

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.1%	5.1%	5.8%	5.0%	5.7%	5.8%	5.0%
Trend	↓	↓	↑	↑	↓	↔	↓

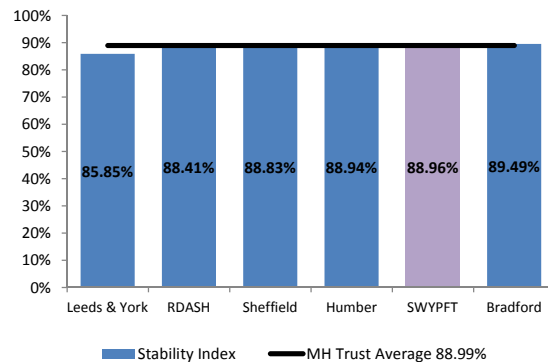
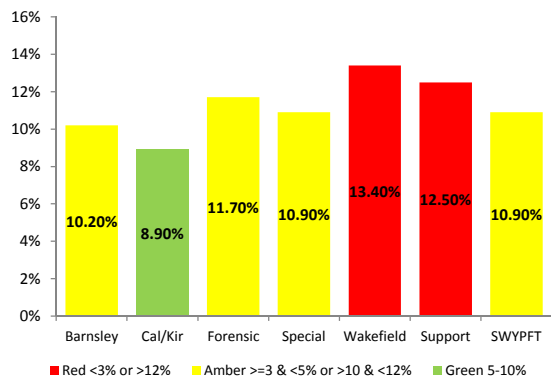
The Trust YTD absence levels in August 2015 (chart above) were above the 4.4% target at 4.9%

Appraisals - All Staff



The above chart shows the YTD appraisal rates for all Trust staff to the end of Sept 2015. The Trust's target for appraisals is 95% or above. This is the first month that Band 5s and lower have been included in the figures; they will continue to be monitored to ensure improvement over the full year.

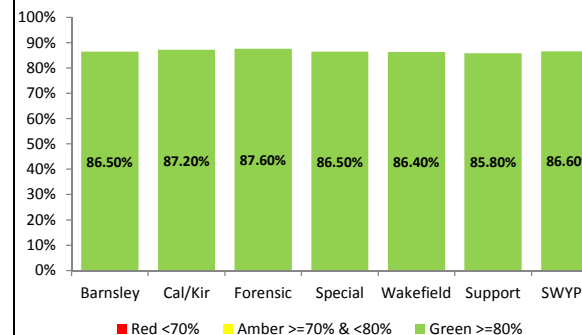
Turnover and Stability Rate Benchmark



This chart shows YTD turnover levels up to the end of September 2015. Approximately half the leavers in Wakefield BDU were as a result of retirement. The increase in Support Services is due to 18 people leaving through retirement or redundancy since 1st April.

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

Fire Lecture Attendance



This chart shows fire training for the 12 month periods ending Sept 15. 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		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.80%	5.00%	4.90%	4.80%	4.80%	4.80%
Sickness (Monthly)	<=4.4%	5.30%	5.00%	4.80%	4.60%	4.80%	5.00%
Appraisals (Band 6 and above)	>=95%	4.00%	13.10%	56.70%	73.30%	80.30%	87.30%
Appraisals (Band 5 and below)	>=95%	2.70%	5.40%	16.90%	28.00%	42.10%	66.30%
Aggression Management	>=80%	73.70%	73.70%	75.80%	77.00%	78.90%	78.90%
Equality and Diversity	>=80%	82.30%	84.50%	84.90%	85.80%	87.20%	88.30%
Fire Safety	>=80%	86.50%	86.20%	86.30%	86.60%	86.40%	85.30%
Food Safety	>=80%	65.20%	66.90%	69.00%	70.70%	71.80%	73.10%
Infection Control and Hand Hygiene	>=80%	80.60%	82.10%	82.80%	83.70%	85.30%	85.50%
Information Governance	>=95%	91.90%	92.60%	92.70%	92.80%	92.70%	92.00%
Moving and Handling	>=80%	71.80%	73.70%	75.30%	77.40%	79.30%	80.40%
Safeguarding Adults	>=80%	82.80%	82.60%	84.10%	84.90%	86.20%	86.90%
Safeguarding Children	>=80%	84.70%	85.20%	86.00%	86.40%	87.10%	87.90%
Bank Cost		£412k	£360k	£398k	£473k	£445k	£488k
Agency Cost		£296k	£720k	£608k	£694k	£566k	£637k
Overtime Cost		£12k	£13k	£16k	£8k	£26k	£38k
Additional Hours Cost		£104k	£76k	£90k	£89k	£83k	£67k
Sickness Cost (Monthly)		£567k	£526k	£515k	£456k	£484k	£490k
Vacancies (Non-Medical) (WTE)		308.42	343.02	328.68	351.53	353.84	351.54
Business Miles		295k	304k	305k	313k	340k	270k

Barnsley District							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.50%	4.40%	4.30%	4.20%	4.20%	4.10%
Sickness (Monthly)	<=4.4%	5.30%	4.40%	4.10%	3.90%	4.30%	4.10%
Appraisals (Band 6 and above)	>=95%	4.70%	18.10%	58.90%	78.00%	83.60%	90.50%
Appraisals (Band 5 and below)	>=95%	3.10%	5.80%	18.80%	32.10%	51.90%	73.40%
Aggression Management	>=80%	85.30%	79.90%	81.80%	82.00%	84.30%	83.60%
Equality and Diversity	>=80%	84.60%	86.90%	86.70%	87.60%	89.20%	90.40%
Fire Safety	>=80%	82.60%	83.60%	84.20%	85.10%	86.60%	85.90%
Food Safety	>=80%	74.40%	76.30%	77.80%	81.10%	80.50%	80.70%
Infection Control and Hand Hygiene	>=80%	82.40%	83.90%	83.70%	84.40%	85.60%	86.60%
Information Governance	>=95%	90.10%	90.20%	90.40%	91.50%	91.80%	91.70%
Moving and Handling	>=80%	73.40%	76.00%	77.70%	80.00%	81.70%	82.60%
Safeguarding Adults	>=80%	85.20%	86.10%	86.80%	87.30%	87.90%	88.90%
Safeguarding Children	>=80%	84.70%	85.10%	86.10%	86.70%	88.30%	89.20%
Bank Cost		£57k	£67k	£71k	£67k	£70k	£84k
Agency Cost		£46k	£259k	£214k	£151k	£77k	£157k
Overtime Cost		£9k	£10k	£10k	£3k	£17k	£19k
Additional Hours Cost		£56k	£43k	£43k	£40k	£47k	£31k
Sickness Cost (Monthly)		£201k	£179k	£170k	£134k	£149k	£137k
Vacancies (Non-Medical) (WTE)		110.55	120.43	105.51	111.96	116	100.85
Business Miles		135k	134k	128k	139k	137k	111k

Calderdale and Kirklees District							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.60%	5.00%	4.60%	4.50%	4.50%	4.70%
Sickness (Monthly)	<=4.4%	5.40%	4.90%	4.20%	4.50%	4.40%	5.10%
Appraisals (Band 6 and above)	>=95%	2.40%	4.70%	65.50%	79.40%	90.60%	97.50%
Appraisals (Band 5 and below)	>=95%	5.10%	7.30%	22.70%	33.90%	49.50%	76.50%
Aggression Management	>=80%	75.40%	77.90%	79.50%	81.10%	82.60%	83.00%
Equality and Diversity	>=80%	83.10%	85.00%	85.90%	86.60%	87.70%	89.80%
Fire Safety	>=80%	90.00%	86.90%	88.60%	87.70%	87.20%	85.40%
Food Safety	>=80%	58.70%	59.50%	64.90%	65.90%	66.80%	67.70%
Infection Control and Hand Hygiene	>=80%	81.20%	82.90%	84.30%	85.70%	87.20%	88.60%
Information Governance	>=95%	92.60%	94.80%	94.60%	93.70%	93.60%	92.80%
Moving and Handling	>=80%	68.80%	70.40%	72.20%	75.40%	77.50%	78.80%
Safeguarding Adults	>=80%	81.20%	79.70%	80.90%	81.40%	83.00%	85.20%
Safeguarding Children	>=80%	83.10%	84.60%	85.30%	86.00%	85.50%	87.20%
Bank Cost		£117k	£108k	£104k	£131k	£123k	£134k
Agency Cost		£59k	£157k	£57k	£167k	£110k	£141k
Overtime Cost		£1k	£0k	£3k	£2k	£1k	£1k
Additional Hours Cost		£3k	£2k	£5k	£7k	£4k	£2k
Sickness Cost (Monthly)		£113k	£101k	£90k	£91k	£90k	£103k
Vacancies (Non-Medical) (WTE)		75.76	79.76	83.33	77.32	82.59	82.93
Business Miles		58k	66k	61k	64k	77k	57k

Forensic Services							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	7.40%	8.20%	8.20%	7.90%	7.60%	7.20%
Sickness (Monthly)	<=4.4%	7.70%	8.20%	8.20%	7.30%	6.60%	5.80%
Appraisals (Band 6 and above)	>=95%	3.10%	6.00%	43.10%	58.70%	65.20%	68.60%
Appraisals (Band 5 and below)	>=95%	1.00%	2.30%	6.80%	14.00%	29.30%	61.00%
Aggression Management	>=80%	77.60%	76.30%	77.00%	78.80%	78.40%	77.40%
Equality and Diversity	>=80%	87.70%	88.70%	89.30%	89.70%	90.20%	89.20%
Fire Safety	>=80%	91.80%	90.30%	88.00%	88.20%	87.20%	85.50%
Food Safety	>=80%	52.90%	55.80%	57.60%	59.50%	63.20%	65.40%
Infection Control and Hand Hygiene	>=80%	83.50%	84.20%	84.90%	86.00%	87.80%	85.80%
Information Governance	>=95%	94.10%	94.40%	93.40%	94.10%	92.70%	90.70%
Moving and Handling	>=80%	78.20%	79.20%	80.20%	81.50%	83.90%	84.00%
Safeguarding Adults	>=80%	86.40%	86.90%	87.00%	87.40%	88.40%	85.50%
Safeguarding Children	>=80%	83.10%	84.60%	85.00%	85.10%	85.70%	84.50%
Bank Cost		£93k	£61k	£82k	£95k	£99k	£114k
Agency Cost		£58k	£116k	£91k	£93k	£77k	£96k
Additional Hours Cost		£0k	£1k	£3k	£0k	£0k	£0k
Sickness Cost (Monthly)		£70k	£74k	£77k	£65k	£58k	£52k
Vacancies (Non-Medical) (WTE)		16.26	16.94	16.7	20.56	28.42	14.34
Business Miles		3k	4k	4k	3k	6k	3k

Workforce - Performance Wall cont...

Specialist Services

Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	5.70%	5.80%	5.70%	5.40%	5.20%	5.10%
Sickness (Monthly)	<=4.4%	5.30%	5.80%	5.50%	4.80%	4.50%	5.00%
Appraisals (Band 6 and above)	>=95%	4.80%	12.70%	33.50%	39.80%	45.40%	60.50%
Appraisals (Band 5 and below)	>=95%	1.40%	3.90%	9.40%	13.10%	21.50%	44.00%
Aggression Management	>=80%	67.50%	69.30%	70.60%	70.30%	73.80%	73.40%
Equality and Diversity	>=80%	83.70%	86.70%	87.30%	88.20%	89.60%	89.60%
Fire Safety	>=80%	86.20%	86.00%	85.10%	83.70%	85.90%	82.20%
Food Safety	>=80%	70.20%	72.20%	72.70%	72.20%	72.20%	69.10%
Infection Control and Hand Hygiene	>=80%	78.60%	79.50%	81.10%	81.60%	83.30%	83.80%
Information Governance	>=95%	88.40%	89.20%	91.10%	90.10%	90.80%	89.10%
Moving and Handling	>=80%	69.60%	72.50%	74.80%	76.70%	79.70%	82.20%
Safeguarding Adults	>=80%	77.50%	78.10%	80.40%	81.50%	83.20%	84.70%
Safeguarding Children	>=80%	82.20%	81.80%	84.30%	82.70%	82.90%	85.40%
Bank Cost		£24k	£31k	£33k	£44k	£33k	£38k
Agency Cost		£92k	£145k	£195k	£195k	£208k	£127k
Overtime Cost		£2k	£2k	£2k	£2k	£2k	£2k
Additional Hours Cost		£9k	£7k	£7k	£11k	£5k	£7k
Sickness Cost (Monthly)		£58k	£58k	£56k	£50k	£56k	£54k
Vacancies (Non-Medical) (WTE)		42.31	52.51	52.47	52.66	44.93	50.41
Business Miles		29k	29k	38k	32k	30k	29k

Support Services

Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.10%	3.90%	4.10%	4.30%	4.60%	4.80%
Sickness (Monthly)	<=4.4%	3.80%	3.90%	4.30%	4.50%	5.40%	5.80%
Appraisals (Band 6 and above)	>=95%	1.50%	9.50%	66.80%	86.20%	91.80%	94.80%
Appraisals (Band 5 and below)	>=95%	1.90%	4.00%	11.90%	20.70%	26.60%	54.80%
Aggression Management	>=80%	49.20%	51.00%	57.10%	60.10%	65.10%	68.60%
Equality and Diversity	>=80%	69.20%	72.40%	73.20%	74.60%	76.20%	78.10%
Fire Safety	>=80%	88.90%	88.00%	87.50%	87.70%	85.30%	86.00%
Food Safety	>=80%	87.70%	89.30%	90.20%	95.50%	95.50%	93.60%
Infection Control and Hand Hygiene	>=80%	76.50%	78.60%	78.90%	79.90%	80.90%	81.20%
Information Governance	>=95%	93.60%	94.80%	94.80%	94.90%	94.60%	92.80%
Moving and Handling	>=80%	72.10%	72.80%	74.90%	76.70%	77.70%	78.80%
Safeguarding Adults	>=80%	81.70%	79.70%	81.60%	83.60%	84.70%	84.80%
Safeguarding Children	>=80%	88.00%	87.60%	87.80%	88.70%	89.80%	90.30%
Bank Cost		£42k	£25k	£38k	£40k	£36k	£35k
Agency Cost		£16k	£25k	£27k	£16k	£27k	£103k
Additional Hours Cost		£21k	£17k	£23k	£21k	£18k	£19k
Sickness Cost (Monthly)		£59k	£58k	£64k	£63k	£75k	£83k
Vacancies (Non-Medical) (WTE)		21.26	26.51	24.8	36.6	36.53	42.54
Business Miles		38k	32k	34k	36k	47k	38k

Wakefield District

Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.60%	5.50%	5.30%	5.10%	5.20%	5.30%
Sickness (Monthly)	<=4.4%	5.60%	5.50%	5.20%	4.80%	5.30%	5.70%
Appraisals (Band 6 and above)	>=95%	6.80%	19.20%	54.80%	78.30%	83.20%	87.40%
Appraisals (Band 5 and below)	>=95%	1.10%	7.60%	25.60%	41.40%	50.00%	64.34%
Aggression Management	>=80%	77.80%	77.70%	80.40%	81.00%	81.30%	79.30%
Equality and Diversity	>=80%	87.90%	89.40%	89.50%	89.80%	91.70%	91.70%
Fire Safety	>=80%	85.20%	88.20%	87.10%	88.70%	86.20%	84.60%
Food Safety	>=80%	61.50%	62.60%	62.40%	60.30%	61.70%	67.60%
Infection Control and Hand Hygiene	>=80%	79.40%	80.70%	83.20%	83.30%	86.50%	84.10%
Information Governance	>=95%	95.40%	94.00%	94.20%	93.00%	92.90%	93.30%
Moving and Handling	>=80%	68.60%	69.60%	70.60%	71.10%	73.50%	73.60%
Safeguarding Adults	>=80%	80.50%	81.00%	85.70%	86.70%	88.80%	89.70%
Safeguarding Children	>=80%	85.90%	86.50%	86.10%	86.50%	86.60%	86.40%
Bank Cost		£79k	£69k	£69k	£97k	£85k	£83k
Agency Cost		£24k	£18k	£24k	£71k	£67k	£12k
Additional Hours Cost		£15k	£6k	£9k	£9k	£8k	£9k
Sickness Cost (Monthly)		£66k	£59k	£61k	£54k	£57k	£60k
Vacancies (Non-Medical) (WTE)		43.08	48.87	47.87	50.63	43.37	55.47
Business Miles		32k	39k	40k	40k	42k	31k

Publication Summary

Department of Health

Consultation on the roles and functions of the National Data Guardian for Health and Care

This consultation seeks views on the responsibilities of the statutory National Data Guardian for health and social care. The responses will form a major part of the development for more detailed proposals to establish the National Data Guardian for health and social care on a statutory footing. The National Data Guardian for health and social care will help to ensure that personal confidential data is held and used to support better outcomes from health and care services, at the same time providing confidence that there are thorough safeguards in place to protect personal confidential data. The consultation closes on 17 December 2015.

[Click here for link to consultation](#)

Department of Health

FGM prevention programme: understanding the FGM enhanced dataset – updated guidance and clarification to support implementation

This guidance relates to the Female Genital Mutilation (FGM) Enhanced Dataset by the Health and Social Care Information Centre and the forthcoming professional duty about FGM to be published October 2015. This includes an explanation of the legal basis for the collection of the information. It describes what and how NHS organisations need to communicate with patients about this work. The document also explains additional work underway to support GP practices with this work.

[Click here for link to guidance](#)

Care Quality Commission (CQC)

A National Guardian for the NHS: your say

CQC has launched a public consultation seeking views on the new role of a National Guardian, who will be responsible for leading local ambassadors across the country so that staff feel safe to raise concerns and confident that they will be heard. The new role will be hosted within CQC, working closely with other bodies including, Monitor, the NHS Trust Development Authority and NHS England.

[Click here for link to consultation](#)

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

Hospital activity data, July 2015

Beds and activity, social indicators

CCG bulletin, issue 97

NHS England Informed, issue 48

NHS maximum waiting times and patient choice policies (House of Commons Library)

[Direct Access Audiology waiting times for July 2015](#)

[Estimation of future cases of dementia from those born in 2015 \(Office of Health Economics\)](#)

[Mixed sex accommodation breaches, August 2015](#)

[Learning disability services monthly statistics - England commissioner census \(assuring transformation\) - August 2015, experimental statistics](#)

[Public health outcomes framework: August 2015 update](#)

[Psychological therapies: next steps towards parity of care \(JMC Inform\)](#)

[Mental health and learning disabilities statistics monthly report: final June and provisional July](#)

[Improving Access to Psychological Therapies report, June 2015 final, July 2015 primary and most recent quarterly data \(Q4 2014/15\)](#)

[CCG outcomes indicator set - September 2015](#)

[Organisation patient safety incident reports: 14th release, 23 September 2015](#)

[Maternity and breastfeeding, Q1 2015/16](#)

[Diagnostic imaging dataset, September 2015](#)

[NHS workforce statistics - June 2015, provisional statistics](#)

[NHS foundation trust bulletin: 23 September 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		