South West Yorkshire Partnership
NHS Foundation Trust
NHS

Quality Performance Report

Strategic Overview

December 2015

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Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for December 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. Improvements to Datix web – dashboards
Datix Web dashboards are being developed and rolled out following a successful business case. The dashboards provides real time data on incidents that are configured to meet the needs the end user using graphics. To date all Consultants, specialist advisors and management Trio's (service manager, practice governance coach and clinical lead) and team managers have access to dashboards to support their work. The feedback has been really positive from reduction in the amount of time taken by specialist advisors to produce reports or note trends to practice governance coaches and managers commenting on how useful to be able to see trends.
Some specific dashboards have also been set up to support safe wards pilot and Sign up to safety.

2. Learning Lesson Reports
The Trust continues to learn from incidents and developing a learning culture. Historically the learning lessons section has been included in the incident reports however from April 2015 separate reports have been produced captures some of the changes to support learning that has taken place from incidents.
This report is based on the completed investigation reports that have been submitted to the Commissioners and other incidents from a Business Delivery Unit perspective.
The reports bring a flavour of the changes that have taken place in practise as a result of the action plans being implemented and the future development plans within the Business Delivery Units.
The reports should be read alongside the quarter/annual incident reports.
This report is in addition to BDU learning events.

3. Nursing Strategy
The launch of nursing strategy took place 16th November and was well attended with over 70 nurses from across trust attending. Speakers were a mix of local and national speakers and the "what nursing means to me" video was screened and very well received. The Nursing Quality Group now leads on implementation of the nursing strategy.

4. Safer staffing
Safer staffing lead commenced on Monday 11th Jan and will be progressing the peripatetic workforce pilot and continuing to refine the monthly exception reports. Safer staffing group continues involving senior staff from BDU's, Nursing and HR directorates meeting. Overall shift fill rates are positive but there are some wards that remain a challenge. This is being addressed through a new monthly recruitment and assessment day to expedite applications

5.Mental Capacity Act
Mental Capacity Act training is currently identified within the trust as 'core training'. Training over the years has been provided and delivered mainly in response to the needs of the services, i.e. formal training sessions, external trainers (legal, local authority, external experts), group sessions, 1-1 sessions, training for medical staff (part of education programme), university training for allied health professionals, social workers, nursing staff and higher trainee doctors).
Over the past 12 months we have continued to provide a wide range of training, support and advice in relation to the MCA and DoLs. Guidance notes and full text of the MCA remains available on the trust intranet
A new MCA/Dols training programme has been developed for the period of January to December 16.
A review of the MCA e learning packages is currently being undertaken and updated accordingly.
A paper is currently being prepared for EMT to consider MCA/DoLs being made mandatory for all staff who are working with service users.

6. Immediate Life Support Training:
Given the size and complexity of the Trust, It has been agreed by EMT that we can develop a trust wide Resuscitation team who will be able to flexibly meet the training needs of the organisation.
The trust wide team will be in place by 31st March 2016 when the contract for 'first on Scene' will cease. The cost benefits from terminating this contract will be used to develop the existing in house team who currently work within the Barnsley BDU.
EMT have agreed to this training being mandatory from April 2016.

7. Wakefield CQC Visit – Safeguarding thematic review :
The final report from the CQC visit has now been published and SWYPFT are discussed in very favourable terms. The inspectors were impressed by the level of support available from the safeguarding team to CAMHS and the coordination of the visit.
They were also impressed by the demonstration of the organisation to understand and meet the requirements of the CQC inspection, this was reflected in the diversity of role and responsibility of the staff who took part.
There are two specific areas which require action in relation to adult mental health services. An action plan has been developed and will be monitored through our strategic safeguarding group and Wakefield BDU service line.

8. Safeguarding- Kirklees Challenge team
The safeguarding Children team for mental health and learning disabilities attended a challenge event in Kirklees with regard to the effectiveness of our organisational response to safeguarding children. The event was attended by an Assistant Director of Nursing, the Named Nurse for Safeguarding Children within mental health and learning disabilities and the Practice Governance Coach who is specifically assigned to CAMHS across Calderdale and Kirklees. The team were able to describe the governance structures within the organisation and demonstrate organisational commitment to ensuring that children are supported and protected in order to improve outcomes for children and families.
The team were subject to two interviews, one by Safeguarding Children Board members and the other by a panel of children and young people who were specifically focussed on child sexual exploitation, organisational understanding and responsiveness.
Out of 12 different agencies, including children's social care, SWYPFT were given the highest score by the panel of children and young people.

Quality Headlines

9. Ward Manager Network

A meeting of the relaunched Ward Manager Network was held on 7th December 2015 and was welcomed by the inpatient ward managers. The main aim of this network is to be a supportive, learning, developmental network for the ward managers across the trust. It will build on the systems working Middle ground 4 programme. The dates are set for 2016 and Tim Breedon has committed to attend each session. We are holding the network every two months and alongside this we have set up a Ward Manager network on Yammer.

10. Clinical Supervision

In SWYPFT we recognise the important role that the appropriate supervision of clinical staff plays both in contributing to high quality clinical and professional practice leading to improved outcomes for the people using our services and also in maintaining the well-being of our workforce. Supervision supports the implementation of the workforce development strategy and sits with the clinical governance framework. As a Trust we are looking to improve the way we deliver and record clinical supervision. There are currently three work streams in place to meet this aim.
1. Review of our systems to facilitate inpatient staff to have increased access to supervision.
2. Developing a clinical supervision electronic reporting mechanism (linked to ESR) that will provide us a consistent way to capture, the type of supervision our staff access and how frequently.
3. A review of the clinical supervision policy which will capture the above.

11. Horizon - External review

Following the External Review an action plan has been developed and a steering group has been established. The inaugural meeting of this group took place on 7th January 2016, where the action plan was discussed at length. Updates to the plan are being made and will be presented to Clinical Governance & Clinical Safety Committee in February 2016.
Admissions remain restricted due to the demands on the service from an individual who is presenting significant challenges to the clinical team. The care plan remains under regular close review and has been subject to independent expert advice.

12. Clinical Record Keeping

The Trusts has identified clinical record keeping as an area on improvement for our organisation.
The updated Quality Improvement Strategy will include a focus on improving the quality of clinical information
The quality account will continue to include a goal to improve quality of clinical information.
Quality Improvement Meeting (16.9.15) – group work was undertaken by TRIO's to identify top 5 clinical information issues. Improving Information Group (sub group of Improving Clinical Information group) will now focus on the agreed "Top 5" in terms of monitoring, supporting with guidance/SOPs, learning from each other's experiences, looking for ways to improve quality and champion the importance of this work.
A Trust wide review of integrated performance reporting.
Project initiated which aims to introduce solutions within the Trust that start to join up our clinical information systems and allow increased information sharing capabilities across our clinical services (initial focus RiO and SystmOne).

13. Clinical Risk Training

Clinical risk assessment, formulation and management are vital skills for staff who work in mental health and learning disability services. Although the Trust has continued to provide clinical risk training which is open to all staff, concerns around clinical risk training emerged as a result of several recent findings including increase in suicides nationally and ongoing concerns about vulnerable children and adults. In response, SWYPT developed a Patient Safety Strategy in June 2015 and a dedicated Clinical Risk Training group was formed in July 2015.
In summary, the group concluded that, the Trust needs to develop best practice in clinical risk training that is mandatory and relevant for all clinical staff and delivered in a way that minimises time away from the workplace. More advanced and specialist clinical risk training must be based on training needs analysis at BDU level to meet local needs and priorities. This should be supplemented by practice-based learning (e.g. learning events, reflective practice). A proposal to implement these actions was accepted by EMT in December 2015 and work is ongoing to update the SWYPT clinical risk policy to reflect developments in training and develop knowledge and expertise in this area within the Trust.

14. RIO V7

The introduction of RiO V7 has presented some challenges which have been addressed through daily reviews and action from IM&T. However, the full impact of the issues around the server capacity at Servelec has yet to be evaluated.

15. 0-19 Children and Young People Health and Wellbeing Services.

The decommissioning of the Family Nurse Practitioner service remains a concern and we are working with BMBC to ensure that the appropriate arrangements are in place to ensure a safe transition to the new system.
Discussions continue around the 0-19 service and again we continue to work to the provision of a revised service offer that is clinically safe and the correct quality

16. Revalidation

The Trust employs 1600 registered nurses all of whom require 3 yearly re-validation. The process commences 1/04/2016 and the Trust has committed to support this process by the appointment of 2 secondees to undertake training and coordination of the process offering individual support where necessary. Assistant Directors of Nursing will over-see the process and regular monthly progress report will be provided into Trust Board. No issues are anticipated at present.
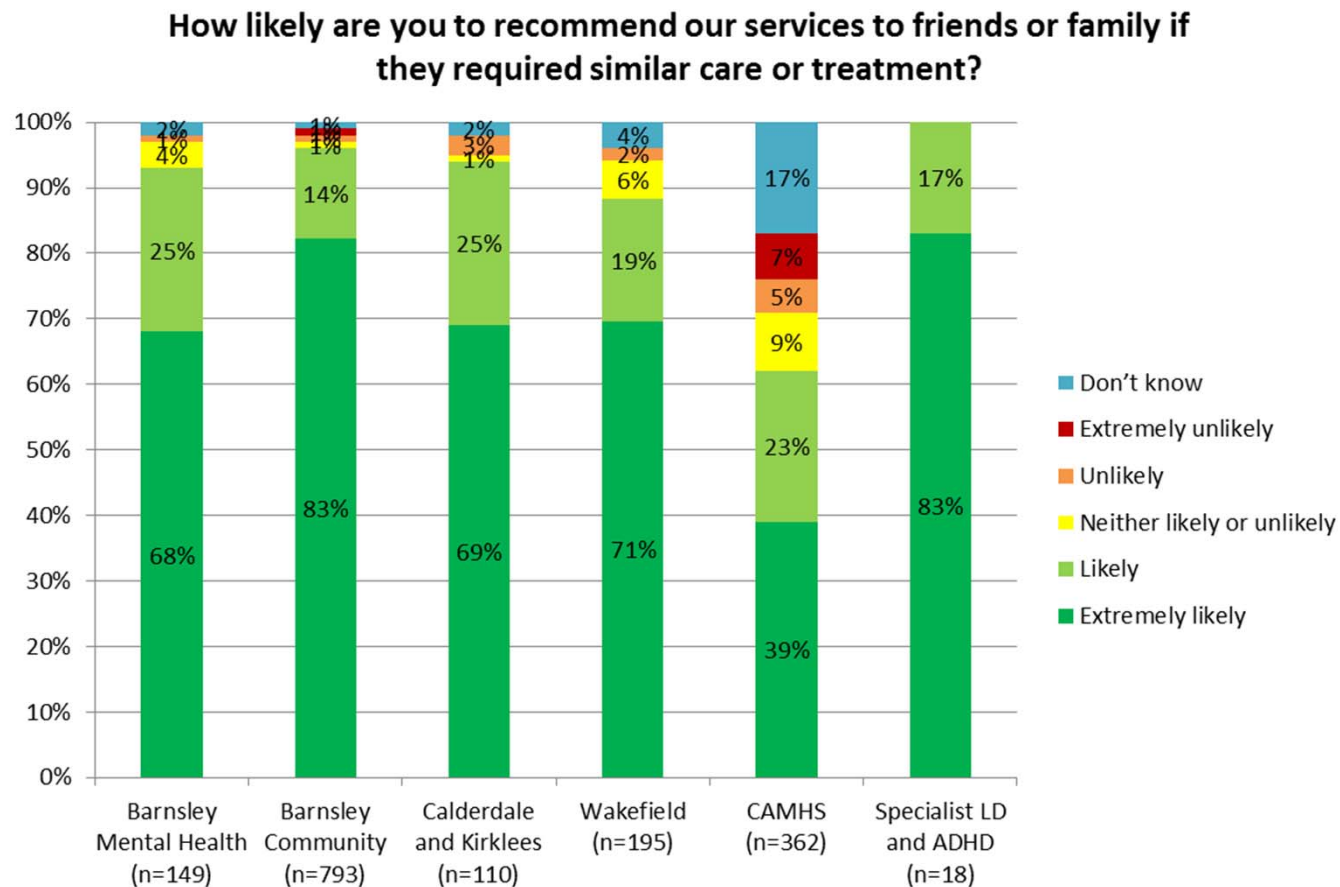
Compliance

1. Intelligent Monitoring

Intelligent Monitoring is a tool which assesses risk within care services. It has been developed to support CQC's regulatory function and purpose of ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care. Intelligent Monitoring highlights those areas of care to be followed up through inspections and other regulatory activity.

On 12th January 2016 the Trust received a draft Intelligent Monitoring report (3rd report) . We are currently checking the report for factual accuracy and our response will be submitted by 26th January 2016.   The report will be published by the CQC on 25th February 2016.

2. Patient Experience

The trust has adopted the FFT as its quality measure for patient experience as this is the one consistent question that is asked across all trust services. The Q3 results can be seen on the chart below:

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

Category	Barnsley Mental Health (n=149)	Barnsley Community (n=793)	Calderdale and Kirklees (n=110)	Wakefield (n=195)	CAMHS (n=362)	Specialist LD and ADHD (n=18)
Don't know	2%	1%	2%	4%	17%	
Extremely unlikely	1%	1%	3%	2%	7%	
Unlikely	1%	1%	1%		5%	
Neither likely or unlikely	4%	1%	1%	2%	9%	
Likely	25%	14%	25%	19%	23%	17%
Extremely likely	68%	83%	69%	71%	39%	83%

Strategic Overview Dashboard

Business Strategic Performance Impact & Delivery

	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	National Average	Year End Forecast Position
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			4
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	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	Green	Green	Green			4
5		CQUIN Barnsley	C	Green	Amber/G	Amber/G	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	Amber/G	Amber/G			3
7	CQUIN	CQUIN Kirklees	C	Green	Amber/G	Amber/G	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	Amber/G	Amber/G			3
9		CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Green	Amber/G	Amber/G	Amber/G	Amber/G	Green			3
10	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	6	0	0	0	2	1	0	0	0	0	0	3			4
11	C-Diff	C Diff avoidable cases	C	0	0	0	0	0	0	0	0	0	0	0	0			4

Customer Focus

	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	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	12% 5/42	16% 9/58	15% 6/40	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%	88.00%	85.79%	93.51%	89.00%	91.00%	88.83%		
15	MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Within ER	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Above ER	Above ER			4
16		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Above ER	Above ER			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% 19/19	100% 13/13	100% 19/19	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%	80.00%	75.00%	50.00%	40.00%	50.00%		92.00%	68.00%			4
19	Befriending services	% of Service users allocated a befriender or volunteer led group support (gardening/music/social) within 16 weeks	L	70%	50.00%	50.00%	50.00%	20.00%	20.00%	100%	100%	100%	100%	50.00%	20.00%	100%		4
20		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	100%	100%		4

Operational Effectiveness: Process Effectiveness

	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	National Average	Year End Forecast Position
23		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%	99.86%	97.64%	100%	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%	98.92%	97.58%	100%	98.35%	98.76%		93.10%	4
25		Delayed Transfers Of Care	M	7.50%	2.69%	1.64%	2.06%	1.96%	1.70%	1.80%	3.49%	2.89%	2.42%	2.12%	1.83%	2.73%		4
26		% Admissions Gatekept by CRS Teams	M	95%	93.28%	96.30%	97.20%	100%	95.90%	96.12%	95.49%	95.90%	96.77%	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%	95.39%	95.60%	95.95%	98.66%	97.97%		96.90%	4
28		% SU on CPA Having Formal Review Within 12 Months	M	95%	96.37%	95.18%	97.92%	96%	86.57%	98.44%	86.88%	97.52%	98.56%	97.92%	98.44%		97.67%	4
29	Monitor Risk Assessment Framework	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%	83.42%	99.48%	94.24%	104.60%	113.25%			4
30		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	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%	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%	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%	99.65%	99.55%	99.45%	99.62%	99.54%	99.45%		4
34		Data completeness: Outcomes for patients on CPA	M	50%	78.83%	79.07%	77.63%	78.67%	77.64%	76.97%	78.40%	77.94%	78.58%	77.63%	76.97%	78.58%		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	Compliant	Compliant			Compliant
36		IAPT - Treatment within 6 Weeks of referral	M	75%	Avail Month 8	Avail Month 8	Avail Month 8	Avail Month 8	53.46%	41.93%	48.33%	48.71%	28.98%	Data Not Avail	Data Not Avail			
37		IAPT - Treatment within 18 weeks of referral	M	95%	Avail Month 8	Avail Month 8	Avail Month 8	Avail Month 8	77.40%	70.70%	71.81%	77.28%	56.33%	Data Not Avail	Data Not Avail			
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%	66.67%	84.60%						
39	Data Quality	% Valid NHS Number	C (FP)	99%	99.87%	100%	99.88%	99.71%	99.58%	99.76%	99.58%	99.30%	Data Avail Month10	99.88%				4
40		% Valid Ethnic Coding	C (FP)	90%	99.05%	95%	94.86%	94.88%	94.90%	94.83%	94.73%	94.12%	Data Avail Month10	96.28%				4

	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	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%	4.90%	4.90%	5.00%	5.00%	5.00%			1
43	Appraisal	Appraisal Rate Band 6 and above	L	95%	Avail M3	Avail M3	56.80%	72.90%	80.30%	87.30%	89.50%	91.60%	92.90%	56.80%	92.90%			4
44		Appraisal Rate Band 5 and below	L	95%	Avail M6	Avail M6	Avail M6	Avail M6	Avail M6	66.30%	75.80%	80.30%	83.60%	Avail M6	83.60%			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%	80.38%	80.78%	83.12%	75.83%	83.12%			1
47		Equality, Diversity & Inclusion	L	80%	82.30%	84.55%	84.87%	85.76%	87.17%	88.28%	88.81%	89.37%	90.31%	84.87%	90.31%			4
48		Fire Safety	L	80%	86.50%	86.24%	86.31%	86.55%	86.44%	85.33%	84.60%	84.83%	85.56%	86.31%	85.56%			4
53		Food Safety	L	80%	65.20%	66.89%	69.00%	70.67%	71.80%	73.06%	74.30%	74.10%	75.79%	69.00%	75.79%			1
50		Infection, Prevention & Control & Hand Hygiene	L	80%	80.60%	82.09%	82.82%	83.69%	85.25%	85.55%	85.58%	84.86%	85.84%	82.82%	85.84%			4
51		Information Governance	L	95%	91.90%	92.55%	92.67%	92.76%	92.73%	91.96%	91.56%	90.58%	89.06%	92.67%	89.06%			4
52		Safeguarding Adults	L	80%	82.80%	82.60%	84.14%	84.95%	86.16%	86.94%	87.74%	87.34%	88.34%	84.14%	88.34%			4
53		Safeguarding Children	L	80%	84.70%	85.22%	86.00%	86.39%	87.12%	87.93%	86.12%	85.54%	87.68%	86.00%	87.68%			4
54		Moving & Handling	L	80%	71.80%	73.66%	75.31%	77.40%	79.32%	80.37%	82.11%	83.03%	83.83%	75.31%	83.83%			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

Impact and Delivery
• Performance for Quality indicators (CQUINs) is monitored by BDU's on a monthly basis. The risk assessment on achievement of all indicators for 2015/16 is predicting an overall potential shortfall in income of £1.25M, which equates to 74% achievement and the overall rating for the year end position remains at Amber/Green.
• Under performance issues related to CQUINS to date are linked to MH Clustering in all BDU's, Care Planning in Calderdale, Kirklees and Wakefield and High Performing Teams in Barnsley - detailed action plans have been drawn to improve performance however, some underperformance is forecast to continue to end of Q4.

Operational Effectiveness
• Issues in performance associated with waiting times for IAPT are anticipated to continue in Dec 15 (data to be available at month end). Issues mostly relate to psychological wellbeing practitioner vacancies within all IAPT teams in the Trust.

Workforce
• Sickness continues to remain above trajectory at end of December 15 and has increased compared to the last few months. Work continues to focus on reducing sickness related absence within the Trust.
• Appraisal rates continue to perform under threshold; however, performance has increased across all staff groups to end December 2015.
• Mandatory training shows an increase in performance in all areas except Information Governance to end December 2015.

Additional Notes
• Safer Staffing fill rate data is to be added to the dashboard from January 2016. Position for December 2015 is Nurses - 93.9%; HCAs - 114.3%.
• The proportion of people experiencing first episode psychosis or 'at risk mental state' that wait 2 weeks or less to start NICE recommended package of care will commence monthly national reporting from December 2015. Reporting will be split between the waiting time for those whose treatment commenced during the reporting period and those who were still waiting at the end of the reporting period. For December 2015 the Trust will be reporting – 85% of new cases commenced treatment within 2 weeks of referrals and 25% of those still waiting for treatment have been waiting no more than 2 weeks as at the end of the reporting period. The 2 lines will be added to the dashboard for monitoring from January 2016.

Overall Financial Performance 2015 / 2016

Performance Indicator		Month 9 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent		
Trust Targets					8	7	6
1	Monitor Risk Rating	🟢	🟢	⟷	🟢	🟢	🟢
2	REVISED £0.10m Surplus on Income &	🟢	🟢	⬆	🟢	🟢	🟢
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 December 2015 , is a surplus of £0.2m. As part of the Month 6 Monitor return the Trust confirmed a revised plan of £100k surplus.This year to date   position is £0.92m ahead of this revised 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 December 2015 the cash position is £28.09m which is £1.53m ahead of plan.

4. Capital spend to December 2015 is £7.82m which is £0.6m (7%) behind the Trust capital plan.

5. At December 2015 the Cost Improvement Programme is £809k behind plan. Overall a Full Year Value of £1435k (15%) 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 December 2015 92% of NHS and 96% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be a small improvement from previous months.

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations	
BBDU NHSE National Childhood Flu Immunisation (3 yr contract) - completed	£60.9
BCCG & Associates CV 1 Various Signed	£359.1
C&K CAMHS: Awaiting signed 2015-16 deed of variation from Commissioners	
WBDU WCCG Portrait of a Life - Care Home Vanguard (signed 11-11)	£67.0
SBDU WCCG offer tbc to fund 12-18mths Psychologist support to reduce ASD backlog	£61.4

CQUIN Performance — Q3 Forecast based on

Quarter	Quarter 2 £000s	Achieved	Variance	M8 Performance	Variance
Barnsley	£411.8	£251.8	-£160.0	£402.6	-£24.0
Wakefield	£190.0	£128.0	-£61.9	£92.4	-£15.3
Kirklees	£214.7	£126.7	-£88.0	£103.4	-£17.6
Calderdale	£96.3	£30.4	-£65.9	£46.4	-£7.9
Specialised	£75.4	£75.4	£0.0	£56.5	-£18.9
Forensics	£120.0	£120.0	£0.0	£22.5	£0.0
Trust Total	£1,108.2	£732.3	-£375.9	£723.9	-£83.7

CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,465.3	-£324.8
Wakefield	£793.9	£485.9	-£308.0
Kirklees	£878.2	£519.4	-£358.9
Calderdale	£394.1	£206.7	-£187.4
Specialised	£301.7	£263.9	-£37.8
Forensics	£562.3	£528.6	-£33.7
Trust Total	£4,720.4	£3,469.7	-£1,250.7

CQUIN Performance Q3

West CCGs: MH Clustering - Q2, 3 out of 4 indicators failed for C &K, 2 out of 4 for W. Remedial work in place. Reason for non achievement is recording/data reporting
Care Planning - Partial achievement for W & K. No achievement for C. Action Plan to be completed in preparation of Q4 audit.
Improving Physical Healthcare: Partial Achievement. Performance low against target.
BBDU: MH Clustering - The BDU only met the target for % in crisis plans for Q2, it failed all other targets. A recovery plan has been produced and work is still ongoing with the Teams to achieve this CQUIN & to achieved crisis plan target in Q3
BBDU - High Performing Teams - the CCG has not accepted the report. SWYPFT is meeting to discuss issues with them to ensure Q3 acceptance and look at Q2 issues

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG	
Wakefield*	£1,790.0	£1,843.3	£53.3		***
Kirklees**	£1,000.0	£659.6	-£340.4		
Calderdale	£0.0	£0.0	£0.0		
TOTAL £000s	£2,790.0	£2,502.8	-£287.2		

* 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 -

W:- £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
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. Below target

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£7.0	MSK as at Mth 8

Contract Performance Information - based on month 8
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
· K IAPT Below target for recovery, 6 week & 18 week waits (ref to entering IAPT treatment)
· 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

Contracting

Trust Summary by BDU - continued

Contract Issues - Specialist

<u>CAMHS</u> - Future in Minds: All Transformation Plans have been assured. ED allocation across the organisation £666k.
Total recurrent uplift from 2016/17 £2.3m
C&K: Positive move from Recovery to Action position. DoV still awaiting signature from Commissioners.
Finance being reviewed. 2016/17 new contract being issued. 17/18 Assumption service will go out to
procurement
Barnsley: Positive rapport with Commissioners. Deep dive work ongoing in relation to data.
Wakefield: CV being prepared to capture agreed funding and temporary work streams.
To note: MHS data set going live Jan 2016. May be accuracy issues initially within Barnsley. BCCG aware.
<u>Learning Disability</u>
W - constraints on the number of patients able to be admitted against contract plan due to intake of complex client
C - SWYPFT team delivering on timescales. Positive feedback and service being recognised as good practice

Key Contract Issues - Calderdale

IHBT: CCCG only commissioner that has not commissioned 24/7 IHBT service.
Business case submitted, ongoing discussion with CCG. % overhead and contribution for business
case being reworked No contentious elements relating to quality.
MHL: Ongoing discussion re provision. CCCG & KCCG to discuss separately. SWYPFT to
review specification and core 24hr cover and ascertain what can be provided within current financial
envelope.
Police Liaison: Ongoing review of finance. Same % overhead & contribution to be applied as
that of IHBT
R&R: CCCG clear about intentions re redesign of pathway. Joint pathway with health & social
care. Move from bed based approach and moving to community rehab model.
Psychology: CCCG looking at new model going forward and considering funding implications.
IAPT (AQP): DoV outstanding. Service out to procurement Dec/Jan 16
ED: CCCG would like 'basic' service initially. SWYPFT to work with Commissioners focussing on
primary care and supporting patients through need. Meeting 20th Jan

Contract Issues - Barnsley

Wakefield MDC PH - The Council have offered a 6 months extension to the contract but require a 10% reduction in
the contract value. SWYPFT is negotiating this as the Commissioner has said that they did not want any
reductions in staff
Rotherham & Doncaster MBCs PH - the Commissioners have requested a reduction in the contract value of 2%
per annum. SWYPFT is working on identifying the saving
Sheffield CC PH - the Commissioner has instructed SWYPFT to cap activity at the contract target. SWYPFT is
working on how this can be achieved
Substance Misuse Services - through Barnsley DAAT PF have asked SWYPFT to put in a model of service
which meets a new cap of £500k , a £578k reduction
Intermediate Care - SWYPFT is working with BCCG re the I/C Pilot

Contract Performance Issues

Health & Wellbeing - There are still issues with meeting activity targets as the targets contracted for
were arrived at prior to the national downturn in activity

Forensics:- National procurement now identified for 2015/16/17 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
Discussions held with Commissioner re medium secure occupancy being below 90% (M8 was 88.9%)
at present NHSE not concerned given pressure on beds nationally. However BDU expect
additional referrals in next few months to achieve threshold.

Key Contract Issues - Kirklees BDU

Psychology: 18 week pathway holding although there has been an increase in
referrals. Waiting lists beginning to reduce.
IAPT: Remaining below target for recovery, 6 week & 18 week waits (ref to entering IAPT
treatment).
Police Liaison: Ongoing review of finance.
MHL: Ongoing discussion re provision.

Currency Development - Payment by Results (PbR)

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. It is the intention that clusters will form the basis of the contracting arrangements between commissioners and providers, the commencement of this is not yet clear. 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.

In the Trusts two main contracts for 2015/16 are a set of Quality (CQUIN) indicators related to MH Clustering, this will assist the Trust in preparedness.

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 requirements have been met to end of quarter 3.

There has been some underperformance against the contracts in all BDU's and a detailed action plan is in place which is being monitored locally.

MH Currency Indicators - December 2015
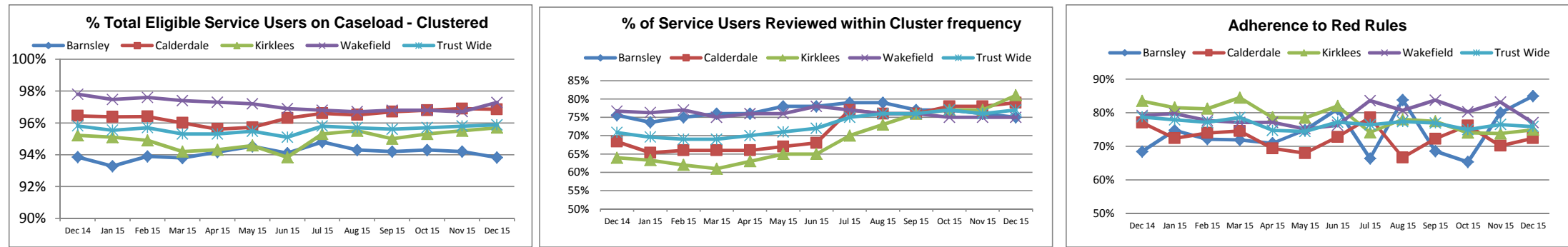
IAPT & Forensic Secure Services and Clustering
The scope of PbR was extended into other areas of Mental Health such as Forensic, IAPT and Children and Adolescent Mental Health Services during 2015/16.
All IAPT clients entering treatment from 1st April 2015 must be clustered. The trust are participating in the Forensic PbR Pilot submission and submitting data on a regular basis into the pilot. The datasets have been flowing from April 15 and internal monitoring of the completeness of this data has been taking place during 15/16. From quarter 2 the monitoring of clustering for these services was included in the relevant BDU dashboards.

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.

Currency Development - Payment by Results (PbR)

Monitors Payment Proposals for Adult Mental Health Care 2016/17

Monitor are proposing changes to Local Payment Rules covering Mental health care contracts for 2016/17 because block contracts do not incentivise delivery of the objectives in the Five Year Forward View and do not facilitate timely evidence based care.

The aim of the new payment system is to increase equity of access to evidence based services with a focus on prevention and to reward quality and outcomes.

Monitor are proposing that there will be NO un-accountable block contracts or payment based on cluster days for 2016/17 and have suggested two payment approaches to adopt:-
• A Payment approach based on a pathway / year of care or episode of treatment as appropriate to each MH cluster with a proportion linked to outcomes
(This is suitable where CCGs are not providing integrated care – i.e. across mental, physical and community healthcare)

• A Payment approach based on capitation – informed by care cluster data and other evidence required to understand population needs – with a proportion linked to outcomes
(This would require the outcomes based element across one of more providers and a lead provider arrangement to monitor performance)

Under both approaches an element for payment should be linked to achievement of agreed quality and outcome measures including patient experience, achievement of MH access and waiting time standards (ex IAPTS and EIS) and measures that support the delivery of NICE concordant care.

A gain and loss share arrangement would be required to limit providers and commissioners financial risk due to any unanticipated changes in demand.

Data reporting requirements based on MH Cluster will remain the same.

Secure Services, CAMHS are not part of this payment system and IAPTs services are being looked at separately.

Feedback from providers and commissioners about the proposals has to be returned to Monitor by 19th November and will inform the Formal 2016/17 national tariff guidance and sector support materials.

The Trust is currently reviewing the Draft Reference Cost Guidance for 2015/16. Issues to note relate to IAPT services - proposal that these will be reported in a similar way to the main mental health cluster collection, separate costs will be collected for the initial assessment of a patient before acceptance into services and the costs of a treatment episode by cluster.
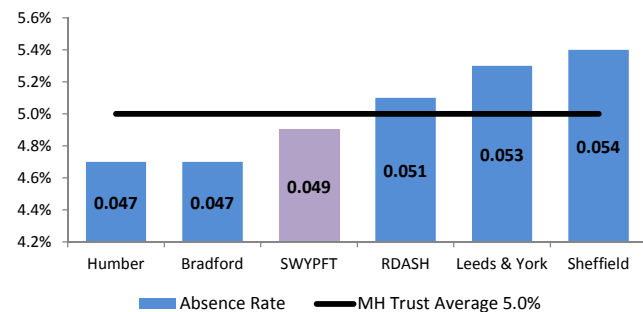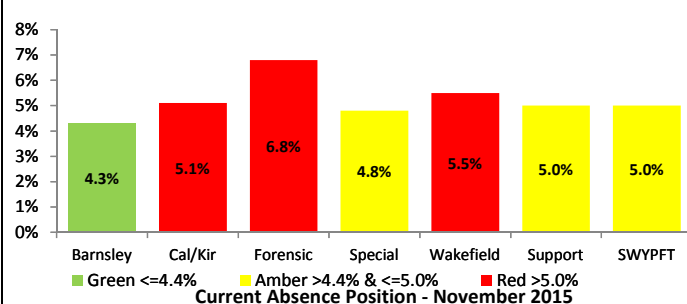The Unit cost per completed episode is the proposed currency unit for IAPT services.

Community Currency Development

The continues to monitor the national position regarding the development of Community Currency Development.   The Trust has expressed an interest in being involved in the national project for this and further updates will be available as the project progresses.
NHS England held an event towards the end of 2015 to begin working on this development. The aims of the event were to undertake joint work to agree the dataset, develop the currencies and outcome indicators for community services and to develop payment approaches for community services. To provide an overview of the work that is currently taking place; to ensure the current work is co-ordinated and aligned and consider future steps to deliver the work; to understand how to involve community services in the work; to capture local innovation and best practice.

Workforce

Sickness Absence

Current Absence Position - November 2015

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.0%	5.6%	5.6%	3.6%	6.0%	6.1%	5.3%
Trend	↓	↓	↑	↑	↔	↑	↓

The Trust YTD absence levels in November 2015 (chart above) were above the 4.4% target at 5%.
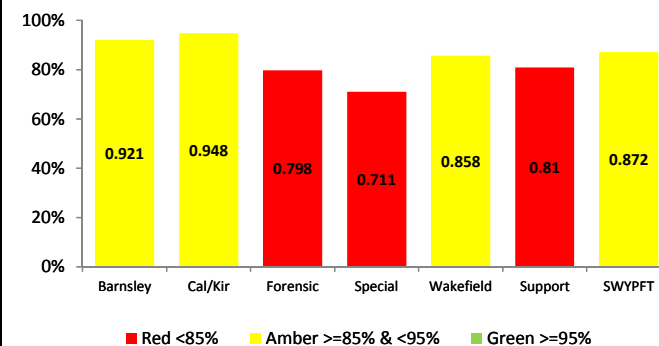

The above chart shows the YTD absence levels in MH/LD Trusts in our region to the end of September 2015. During this time the Trust's absence rate was 4.9% which is below the regional average of 5%.

Appraisals - All Staff

The above chart shows the YTD appraisal rates for all Trust staff to the end of December 2015.
The Trust's target for appraisals is 95% or above.
All areas have shown improvement each month since the inclusion of Bands 1 to 5 in the figures in September 2015.

Turnover and Stability Rate Benchmark

This chart shows the YTD turnover levels up to the end of December 2015.
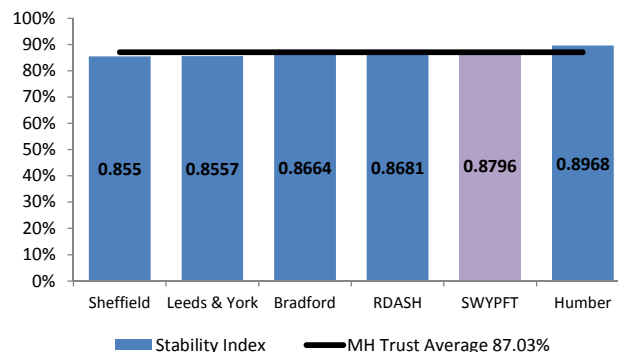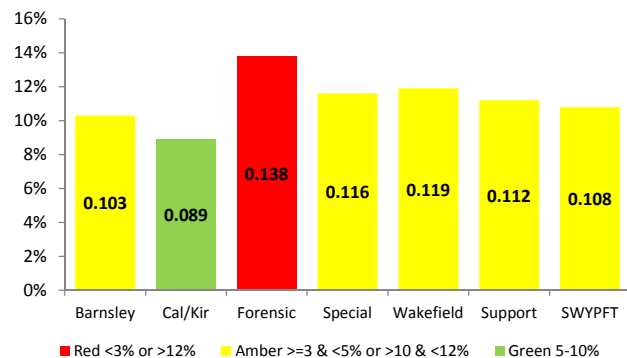
This chart shows stability levels in MH Trusts in the region for the 12 months ending in October 2015. The stability rate shows the percentage of staff employed with over a year's service. The Trust's rate is better than the average compared with other MH/LD Trusts in our region.

Fire Lecture Attendance
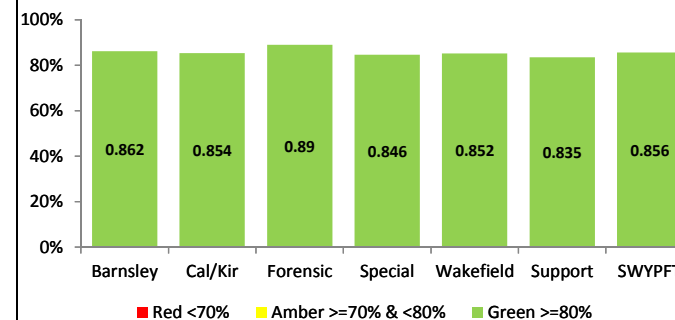
The chart shows the YTD fire lecture figures to the end of December 2015. The Trust continues to achieve its 80% target for fire lecture training, with all areas having maintained their figures above target for several months.

Workforce - Performance Wall

Trust Performance Wall

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.80%	4.80%	4.80%	4.90%	4.90%	5.00%
Sickness (Monthly)	<=4.4%	4.60%	4.80%	5.00%	4.90%	5.40%	5.30%
Appraisals (Band 6 and above)	>=95%	73.30%	80.30%	87.30%	89.50%	91.60%	92.80%
Appraisals (Band 5 and below)	>=95%	28.00%	42.10%	66.30%	75.80%	80.10%	83.50%
Aggression Management	>=80%	77.00%	78.90%	78.90%	80.40%	80.80%	83.10%
Equality and Diversity	>=80%	85.80%	87.20%	88.30%	88.80%	89.40%	90.30%
Fire Safety	>=80%	86.60%	86.40%	85.30%	84.60%	84.80%	85.60%
Food Safety	>=80%	70.70%	71.80%	73.10%	74.30%	74.10%	75.80%
Infection Control and Hand Hygiene	>=80%	83.70%	85.30%	85.50%	85.60%	84.90%	85.80%
Information Governance	>=95%	92.80%	92.70%	92.00%	91.60%	90.60%	89.10%
Moving and Handling	>=80%	77.40%	79.30%	80.40%	82.10%	83.00%	83.80%
Safeguarding Adults	>=80%	84.90%	86.20%	86.90%	87.70%	87.30%	88.30%
Safeguarding Children	>=80%	86.40%	87.10%	87.90%	86.10%	85.50%	87.70%
Bank Cost		£473k	£445k	£488k	£478k	£428k	£414k
Agency Cost		£694k	£566k	£637k	£772k	£770k	£606k
Overtime Cost		£8k	£26k	£38k	£30k	£37k	£22k
Additional Hours Cost		£89k	£83k	£67k	£74k	£87k	£89k
Sickness Cost (Monthly)		£458k	£473k	£484k	£479k	£551k	£530k
Vacancies (Non-Medical) (WTE)		351.53	353.84	351.54	324.2	306.46	316.89
Business Miles		313k	340k	270k	333k	347k	323k

Barnsley District

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.10%	4.20%	4.10%	4.20%	4.20%	4.30%
Sickness (Monthly)	<=4.4%	3.90%	4.20%	4.10%	4.30%	4.60%	5.00%
Appraisals (Band 6 and above)	>=95%	78.00%	83.60%	90.50%	92.10%	94.40%	95.60%
Appraisals (Band 5 and below)	>=95%	32.10%	51.90%	73.40%	83.30%	87.50%	89.80%
Aggression Management	>=80%	82.00%	84.30%	83.60%	83.50%	82.90%	84.10%
Equality and Diversity	>=80%	87.60%	89.20%	90.40%	90.70%	91.30%	92.60%
Fire Safety	>=80%	85.10%	86.60%	85.90%	84.70%	85.80%	86.20%
Food Safety	>=80%	81.10%	80.50%	80.70%	80.10%	75.70%	74.90%
Infection Control and Hand Hygiene	>=80%	84.40%	85.60%	86.60%	86.40%	87.00%	88.10%
Information Governance	>=95%	91.50%	91.80%	91.70%	92.10%	90.90%	90.50%
Moving and Handling	>=80%	80.00%	81.70%	82.60%	84.50%	85.10%	86.10%
Safeguarding Adults	>=80%	87.30%	87.90%	88.90%	90.00%	89.20%	89.80%
Safeguarding Children	>=80%	86.70%	88.30%	89.20%	87.90%	87.40%	89.00%
Bank Cost		£67k	£70k	£84k	£85k	£75k	£65k
Agency Cost		£151k	£77k	£157k	£119k	£200k	£130k
Overtime Cost		£3k	£17k	£19k	£10k	£17k	£8k
Additional Hours Cost		£40k	£47k	£31k	£35k	£40k	£36k
Sickness Cost (Monthly)		£132k	£144k	£138k	£141k	£156k	£171k
Vacancies (Non-Medical) (WTE)		111.96	116	100.85	92.75	85.33	87.34
Business Miles		139k	137k	111k	144k	148k	126k

Calderdale and Kirklees District

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.60%	4.60%	4.70%	4.80%	5.00%	5.10%
Sickness (Monthly)	<=4.4%	4.60%	4.40%	5.20%	5.10%	6.60%	5.60%
Appraisals (Band 6 and above)	>=95%	79.40%	90.60%	97.50%	98.80%	99.70%	99.10%
Appraisals (Band 5 and below)	>=95%	33.90%	49.50%	76.50%	85.00%	88.80%	91.70%
Aggression Management	>=80%	81.10%	82.60%	83.00%	83.20%	82.80%	86.10%
Equality and Diversity	>=80%	86.60%	87.70%	89.80%	90.60%	91.60%	92.00%
Fire Safety	>=80%	87.70%	87.20%	85.40%	83.00%	83.20%	85.40%
Food Safety	>=80%	65.90%	66.80%	67.70%	69.50%	70.20%	72.00%
Infection Control and Hand Hygiene	>=80%	85.70%	87.20%	88.60%	88.60%	90.00%	90.40%
Information Governance	>=95%	93.70%	93.60%	92.80%	90.40%	89.80%	87.50%
Moving and Handling	>=80%	75.40%	77.50%	78.80%	81.30%	82.70%	83.40%
Safeguarding Adults	>=80%	81.40%	83.00%	85.20%	86.60%	86.80%	88.20%
Safeguarding Children	>=80%	86.00%	86.50%	87.20%	86.20%	86.50%	89.40%
Bank Cost		£131k	£123k	£134k	£117k	£124k	£114k
Agency Cost		£167k	£110k	£141k	£199k	£173k	£117k
Overtime Cost		£2k	£1k	£1k	£1k	£2k	£0k
Additional Hours Cost		£7k	£4k	£2k	£2k	£3k	£3k
Sickness Cost (Monthly)		£95k	£88k	£104k	£101k	£142k	£117k
Vacancies (Non-Medical) (WTE)		77.32	82.59	82.93	71.14	75.66	72.44
Business Miles		64k	77k	57k	65k	73k	61k

Forensic Services

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	7.90%	7.60%	7.30%	7.20%	7.00%	6.80%
Sickness (Monthly)	<=4.4%	7.30%	6.60%	6.10%	6.80%	5.80%	5.60%
Appraisals (Band 6 and above)	>=95%	58.70%	65.20%	68.60%	70.00%	74.70%	84.70%
Appraisals (Band 5 and below)	>=95%	14.00%	29.30%	61.00%	66.20%	71.50%	77.60%
Aggression Management	>=80%	78.80%	78.40%	77.40%	78.20%	80.70%	81.70%
Equality and Diversity	>=80%	89.70%	90.20%	89.20%	90.40%	92.40%	92.80%
Fire Safety	>=80%	88.20%	87.20%	85.50%	87.30%	88.60%	89.00%
Food Safety	>=80%	59.50%	63.20%	65.40%	70.60%	73.50%	79.70%
Infection Control and Hand Hygiene	>=80%	86.00%	87.80%	85.80%	85.30%	84.40%	85.40%
Information Governance	>=95%	94.10%	92.70%	90.70%	91.70%	91.90%	90.80%
Moving and Handling	>=80%	81.50%	83.90%	84.00%	85.80%	87.60%	87.90%
Safeguarding Adults	>=80%	87.40%	88.40%	85.50%	88.50%	89.90%	91.50%
Safeguarding Children	>=80%	85.10%	85.70%	84.50%	85.30%	85.90%	87.70%
Bank Cost		£95k	£99k	£114k	£114k	£97k	£86k
Agency Cost		£93k	£77k	£96k	£122k	£68k	£68k
Overtime Cost		£1k	£0k	£0k	£0k	£2k	£0k
Additional Hours Cost		£0k	£0k	£0k	£0k	£0k	£0k
Sickness Cost (Monthly)		£65k	£58k	£57k	£58k	£56k	£49k
Vacancies (Non-Medical) (WTE)		20.56	28.42	14.34	24.94	24.54	37.11
Business Miles		3k	6k	3k	9k	9k	12k

Specialist Services

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	5.40%	5.20%	5.10%	5.10%	5.00%	4.80%
Sickness (Monthly)	<=4.4%	4.80%	4.50%	5.00%	4.70%	4.60%	3.60%
Appraisals (Band 6 and above)	>=95%	39.80%	45.40%	60.50%	68.70%	73.80%	75.10%
Appraisals (Band 5 and below)	>=95%	13.10%	21.50%	44.00%	47.50%	53.60%	64.80%
Aggression Management	>=80%	70.30%	73.80%	73.40%	76.40%	77.10%	79.80%
Equality and Diversity	>=80%	88.20%	89.60%	89.60%	89.90%	90.00%	90.50%
Fire Safety	>=80%	83.70%	85.90%	82.20%	83.20%	82.10%	84.60%
Food Safety	>=80%	72.20%	72.20%	69.10%	69.00%	71.20%	73.70%
Infection Control and Hand Hygiene	>=80%	81.60%	83.30%	83.80%	84.00%	84.30%	85.90%
Information Governance	>=95%	90.10%	90.80%	89.10%	90.10%	90.20%	89.50%
Moving and Handling	>=80%	76.70%	79.70%	82.20%	82.50%	83.10%	83.10%
Safeguarding Adults	>=80%	81.50%	83.20%	84.70%	83.20%	82.00%	84.40%
Safeguarding Children	>=80%	82.70%	82.90%	85.40%	84.90%	81.30%	85.60%
Bank Cost		£44k	£33k	£38k	£31k	£28k	£32k
Agency Cost		£195k	£208k	£127k	£228k	£216k	£146k
Overtime Cost		£2k	£2k	£2k	£1k	£1k	£1k
Additional Hours Cost		£11k	£5k	£7k	£5k	£7k	£11k
Sickness Cost (Monthly)		£49k	£50k	£54k	£53k	£55k	£42k
Vacancies (Non-Medical) (WTE)		52.66	44.93	50.41	45.31	44.49	40.71
Business Miles		32k	30k	29k	30k	39k	40k

Support Services

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.30%	4.60%	4.70%	4.70%	4.90%	5.00%
Sickness (Monthly)	<=4.4%	4.50%	5.40%	5.30%	4.90%	5.50%	6.10%
Appraisals (Band 6 and above)	>=95%	86.20%	91.80%	94.80%	95.90%	96.50%	96.90%
Appraisals (Band 5 and below)	>=95%	20.70%	26.60%	54.80%	71.10%	72.70%	74.80%
Aggression Management	>=80%	60.10%	65.10%	68.60%	72.40%	74.30%	78.60%
Equality and Diversity	>=80%	74.60%	76.20%	78.10%	78.70%	78.90%	80.40%
Fire Safety	>=80%	87.70%	85.30%	86.00%	84.60%	84.30%	83.50%
Food Safety	>=80%	95.50%	95.50%	93.60%	90.10%	89.20%	89.90%
Infection Control and Hand Hygiene	>=80%	79.90%	80.90%	81.20%	82.30%	76.80%	78.30%
Information Governance	>=95%	94.90%	94.60%	92.80%	91.70%	89.60%	86.60%
Moving and Handling	>=80%	76.70%	77.70%	78.80%	81.10%	81.50%	81.90%
Safeguarding Adults	>=80%	83.60%	84.70%	84.80%	84.90%	84.50%	85.40%
Safeguarding Children	>=80%	88.70%	89.80%	90.30%	83.70%	82.80%	84.80%
Bank Cost		£40k	£36k	£35k	£60k	£14k	£39k
Agency Cost		£16k	£27k	£103k	£71k	£40k	£74k
Overtime Cost				£0k	£4k	£0k	£0k
Additional Hours Cost		£21k	£18k	£19k	£22k	£19k	£20k
Sickness Cost (Monthly)		£63k	£75k	£71k	£62k	£70k	£84k
Vacancies (Non-Medical) (WTE)		36.6	36.53	42.54	51.48	36.73	37.2
Business Miles		36k	47k	38k	42k	35k	48k

Wakefield District

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	5.10%	5.20%	5.30%	5.30%	5.40%	5.50%
Sickness (Monthly)	<=4.4%	4.80%	5.30%	5.70%	5.60%	6.10%	6.00%
Appraisals (Band 6 and above)	>=95%	78.30%	83.20%	87.40%	88.10%	90.20%	91.80%
Appraisals (Band 5 and below)	>=95%	41.40%	50.00%	64.30%	68.40%	76.70%	81.30%
Aggression Management	>=80%	81.00%	81.30%	79.30%	82.90%	82.80%	84.20%
Equality and Diversity	>=80%	89.80%	91.70%	91.70%	92.20%	92.20%	92.60%
Fire Safety	>=80%	88.70%	86.20%	84.60%	86.10%	84.70%	85.20%
Food Safety	>=80%	60.30%	61.70%	67.60%	68.60%	69.70%	69.50%
Infection Control and Hand Hygiene	>=80%	83.30%	86.50%	84.10%	83.80%	81.80%	82.00%
Information Governance	>=95%	93.00%	92.90%	93.30%	92.60%	91.50%	89.00%
Moving and Handling	>=80%	71.10%	73.50%	73.60%	74.00%	75.70%	77.60%
Safeguarding Adults	>=80%	86.70%	88.80%	89.70%	89.70%	88.90%	89.00%
Safeguarding Children	>=80%	86.50%	86.60%	86.40%	85.60%	85.30%	86.30%
Bank Cost		£97k	£85k	£83k	£71k	£90k	£78k
Agency Cost		£71k	£67k	£12k	£34k	£73k	£71k
Overtime Cost			£5k	£16k	£14k	£14k	£12k
Additional Hours Cost		£9k	£8k	£9k	£9k	£13k	£12k
Sickness Cost (Monthly)		£54k	£57k	£60k	£63k	£72k	£66k
Vacancies (Non-Medical) (WTE)		50.63	43.37	55.47	36.58	34.71	40.49
Business Miles		40k	42k	31k	43k	44k	37k

Publication Summary

Department of Health (DoH)

The Government's mandate to NHS England for 2016-17

The mandate helps set direction for the NHS and helps ensure the NHS is accountable to parliament and the public. The mandate must be published each year, to ensure that NHS England's objectives remain up to date. It was produced following public consultation.
Click here for link to Mandate

National Institute for Health and Care Excellence (NICE)

Care of dying adults in the last days of life

These guidelines aim to put the dying person at the heart of decisions about their care, so that they can be supported in their final days in accordance with their wishes. Until recently, the Liverpool Care Pathway was used to provide good end of life care. It was withdrawn however, following widespread criticism and a subsequent government review that found failings in several areas. As a result, NICE was asked to develop evidence-based guidelines on care of the dying adult. The new guideline aims to tackle these and other issues by providing recommendations for the care of a person who is nearing death no matter where they are.
Click here for link to guidance

NHS England

Delivering the Forward View: NHS planning guidance 2016/17 - 2020/21

The leaders of the national health and care bodies in England have set out steps to help local organisations plan over the next six years to deliver a sustainable, transformed health service and to improve quality of care, wellbeing and NHS finances. The planning guidance outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.
Click here for link to guidance

Monitor

National tariff update and draft prices for 2016/17

This guidance contains current national tariff draft prices and a workbook and aims to assist trusts with planning for 2016/17.
Click here for link to guidance

Monitor

Considerations for determining local health and care economies

The NHS planning guidance, Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21 asks every health and care system to produce its own sustainability and transformation plan (STP). One of the first steps in this process is for local health and care systems to agree the geographic scope of their STP. Monitor has produced resources to support CCGs, providers, local authorities and other key stakeholders to help determine their planning footprint.

Click here for link to guidance

Department of Health

2016/17 Better Care Fund: policy framework

The Better Care Fund (BCF) will provide financial support for councils and NHS organisations to jointly plan and deliver local services. This document sets out the agreed way in which the Better Care Fund will be implemented in financial year 2016 to 2017.

Click here for link

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

Health survey for England, 2014: trend tables

NHS sickness absence rates - August 2015

NHS foundation trust bulletin: 16 December 2015

Learning disability services monthly statistics - England commissioner census (assuring transformation) - November 2015, experimental statistics

Hospital episode statistics-diagnostic imaging dataset data linkage report - provisional summary statistics, April 2015-August 2015 (experimental statistics)

NHS foundation trust bulletin: 6 January 2016

Combined performance summary, November 2015

Glossary

ADHD	Attention deficit hyperactivity disorder		**LD**	Learning Disability
AQP	Any Qualified Provider		**Mgt**	Management
ASD	Autism spectrum disorder		**MAV**	Management of Aggression and Violence
AWA	Adults of Working Age		**MBC**	Metropolitan Borough Council
AWOL	Absent Without Leave		**MH**	Mental Health
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield		**MHCT**	Mental Health Clustering Tool
BDU	Business Delivery Unit		**MRSA**	Methicillin-resistant Staphylococcus aureus
C&K	Calderdale & Kirklees		**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		**NHS TDA**	National Health Service Trust Development Authority
CCG	Clinical Commissioning Group		**NHSE**	National Health Service England
CGCSC	Clinical Governance Clinical Safety Committee		**NICE**	National Institute for Clinical Excellence
CIP	Cost Improvement Programme		**NK**	North Kirklees
CPA	Care Programme Approach		**OOA**	Out of Area
CPPP	Care Packages and Pathways Project		**OPS**	Older People's Services
CQC	Care Quality Commission		**PbR**	Payment by Results
CQUIN	Commissioning for Quality and Innovation		**PCT**	Primary Care Trust
CROM	Clinician Rated Outcome Measure		**PICU**	Psychiatric Intensive Care Unit
CRS	Crisis Resolution Service		**PREM**	Patient Reported Experience Measures
CTLD	Community Team Learning Disability		**PROM**	Patient Reported Outcome Measures
DoV	Deed of Variation		**PSA**	Public Service Agreement
DQ	Data Quality		**PTS**	Post Traumatic Stress
DTOC	Delayed Transfers of Care		**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		**SU**	Service Users
IAPT	Improving Access to Psychological Therapies		**SWYFT**	South West Yorkshire Foundation Trust
IG	Information Governance		**SYBAT**	South Yorkshire and Bassetlaw local area team
IHBT	Intensive Home Based Treatment		**TBD**	To Be Decided/Determined
IM&T	Information Management & Technology		**WTE**	Whole Time Equivalent
Inf Prevent	Infection Prevention		**Y&H**	Yorkshire & Humber
IWMS	Integrated Weight Management Service		**YTD**	Year to Date
KPIs	Key Performance Indicators			