Quality and Performance Report

November 2016

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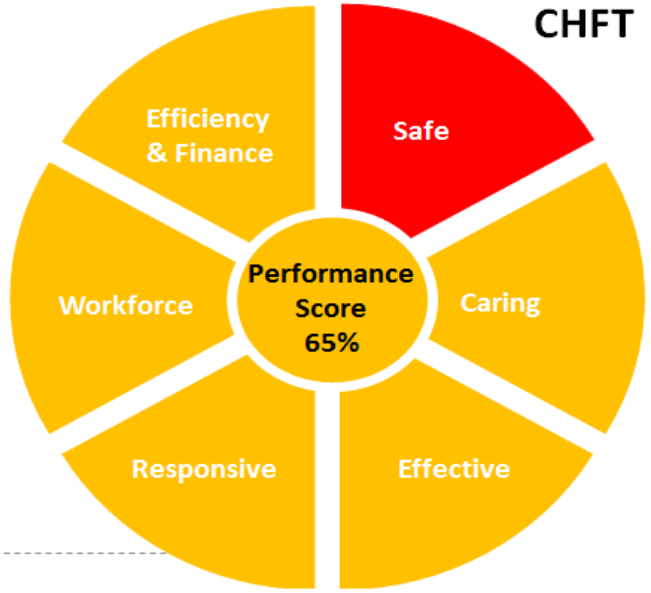
RAG Key	
Not achieving target or threshold	
Achieving target	
Between target and threshold	

Performance Summary

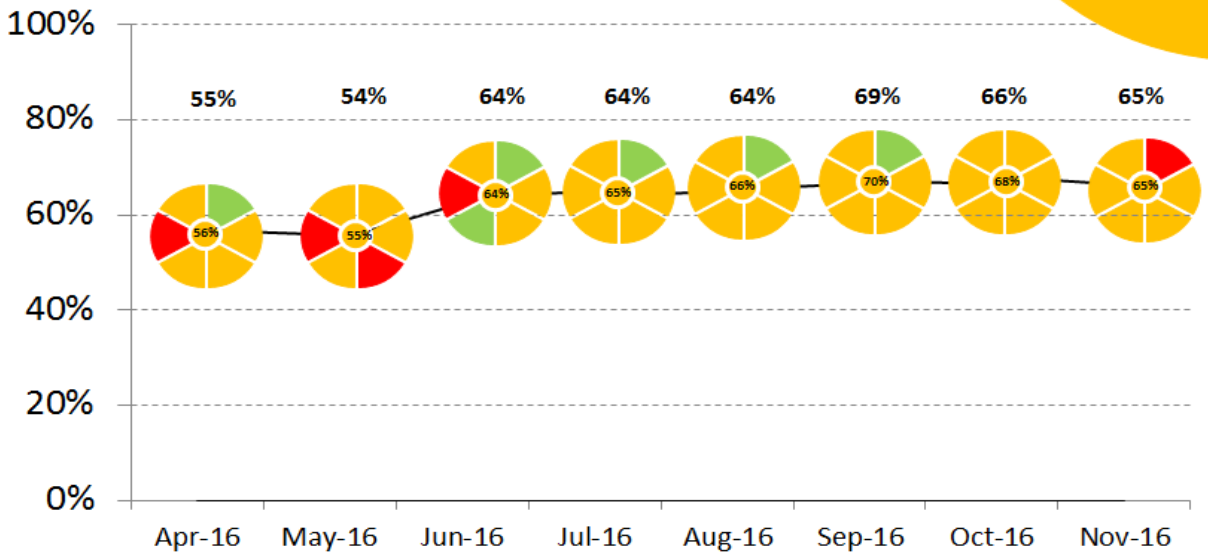
November

RAG Movement

November's Performance Score is 65% for the Trust. 3 of the 6 domains improved in month. Within **Safe** Never Event contributed significantly to RED rating.



Total performance score



November Score by Domain

Safe	46%	↓
Caring	70%	↑
Effective	64%	↑
Responsive	69%	↑
Workforce	64%	↔
Efficiency & Finance	67%	↓
Performance Score	65%	↓

Regulatory Targets

CDiff Cases	Cancer 62 day Referral to Treatment
Avoidable Cdiff	Cancer 62 day Screening to Treatment 84.6% (90%)
ECS 4 hours 94.02% (95%)	Cancer 31 day targets x3
RTT Incomplete Pathways	Cancer 2 Week Referral to Date first seen
Data Completeness Community Care x3	Cancer 2 week Breast Symptoms

Other Key Targets

VTE Assessments	FFT targets x7
Never events 1 (0)	FFT A&E 89.4% (90%)
MRSA	FFT Community 86.5% FFT OP 90.9%
SHMI 113.8 (100)	Stroke % admitted 4 hours 69.5% (90%)
HSMR 102.94 (100)	Diagnostics 6 weeks
Emergency Readmissions GHCCG 8.26% (7.05%)	Net surplus/ (deficit) £120k
% Complaints closed 38% (100%)	Sickness 4.15% (4%)

Carter Dashboard

		Current Month Score	Previous Month	Trend	Target
CARING	Friends & Family Test (IP Survey) - % would recommend the Service	97.6%	97.3%	↑	96%
	Inpatient Complaints per 1000 bed days	2.2	2.2	↔	TBC
EFFECTIVE	Average Length of Stay - Overall	5.2	5.1	↓	5.17
	Delayed Transfers of Care	2.07%	2.80%	↑	5%
	Green Cross Patients (Snapshot at month end)	83	100	↑	40
	Hospital Standardised Mortality Rate (12 months Rolling Data)	102.94	105.00	↑	100
	Theatre Utilisation (TT) - Trust	85.1%	85.8%	↓	92.5%
RESPONSIVE	% Last Minute Cancellations to Elective Surgery	0.68%	0.52%	↓	0.6%
	Emergency Care Standard 4 hours	94.02%	94.86%	↓	95%
	% Incomplete Pathways <18 Weeks	96.13%	95.60%	↑	92%
	62 Day GP Referral to Treatment	89.6%	88.1%	↑	85%
SAFE	% Harm Free Care	93.92%	95.78%	↓	95.0%
	Number of Outliers (Bed Days)	284	840	↑	495
	Number of Serious Incidents	8	9	↑	0
	Never Events	1	0	↓	0

MOST IMPROVED

Improved: Hospital Standardised Mortality Rate (12 months Rolling Data October 15 - September 16) has improved again to 102.94. The Trust HSMR has fallen below 80 for the first time in an individual month - September.

Improved: Number of Hospital admissions avoided by Community Nursing services have almost doubled in November to 119.

Improved: % PPH ≥ 1500ml - all deliveries has improved in month to 1.3%. This is the best performance this year and takes YTD performance to 3.1% - just above the internally set target of 3%.

MOST DETERIORATED

Deteriorated: % Harm Free Care - The Trust performance 93.92% which was below the target of 95%. The Medical division was the only area where this target was not met with performance at 89.19%. The Safety Thermometer audit where the % of harm free care is measured showed an increase in all catagories contained in the audit within the Medical Division.

Deteriorated: Never Event - assigned to the Surgical Division in November, this was in Operating Services, Anaesthetics, Pain and Critical Care.

Deteriorated: 62 Day Referral From Screening to Treatment has dropped below the 90% target for the last 2 months. Numbers are very small and represent just 1 breach in 7 patients.

TREND ARROWS:
Red or Green depending on whether target is being achieved
Arrow upwards means improving month on month
Arrow downwards means deteriorating month on month.

ACTIONS

Action: % Harm Free Care - Deep dive was presented at November PRM where areas for improvement were identified at Individual ward level.

A serious incident investigation is underway and will be completed within 60 days. Early learning has identified some improvement areas which are being implemented and monitored.

Action: Target has been missed for the last 2 months where low numbers of breaches caused the failure of the target as there were only a small number of patients in total. Cross divisional action plans between FSS and Surgery in place to avoid future breaches.

Arrow direction count ↔ 1 ↑ 11 ↓ 7

PEOPLE, MANAGEMENT & CULTURE: WELL-LED	Current Month Score	Previous Month	Trend	Target
Doctors Hours per Patient Day				
Care Hours per Patient Day	7.9	7.6	↑	
Sickness Absence Rate	4.15%	3.94%	↓	4.0%
Turnover rate (%) (Rolling 12m)	12.41%	12.93%	↑	12.3%
Vacancy	355.07	402.49	↑	NA
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q4	79%	Different division sampled each quarter. Comparisons not applicable		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q4	60%	Different division samples each quarter. Comparisons not applicable		

OUR MONEY	Current Month Score	Previous Month	Trend
Income vs Plan var (£m)	£2.80	£2.68	
Expenditure vs Plan var (£m)	-£3.29	-£3.11	
Liquidity (Days)	-14.90	-14.20	
I&E: Surplus/(Deficit) var (£m)	£0.12	£0.13	
CIP var (£m)	£2.03	£2.08	
FSRR	3	3	
Temporary Staffing as a % of Trust Pay Bill	15.79%	16.26%	

Executive Summary

The report covers the period from November 2015 to allow comparison with historic performance. However the key messages and targets relate to November 2016 for the financial year 2016/17.

Area	Domain
Safe	• **% Harm Free Care -** The Trust performance 93.92% which was below the target of 95%. The Medical division was the only area where this target was not met with performance at 89.19%. The Safety Thermometer audit where the % of harm free care is measured showed an increase in all catagories contained in the audit within the Medical Division. Deep dive was presented at Medical Division November PRM where areas for improvement were identified at individual ward level. • **Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed) -** 67% of reports were submitted within 60 days. The capacity of the investigators is still an issue. Additional support is available from the Risk team when timescales become challenging. The Risk team are meeting with trained investigators at key touch points throughout the process to identify any barrier to completion within timeframe. • **Never Event -** A serious incident investigation is underway and will be completed within 60 days. Early learning has identified improvements that are being implemented. All staff in the relevent departments have been made aware and Duty of Candour has been completed. • **Antenatal Health Visiting Contact by 32 Weeks** - fell below 90% target at 81% - visits were missed due to premature births, no access visits and parental preference. • **Number of Category 4 Pressure Ulcers Acquired at CHFT -** There was 1 Category 4 pressure ulcer recorded in October which has been validated and re-classified as a Category 3. All wards will have an allocated Tissue Viability Link Practitioner who will participate in the new quarterly programme (first session January 2017) and disseminate best practice.
	• **Complaints closed within timeframe** - 109 complaints were closed in November, which is a 56% increase from October. Of the 109 complaints that were closed 38% were closed within target timeframe, same as October. The total number of overdue complaints has been reduced to 5 which is is an impressive 93% reduction from October. Should 10% of a Division's complaints become overdue a report will be sent to Executive Director of Nursing and Assistant Director for Quality for discussion in the Weekly ADN meeting.
Caring	• **Friends and Family Test Outpatients Survey** - % would recommend has maintained last month's performance at 91% which is still below the target of 95%. Further work to continue as part of directorate action plan to achieve Q3 improvement trajectory (December 16). Each department with 3 or more consecutive months of < 95% performance has developed an action plan. • **Friends and Family Test Community Survey** - FFT reports 4% of people would not recommend services. An options paper for FFT recording was presented at November PRM. An analysis of negative voice and SMS messages showed that a high percentage of them were not about CHFT Community services but about other parts of the patient pathway. The division plans to reduce the method of collecting data from voice messages in response to feedback. There are plans to increase the number of teams using the webform or paper collection tool with a view to these being the only data collection methods for all teams from April 2018.
Effective	• **Total Number of Clostridium Difficile Cases/Avoidable number of Clostridium Difficile Cases -** There has been 1 Clostridium Difficile case reported in month with none avoidable. This takes the total number of cases to 21 as at the end of November against last year's total of 25 which is a higher run rate however the number deemed avoidable at 5 is well below the full year tolerance of 21. • **Hospital Standardised Mortality Rate** (12 months Rolling Data October 15 - September 16) - has shown a further improvement to 102.94. The Trust HSMR has fallen below 80 (79.55) for the first time in an individual month - September. The weekday/weekend split shows a 2 point difference with an improvement in both measures. • **Mortality Reviews** - The completion rate for Level 1 reviews stands at 26% of October deaths having had a corporate level one review. This reduction was anticipated as internal processes are adapted to capture more robust data from Q3 onwards. A number of new reviewers have been recruited and there is a focus on reviewing sepsis related deaths. • **Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge** - In November the number of patients operated on within 36 hours of admission for fragility hip fracture was 36 out of a total of 46. Performance was 78.3% against a target of 85%. YTD performance is 71.3%. The use of Theatre 6 is expected to progress this position with the introduction of 3 additional Trauma lists per week. A 'go-see' is planned to Pilgrim Hospital, Boston, Lincolnshire in January 2017 to identify best practice elements that can be introduced at CHFT. A deep dive has been requested for January's PRM following the visit. • **Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG/Greater Huddersfield CCG** - In October there was an increased rate for both CCGs. Divisions continue to support the readmissions work lead by Community with the first audit planned for December.

Background Context

During November all Divisional teams have been finalising the 17/18 annual plan and working to develop CIP schemes for 17/18.

AED has seen activity continue to over-perform in month 8 but at a lower level than seen in month 7. Activity is 1.7% above the month 8 plan and cumulatively 3.3% above plan and peaks on Sundays and Mondays continue. Discharges at a weekend and Monday are causing pressure points in relation to bed capacity.

Non-elective activity overall is 3.5% below the month 8 plan. This is a decrease in activity when compared to month 7 when activity was 2.6% above plan. The in-month under-performance is mainly due to a reduction in emergency General Surgery admissions and Accident & Emergency. Cumulatively activity is 0.7% below planned levels due to emergency long stay activity.

Patients on a Green Cross pathway remain high and excess bed days is tracking higher than previous years. Despite this the number of beds open is lower than previous years and flow remains problematic on particular days.

Additional capacity was required in November in the form of HRI wards 14 and 4, partly due to the impact of Norovirus on both sites. Overall Trust level bed numbers are 6 above the November planned levels which is an improvement on the position seen in October and better than 15/16. Surgery has continued with 12 beds above plan while Medicine have improved further to be 6 beds below planned levels in November.

Planned day case and elective activity combined has improved in month 8 with activity 4.6% above plan. This is driven by an over-performance in day cases offset by a continued under-performance within elective inpatients. The improvement from month 7 is mainly within Gastroenterology, Oral Surgery which was under plan last month and General Surgery. Elective under-performance continues mainly within General Surgery, Paediatrics and Gynaecology. Interventional Radiology has a continued under-performance due to the shift to day case activity.

A Paediatric workshop was held at the end of November to review models of care relating to acute Paediatric Surgery. The meeting involved representatives from all elements of the existing service. A programme of work has been agreed.

The Trust's Appointments and Outpatient services has received very positive coverage after been featured at a recent conference. A number of Trusts have asked to come and visit CHFT to learn from the work done in relation to clinic utilisation and efficiency. The success of the Trust's services has been supported by the innovative work done via its Knowledge Portal.

Executive Summary

The report covers the period from November 2015 to allow comparison with historic performance. However the key messages and targets relate to November 2016 for the financial year 2016/17.

Area	Domain
Responsive	• **Emergency Care Standard 4 hours -** November's position was 94.02% which was in the Upper Quartlie nationally but still breaches occuring that are avoidable. An Emergency Care improvement plan has been developed by the Directorate which focusses on ECS and quality indicators. • **Stroke -** Patients admitted to a stroke ward within 4 hours maintained the 70% performance in November. Patients scanned within 1 hour of arrival however dropped in month. Discussions are ongoing between Medicine and FSS to improve scanning with FSS agreeing to prioritise Stroke patients. Stroke Invited Service Review (ISR) took place in December and early reports are positive regarding the quality of the service with areas for improvement identified. • **% Last Minute Cancellations to Elective Surgery -** just failing to meet target at 0.68%. Main reasons for cancellations were list overruns, unavailable beds and emergencies/Trauma, • **RTT pathways over 26weeks** - numbers continue to reduce and now stand at 79. Further validation resource is being recruited to validate all pathways highlighted in recent analysis. • **38 Day Referral to Tertiary** remains a concern. FSS provided their approach to improvements and programme of work at their November PRM. Full RCA's carried out on every breach and discussed at the Clinicians' monthly education session. Scoping the possibility of moving the local MDT, currently held on the same day as the central MDT causing a delay of 7 days in most cases. Criteria being established to enable some cases to bypass the local MDT to reduce time between MDT discussions. Regular meetings with pathway tracking team to review all ongoing cases and escalate as appropriate. • **62 Day Referral From Screening to Treatment** - Target has been missed for the last 2 months where low numbers of breaches caused the failure of the target as there were only a small number of patients in total.
Workforce	• **Sickness Absence rate -** long term sickness is now achieving target for the first time this year. Slight deterioration in short term sickness in month. • **Return to work Interviews** have hit another pick at 72% following the drop in performance in September. However still some way short of 100% target. • **Mandatory Training and Appraisal -** Mandatory training compliance has changed to a rolling 12 month reporting period and is RAG rated against performance at the same point last year. Only Information Governance is below last year's performance. Workforce summit is taking place w/c 12th December where a deep dive will take place and an action plan created. Appraisal compliance is now reported as both year to date and rolling 12 months and has hit the year to date target for October.
Efficiency/ Finance	• **Finance:** Year to date: The financial position stands at a deficit of £12.48m, a favourable variance of £0.12m from the planned £12.60m. This is positive news as the Trust is continuing to maintain the financial position in the second half of the financial year where there was always acknowledged to be a greater challenge in terms of the timing of CIP delivery, alongside seasonal pressures. Operational performance linked to the Sustainability Transformation Funding has also been maintained in the year to date however, in early December the organisation has faced considerable operational challenges including dealing with Norovirus in the face of continued high clinical activity. It continues to be the case that, in order to maintain safety and secure and regulatory access standards across the Trust with high vacancy levels, there is a reliance upon agency staffing. Total agency spend in month was £1.47m; this is an improved position from last month which compares favourably with expenditure in excess of £2.1m each month in the year to August. This improvement brings the agency expenditure beneath the revised trajectory submitted to NHSI. The impact of this operational position is as follows at headline level: • EBITDA of £3.95m, an adverse variance of £0.49m from the plan. • A bottom line deficit of £12.48m, a £0.12m favourable variance from plan. • Delivery of CIP of £9.65m against the planned level of £7.62m. • Contingency reserves of £1.0m have been released against pressures. • Capital expenditure of £10.66m, this is below the planned level of £17.93m. • A cash balance of £3.97m, this is above the planned level of £1.94m, supported by borrowing. • **Theatre Utilisation** has maintained its 86% performance. There have been improvements in some of the key specialties that have struggled to achieve the targets in month; namely Ophthalmology, Urology and ENT.
CQUIN	• **Staff Well Being Flu Vaccination** - As at the end of November performance stands at 66.3% with almost 4,000 colleagues vaccinated, just over 2,800 of these were classified as frontline. The Trust has already met the partial payment threshold, further campaign work for December is planned including performance data being sent to relevant areas and further awareness raising being led by the Director of Nursing. Divisional leads are using flu data to challenge lower uptake areas, and a refreshed view of the data broken down to staff groups is being undertaken to see if further opportunities can be identified.
Activity	• **Activity** in-month is above planned levels in all of the main points of delivery apart from elective and non-elective inpatients. Cumulatively elective inpatients and day cases combined are above plan however waiting lists are still high reflecting ongoing demand.

Background Context

November has seen a high demand on hospital beds and the Community division has been supporting the inpatient teams in facilitating discharge and undertaking additional assessments where possible.

There has been an increased focus on discharge delays from external partners which has supported the Trust in gaining traction regarding the challenges of moving people into packages of care. As a result additional packages of care have been commissioned by CMBC in December.

The 0-5 Public Health Early Years bid was released in November and the completed tender was submitted 14th December.

Cancer waiting times continue to be challenging, a mixture of early pathway pressures with increased referral via fastrack, MDT arrangements and diagnostic pressures. The Divsions are working together on improvements and closer support to the Patient Flow team.

On 21st November Theatre 6 came back into clinical use. This allowed Surgery to increase its Trauma lists by 2 per week on a sustainable basis. The additional theatre has led to a significant reduction in the number of patients waiting on the Trauma list. This will also allow better flow during the week as specialties respond to ongoing demand pressures.

The Medicine division is now preparing to hand over a ward to the Community Division at the CRH site. The plan is to pilot an innovative ward configuration promoting independance and supporting active discharge called the Community Place. This has been developed in collaboration with Calderdale social care and is now planned to "go live" in January.

Diagnostics has been extremely busy responding to internally and externally driven demand but still maintaining access standards.

Demand continues to be high driving increased outpatient activity and work continues to ensure reductions in follow-up waiting times.

Outpatient activity overall has continued to see an increase and is 7.6% above the month 8 plan. The over-performance in-month is across both first and follow-up attendances including procedures. The specialties with the more significant over-performances within first attendances are Oral, ENT, Paediatrics, Rheumatology, Gynaecology, Dermatology and Urology. General Surgery and Ophthalmology have continued to under-perform. Cumulatively outpatient activity is now 3.5% above plan however with demand continuing at high levels this is not resulting in a reduced waiting list size.

The Commissioner Contract includes all NHS Standard Contract Operational Standards and any applicable financial sanctions. Some of these are included within the Sustainability Transformational Fund (STF) performance trajectories and so will not be subject to 'double jeopardy' within the Contract. No further sanctions have been incurred in month 8. Cumulatively there have now been sanctions of £12.9k of which there are 3 Duty of Candour breaches, a Never Event and a Mixed Sex Ward breach.

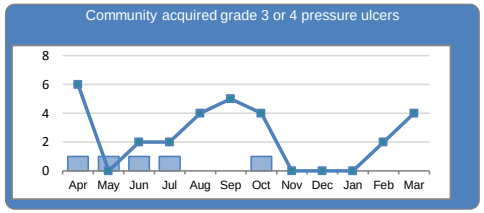
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	**Falls reduction , reduction cat 3/4 community acquired PU's ,Early Detection of Sepsis** Maintained reduction in 3/4 pressure ulcers. The team continues to focus on these 3 areas to improve outcomes - Work on the sepsis model within community is the area that now requires further development and model design.	The orange incident panel meets weekly to review orange and red incidents Robust PU pathway in place Falls prevention and collaboration work continues Working with Mel Johnson re AKI and sepsis - early identification and indicators particularly in care homes and once modeled to roll out across community services	Learning from falls investigation fed into the division via PSQBs QUEST matrons to work collaboratively to identify tools and develop education packages for care homes and community staff and develop training packages for community staff to support the quality agenda **By when: March 2017** **Accountable: Associate Director Nursing**
Effective	**Flow through intermediate services:** There are continued challenges across Calderdale, particularly in Upper Valley, for access to packages of care. This continues to impact on the flow through reablement and intermediate care services.	**Flow through intermediate services:** additional packages of care have been commissioned by social care in December to support flow though Reablement. The Trust is undertaking a review of all parts of the intermediate tier to understand where the blockages are and what could be done differently. A proposal for running a rapid process improvement intervention has been developed and now looking for support from social care senior managers to undertake this jointly.	**Flow through intermediate services:-** To have an agreed redesigned intermediate tier process following the rapid process improvement intervention and an agreed action plan for implementing changes. **By when: February 2017** **Accountable: DO**
Caring	**Health Visitor core contact visits**: 39 core contacts have been reported as exceptions with valid reasons why the visit did not take place within timescale. These will be followed up by the service lead and investigated.	**Health Visitor core contact visits:** The service lead is aware of all clients that have not received the core contact within the mandated timeframe. This is being followed up with individual health visitors to understand the reasons and then will develop actions that can improve performance.	**Health Visitor core contact visits:** The peformance of mandated visits will improve month on month. Expect target to be achieved by end March 2017. **By when: March 2017** **Accountable: DO**
Responsiveness	**ASI's for MSK** Issue is generally in spinal pathway. Whilst capacity has remained there has been an increase in demand for this service in the last year. **MSK responsiveness - Typing turnaround** There has been an issue identified where letters that have been typed are backed up waiting for the practitioner to sign them.	**ASI's for MSK** The spinal MSK post has been recruited to. The person leaving post has agreed to bank shifts. Additional MSK practitioners to be appointed following business case approval for 2017/18 **MSK responsiveness - Typing turnaround** New typist has started within team. A template is being agreed within the service. A plan has been implemented with the MSK practitioners	**ASI's for MSK** Reduce the number of ASI's in MSK. **Accountable: Head of Therapies** **By when: February 2017** **MSK responsiveness - Typing turnaround** Backlog for signing will be removed by end December 2016. **By when: End December 2016** **Accountable: Head of Therapies**

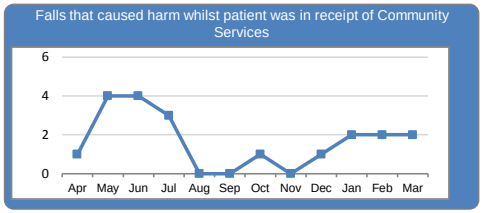
Dashboard - Community

Bar Chart = 16/17 figures Line graph = 15/16 figures

Safe



One month in arrears



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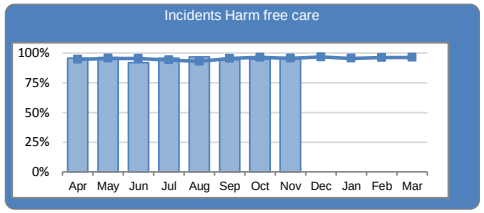
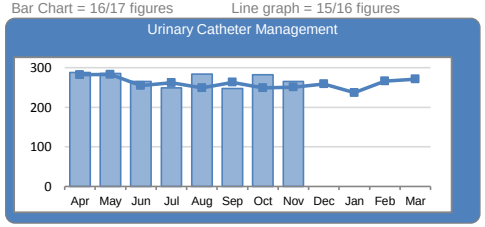
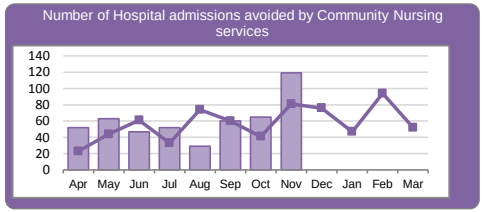
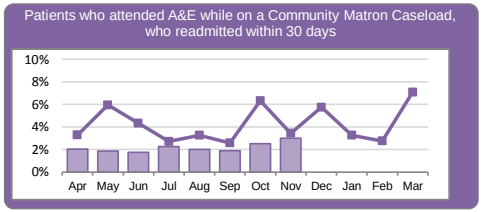
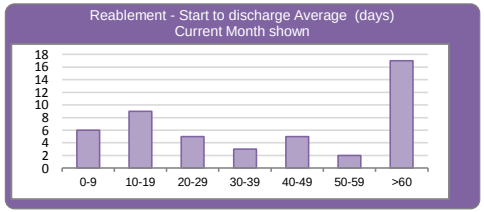


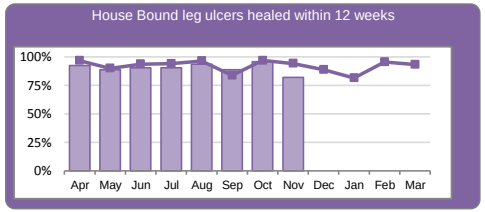


Effective

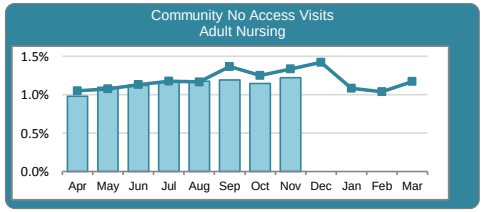


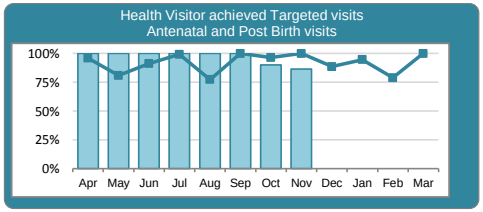


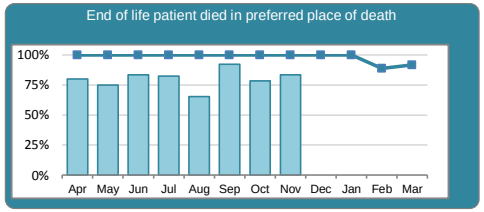


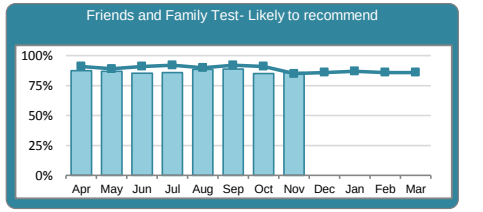


Caring

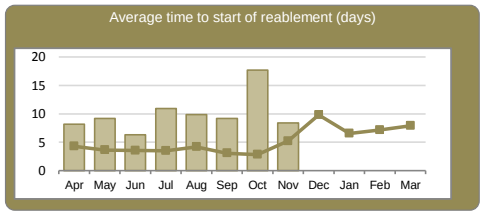


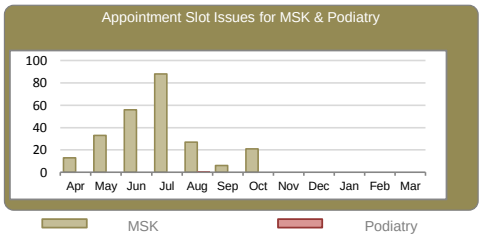


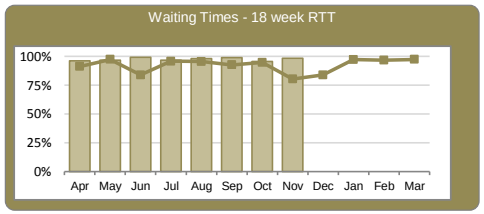


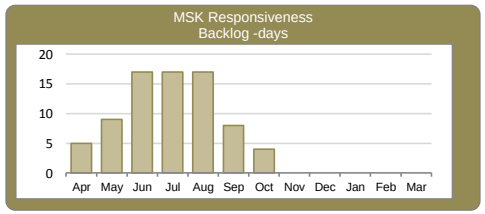


Responsive

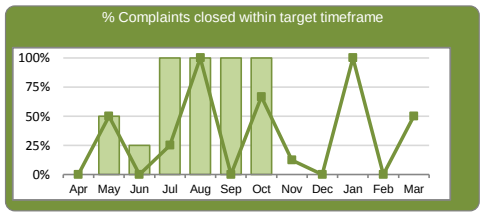


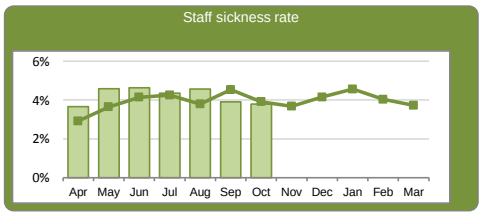




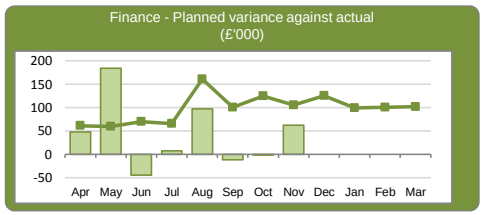


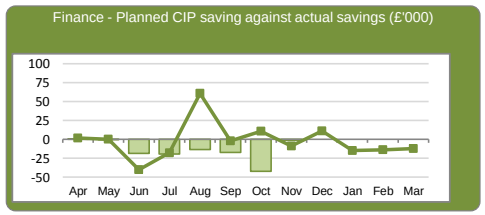
Well Led





One month in arrears





Safe - Key messages

Area	Reality	Response	Result
% PPH ≥ 1500ml - all deliveries	% of PPH ≥ 1500 mls performance has improved in month to 1.3%. This is the best performance this year and takes YTD performance to 3.1% - just above the internally set target of 3%.	All cases of PPH continue to be reviewed at the weekly maternity clinical governance meeting. Secondary analysis of PPH undertaken during November to establish themes, trends and whether there are any cohorts of women more likely to experience this scale of PPH. All but one outstanding action in relation to the RCOG approved PPH action plan. Outstanding action (IOL Fresh Eyes) has been commenced but not yet fully embedded. Reducing rates of PPH will feature on the Maternity Safer Action Plan (as part of the Better Births Programme of work).	Expected Delivery Date: End of Q4 2016/17 Accountable: HOM/ADN
Percentage of SI's investigations where reports submitted within timescale (60 days)	Performance is showing an improving position. However there continues to be a number submitted outside the 60 day standard. Delays were caused by a mix of internal and external factors however most relate to the capacity of investigators.	The Risk team are meeting with trained investigators at key touch points throughout the process to identify any barrier to completion within timeframe. Additional support is available from the Risk team when timescales become challenging.	Expected Delivery Date: Within Q4.
Pressure Ulcers	In Medicine there was 1 category 4 Pressure Ulcer in- month. This has been validated as a category 3. **Medicine Division Harm free care : - 89.1% in month**	All wards have implemented safety huddles, wards are being revisited following safety huddle audit to improve the quality. All wards will have an allocated Tissue Viability Link Practitioner who will participate in the new quarterly programme (first session January 2017) and disseminate best practice. Introduction of repose pressure relieving devices. Changes to **Datix** completed to ensure categorisation of PU captured at source. New weekly PU panel implemented to mirror orange incident panel. This will result in PUs accurately validated weekly and learning captured and actioned. Need for repositioning of oxygen devices highlighted with staff. Ward 11 is working with procurement to review the products used and possible alternatives to prevent PUs. PUs review incorporated into the deep dive commissioned to review all NQIs. Deep dive was presented at November PRM where areas of	Improvement expected within Q3/Q4 Appropriate use of equipment, skin buddle, safety huddles. Expected Delivery Date: 6 month roll out project Accountable : ADN Expected Delivery Date: 6 month roll out project Accountable : ADN

Safe - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	2033	168	194	187	167	156	153	186	167	179	173	182	169	**156**	**1365**	Monitoring Trajectory	
Inpatient Falls with Serious Harm	29	0	2	3	3	2	6	5	2	2	6	3	3	**2**	**29**	Monitoring Trajectory	
Falls per 1000 bed days	7.7	7.7	8.9	7.9	7.2	6.7	7.2	8.4	8.0	8.3	8.2	9.0	8.3	**7.8**	**8.1**	Monitoring Trajectory	
% Harm Free Care	93.63%	93.29%	92.27%	93.47%	93.25%	93.04%	94.16%	93.94%	91.88%	95.42%	95.14%	93.71%	95.78%	**93.92%**	**94.25%**	>=95%	95.00%
Number of Serious Incidents	78	10	2	2	3	3	3	7	3	2	3	7	9	**8**	**42**	Monitoring Trajectory	
Number of Incidents with Harm	1751	203	97	147	139	156	161	174	134	149	127	117	128	**121**	**1111**	Monitoring Trajectory	
Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)	Not Collected	0.00%	21.00%	33.00%	28.00%	100.00%	80.00%	66.00%	NTR	100.00%	0.00%	33.00%	66.66%	**66.66%**	**58.90%**	95.00%	95.00%
Never Events	2	0	0	0	1	1	0	1	0	0	0	0	0	**1**	**2**	0	0
Percentage of Duty of Candour informed within 10 days of Incident	94.00%	70.50%	100.00%	100.00%	100.00%	80.00%	93.75%	91.67%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**97.56%**	100%	100%
Maternity																	
Elective C-Section Rate	9.00%	9.10%	9.00%	7.60%	9.50%	9.00%	9.10%	9.50%	9.90%	9.10%	9.60%	7.20%	11.10%	**10.30%**	**9.50%**	<=10%	10.00%
Emergency C-Section Rate	16.40%	14.81%	18.39%	16.21%	15.09%	16.09%	14.40%	13.10%	17.10%	17.80%	17.20%	11.89%	13.06%	**11.61%**	**13.60%**	<=15.6%	15.60%
Total C-Section Rate	23.90%	22.60%	25.70%	22.60%	23.10%	23.60%	22.20%	21.30%	25.30%	25.30%	25.20%	19.10%	24.60%	**21.90%**	**23.20%**	<=26.2%	26.20%
% PPH ≥ 1500ml - all deliveries	3.78%	3.50%	2.90%	4.00%	2.80%	3.60%	2.90%	2.40%	3.40%	5.00%	2.80%	3.50%	3.10%	**1.30%**	**3.20%**	<=3.0%	3.00%
Antenatal Health Visiting Contact by 32 Weeks	91.80%	100.00%	77.00%	95.00%	87.00%	100.00%	103.40%	114.80%	101.20%	112.60%	107.60%	125.90%	87.60%	**81.10%**	**104.28%**	>=90%	90.00%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	498	41	20	24	29	44	39	36	31	29	19	30	18	**Under validation**	**202**	Monitoring Trajectory	
Pressure Ulcers per 1000 bed days	1.9	1.9	0.9	1.0	1.3	1.9	1.8	1.6	1.5	1.4	0.9	1.5	0.9	**Under validation**	**1.4**	Monitoring Trajectory	
Number of Category 2 Pressure Ulcers Acquired at CHFT	403	38	13	21	22	35	28	26	16	21	13	20	15	**Under validation**	**139**	Monitoring Trajectory	
Number of Category 3 Pressure Ulcers Acquired at CHFT	86	3	6	3	7	8	10	10	14	8	6	8	2	**Under validation**	**58**	Monitoring Trajectory	
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	0	1	0	0	1	1	0	1	0	0	1	1	**Under validation**	**4**	0	0
Percentage of Completed VTE Risk Assessments	95.30%	95.30%	95.40%	95.40%	95.10%	95.10%	95.01%	95.14%	95.25%	95.14%	95.10%	95.14%	95.07%	**95.20%**	**95.13%**	>=95%	95.00%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	157	6	7	12	8	11	20	16	9	10	11	18	12	**16**	**112**	Not applicable	
Alert Safeguarding Referrals made against the Trust	99	6	8	7	12	13	7	10	8	10	9	5	11	**10**	**70**	Not applicable	

Caring - Key messages

Area	Reality	Response	Result
Friends & Family Test - Outpatients	Performance 90% would recommend OP Services against a target of 95%. Review of FFT comments highlights that trends remain around car parking and waiting times in clinic.	Car parking is under review and a Trust tender planned - barriers/pay and display to be installed at Acre Mill early 2017. In terms of waiting times in clinics, the process of recording delays in clinics has been reviewed via the OP Forum, as adherence to process has been sporadic, feedback was positive with OP Sisters committed to agreed process. Local FFT surveys are taking place at Clinic level to gather more detailed responses. Each department with 3 or more consecutive months of < 95% performance has developed an action plan, review of plans are via the Sisters meeting. A more formal approach to FFT performance monitoring is to be put in place via challenge sessions. The patient experience group has been reestablished and will include FFT feedback and improvement actions. New FFT report developed which includes performance and comments by department.	Ambition to achieve increase over 91% for Q4 2016/17. Accountable: Matron for Outpatients

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	109 complaints were closed in November 2016, which is a 56% increase from October. Of the 109 complaints that were closed in November 38% were closed within the target timeframe. This is the same as October. In November SAS closed 33% of their complaints within the agreed timescale, Medicine closed 34%, and FSS closed 58%. The Trust has a target of 95% of complaints to be closed within the agreed timescale; year to date the Trust has closed 44% within the agreed timescale, which is a decrease of 3% from October; however the total number of overdue complaints has been reduced to 5; this is an impressive 93% decrease from October.	Regular meeting with Divisions and the Complaints Team to focus on difficult complaints and action plans to ensure they meet timescales. Weekly monitoring of complaint timescales will continue and this report will be used to identify any potential issues. Early reminders from the Complaints Department will be sent to investigations. Should 10% of a Division's complaints become overdue a report will be sent to Executive Director of Nursing and Assistant Director for Quality for discussion in the Weekly ADN meeting.	At the beginning of the New Year, the complaints department will start to look at themed analysis of complaints. This work will be fed into wider groups, such as Patient Experience Board to ensure learning from complaints. Accountable : Head of Risk and Governance and Divisional Leads

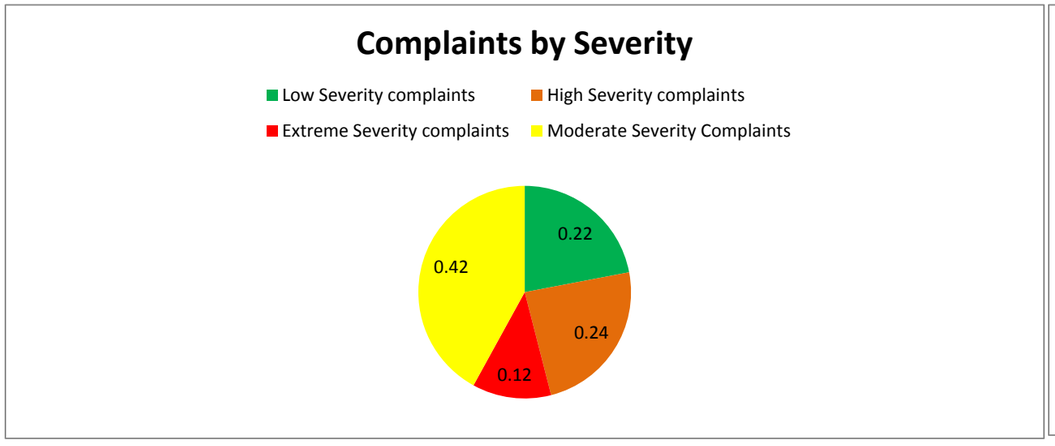
Complaints Background

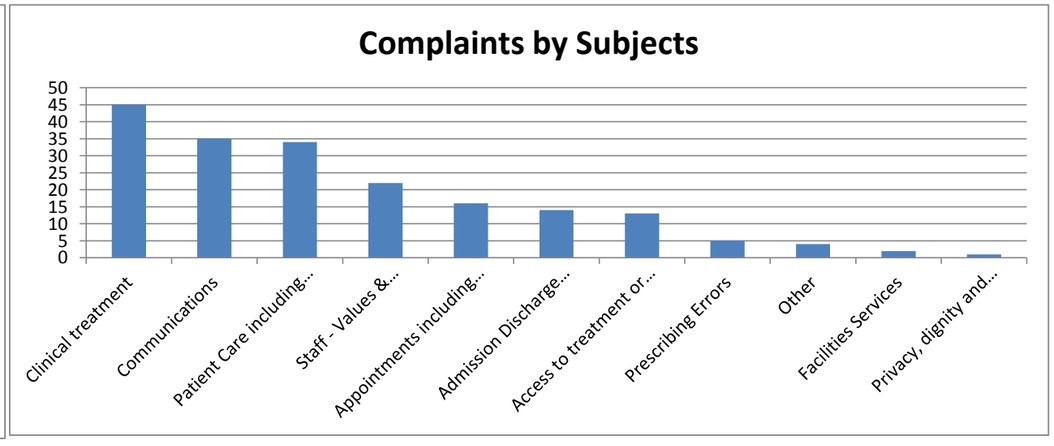
The Trust received 50 new complaints in November, which is a 4% increase from October and re-opened 7 complaints, making a total of 57 complaints received in November. The total number of opened complaints at the end of November was 73 which was a 46% decrease from October; 7% of these complaints were overdue, which is a decrease of 47% from October.

The top 3 Complaints subjects remain:
Clinical Treatment
Communications
Patient Care including Nutrition/Hydration
These are the same top three subjects as October.

Severity: The Trust received 6 new Red complaints in November which was the same as October. SAS received 1 Red complaint relating to a possible delay in diagnosing cancer sight. Medicine received 5 Red complaints, 4 of these relate to a delay or missed diagnoses, the other complaint relates to a delay in treatment.

PHSO Cases:
The Trust received 3 new Ombudsman / PHSO case received in November.
1 PHSO complaint was closed in November, which was not upheld. There were 12 active cases under investigation by the Ombudsman as at the end of November.





Caring - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	48.45%	39.68%	39.73%	47.73%	43.94%	45.45%	66.67%	37.88%	33.00%	63.00%	60.00%	42.00%	38.00%	**38.00%**	**44.00%**	95.00%	95.00%
Total Complaints received in the month	641	58	49	55	51	65	52	53	49	56	59	45	48	**50**	**412**	Monitoring Trajectory	
Complaints re-opened	Not Collected	Not collected for 15/16					9	5	5	6	5	6	7	**7**	**50**	Monitoring Trajectory	
Inpatient Complaints per 1000 bed days	2.20	2.36	2.24	2.26	2.05	2.72	2.20	2.40	2.23	2.42	2.50	2.18	2.25	**2.19**	**2.10**	Monitoring Trajectory	
No of Complaints closed within Timeframe	Not Collected	Not collected for 15/16					43	65	68	41	59	30	18	**41**	**365**	Monitoring Trajectory	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	28.60%	32.90%	34.30%	32.10%	33.50%	30.70%	30.98%	31.41%	**35.53%**	35.39%	36.40%	33.16%	32.79%	**36.70%**	**33.90%**	>=28.0%	28.00%
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.70%	96.40%	97.10%	97.00%	96.94%	97.04%	97.70%	97.75%	97.94%	98.20%	97.43%	97.29%	**97.60%**	**97.63%**	>=96.0%	96.00%
Friends and Family Test Outpatient - Response Rate	13.50%	13.10%	12.90%	13.60%	13.70%	13.20%	13.50%	12.79%	12.20%	12.60%	12.70%	11.80%	12.60%	**11.20%**	**12.60%**	>=5.0%	5.00%
Friends and Family Test Outpatients Survey - % would recommend the Service	89.60%	90.50%	91.60%	90.50%	89.70%	90.70%	90.50%	90.79%	90.60%	90.90%	90.60%	91.50%	90.90%	**90.90%**	**90.68%**	>=95.0%	95.00%
Friends and Family Test A & E Survey - Response Rate	8.50%	9.20%	9.10%	10.20%	9.70%	8.37%	13.27%	15.66%	14.44%	13.28%	12.80%	11.18%	14.16%	**15.60%**	**13.70%**	>=14.0%	14.00%
Friends and Family Test A & E Survey - % would recommend the Service	86.90%	81.60%	85.40%	86.50%	84.80%	84.59%	90.02%	88.58%	88.56%	88.32%	88.51%	87.27%	89.34%	**89.40%**	**88.70%**	>=90.0%	90.00%
Friends & Family Test (Maternity Survey) - Response Rate	30.80%	40.80%	33.60%	30.30%	30.70%	34.47%	26.99%	33.16%	45.11%	50.42%	36.30%	43.30%	47.70%	**53.90%**	**42.30%**	>=22.0%	22.00%
Friends & Family Test (Maternity) - % would recommend the Service	96.30%	97.00%	96.50%	97.80%	96.80%	97.82%	96.32%	96.90%	98.09%	96.48%	91.60%	98.20%	94.00%	**98.50%**	**96.40%**	>=96.9%	96.90%
Friends and Family Test Community - Response Rate	11.60%	14.00%	10.00%	11.00%	10.00%	10.00%	13.20%	12.52%	12.60%	13.84%	13.14%	16.60%	10.40%	**9.70%**	**12.50%**	>=3.4%	3.40%
Friends and Family Test Community Survey - % would recommend the Service	88.80%	85.00%	86.00%	87.00%	86.00%	85.80%	87.47%	87.04%	85.37%	87.61%	88.51%	89.00%	86.70%	**86.50%**	**87.00%**	>=96.2%	96.20%
Maternity																	
Proportion of Women who received Combined 'Harm Free' Care	72.43%	77.78%	70.73%	91.84%	66.00%	78.95%	71.15%	75.50%	83.10%	75.40%	78.80%	79.20%	76.20%	**In Arrears**	**77.20%**	>=70.9%	70.90%
Caring																	
Number of Mixed Sex Accommodation Breaches	14	0	0	5	0	0	0	0	0	0	3	0	0	**0**	**3**	0	0

Caring - What our patients are saying

Some of the positive feedback we have received

A&E CRH- Staff were lovely and my 8 year old was extremely well looked after and cared for. Treatment was prompt in a very busy looking A&E department and he was made to feel special.

HOPDC - Very reassuring staff, caring and excellent Unit. Efficiently run. Not kept waiting (as a worrying time). Information pack was a good reference too.

H19 - The staff, Doctors, Nurses, Auxiliaries, and Cleaners took not only brilliant care of patient, but the whole family during a very traumatic time. All went the extra mile and gave 110%.

8AB - The experience on this ward is great and wonderful. Top of the board and would tell people how great treatment is. Very good, nothing too much for them.

2AB - I got all the best care from the staff. Thank you all very much, you have all been so very caring and I could not wish for more.

H17 - All the staff on Ward 17 were wonderful. They're an enthusiastic, caring team, a pleasure to be around and a credit to the Trust. I am indebted to them for my hasty recover.

Where can we improve

More infomation beforehand about what to expect, not many details in the leaflet.

Mend the display monitor as it seems to be broken a lot. Needed magazines or books as waited 3 hours.

Put some shelving in the shower as bending down lots, especially after a caesarean.

More of the staff introducing themselves by name. On occasions staff would rush in and out, with no time to say or ask them anything.

Just take 5 minutes to explain what is happening to the patient. The staff already know, and tend to assume that the patient does too.

Effectiveness - Key messages

Area	Reality	Response	Result
Coding Indicators: **Average Diagnosis per Coded Episode** **Average co-morbidity score**	Average diagnosis per coded episode/Average Comorbidities: Both of these indicators remain below target and performance is now levelling out following recent improvements. Surgery: The average co-morbidity score for November was 2.54 against a target of 2.68, this was up from 2.31 in October. The YTD figure was 2.37. FSS: 2 of the 3 coding measures (Average Diagnosis and % Sign and Symptom) were below target for November.	Improvements in coding indicators are enabled through improved documentation and awareness of the standards required to code. Clinical engagement is driving this work forward and sustained improvements are being seen. There are some specific actions: FSS: Ensure that all Paediatric patients included within HDU audit are checked for Respiratory failure and recoded if needed (December 16). Fail safe to be ran for PPH/Coded deliveries in Obstetrics and Midwifery to ensure coded where PPH recorded (December 16). Analysis has been done of all co-morbidities coded within FSS Specialties nationally. Ensure this is shared within Childrens and Womens directorates. Surgical: Further work will be carried out with the Surgical Division coding lead. Also need to consider how we can learn from other areas within the Trust who are performing better	Improvements in the coding indicators highlights better documentation. Expected Delivery Date: Expect to see continued improvement month on month across each average diagnoses and average co-morbidity, with a trajectory to hit targets in 2016/17. Accountable: DO Surgery/Director of THIS/Head of Clinical Coding
Hospital Mortality	Local SHMI - Relative Risk (1yr Rolling Data) The latest release is for Apr 15 - Mar 16 and is consistent with the previous release of 113. There is only one diagnostic group alerting in this release which is Acute Cerebrovascular Disease. Hospital Standardised Mortality Rate (12 months Rolling Data October 15 - September 16) - has shown a further improvement to 102.94. The Trust HSMR has fallen below 80 (79.55) for the first time in an individual month - September. The weekday/weekend split shows a 2 point difference with an improvement in both measures. Mortality Reviews The completion rate for Level 1 reviews stands at 26% of October deaths having had a corporate level one review and this still needs to improve. This reduction was anticipated as internal processes are adapted to capture more robust data from Q3 onwards.	SHMI Respiratory ISR action plan in place. Stroke Invited Service Review (ISR) took place in December and early reports are positive regarding the quality of the service with areas for improvement identified. Mortality Reviews A number of new reviewers have been recruited and there is a focus on reviewing sepsis related deaths. Guidance on how this will work in practice is to be rolled out in the Trust's new mortality protocol. In addition, further mortality reviews in respiratory service and stroke medicine have occurred. The mortality assessment by SSNAP team has shown that taking into account the severity of the strokes, the mortality rate is 97 (average 100). Shared learning from mortality reviews shared with all clinicians with PSQB to be used to identify shared learning, no	SHMI Expected Delivery Date: The next SHMI is expected to remain at a similar level, as it reflects a delayed period of time when the HSMR was also stablised. HSMR Expected Delivery Date: performance is expected to continue to improve over the coming months. Mortality review Expected Delivery Date: Significant improvement in compliance expected Q1 17/18, with gradual improvements being seen from Q4 onwards. Accountable : Associate Medical Director
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	In November the number of patients operated on within 36 hours of admission for fragility hip fracture was 36 out of a total of 46. Performance was 78.3% against a target of 85%, an improvement on the figure of 58.1% in October. The YTD performance was 71.3%. *Source - National Hip Fracture Database - Based on October 2016 discharge dates. The figures include only those that meet the Best Practice Tariff Criteria for Fragility Hip Fracture.*	Improvement in month noted. The use of Theatre 6 is expected to progress this position. Introduction of 3 additional Trauma lists per week. All of the breaches for November were clinical. A 'go-see' is planned to Pilgrim Hospital, Boston, Lincolnshire in January 2017. This is to identify best practice elements that can be introduced at CHFT. A deep dive has been requested for January's PRM following the visit.	Improved performance expected during Q3. Accountable: General Manager Orthopaedics

Effectiveness - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	3	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	25	2	1	3	3	2	2	3	1	4	4	3	3	**1**	**21**	<=25	< = 2
Avoidable number of Clostridium Difficile Cases	5	1	0	0	0	0	1	2	0	0	1	0	1	**0**	**5**	<=21	< = 2
Number of MSSA Bacteraemias - Post 48 Hours	9	0	1	1	1	0	1	1	0	1	1	0	2	**1**	**7**	<=12	1
Number of E.Coli - Post 48 Hours	26	4	1	0	1	0	2	3	0	10	3	4	1	**0**	**23**	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	99.52%	95.55%	96.08%	96.08%	96.37%	95.11%	95.35%	95.64%	95.33%	95.27%	95.77%	In arrears	In arrears	**In arrears**	95.14%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.41%	0.20%	0.42%	0.42%	0.68%	0.22%	0.66%	0.85%	0.41%	0.61%	0.43%	0.20%	0.19%	**0.00%**	**0.42%**	<=0.5%	0.5%
Stillbirth numbers		1-493	2-480	2-481	3-438	1-450	3-456	4-469	2-483	3-492	2-475	1-495	1-522	**0-454**	**16-3846**	Not applicable	
Perinatal Deaths (0-7 days)	0.16%	0.00%	0.00%	0.21%	0.21%	0.22%	0.43%	0.65%	0.41%	0.21%	0.43%	0.00%	0.00%	**0.00%**	**0.18%**	<=0.1%	0.1%
Perinatal Deaths (0-7 days) numbers		0-493	1-480	1-481	0-438	1-450	0-456	3-469	2-483	0-492	2-475	0-495	0-522	**0-454**	**7-3846**	Not applicable	
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.21%	0.00%	0.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**	<=0.1%	0.1%
Local SHMI - Relative Risk (12 months Rolling Data)	109.10	113.80	113.80	113.80	113.80	113.34	113.34	113.34	in arrears	in arrears	in arrears	in arrears	in arrears	**in arrears**	**113.34**	<=100	100
Hospital Standardised Mortality Rate (12 months Rolling Data)	113.00	116.06	116.49	116.30	114.04	111.62	111.62	109.38	108.67	106.12	105.00	102.94	In arrears	**In arrears**	**102.94**	<=100	100
Hospital Standardised WEEKEND Mortality Rate (12 months Rolling Data)		124.54	124.54	122.49	121.45	117.86	116.71	112.71	112.17	111.87	108.03	104.61	In arrears	**In arrears**	**104.61**	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (12 months Rolling Data)		113.41	114.43	113.55	114.44	115.19	112.25	108.22	107.36	104.34	104.08	102.43	In arrears	**In arrears**	**102.43**	<=100	100
Mortality Reviews	48.80%	62.60%	56.60%	46.20%	43.90%	46.20%	50.37%	46.98%	37.60%	33.30%	30.00%	36.17%	25.74%	**In arrears**	**38.02%**	100%	100%
Crude Mortality Rate	1.34%	1.33%	1.41%	1.53%	1.46%	1.49%	1.43%	1.60%	1.32%	1.17%	1.22%	0.94%	1.31%	**1.18%**	**1.27%**	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.94%	99.93%	99.94%	99.93%	99.95%	99.95%	99.95%	99.94%	99.94%	99.00%	99.94%	99.93%	99.95%	**99.93%**	**99.93%**	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.04%	99.00%	99.10%	98.50%	98.60%	98.89%	99.28%	99.22%	99.14%	99.14%	99.08%	99.26%	98.88%	**98.77%**	**99.19%**	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	9.63%	9.65%	9.46%	8.99%	8.90%	9.37%	9.14%	8.70%	9.58%	9.40%	8.20%	8.20%	8.90%	**8.30%**	**8.60%**	<=9.4%	9.40%
Average co-morbidity score	3.48	3.59	3.82	3.62	3.94	3.84	3.77	4.16	3.9	3.93	4.08	3.92	3.92	**4.1**	**4.0**	>=4.4	4.40
Average Diagnosis per Coded Episode	4.34	4.53	4.74	4.68	4.84	4.89	4.94	5.05	5.1	5.05	5.14	5.11	5.06	**5.24**	**5.11**	>=5.3	5.30
CHFT Research Recruitment Target	1029	128	114	111	96	96	92	74	90	291	393	57	378	**In arrears**	**1375**	>=1008	92
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	69.40%	79.49%	86.00%	71.79%	70.70%	61.29%	67.50%	67.44%	75.00%	64.10%	72.00%	84.09%	60.00%	**78.72%**	**71.10%**	>=85%	85%
IPMR - Breastfeeding Initiated rates	79.80%	83.90%	77.60%	79.50%	77.60%	78.30%	77.50%	78.50%	75.60%	73.50%	75.80%	78.23%	76.56%	**77.46%**	**76.59%**	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.85%	7.09%	6.60%	6.78%	7.81%	7.08%	7.99%	8.10%	6.92%	7.38%	6.95%	7.62%	7.98%	**In arrears**	**7.58%**	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.95%	6.95%	7.06%	7.51%	8.07%	8.06%	7.79%	9.54%	8.49%	7.66%	7.42%	6.75%	8.26%	**In arrears**	**8.00%**	<=7.05%	7.05%
% of patients under the care of the community specialist matron who have been readmitted to hospital with the same LTC in less than 30 days	4.20%	3.40%	5.70%	5.70%	3.30%	2.75%	4.20%	2.90%	4.30%	2.40%	2.30%	0.50%	2.20%	**in arrears**	**2.70%**	<=10%	10%

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	November's position was 94.02% which was in the Upper Quartlie nationally but still breaches occuring that are avoidable. CHFT will be working across WYAAT to deliver the expectations set out as part of being an Accelerator site. Funding of £0.8m has now been confirmed and plans need to be operationalised to support delivery of these.	Ambulatory Care - new pathways in place on both sites. Admission Avoidance continues on both sites until 8pm (Mon-Thurs). ED Improvement action plan developed and is the focus of the improvement work in ECN Directorate; currently focusing on overnight related issues which having been leading to high breach numbers. ECN's continued support of the SAFER programme Weekly ECN rota meeting with Flexible workforce to ensure that medical rota is filled and agency costs kept to a minimum. All breaches continue to be validated on a daily basis and link to areas of high attendance rates. Exploring whether the ED can create a receiving area for YAS patients (this is space limited). Continue to work with NHSI & the SAFER programme. ED escalation SOP in place and being followed to ensure that any ED delays are addressed in a timely manner. This will be monitored through the daily report that the co-ordinator completes. Manager of the day role revised within the Division. ENP workforce model being developed, working through change management process with staff involved.	Continue to improve performance and achieve 95% to se positive and safe patient experience and in addition to e delivery of the trust STF trajectory and payment. Minimise the number of shifts that are unable to be fille agency to support these responses. Successful delivery of the Accelerator site in Q4. Accountable : DO and DD Medicine
Patient Flow	Pre 12 o'clock Discharges Slight improvement in Bed before 12 as part of the SAFER programme. The improvement generally being at HRI, where use of Plan for Every Patient remains more consistent. Green Cross Patients Decrease in green cross patients within month, particularly at HRI where the reduction is significant following the introduction of a weekly meeting with social services to focus on these. Lack of internal professional standards. Increasing delays due to lack of social assessments noted. Ward 14 closed at HRI and Ward 4 opened (4 days per week) as per the winter plan.	Pre 12 o'clock Discharges and bed before 11am are the focus for the 2 bed holding Divisions with further work in progress to establish a discharge turnaround time for patients identified as ready for discharge after 11am. Matrons are being freed from meetings and other duties from 8 - 11am and are based on wards supporting staff with flow, staffing and undertaking other quality initiatives. This supports the new operational control meetings. HRI have trialled using nerve centre and criteria lead discharges to support early discharges. SSU at CRH are now looking at how to implement the same model at SSU CRH. Green Cross 1.Focused MDT discharge planning for all patients over 50/100 days in place - matrons freed up for 2 hours per morning to focus on this and sisters' weekly green cross meeting. 2. Introduction of internal professional standards (lead by safer programme) 3. Discharge coordinators now using a case management model to improve patient experience, discharge planning, continuity and integration with social care. Screen tool now in place to prevent unnecessary referrals. 4. DTOC governance meeting in place with all partners. 5. Weekly Senior Partner Meeting to be introduced to review al patients with a LOS over 100 days. 6. Reasons for delays to be identified and all internal delays to have action taken to improve - bar charts will identify highest causes for delay (part of new SITREP).	Continue to work to KPIs through Safer programme and w establish a Green Cross trajectory after the CCG summit. Accountable : Associate Director Urgent Care
Stroke	% Stroke patients spending 90% of their stay on a stroke unit has increased to 89.7% in month with YTD performance at 81.8%. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has increased to 69.49% in month, 62.26 % YTD. % Stroke patients scanned within 1 hour of hospital arrival was 33.9% in month and 36.7% YTD with the target set at 48%.	On-going discussion with FSS around scanning, Stroke are looking at a business case for an assessment area in A/E CRH so that more patients with vague symptoms can be reviewed by the Thrombolysis Nurse and Consultant, the scans will then be triaged as “must do” and “would like to scan” within an hour. This will hopefully reduce demand from A/E junior doctors and help prioritisation. The ISR took place in December. The verbal feedback was quite positive around the Trust having very dedicated positive staff and the hard work that has gone into the last 6 months. There are areas to be addressed which the team has already commenced work on in advance of receiving the formal ISR report. An action plan will be developed to take forward recommendations on how these KPIs can be improved further.	Expected Delivery Date: Increase the percentage of patien scanned within 1 hour aiding better quality outcomes. Ensure patients receive high quality care in the right area l the right people. Position CHFT to be able to retain stroke services and the status locally. Lead :- GM Stroke Services Accountable : GM IMS Directorate

Responsive - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Target	Threshold/ Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	93.88%	94.87%	95.26%	91.49%	89.44%	89.30%	93.87%	93.40%	95.07%	94.41%	94.66%	94.38%	94.86%	**94.02%**	**94.33%**	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1351	69	84	192	250	273	108	144	92	120	75	73	78	**73**	**763**	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	103	6	1	13	12	20	10	14	13	13	6	13	12	**5**	**86**	0	0
A&E Ambulance 60+ mins	23	0	2	8	2	7	0	1	0	0	0	1	0	**1**	**3**	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	19.47%	14.85%	16.47%	15.09%	15.62%	14.41%	20.90%	22.02%	**22.00%**	20.95%	20.63%	21.59%	21.38%	**21.52%**	**21.37%**	>=40%	40.00
Delayed Transfers of Care	5.13%	4.50%	4.50%	3.35%	3.38%	3.30%	2.90%	2.31%	2.58%	3.40%	2.49%	2.04%	2.80%	**2.07%**	**2.57%**	<=5%	5.00%
Green Cross Patients (Snapshot at month end)	98	91	79	91	115	98	93	90	94	91	104	109	100	**83**	**83**	<=40	<=40
Number of Outliers (Bed Days)	9428	730	781	1035	989	883	1115	1363	838	688	997	838	840	**284**	**6963**	<=495	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	83.00%	84.60%	80.00%	94.40%	81.30%	83.70%	78.43%	59.26%	83.93%	86.15%	83.64%	85.00%	85.96%	**89.66%**	**81.80%**	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.67%	60.00%	66.70%	58.30%	56.70%	67.60%	47.17%	48.15%	61.40%	63.08%	67.86%	68.33%	70.18%	**69.49%**	**62.26%**	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	55.20%	80.00%	50.00%	57.10%	100.00%	80.00%	66.67%	50.00%	88.89%	66.67%	100.00%	85.71%	83.33%	**75.00%**	**77.36%**	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	34.70%	35.00%	40.54%	20.83%	45.95%	24.32%	40.74%	32.14%	40.35%	39.39%	40.35%	28.33%	38.60%	**33.90%**	**36.70%**	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	91.60%	92.10%	91.60%	88.10%	89.80%	93.80%	90.15%	91.88%	91.02%	92.83%	90.89%	90.27%	92.28%	**90.10%**	**91.10%**	>90%	90.00%
Maternal smoking at delivery	9.90%	8.50%	8.20%	7.80%	10.20%	**9.70%**	10.40%	8.40%	8.00%	9.10%	10.00%	11.07%	9.77%	**9.91%**	**9.60%**	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.67%	0.59%	0.75%	0.62%	0.69%	0.96%	0.71%	1.04%	0.56%	0.70%	0.54%	0.65%	0.52%	**0.68%**	**0.68%**	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	2	0	0	0	1	0	0	0	0	0	0	0	0	**0**	**0**	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	98.47%	98.62%	98.44%	98.32%	98.39%	98.17%	98.42%	98.49%	98.32%	98.49%	98.28%	98.37%	98.35%	**98.23%**	**98.37%**	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.92%	91.63%	92.04%	92.21%	91.86%	91.96%	92.12%	92.42%	92.06%	92.30%	92.20%	92.18%	91.63%	**91.17%**	**92.00%**	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.70%	96.04%	95.45%	95.95%	95.80%	95.70%	96.16%	96.01%	96.35%	96.32%	95.49%	96.10%	95.60%	**96.13%**	**96.13%**	>=92%	92.00%
18 weeks Pathways >=26 weeks open	139	94	126	152	127	139	186	195	121	132	137	113	98	**79**	**79**	0	0
RTT Waits over 52 weeks Threshold > zero	0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**	0	0
% Diagnostic Waiting List Within 6 Weeks	99.54%	99.94%	99.65%	98.48%	99.71%	99.52%	99.71%	99.86%	99.92%	99.74%	99.83%	99.84%	99.78%	**99.90%**	**99.82%**	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.34%	96.84%	97.06%	98.86%	99.27%	98.95%	94.97%	97.99%	97.93%	98.32%	98.19%	97.57%	98.81%	**97.33%**	**97.65%**	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.82%	95.89%	94.05%	96.85%	96.55%	96.55%	90.07%	93.71%	97.66%	93.71%	93.57%	97.87%	96.40%	**97.24%**	**94.92%**	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.81%	99.12%	99.30%	100.00%	99.09%	100.00%	99.14%	100.00%	99.24%	100.00%	100.00%	97.78%	99.33%	**100.00%**	**99.40%**	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.15%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**96.77%**	**99.32%**	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=98%	98%
38 Day Referral to Tertiary	49.54%	68.80%	57.90%	7.10%	59.10%	52.90%	47.06%	71.43%	38.10%	41.67%	38.89%	36.00%	42.86%	**46.15%**	**44.91%**	>=85%	85.00%
62 Day GP Referral to Treatment	91.19%	95.00%	93.98%	91.04%	94.53%	89.40%	92.31%	88.15%	94.57%	91.56%	89.73%	91.62%	88.11%	**89.60%**	**90.77%**	>=85%	85%
62 Day Referral From Screening to Treatment	95.74%	88.24%	96.67%	94.44%	100.00%	100.00%	95.00%	88.00%	92.86%	93.33%	100.00%	94.12%	85.71%	**84.62%**	**91.24%**	>=90%	90%
104 Referral to Treatment	98.22%	97.90%	100.00%	97.10%	98.44%	97.81%	100.00%	98.54%	100.00%	98.05%	98.63%	97.60%	96.76%	**95.20%**	**98.13%**	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	18.60%	17.80%	13.00%	9.90%	15.52%	16.80%	16.49%	15.28%	12.55%	16.61%	15.56%	10.91%	14.25%	**In arrears**	**14.50%**	>=5%	5.00%
Data Completeness																	
Community care - referral to treatment information completeness	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=50%	50.00%
Community care - referral information completeness	98.06%	98.81%	98.30%	97.86%	97.76%	97.68%	98.40%	98.30%	98.10%	98.20%	98.48%	98.14%	98.16%	**98.21%**	**98.25%**	>=50%	50.00%
Community care - activity information completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=50%	50.00%

Workforce - Monitor Key messages

Area	Reality	Response	Result
Sickness Absence	1. Long term absence is below target at 2.56% (2.89% YTD). 2. Short term absence is above target at 1.59% (1.41% YTD). 3. Return to work interviews are not consistently undertaken.	100% of long term sickness absence has a 'wrap round' management plan. This is monitored on a routine basis and reported to the Board monthly. Cases moving from short term to long term are monitored and reviewed by the end of the 2nd week each month. Return to work forms are analysed to ensure short term absence is managed in accordance with policy triggers. Continued focus on the 10 areas with the highest percentage of absence in each Division. Focus has been placed on the 10 areas with the lowest percentage of return to work interviews undertaken per episode of absence within Medicine and Surgery and Anaesthetics. Individual meetings have been held with line managers. Supportive letter and video to be circulated focusing on the importance of Return to work Interviews to be circulated shortly. Line managers informed that access to the attendance management intranet pages is now simpler. Video and poster to be circulated on the recording of sickness absence on self-service to compliment existing e-roster documentation..	December 2016 **Accountable : Director of Workforce and OD.**
Vacancies	1. 36 Consultant vacancies across hard to fill specialties. 2. 171.71 FTE qualified staff nurse vacancies. 3. 0.81% turnover rate.	International recruitment continuing for qualified nursing posts with Executive Board approval to expand search to the Philippines - January 2017. 17 qualified nurses commenced employment with the Trust - November 2016. Recruitment improvement plan in progress to implement recommendations advised by Stepchange. The plan focuses on steps to reduce the time to hire, create a brand to attract applicants and provide an efficient and effective recruitment service internally to recruiting managers and externally to applicants/candidates. Discussion is taking place with Leeds University re: Assistant Practitioner nursing posts (band 4 roles). Candidates would need to meet entry criteria to the course and apply through the University application process. The Trust is looking at the potential of ring-fencing places for CHFT. The HR Business Partners led the Workforce Planning piece within their respective Divisions in the Annual Planning workshop on 9 November 2016. The HR Business Partners are leading on the completion of a workforce template, which will take into account the current workforce in place, turnover, vacancies and sickness absence to support a future workforce plan. Emphasis has been on reshaping the workforce for the future, including new roles and role redesign and will align to the Workforce Strategy. The Medical HR team are undertaking a number of activities to improve recruitment processes. All job descriptions have been updated to ensure that the attractions of working at Calderdale and Huddersfield Foundation Trust are clear, and a recruitment brochure has been created for candidates to support this. The brochure provides information about the organisation and the area so that overseas candidates can see how joining the Trust would be a positive career move. The Trust is working with TTM, ID Medical and Medacs, to place candidates in difficult to fill vacancies, and have commenced work on a CESR programme for Specialty Doctors to develop them into consultants of the future. Medical and Dental vacancies are being advertised on Twitter and plans are in place to commence using Facebook and LinkedIn to increase the number of people that will see our opportunities. Collaborative working with all the divisions on medical vacancies resulted in a shared advert in the British Medical Journal which reduced costs whilst ensuring visibility through a colourful advert which was eye catching. It is proposed that this approach, done quarterly, will improve value for money on expensive adverts. The planned introduction of an electronic recruitment system in the New Year will ensure focus is given to proactive recruitment activity rather than transactional processes.	31 December 2016 **Accountable :** **Medical Director** **Director of Nursing** **Chief Operating Officer** **Director of Workforce and OD**

Workforce - **Monitor Key messages**

Area	Reality	Response	Result
Appraisal	All areas have a trajectory to secure all appraisals are delivered by 31st December 2016 however there is some slippage from original plan.	Appraisal compliance is monitored monthly through divisional performance meetings. Escalation process with divisional leads to remedy non-compliance with agreed action. Support from HR Business Partners and Business Intelligence team. Proposal for a link to incremental pay progression and mandatory training and appraisal compliance approved by Executive Board for implementation from 1st April 2017. Following the audit of the use of the appraisal scheduler throughout 2016 Divisions/Corporate service now have populated appraisal plans for the year. The Medical division appraisal scheduler is still incomplete for 2016/2017. The Trust is reviewing the option of an 'Appraisal Season' within a 3 month window e.g. April to June each year. There will be a Workforce Summit (comprising Human Resources Business Partners, Workforce Development and Workforce Business Intelligence) w/c 12th December, where a deep dive will take place and an action plan created.	31 December 2016 **Accountable : Director of Workforce and OD**.
Mandatory Training	The functionality of the Oracle Learning Management (OLM) system in the national Electronic Staff Record (ESR) is limited and is not user friendly which has deterred some colleagues from using the tool enabling them to be fully compliant. A specific functionality limitation has been highlighted regarding refresher training and the length of 'window' prior to renewal. This is currently set at 3/12 months before compliance expires. There is an absence of a sanction for non-compliance.	Business case for replacement learning management system (LMS) approved by Commercial Investment Strategy Committee in July. A full business case with associated costs and recommendations will be submitted to CISC. An initial anticipated procurement timetable is at least 6 months followed by an implementation period of 6 months. The estimated 'go live' date is August 2017. As the full business case for LMS is produced an interim data warehouse that captures, records and reports mandatory training (and essential training) is being created. IBM is proposing ehancements to the current ESR LMS module in Q1 2017 that enhances the functionality and user interface. The Trust is monitoring this development as an alternative LMS procurement. Proposal for a link to incremental pay progression and mandatory training and appraisal compliance approved by Executive Board for implementation from 1st April 2017. The Workforce Summit will assess this piece of work to progress it. Executive Board decision on 21st July 2016 to focus on compliance in 2016/2017 due to EPR implementation on 4 elements of mandatory training - Information Governance, Fire Safety, Infection Control and Manual Handling. The following additional actions were agreed at Executive Board on 18th August 2016 to improve compliance with mandatory training. Specialty level plans and set trajectories Mandatory training profilers Focus attention in divisions on low compliance service areas/teams to deliver biggest impact on compliance score Monitoring arrangements with divisional leads for targeted service areas Escalation process with divisional leads to remedy non-compliance with agreed action Support from HR Business Partners and Business Intelligence team Mandatory Training reporting has changed to a 12 month rolling figure with this report.	31 December 2016 **Accountable : Director of Workforce and OD**.

Workforce Information - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Target	Threshold/Monthly
Sickness YTD																	
Sickness Absence rate (%) *Target date - 31 Dec 2016*	4.60%	4.52%	4.57%	4.61%	4.62%	4.60%	4.39%	4.32%	4.45%	4.45%	4.40%	4.33%	4.30%	*	**4.30%**	**4.00%**	=< 4.00% - Green 4.01 -4.5 Amber >4.5% Red
Long Term Sickness Absence rate (%) *Target date - 31 Dec 2016*	3.10%	3.09%	3.12%	3.12%	3.11%	3.10%	2.86%	2.91%	3.01%	3.00%	2.99%	2.94%	2.89%	*	**2.89%**	**2.70%**	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) *Target date - 31 Dec 2016*	1.50%	1.43%	1.45%	1.49%	1.51%	1.50%	1.53%	1.41%	1.45%	1.45%	1.42%	1.38%	1.41%	*	**1.41%**	**1.30%**	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Monthly																	
Sickness Absence rate (%)	-	5.08%	5.02%	4.95%	4.67%	4.41%	4.39%	4.24%	4.73%	4.45%	4.21%	3.94%	4.15%	*	-	**4.00%**	=< 4.00% - Green 4.01 -4.5 Amber >4.5% Red
Long Term Sickness Absence rate (%)	-	3.34%	3.42%	3.12%	2.99%	2.95%	2.86%	2.95%	3.21%	2.99%	2.92%	2.73%	2.56%	*	-	**2.70%**	=< 2.7% Green 2.71% -3.0 Amber >3.0% Red
Short Term Sickness Absence rate (%)	-	1.74%	1.61%	1.83%	1.67%	1.46%	1.53%	1.29%	1.52%	1.46%	1.28%	1.21%	1.59%	*	-	**1.30%**	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Attendance Management KPIs																	
Sickness returns submitted per month (%) *Target date - 30 April 2016*	76.00%				100%	100%	100%	100%	100%	100%	100%	100%	100%	*	-	**100.00%**	100% Green 95%-99% Amber <95% Red
Return to work Interviews (%) *Target date - 31 Dec 2016*	38.00%				43.15%	33.10%	34.60%	44.35%	52.41%	58.35%	66.40%	61.20%	71.93%	*	-	**100.00%**	100% Green 95%-99% Amber <95% Red
Number of cases progressing/not progressing from short term absence to long term absence	-				***	9 / 556	12/606	18/583	39/630	43/571	43/495	19/527	17/543	*	-	-	
Long Term Sickness cases with a defined action plan *Target date - 30 April 2016*	-				100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	*	-	**100.00%**	100% Green 95%-99% Amber <95% Red
Number of short term absence cases managed at each stage in the formal procedure	-				***	344	385	441	493	557	536	609	693	*	-	-	
Number of visits to dedicated intranet web pages.	-				1261	1514	1339	1519	1874	1924	3004	3584	1596	*	-	-	
Staff in Post																	
Staff in Post Headcount	5820	5724	5715	5747	5800	5820	5816	5830	5853	5852	5904	5946	5994	5999	-	-	
Staff in Post (FTE)	5084.37	4992.46	4984.26	5018.65	5073.64	5084.37	5067.16	5079.00	5101.72	5099.50	5144.24	5176.46	5218.39	5225.43	-	-	
Staff Movements																	
Turnover rate (%)	-	1.22%	1.04%	1.17%	0.65%	1.32%	0.84%	0.87%	1.33%	1.16%	1.17%	1.26%	0.85%	0.80%	-		
Executive Turnover (%)	-	0.00%	0.00%	0.00%	0.00%	0.00%	13.00%	0.00%	0.00%	13.00%	0.00%	0.00%	0.00%	0.00%	-		
Turnover rate (%) (Rolling 12m)	15.71%	16.49%	16.55%	16.76%	16.72%	15.71%	14.83%	14.33%	14.33%	14.22%	14.15%	13.06%	12.93%	12.41%	-	-	
Vacancies																	
Establishment (Position FTE)**	5572.34				5410.68	5572.34	5575.34	5575.37	5618.44	5591.64	5592.37	5568.30	5597.54	5587.55	-	-	
Vacancies (FTE)**	495.19				387.12	495.19	494.92	496.71	514.63	487.76	459.03	376.35	402.49	355.07	-	-	
Vacancies (%)**	8.89%				7.15%	8.89%	8.88%	8.91%	9.16%	8.72%	8.21%	6.76%	7.19%	6.35%	-	-	
Proportion of Temporary Staff	-	3.84%	5.35%	4.77%	4.47%	5.21%	4.29%	5.55%	4.82%	4.59%	4.29%	4.03%	3.59%	*	-	-	
Agency Spend*	£19.93M	£1.67M	£1.78M	£2.02M	£1.71M	£2.42M	£2.13M	£2.44M	£2.31M	£2.25M	£2.17M	£1.87M	£1.78M	*	**£14.94M**	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	-	88.66%	90.18%	89.54%	90.18%	89.58%	90.51%	90.06%	83.01%	78.60%	80.42%	81.12%	83.35%	85.63%	-	**100.00%**	
Hard Truths Summary - Day Care Staff	-	97.29%	99.51%	101.73%	99.51%	102.83%	103.59%	105.97%	100.77%	102.16%	101.30%	102.80%	101.80%	104.46%	-	**100.00%**	
Hard Truths Summary - Night Nurses/Midwives	-	92.54%	94.18%	95.39%	94.18%	95.40%	94.84%	94.58%	92.27%	89.76%	87.55%	88.38%	89.67%	92.00%	-	**100.00%**	
Hard Truths Summary - Night Care Staff	-	111.27%	111.86%	116.04%	111.92%	119.06%	120.13%	119.17%	119.55%	116.88%	116.33%	120.21%	123.61%	124.37%	-	**100.00%**	
FFT Staff																	
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)	82% (Q4)						79% (Q1)			80% (Q2)				*	-	-	
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)	64% (Q4)						60% (Q1)			61% (Q2)				*	-	-	
Mandatory Training																	
Fire Safety (1 Year Refresher) (Rolling 12m)	73.38%	61.80%	63.50%	68.70%	73.10%	73.38%							64.74%	66.94%	-	**61.80%**	61.8% (100% at 31 March 2017)***
Information Governance (1 Year Refresher) (Rolling 12m)	84.24%	72.90%	76.50%	79.10%	82.30%	84.24%				****			70.65%	70.47%	-	**72.90%**	72.9% (100% at 31 March 2017)***
Infection Control (1 Year Refresher) (Rolling 12m)	85.07%	58.40%	66.70%	73.00%	80.90%	85.07%							71.35%	70.74%	-	**58.40%**	58.4% (100% at 31 March 2017)***
Manual Handling (2 Year Refresher) (Rolling 12m)	86.73%	65.40%	72.00%	77.40%	83.10%	86.73%	88.36%	88.25%	88.89%	89.18%	88.06%	87.71%	88.05%	88.49%	-	**65.40%**	65.4% (100% at 31 March 2017)***
Appraisal																	
Appraisal (1 Year Refresher) (Year To Date)	78.57%	45.70%	56.50%	60.10%	74.10%	78.57%	1.68%	4.28%	6.77%	11.33%	18.22%	31.16%	52.94%	62.39%	**62.39%**	**62.16%**	62.16% (100% at 31 March 2017)
Appraisal (1 Year Refresher) (Rolling)	92.20%	****				92.20%	****							75.97%	-	**100.00%**	

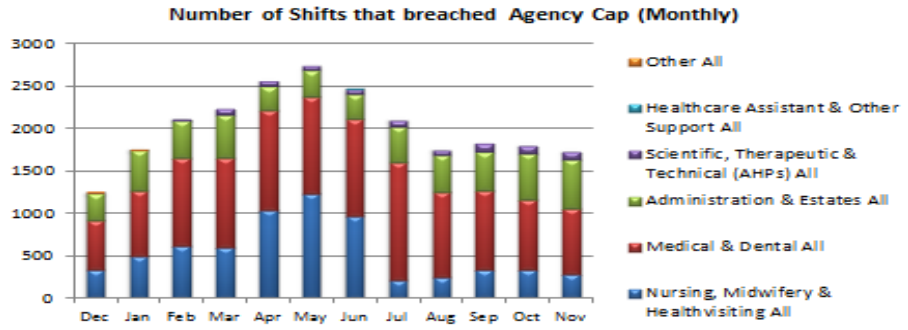
*	Data one month behind
**	Vacancy information is updated monthly and is based on the funded establishment in ESR, this is fed by the establishment information stored in the Trust's financial systems.
***	Mandatory training targets based on performance at the same point in 2015/2016. Data unavailable as only the latest compliance date is reportable, as such previous month rolling figures can not be calculated.

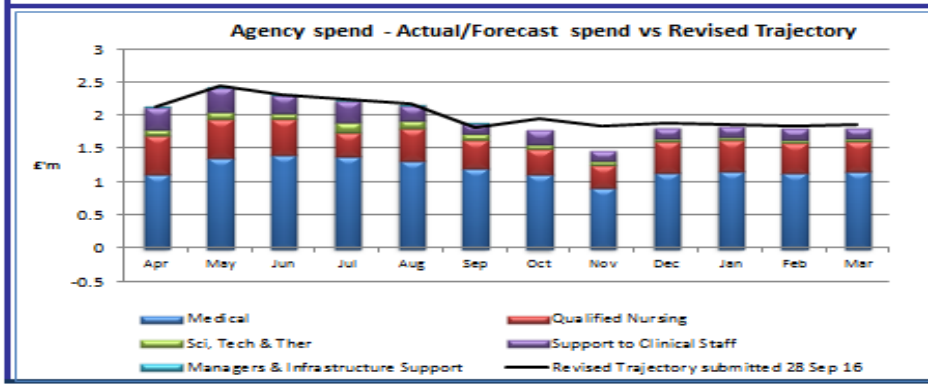
Workforce

WORKFORCE

Vacancies

	Sci, Tech	Admin & Estates	Medical	Nursing	Support to	Total
Vacancies (WTE)	24	11	76	172	73	355
Staff in post (WTE)	646	1,202	528	1,696	1,160	5,232
% Vacancies	4%	1%	13%	9%	6%	6%





For 2016/17 the Trust was originally given a £14.95m ceiling level for agency expenditure by NHS Improvement (NHSI). The Trust has been under close scrutiny by NHSI on this measure due to both the level of spend in 2015/16 totalling £19.93m and the ongoing level of agency usage. The run rate in 2016/17 in the year to date and forecast was significantly above the £14.95 ceiling trajectory. The Trust was given the opportunity in September, to restate the agency trajectory for the year with the expectation from the regulator that this would form a commitment by the Trust to reducing the agency costs. The revised full year position is to reduce the run rate in the second half of the year and contain spend within a £24.31m total. The Trust will now be held to this commitment.

Vacancies
In overall terms at the end of Month 8 the Trust was carrying 355 vacancies, a rate of 6% of the total establishment. In percentage terms, this rate down slightly on last month, however, the highest vacancy rates continue to be in directly patient facing staff groups, medical and nursing staffing at 13% and 9% respectively. In order to suppress the unaffordable use of agency staff, recruitment to these posts or finding ways to work differently in areas where national shortages exist remains a priority.

Agency rate cap
During the monitoring period, since last December the capped rate has been reducing on a stepped basis with the latest reductions being applied from April 2016 and further rate reduction from July 2016.

The number of breaches reported in April increased, partly as a result of the reduced cap rate threshold but on a level playing field from April onwards the number of breaches increased again in May. Cap breaches on agency nursing had reduced in recent months as use of the highest rate nursing agency (Thornbury) has now ceased except for in exceptional circumstances, however there was an increase in cap breaches in September continued into October. The number breaches has dropped back slightly in month but remains at a high level causing ongoing scrutiny from the regulator.

Agency ceiling
In respect of the restated agency ceiling described above and illustrated in the graph opposite, the Trust is below the submitted trajectory in October and the projected full year position is to remain beneath the trajectory month on month. This will require close management by all Divisions and staff groups on a week by week basis. The improved performance in November is in part supported by the release of one off benefit from accruals which have been assessed not to be required.

Hard Truths: Safe Staffing

Introduction
This is a routine, monthly report to the Board of Directors which will provide headlines on the nursing workforce staffing position in November 2016.

Fill Rates
Average fill rates reported to Unify for Registered Nurse (RN) on day shifts increased slightly on both sites in comparison to October.
Table 1 indicates fill rates of less than 90%.

Average fill rates for care staff on both sides remain above 100%.

Average Fill Rates:	Registered Nurses		Care Staff	
	Day	Night	Day	Night
November 2016 HRI	86.10%	92.10%	104.66%	125.00%
November 2016 CRH	84.73%	92.17%	106.50%	123.11%
October 2016 HRI	84.52%	89.85%	102.28%	124.90%
October 2016 CRH	82.24%	89.84%	103.51%	122.07%
September 2016 HRI	81.77%	89.83%	103.88%	120.61%
September 2016 CRH	80.22%	88.09%	103.49%	118.76%

Table 2: Wards with fill rates 75% or below

	Aug-16		Sep-16		Oct-16		Nov-16	
	Ward	% rate	Ward	% rate	Ward	Rate %	Ward	Rate %
Wards below 75%	5ad	75.00%	5ad	61.60%	CRH MAU	69.50%	5A/B	64.80%
	5b	69.50%	5b	67.10%	2A/B	74.70%	5B	65.80%
	8ab	75.00%	8ab	58.20%	5	74.40%	8A/D	70.60%
	17	75.00%	17	73.30%	5A/D	65.20%	8	60.70%
	6bc	74.60%	12	73.00%	5B	70.20%	17	68.97%
	CCU	70.70%	CCU	67.90%	CCU	71.00%	15	67.80%
	15	63.40%	15	70.70%	8	67.70%		
	19	70.10%	9crh	71.81%	17	66.70%		
	8	63.60%	8	69.00%	8A/B	69.00%		
	12	74.26%	4c	71.91%	19	68.80%		
	9crh	73.10%	Mau CRH	70.90%	4C	71.70%		

Hard Truths: Safe Staffing (2)

Ward 5AD continues to regularly report average fill rates of less than 75% (Day shift) due to the proportion of Registered Nurses working long days against planned workforce model. Ward 5AD currently also has a high level of vacancies for band 5 staff nurses.

Ward 8 reported average fill rates of 66.7% on night shifts for November due to a level of vacancy within this clinical area. They have not achieved the planned work force model of 3 RNs and have to rely on support from additional HCAs to reduce the risk / meet patient needs.

Ward 17 reported average fill rate for Registered Nurses on the night shift in November of below 75% which has been attributed to the team not achieving their workforce model on the night shift in conjunction with the new GI bleed protocol and a level of vacancy in this clinical area.

Ward 15 reported fill rates of 67.8% on nights in November which has been attributed to the team running below establishment due to an increased level of vacancy. Additional HCA support has been used to backfill.

Ward 8AB reported average fill rates of less than 75% for day shifts in November. This is in part due to 8B having vacant beds and staff being redeployed to other areas, further impacted by an increased level of vacancy.

Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; realisation of supervisory time for band 7 registered nurses and for care staff supporting reduced fill rate of registered nurse hours.

Hard Truths: Safe Staffing (3)

Table 2: Rag Rating of Average Fill Rates Clinical Areas

	Day		Night		Total
Average fill rate	**RN**	**Care Staff**	**RN**	**Care Staff**	
Red (less than 75% fill rate)	3	3	3	1	10
Amber (75 – 89% fill rate)	20	4	7	0	31
Green (90 – 100% fill rate)	13	11	19	8	51
Blue (greater than 100% fill rate)	1	17	7	24	49

Care Hours Per Patient Day

In line with updated NQB guidance, CHFT began to report monthly on CHPPD data in June 2016. Benchmarking data is not yet available via the efficiency portal. The data will allow the Trust to:
Review the deployment of staff within specialty and by comparable wards, allowing the Organisation to see unwarranted variation in staffing levels.
Enable the Trust to identify how it can change/flex staffing establishment – improving patient care and allowing for better financial control.
Improve productivity of the workforce
CHPPD data is not reviewed in isolation, but alongside local quality dashboards that include patient outcomes measured alongside workforce and financial indicators

A review of Novembers 2016 CHPPD data indicates that the combined (RN and
Care staff) metric resulted in 26 clinical areas of the 37 reviewed had CHPPD less than planned.11 areas reported CHPPD slightly in excess of those planned.

Areas with CHPPD more than planned can be attributed to additional 1-1's requested throughout the month due to patient acuity in the departments.

Hard Truths: Safe Staffing (4)

Nov-16		
Ward/Department	**PLANNED**	ACTUAL
CRH MAU	11.3	10.3
HRI MAU	8.9	9.3
WARD 2AB	7.3	7
HRI Ward 5 (previously ward 4)	6.8	7.1
HRI Ward 11 (previously Ward 5)	7.1	6.7
WARD 5AD	6.6	6.9
WARD 5C	6.3	6.1
WARD 6	7.2	6.7
WARD 6BC	5.5	5.2
WARD 5B	6.3	7
WARD 6A	5.5	6.4
WARD 8C	5.9	7.1
WARD CCU	12.2	9.9
WARD 6D	12.1	11.2
WARD 7AD	7	7.6
WARD 7BC	6.8	6.6
WARD 8	7.5	8.8
WARD 12	6.8	5.9
WARD 17	6.1	5.4
WARD 21	5.9	5.7
ICU	30.8	26.6
WARD 3	6.2	6.5
WARD 8AB	9	7.4
WARD 8D	8.1	8.5
WARD 10	5.7	6.2
WARD 15	5.2	4.9
WARD 19	8.1	7.5
WARD 20	6.6	6.1
WARD 22	6	5.9
SAU HRI	8.7	8.1
WARD LDRP	35.2	31.4
WARD NICU	12.5	10.6
WARD 1D	9.3	9
WARD 3ABCD	11.2	10.2
WARD 4C	7.9	7.1
WARD 9	8.1	7.3
WARD 18	20.5	20.6
WARD 14	-	-

Internal Never Evens

MAU CRH reported reduced RN staff on duty on the 26-11-16 (day shift) due to short term sickness. The shift was supported by the site co-ordinator

Hard Truths: Safe Staffing (5)

Vacancies and Retention

Registered nurse vacancies reported via ESR have remained the same in November at 179.19 WTE posts. 40.93 wte HCA vacancies have been reported via ESR in November which are being reviewed by divisional teams as early indications suggest this figure may in reality be lower.

Recruitment events continue with monthly recruitment to band 5 vacancies and additional events targeting areas with high levels of vacancies such as Medical Assessment Unit; Operating Department and Emergency Department.

International recruitment activity from the EEA has reduced as anticipated following the introduction of IELTs. The Corporate Risk Register has been updated in light of the reduction in availability of nurses within the EEA. The nursing workforce team are working with our provider company to establish an ILET solution.

The Nursing Workforce team are working with the Workforce and Development and Procurement teams to develop an overseas nursing campaign to recruit a cohort of 75 nurses. The indicative timeline for recruiting from oversees is considerably longer than EU recruitment and can take 12 months from start of process to commencing employment.

The Nursing Workforce team have been working with the Communications team to improve information available through the CHFT website for external candidates considering a career at CHFT.

The Nursing Strategy Group has a sub group reviewing opportunities to develop new roles within the nursing workforce including Advanced Clinical Practitioners; Associate Nurses and Assistant Practitioners. The subgroup has commenced preliminary work with local HEI's to establish training routes into AP programmes.

Conclusion

The Trust remains committed to achieving its nurse staffing establishments. A range of actions are being developed and undertaken to recruit and retain the nursing workforce, and to develop data collection and reporting to support the nursing workforce.

FINANCIAL POSITION

YEAR TO DATE POSITION: M8

	M8 Plan £m	M8 Actual £m	Var £m	
Total Income	**£246.13**	**£248.93**	**£2.80**	
Total Expenditure	**(£241.69)**	**(£244.98)**	**(£3.29)**	
EBITDA	**£4.44**	**£3.95**	**(£0.49)**	
Non Operating Expenditure	(£17.05)	(£16.44)	£0.61	
Deficit excl. Exceptional	**(£12.60)**	**(£12.48)**	**£0.12**	
Exceptional Costs	£0.00	£0.00	£0.00	
Surplus / (Deficit)	**(£12.60)**	**(£12.48)**	**£0.12**	

YEAR END 2016/17

	Plan £m	Forecast £m	Var £m	
Total Income	**£371.32**	**£377.09**	**£5.78**	
Total Expenditure	**(£361.96)**	**(£368.52)**	**(£6.56)**	
EBITDA	**£9.36**	**£8.58**	**(£0.78)**	
Non Operating Expenditure	(£25.46)	(£24.63)	£0.83	
Deficit excl. Exceptional	**(£16.10)**	**(£16.05)**	**£0.05**	
Exceptional Costs	£0.00	(£0.30)	(£0.30)	
Surplus / (Deficit)	**(£16.10)**	**(£16.35)**	**(£0.25)**	

KEY METRICS: YEAR TO DATE M8

Year To Date

	M8 Plan £m	M8 Actual £m	Var £m	
I&E: Surplus / (Deficit) excl exceptional	(£12.60)	(£12.48)	£0.12	
Capital	£17.93	£10.66	£7.27	
Cash	£1.94	£3.97	£2.03	
Borrowing	£58.32	£60.41	£2.09	
CIP	£7.62	£9.65	£2.03	
Use of Resource Metric	3	3		

KEY METRICS: YEAR END 2016/17

Year End: Forecast

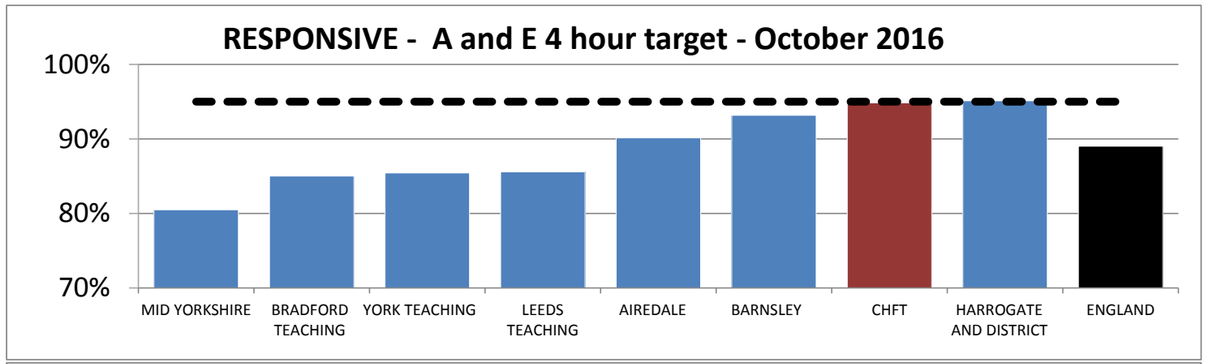
	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit) excl Exceptional	(£16.10)	(£16.05)	£0.05	
Capital	£28.22	£27.65	£0.56	
Cash	£1.95	£1.90	(£0.05)	
Borrowing	£67.87	£61.78	(£6.09)	
CIP	£14.00	£15.19	£1.19	
Use of Resource Metric	3	3		

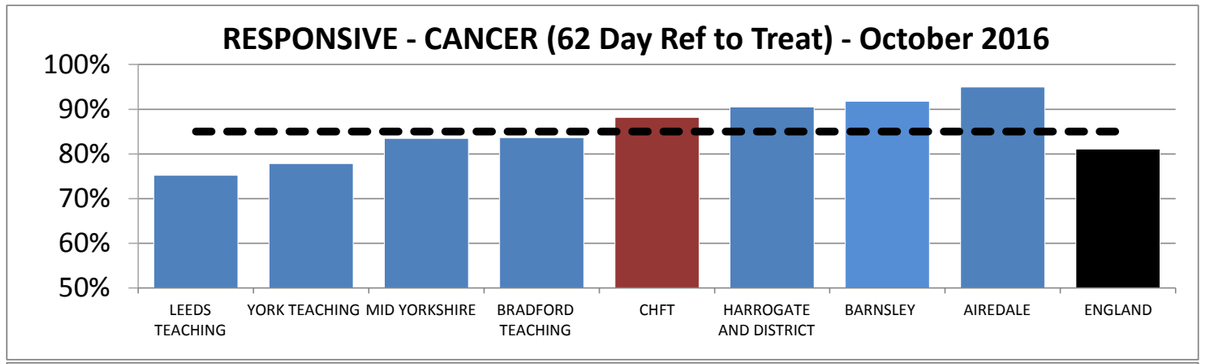
RAG KEY: (Excl: Cash)
- Actual / Forecast is on plan or an improvement on plan
- Actual / Forecast is worse than planned by <2%
- Actual / Forecast is worse than planned by >2%

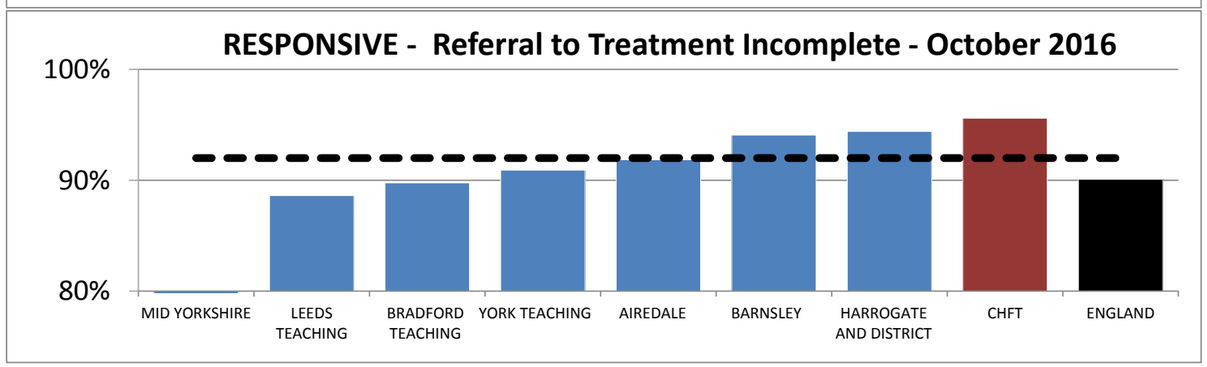
NB. In addition to the above rules, if Capital expenditure <85% of planned then Red, (per Monitor risk indicator)

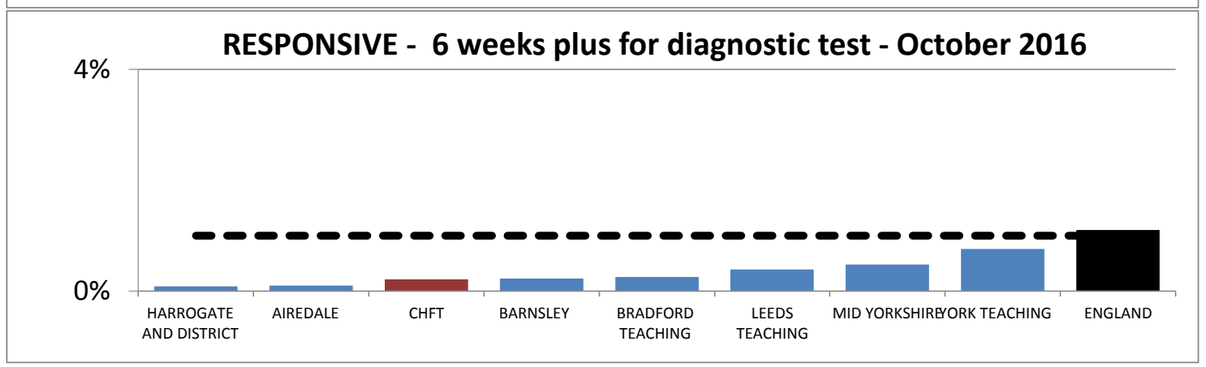
RAG KEY - Cash:
- At or above planned level or > £21.2m (20 working days cash)
- < £21.2m (unless planned) but > £10.6m (10 working days cash)
- < £10.6m (less than 10 working days cash)

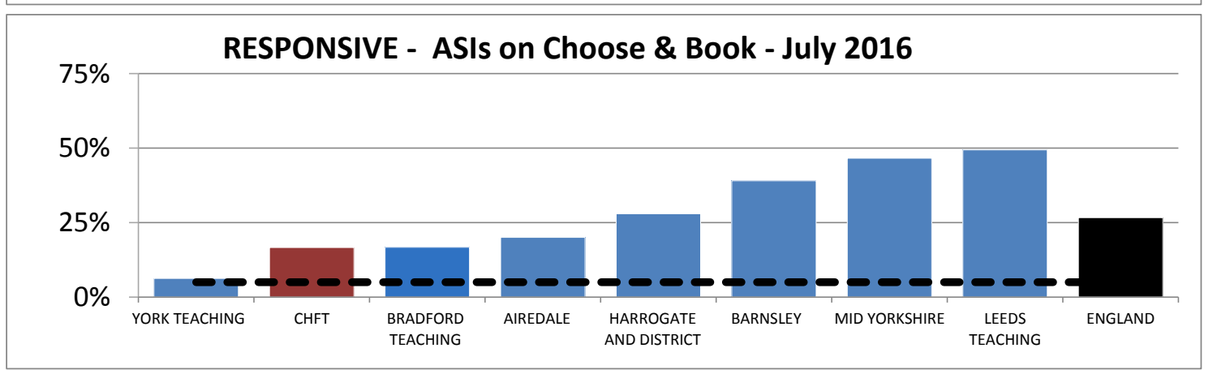
Benchmarking - Selected Measures

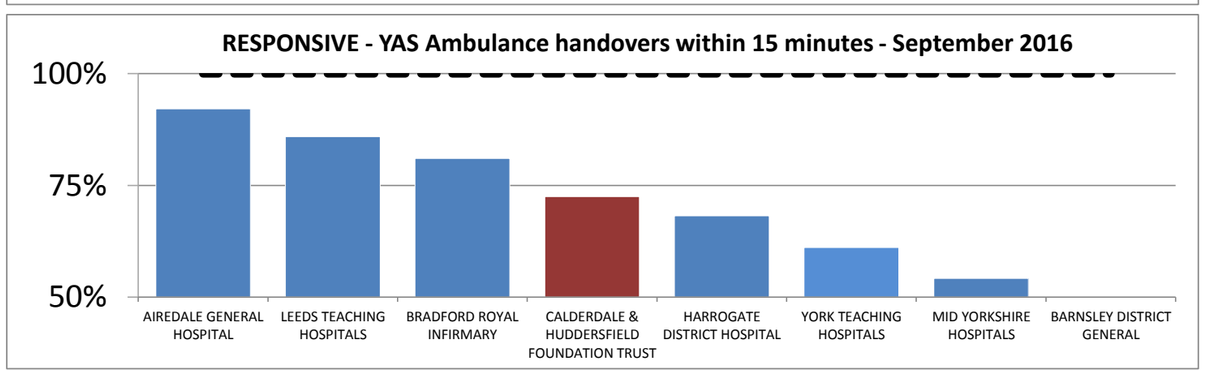


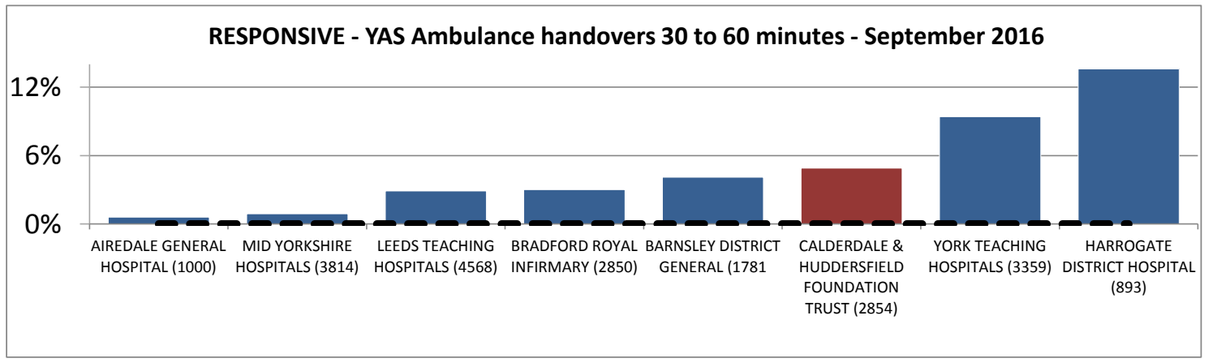


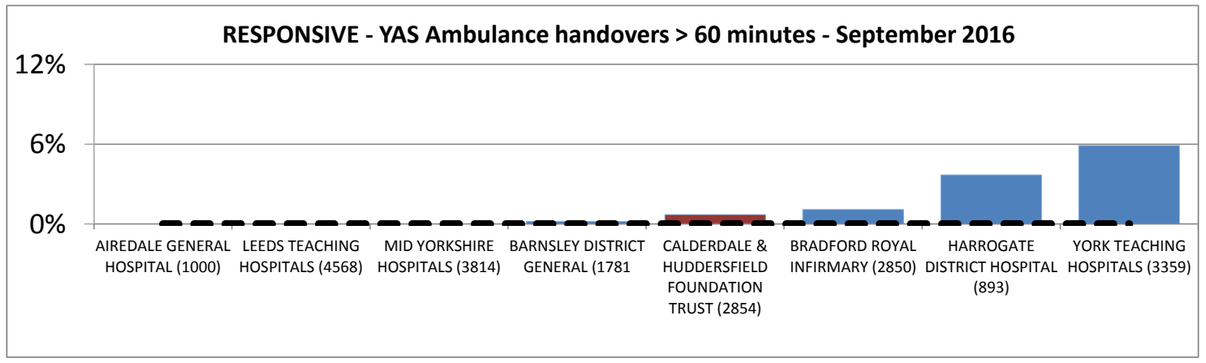




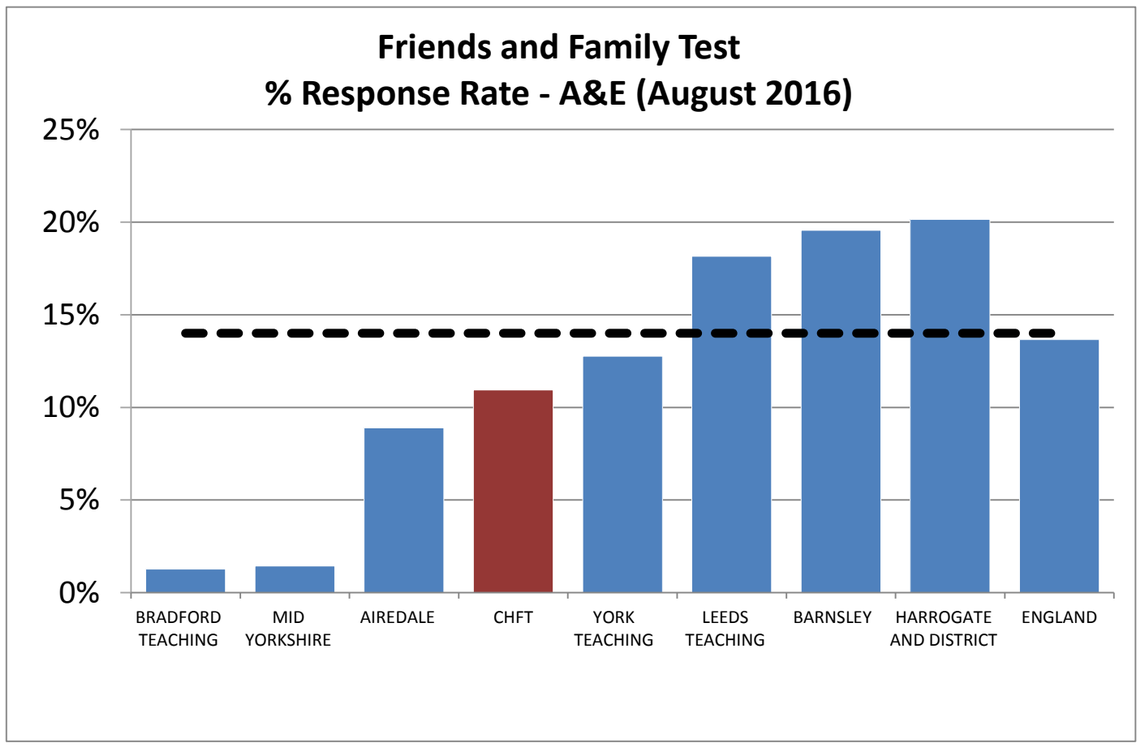


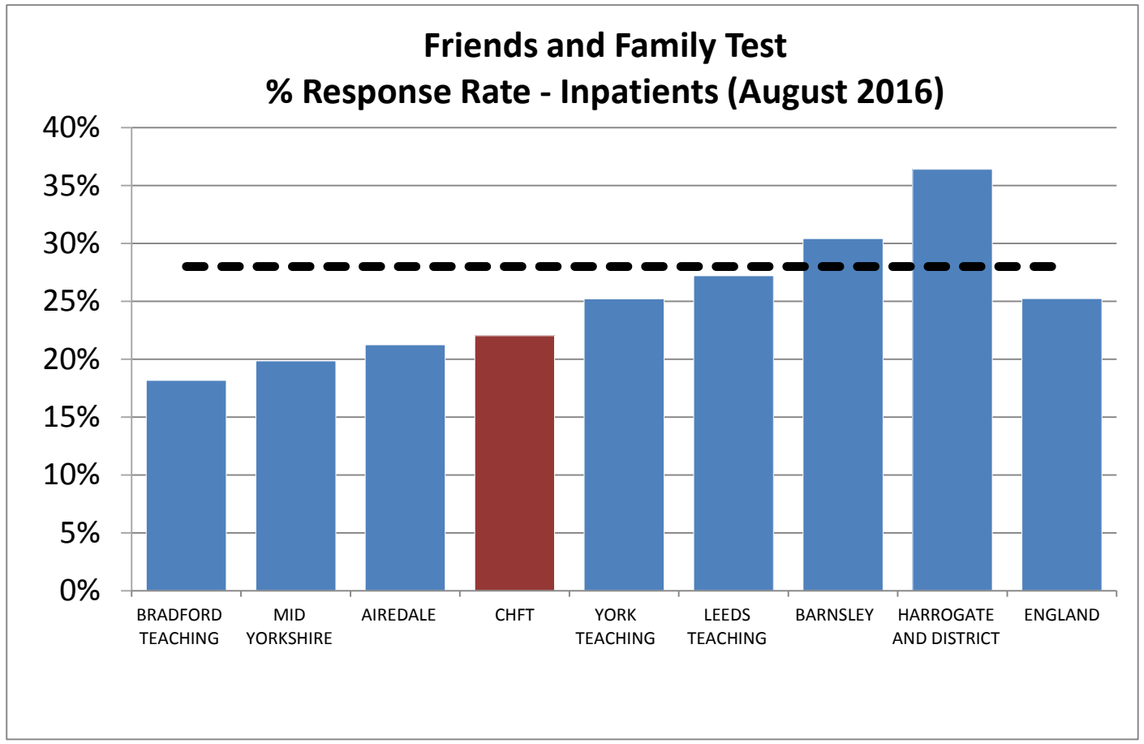


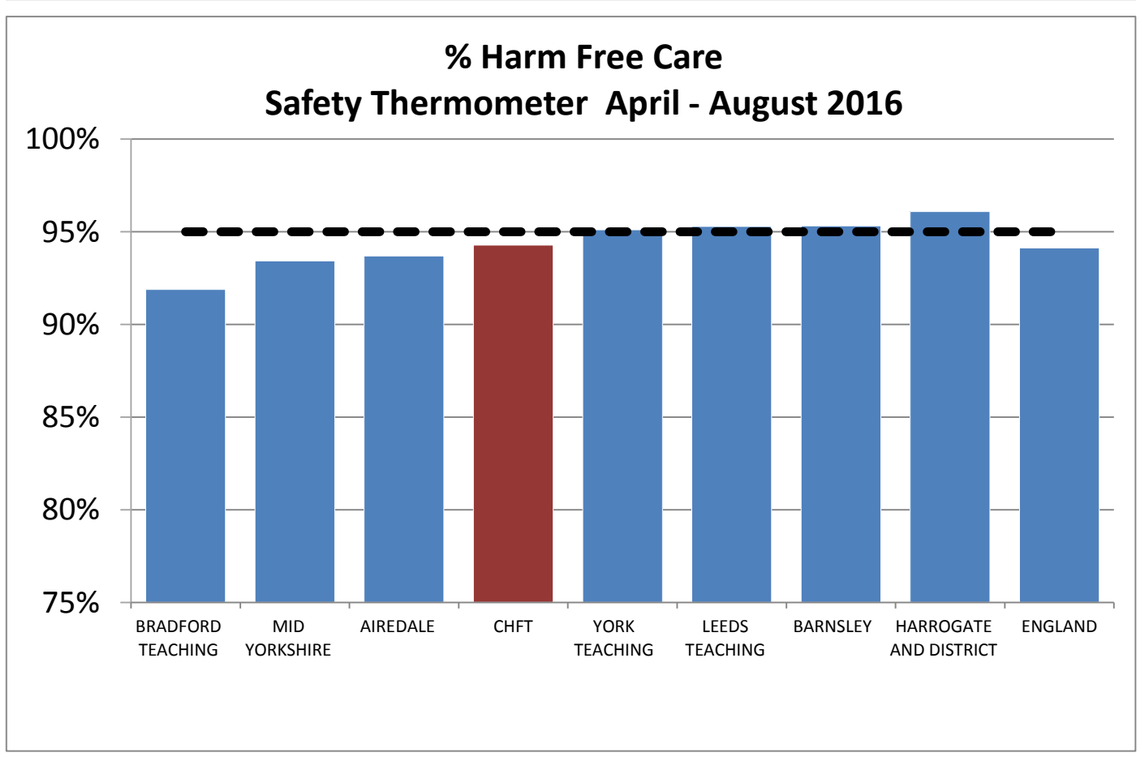




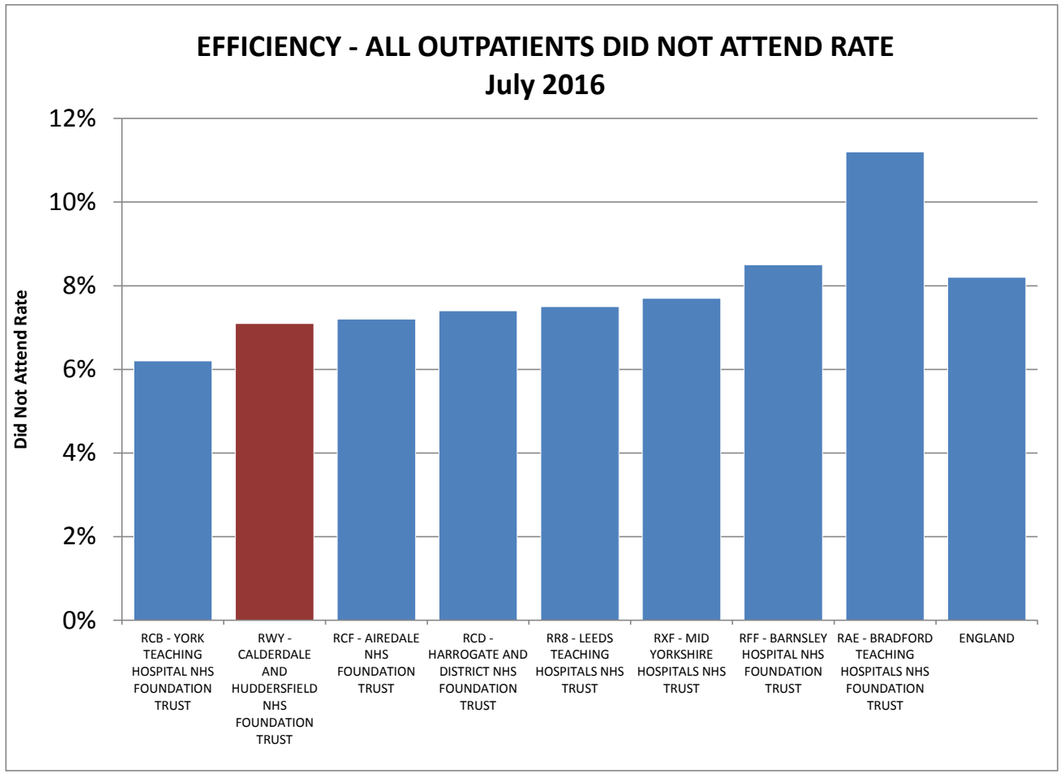
Benchmarking - Selected Measures

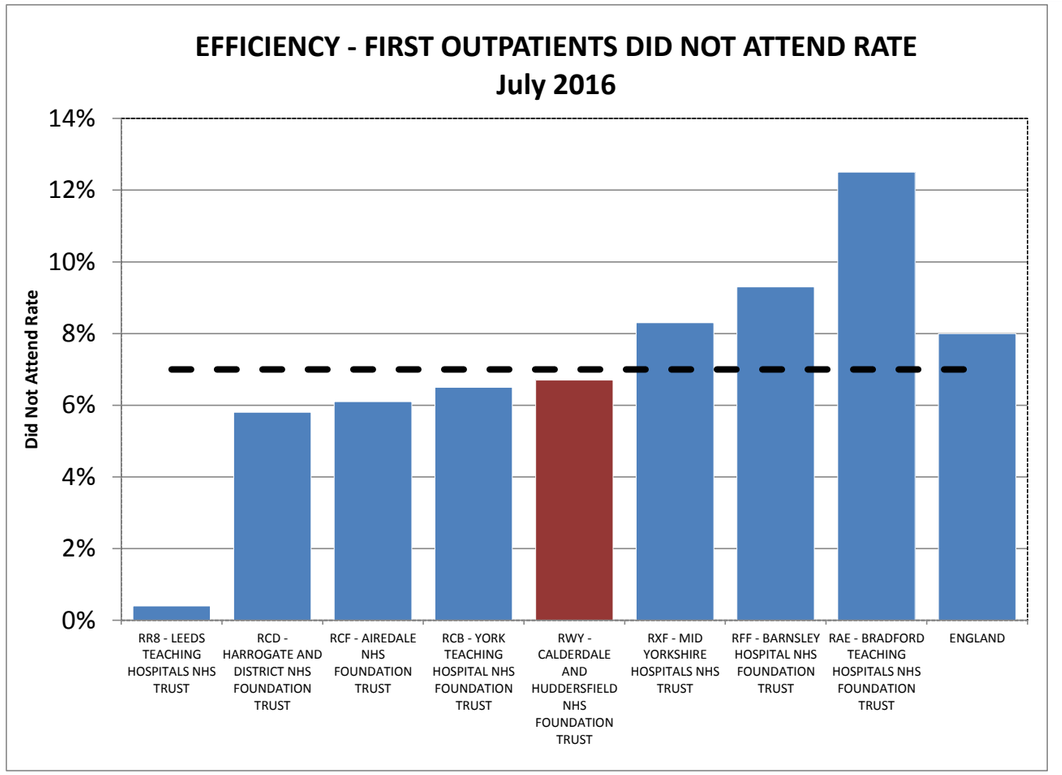


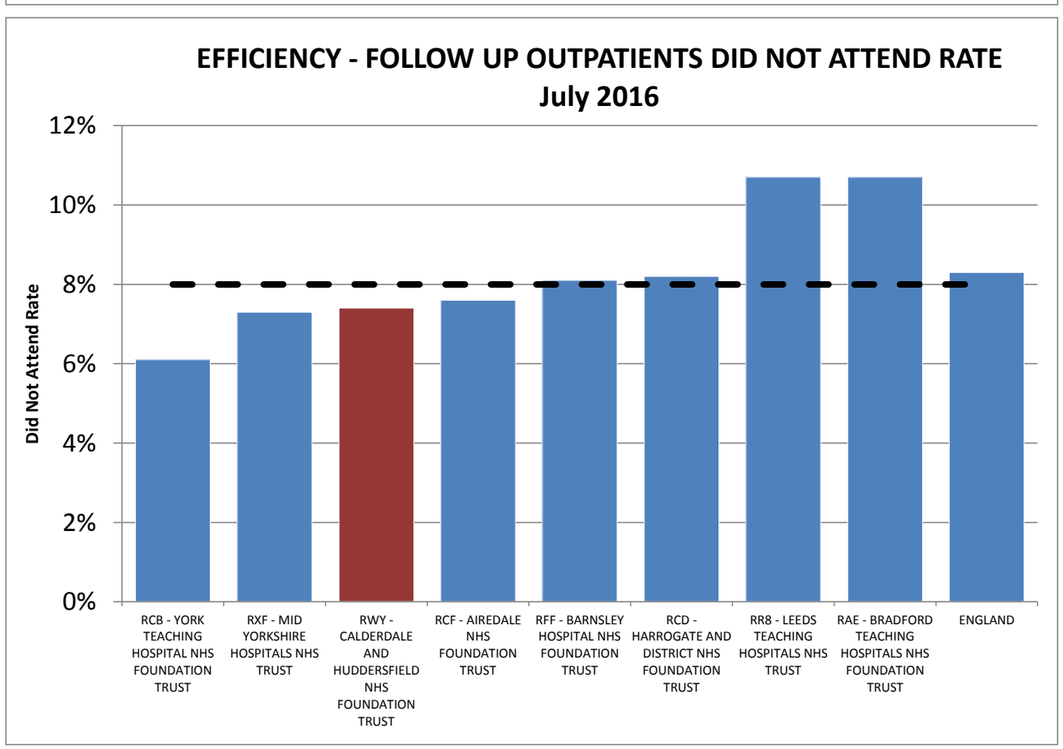


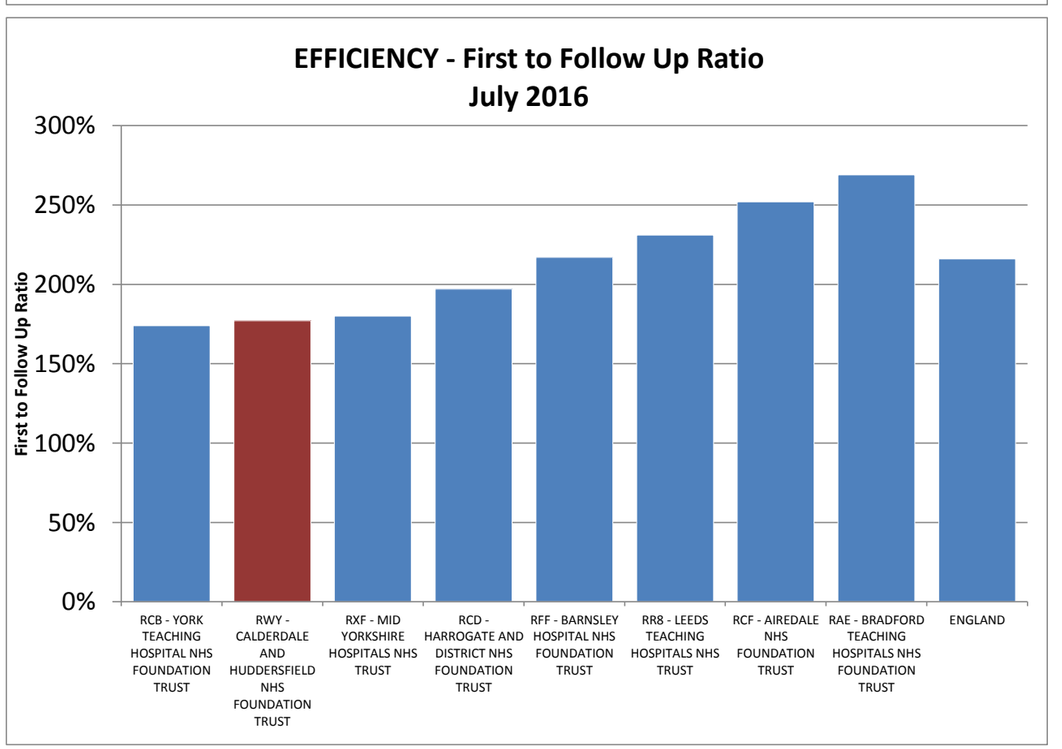


Benchmarking - Selected Measures



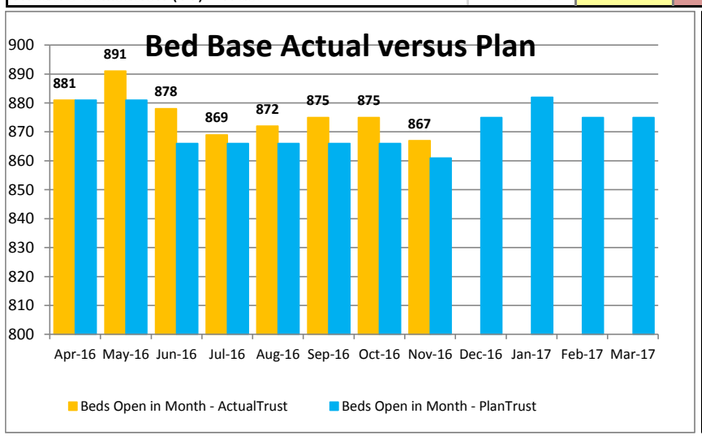


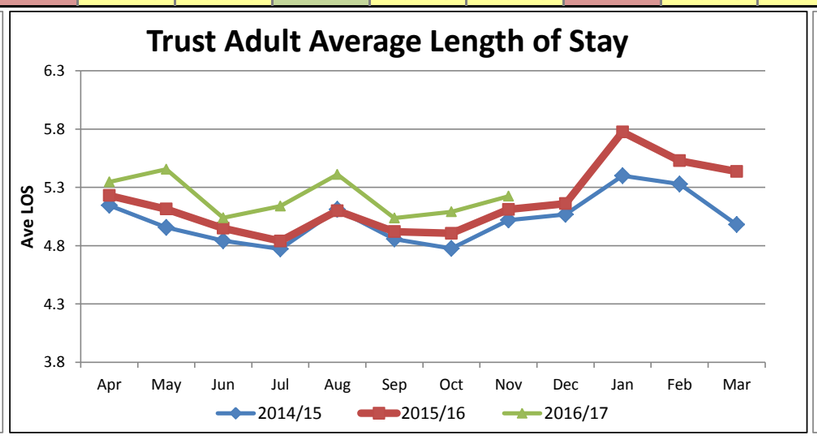


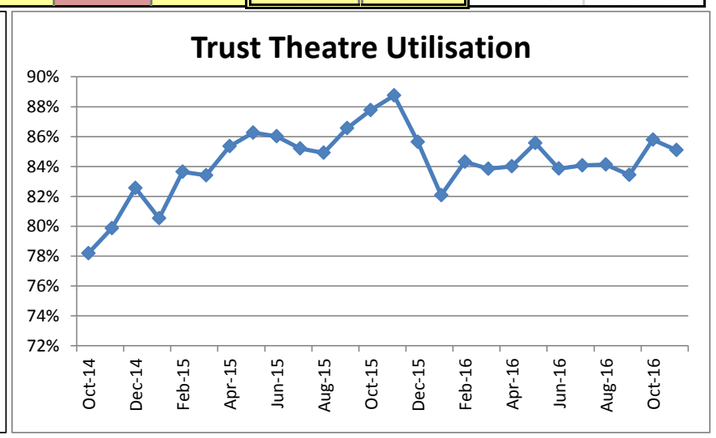


Efficiency & Finance - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Target	Threshold/Monthly
Did Not Attend Rates																	
First DNA	6.80%	6.55%	7.22%	6.37%	6.26%	6.80%	6.63%	6.47%	6.15%	6.68%	6.58%	6.47%	5.76%	**6.10%**	**6.35%**	<=7%	7.00%
Follow up DNA	7.70%	7.21%	7.63%	6.79%	6.60%	7.17%	6.56%	6.45%	6.81%	7.37%	6.99%	6.58%	6.46%	**6.12%**	**6.66%**	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	5.17	5.11	5.16	5.78	5.53	5.45	5.32	5.45	5.03	5.12	5.39	5.01	5.09	**5.22**	**5.22**	<=5.17	5.17
Average Length of Stay - Elective	2.85	2.89	2.80	3.25	2.92	3.07	2.50	2.67	2.68	2.69	2.76	2.45	2.53	**2.53**	**2.60**	<=2.85	2.85
Average Length of Stay - Non Elective	5.63	5.62	5.60	6.24	5.96	5.79	5.87	5.97	5.51	5.61	5.94	5.59	5.61	**5.86**	5.76	<=5.63	5.63
Day Cases																	
Day Case Rate	85.00%	84.30%	86.34%	86.35%	87.90%	88.50%	87.41%	87.23%	86.63%	86.30%	87.80%	86.20%	87.01%	**87.21%**	**86.99%**	>=85%	85.00%
Failed Day Cases	1440	119	93	**103**	112	93	118	98	146	120	114	151	130	**119**	**996**	120	960
Elective Inpatients with zero LOS	1630	142	122	135	110	97	105	114	122	134	145	151	104	**114**	**989**	136	1088
Beds																	
Beds Open in Month - Plan		820	835	866	878	878	881	881	866	866	866	866	866	**861**	**861**	Not applicable	
Beds Open in Month - Actual		873	878	922	906	890	881	891	878	869	872	875	875	**867**	**867**	Not applicable	
Hospital Bed Days per 1000 population - Adults	50.60	51.90	52.50	57.60	53.50	55.60	52.33	54.61	51.70	52.59	52.74	50.70	52.78	**50.94**	**52.35**	15/16 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	8.20	8.20	8.50	8.40	8.30	8.90	8.07	8.40	8.29	8.49	7.99	8.15	8.55	**7.76**	**8.21**	15/16 Baseline	
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	86.05%	88.30%	85:93%	80.13%	81.36%	83.99%	87.41%	85.59%	86.81%	86.98%	84.10%	83.78%	86.18%	**86.08%**	**85.87%**	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	94.92%	99.25%	95.01%	92.02%	101.14%	88.36%	89.04%	94.67%	87.32%	88.63%	95.55%	90.68%	92.21%	**93.66%**	**91.51%**	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	78.04%	82.36%	76.33%	76.58%	79.92%	78.00%	75.08%	78.09%	76.21%	80.72%	75.14%	76.83%	77.81%	**75.86%**	**76.92%**	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	82.73%	81.94%	80.94%	82.01%	83.98%	84.68%	79.95%	81.00%	80.63%	81.83%	83.43%	84.02%	80.95%	**82.96%**	**81.83%**	>=85%	85.00%
Theatre Utilisation (TT) - Trust	85.60%	84.38%	83.92%	85.57%	87.05%	88.18%	84.00%	85.60%	83.85%	84.07%	84.70%	83.43%	85.80%	**85.10%**	**84.50%**	>=90%	90.00%

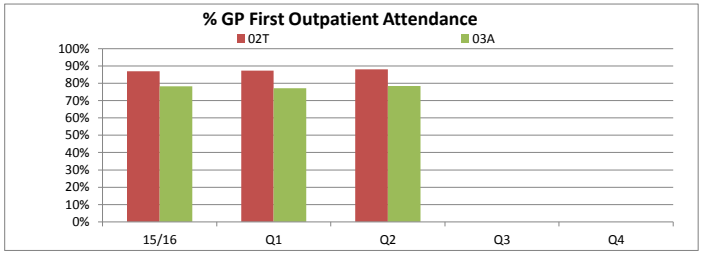


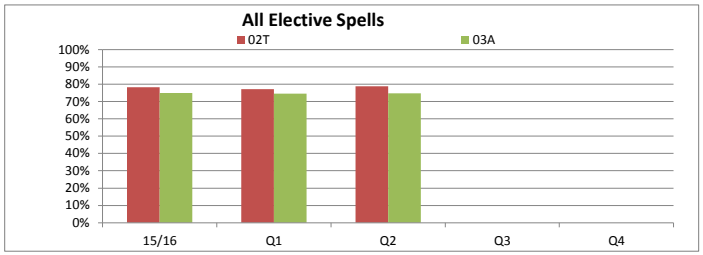


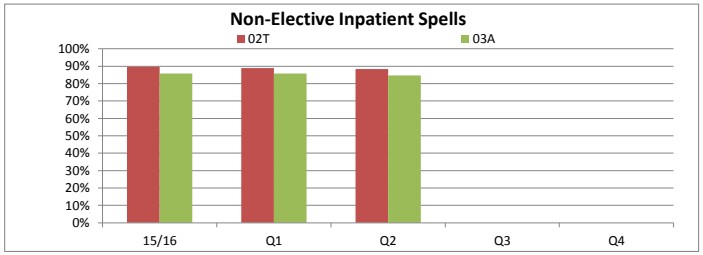


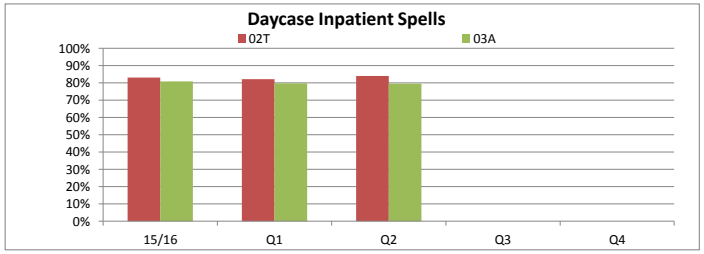
Activity - Key measures (Market Share)

	15/16	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
GP First Outpatient Attendance								
% Market Share - 02T Calderdale	86.99%	87.31%	**87.94%**			**87.42%**	86.99%	0.43%
% Market Share - 03A Greater Huddersfield	78.20%	77.22%	**78.41%**			**77.25%**	78.20%	-0.95%
% Market Share - Other Contracted CCG's	1.30%	1.58%	**1.46%**			**1.49%**	1.30%	0.19%
Market Size - 02T Calderdale	42173	11663	**11002**			**22665**	42173	
Market Size - 03A Greater Huddersfield	42177	11378	**10368**			**21746**	42177	
Market Size - Other Contracted CCG's	451746	112221	**112973**			**225194**	451746	
All Elective Spells								
% Market Share - 02T Calderdale	78.25%	77.19%	**78.73%**			**77.91%**	78.25%	-0.34%
% Market Share - 03A Greater Huddersfield	74.96%	74.47%	**74.73%**			**74.38%**	74.96%	-0.58%
% Market Share - Other Contracted CCG's	0.80%	0.80%	**0.79%**			**0.79%**	0.80%	-0.01%
Market Size - 02T Calderdale	34631	9263	**9681**			**18944**	34631	
Market Size - 03A Greater Huddersfield	36053	9270	**9783**			**19053**	36053	
Market Size - Other Contracted CCG's	375492	92770	**93869**			**186639**	375492	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	89.72%	88.95%	**88.38%**			**88.64%**	89.72%	-1.08%
% Market Share - 03A Greater Huddersfield	85.86%	85.89%	**84.71%**			**85.32%**	85.86%	-0.54%
% Market Share - Other Contracted CCG's	0.77%	0.71%	**0.71%**			**0.71%**	0.77%	-0.06%
Market Size - 02T Calderdale	22689	5749	**5687**			**11436**	22689	
Market Size - 03A Greater Huddersfield	23453	5862	**5631**			**11493**	23453	
Market Size - Other Contracted CCG's	244792	62418	**62115**			**124533**	244792	
Daycase Spells								
% Market Share - 02T Calderdale	83.06%	82.25%	**84.01%**			**83.08%**	83.06%	0.02%
% Market Share - 03A Greater Huddersfield	80.85%	79.79%	**79.55%**			**79.43%**	80.85%	-1.42%
% Market Share - Other Contracted CCG's	0.87%	0.88%	**0.87%**			**0.87%**	0.87%	0.00%
Market Size - 02T Calderdale	27741	7533	**7907**			**15440**	27741	
Market Size - 03A Greater Huddersfield	28973	7594	**7970**			**15564**	28973	
Market Size - Other Contracted CCG's	281616	70315	**71369**			**141684**	281616	









Background Context and commentary

Following the market share report that went to Finance and Performance in July 2016 this dashboard has been developed to give a high level overview of market share movement in the current year compared with 2015/16 baseline.

As per the Airedale dashboard this covers the activity areas of GP sourced first outpatient attendances, Day Case Elective, Inpatient Elective and Non Elective discharges.

For example the above dashboard illustrates that for Quarter 2 201617, 87.94% of the total GP sourced outpatient Calderdale CCG purchased activity was carried out by Calderdale and Huddersfield NHS Foundation Trust. This was an increase in market share of 0.43 percentage points when compared with the 15/16 baseline.

This report will be updated quarterly the next update due to be March 2017.

Activity - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	41594	3368	2989	3555	3437	3651	3788	3859	3906	3556	3695	3774	3642	**3654**	**29874**	7.0%
03A - NHS GREATER HUDDERSFIELD CCG	38426	3206	2862	3171	3241	3367	3304	3149	3519	3129	3143	3237	3128	**3223**	**25832**	0.0%
03J - NHS NORTH KIRKLEES CCG	2843	224	198	246	296	299	289	311	350	287	274	316	330	**326**	**2483**	37.9%
02R - NHS BRADFORD DISTRICTS CCG	3073	265	213	283	244	250	243	269	271	201	232	237	248	**241**	**1942**	-6.0%
03R - NHS WAKEFIELD CCG	453	29	25	35	48	52	58	64	61	63	51	46	66	**51**	**460**	59.5%
02W - NHS BRADFORD CITY CCG	521	41	49	39	40	37	25	34	39	30	32	25	40	**35**	260	-27.5%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	**209**	19	9	25	35	30	42	38	**48**	30	27	40	38	**45**	**308**	175.9%
03C - NHS LEEDS WEST CCG	91	3	5	7	4	11	8	4	8	10	7	10	15	**9**	**71**	30.4%
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	67	7	5	6	2	6	5	7	3	6	4	1	2	**4**	**32**	-30.4%
03G - NHS LEEDS SOUTH AND EAST CCG	21	4	2	0	1	0	1	1	1	1	3	3	3	**2**	**15**	-21.1%
02V - NHS LEEDS NORTH CCG	22	2	3	2	0	1	2	2	3	3	2	0	1	**1**	**14**	-11.8%
Other	1086	96	82	103	90	99	79	70	118	96	81	74	90	**62**	**670**	-3.5%
Total	88406	7263	6442	7471	7438	7803	7844	7808	8327	7412	7551	7763	7603	**7653**	**61961**	4.6%
% Change on Previous year	3.6%	7.1%	4.0%	16.3%	1.0%	-3.0%	9.8%	10.0%	7.7%	-2.2%	12.5%	-1.0%	-3.0%	**5.4%**	**4.7%**	
Activity																
% of spells with > 5 ward movements (No Target)	0.06%	0.06%	0.06%	0.02%	0.16%	0.04%	0.08%	0.08%	0.10%	0.10%	0.10%	0.08%	0.09%	**0.04%**	**0.08%**	0.0%

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	**#N/A**						**8**	**97**	**49**	**96**	**291**	**3**	**118**	**269**	**932**	
% Day Case Variance against Contract	**#N/A**						**0.3%**	**3.3%**	**1.5%**	**3.1%**	**9.3%**	**0.1%**	**3.8%**	**8.3%**	**3.7%**	
Elective Variance against Contract	**#N/A**						**-109**	**-124**	**-104**	**-54**	**-104**	**-75**	**-92**	**-85**	**-745**	
% Elective Variance against Contract	**#N/A**						**-14.8%**	**-17.6%**	**-13.5%**	**-7.4%**	**-14.2%**	**-9.7%**	**-12.5%**	**-11.0%**	**-12.5%**	
Non-elective Variance against Contract	**#N/A**						**-90**	**-99**	**140**	**-60**	**-96**	**8**	**101**	**-153**	**-249**	
% Non-elective Variance against Contract	**#N/A**						**-2.1%**	**-2.3%**	**3.3%**	**-1.4%**	**-2.3%**	**0.2%**	**2.3%**	**-3.5%**	**-0.7%**	
Outpatient Variance against Contract	**#N/A**						**-122**	**1483**	**1963**	**-876**	**1361**	**550**	**1513**	**2268**	**8140**	
% Outpatient Variance against Contract	**#N/A**						**-0.4%**	**5.5%**	**6.6%**	**-3.1%**	**4.8%**	**1.9%**	**5.3%**	**7.6%**	**3.5%**	
Accident and Emergency Variance against Contract	**#N/A**						**-212**	**960**	**301**	**825**	**120**	**726**	**285**	**204**	**3209**	
% Accident and Emergency Variance against Contract	**#N/A**						**-1.7%**	**7.6%**	**2.4%**	**6.6%**	**1.0%**	**6.0%**	**2.3%**	**1.7%**	**3.2%**	

Please note further details on the referral position including commentary is available within the appendix.

CQUIN - Key Messages

Area	Reality	Response	Result
Staff Wellbeing: Flu Vaccine	A risk is being raised in achieving the third element, regarding 75% of front line staff receiving the Flu Vaccination. At the end of month 2 performance was 56.3%. The final payment is staged, 0-64% vaccinated = £0 64-75% vaccinated 50% payment = £324,701.15 >75% vaccinated = £649,402.30	By the end of November almost 4,000 colleagues were vaccinated, just over 2,800 of these were classified as frontline. The Trust has already meet the partial payment threshold, further campaign work for December is planned including performance data being sent to relevant areas and further awareness raising being led by the Director of Nursing. Divisional leads are using flu data to challenge lower uptake areas, and a refreshed view of the data broken down to staff groups is being undertaken to see if further opportunities can be identified.	Expected Delivery Date: The Campaign started in October 16 and ends 31st December 16. Performance is monitored weekly during this stage. Accountable: Director of Workforce and OD
Sepsis	The Sepsis CQUIN met all Q1 and Q2 targets. Targets are set each quarter in agreement with the commissioners and Q3 targets are currently being agreed. These will be aligned with internal improvement trajectories. The Q4 targets are however nationally set and will prove	All patients seen in A&E are now being screened for sepsis during the triage stage. There is renewed focus on screening for inpatients with the divisional director for medicine leading on the project going forward.	Expected Delivery Date: On track at present and ongoing improvement expected month on month. Q3 performance will be more indicative of the likely Q4 position . Accountable: ADN Medicine
Antimicrobial Resistance	Q1 target was met, and this CQUIN is now looking ahead to Q4, when there is a requirement to see: 1) The 1% reduction in the consumption of Carbopenum 1% reduction in the consumption of Tazobactam 1% in overall antibiotics consumption Concerns have been raised with the CCG that implementing the 1% reduction is likely to impact on safety and quality of care, we are hoping to negotiated a revised position, that achieves a reductions whilst maintaining safety and quality.	The 1% reduction will be against a baseline of 13/14 consumption. Raw data for 13/14, 14/15 and 15/16 shows that consumption has been steadily increasing. this makes the 1% reduction even more challenging. High consuming wards will be the focus of improvement work in Q3.	Internal trajectories have been set following the release of data from PHE following submission of baseline figures. Accountable: Director of Pharmacy

CQUIN - Key measures

	£ Annual Value	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	Target	Threshold/Monthly
Staff Well Being																
Well Being Initiatives	£649,402.30	Plan in Development for three Initiatives - Mental Health, Physical Health, MSK access			Plan in Development for three Initiatives - Mental Health, Physical Health, MSK access			Plan in Development for three Initiatives - Mental Health, Physical Health, MSK access							Qrtly Written Rpt to Commissioner	
Healthy Food for Visitors	£649,402.30	submit national data collection returns by July													Qrtly Written Rpt to Commissioner	
Flu Vaccination Uptake	£649,402.30	Campaign Starts in October 16						66.30%						**66.30%**	>75%	>75%
Sepsis																
% of patients Screened (admission Units)	£129,880.46	48.00%	40.00%	100.00%	96.00%	100.00%	98.00%	in arrears	in arrears					**80.00%**	>90%	>90%
% of patients receiving Antibiotic in timeframe and undertake Antibiotic Review (admission units)	£194,820.69	79.00%	73.00%	70.00%	77.00%	71.00%	80.00%	94.00%	in arrears					**76.00%**	Yr End = To be agreed post Q3	Q3 = TBC
% of patients Screened (Inpatients)	**£129,880.46**	8.00%	10.00%	2.00%	4.00%	24.00%	20.00%	in arrears	in arrears					**11.00%**	>90%	Q3 = TBC
% of patients receiving Antibiotic in timeframe and undertake Antibiotic Review (inpatients)	£194,820.69	17.00%	56.00%	50.00%	100.00%	67.00%	73.00%	67.00%	in arrears					**61.00%**	Yr End = To be agreed post Q3	Q3 = TBC
Antimicrobial Resistance																
Antibiotic Consumption - All	**£259,760.92**	Raw Baseline Data Submitted. Awaiting Calculations from PHE												**Awaiting PHE**	TBC - Post Q1 data	Q1 = Baseline Data Only
Antibiotic Consumption - Carbopenum	£129,880.46														TBC - Post Q1 data	Q1 = Baseline Data Only
Antibiotic Consumption - piperacillin -tazobactam	£129,880.46														TBC - Post Q1 data	Q1 = Baseline Data Only
Empiric review of antibiotic prescriptions within 72 hours	£129,880.46	72.00%	96.00%	94.00%	89.00%	86.00%	90.10%	89.83%	86.53%					**88.00%**	>90%	Q1 = >25%
Safety Huddle (SH) Roll Out																
Number of Wards with SHs in place	£1,168,924.14	2			2			2						**2**	**8**	2
Self Administration of Medication																
% of patients assessed for self medication	£389,641.38	75.00%	100.00%	100.00%	77.00%	75.00%	76.92%	75.00%	In arrears					**76.47%**	**>=50%**	50.00%
Hospital at Night																
Roll out of System	£1,168,924.14	Technical specification complete, testing started			In Progress - On Track			In Progress - On Track							Qrtly Written Rpt to Commissioner	
Community Experience																
Service Users experience of Community Care	£519,521.84	Reporting tool in development			In Progress - Data to be collected from September 16		657 Reponses	2nd Survey in Dev							TBC - Post Q1 data	Q1 = Tool Dev
NHS ENGLAND CQUINS																
Dose Banding Intravenous SACT	£20,000.00	In Progress			In Progress			In Progress							Submit Data	Submit Data
Activation for LTC Patients - HIV Embedding Self Management (Patient Activated Management)	£50,000.00	In Progress			In Progress			In Progress							Submit Data	Submit Data
Optimal Device	£20,000.00	In Progress			In Progress			In Progress							Submit Data	Submit Data
QIPP	£233,121.00	In Progress			In Progress			In Progress							Submit Data	Submit Data

Appendices

Appendices

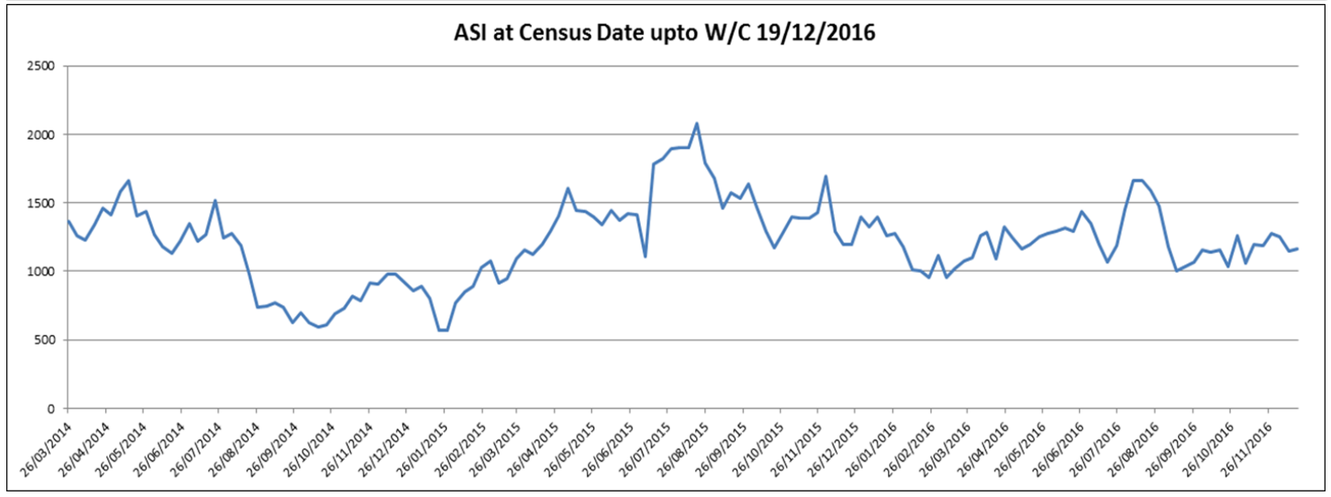
Appendix - Appointment Slot Issues

ASIs

As at 21st December there were 1,196 referrals awaiting appointment of which 500 are e-referrals. This is a reduction of 629 referrals from the 22nd July 2015 position of 1,824.

The top 4 specialties for E-referral ASIs backlog are: Ophthalmology, MSK, and Colorectal. Respiratory has improved in month. Specialty action plans are in place to continue to reduce the ASIs over the forthcoming weeks and Access meetings have restarted within the Surgical Division.

	Weeks									Months					
	0	1	2	3	4	5	6	7	8	3	4	5	6	>6	Total
MSK	20	24	35	31	14	2									126
Medicine	1										2				3
Surgery	51	109	102	74	110	88	64	63	51	206	107	13	5	2	1046
Colorectal	5	23	20	22	35	19	21	8	2	5					160
General Surgery	2	14	9	10	4	3	1	7	1	2		2			55
Opthalmology	21	42	53	34	63	51	31	46	44	184	103	10	4	2	688
FSS	11	4			2			1		1				2	21
Total	83	137	137	105	126	90	64	64	51	207	109	13	5	4	1196



Appendix - Efficiency Key Measures

BEDS

Divisional Breakdown of Bed Base - Actual versus Plan - 2016 / 2017

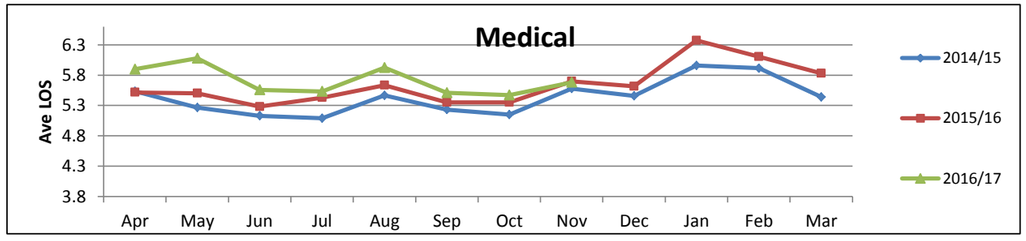
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Surgical Bed Base Plan	213	213	213	213	213	213	198	198	198	198	198	198
Surgical Bed Base Actual	209	213	209	207	207	207	211	210				
FSS Bed Base Plan - Adult	16	16	16	16	16	16	16	16	16	16	16	16
Paediatrics	43	43	43	43	43	43	43	43	43	43	43	43
Mother	63	63	63	63	63	63	63	63	63	63	63	63
Cots (inc NICU)	80	80	80	80	80	80	80	80	80	80	80	80
FSS Bed Base Plan - TOTAL	202	202	202	202	202	202	202	202	202	202	202	202
FSS Bed Base Actual	202	202	202	202	202	202	202	202				
Medical Bed Base Plan core	451	451	451	451	451	451	451	451	451	451	451	451
Flex	15	15	0	0	0	0	15	10	24	31	24	24
Medical Bed Base Plan - TOTAL	466	466	451	451	451	451	466	461	475	482	475	475
Medical Bed Base Actual	470	476	467	460	463	466	462	455				
TRUST Bed Base Plan - TOTAL	881	881	866	866	866	866	866	861	875	882	875	875
TRUST Bed Base - ACTUAL	881	891	878	869	872	875	875	867				
Beds Above (+ve) / Below (-ve) Plan	0	10	12	3	6	9	9	6				

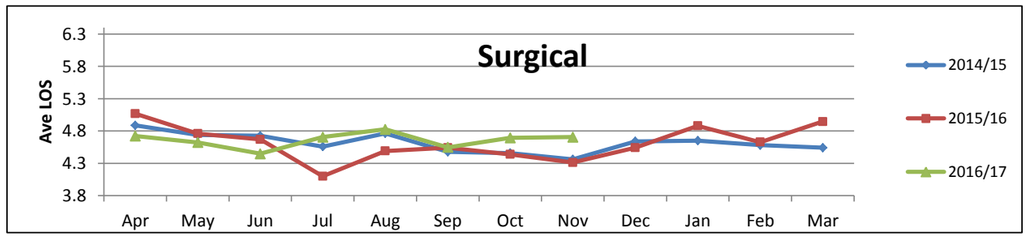
AVERAGE LENGTH OF STAY

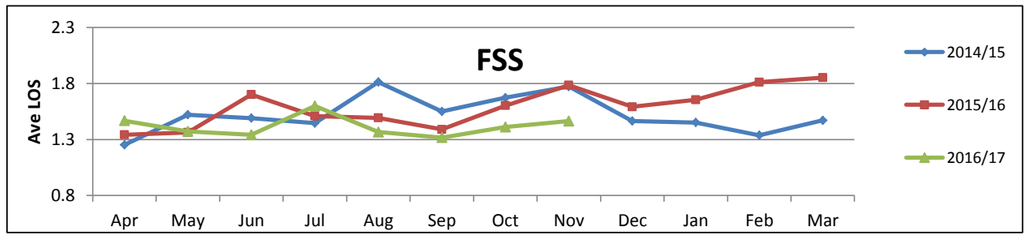
- Trust length of stay (LOS) increased marginally from 5.09 to 5.22 in November with the increase relating to Medical and FSS (Gynaecology) divisions.
- Medical IP LOS in month increased to 5.7 days, with YTD position at 5.7 days. (16/17 plan is 5.6 days)

- Contributing factors / future plans as follows:

- Reduction in Medical green X patients – from 75 to 74 as at 1 December 2016 (profile set at 45).
- Outliers (Bed Days) - Medical outliers reduced with average of 9 patients per day in month. (HRI Ward 14 is now closed)
- Weekly Senior Partner Meeting to be introduced to review all patients with a LOS over 100 days.
- Bed occupancy levels at 93.9% in month and 94.1% YTD for Medical division.
- Lack of nursing home / intermediate care beds / social work assessments.

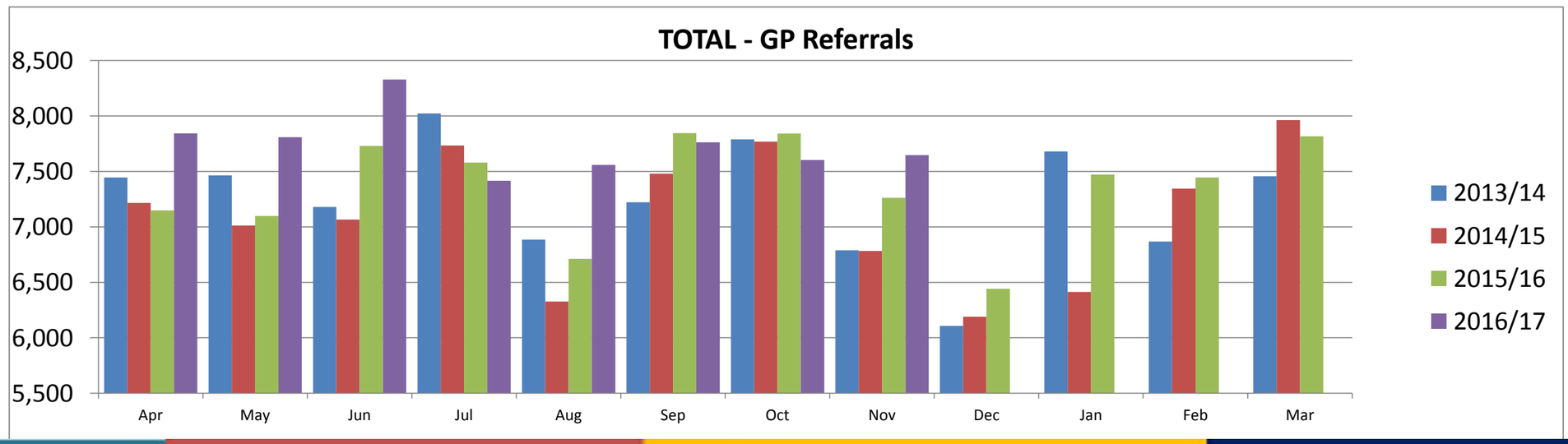






Appendix - Referrals

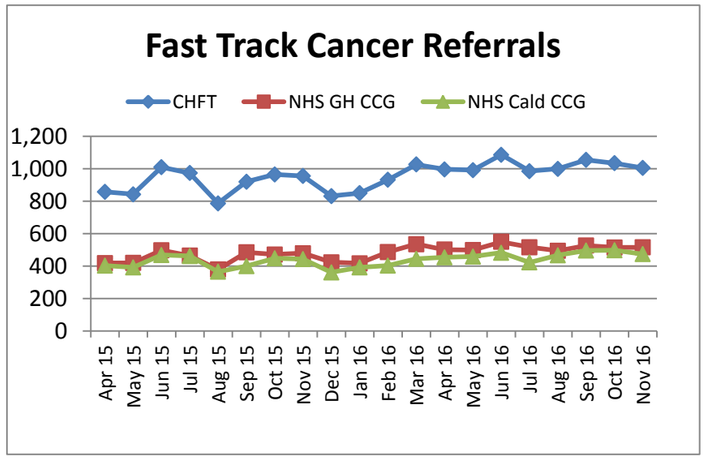
- GP Referrals up 5.4% in November 2016 compared with November 2015.
- There were 22 working days in November 2016, one more than November 2015 so an increase in referrals of 4.8% could be expected.
- YTD there have been 2 more working day compared with April to November 2015 so the increase in GP referrals of 4.7% is certainly marked. The 2 extra working days equates to only 1.2% growth.
- Non-GP referrals (38% of all referrals) are up 8.3% YTD, the specialties contributing being Trauma and Orthopaedics, Obstetrics, Gynaecology, Ophthalmology , General Surgery, Cardiology, Gastroenterology and Thoracic Medicine.
- NHS Calderdale GP referrals have seen an increase (more than expected) of 7.0% (1,945) YTD principally due to Urology 13% (181), Orthopaedics 11% (558), ENT 10% (320), Cardiology 28% (293) and Dermatology 22% (404). Specifically Dermatology referrals are up 89% (149) compared with November 15 for Calderdale GPs. This will be closely monitored.
- NHS Greater Huddersfield GP referrals are consistent in volume YTD with 2015/16, so when accounting for the extra working days YTD in reality referral demand from this commissioner is down. A dozen practices have reduced referral demand by over 5% which equates to some 1,259 referrals. The reductions for these practices impacts on virtually all specialties ., with General Surgery, Urology, Trauma and Orthopaedics, ENT, Oral Surgery, General Medicine, Paediatrics and Gynaecology being particularly impacted
- YTD there have been notable GP referral increases for NHS North Kirklees (38%, 684 referrals, Neurology and ENT receiving many extra referrals), NHS Wakefield (60%, 172 referrals, nearly half of the increase into Neurology and two thirds of the overall increase relating to 5 practices) and particularly NHS Heywood, Middleton and Rochdale (over 176%, 197 referrals, over a 100 of the rise in Paediatrics and ENT).
- For Bradford Districts CCG in November 2016 GP referral numbers were reduced compared to November 2015. This relates to a decrease in ENT referrals following the marked increase in 15/16 when Bradford Trust's service was unavailable. A similar pattern is to be seen for Bradford City CCG also. Although small numbers Gynaecology referrals are up markedly for Bradford City (70 YTD 16/17 compared with 11 YTD 15/16). This relates to expansion of the IVF service.

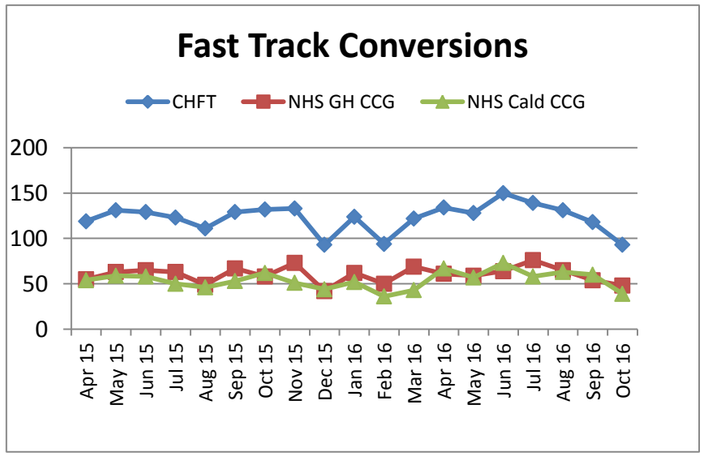


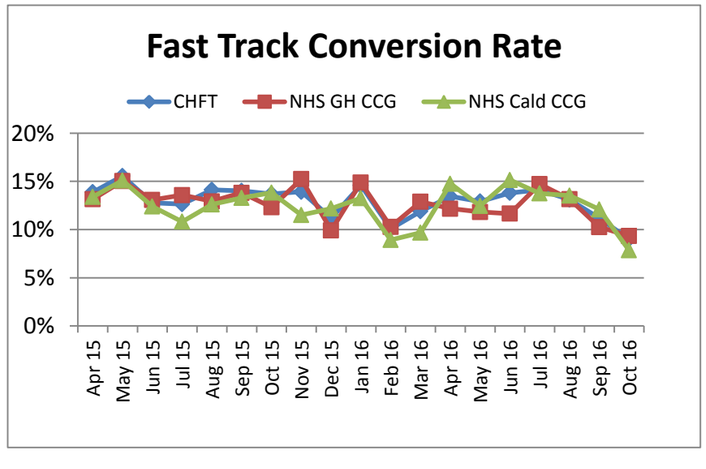
Activity - Key measures

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5014	443	361	392	403	444	454	458	482	422	466	496	497	**473**	**3275**	11.5%
NHS CALDERDALE CCG Conversions	622	51	44	52	36	43	67	57	73	58	63	60	39	**In arrears**	**417**	*9.2%*
NHS CALDERDALE CCG Conversion Rate	12.4%	11.5%	12.2%	13.3%	8.9%	9.7%	14.8%	12.4%	15.1%	13.7%	13.5%	12.1%	7.8%	**In arrears**	**12.7%**	
NHS GREATER HUDDERSFIELD CCG Referrals	5521	479	423	417	486	535	501	499	549	516	494	526	514	**515**	**3599**	14.9%
NHS GREATER HUDDERSFIELD CCG Conversions	731	73	42	62	50	69	61	59	64	76	65	54	48	**In arrears**	**427**	*1.7%*
NHS GREATER HUDDERSFIELD CCG Conversion Rate	**13.2%**	15.2%	9.9%	14.9%	10.3%	12.9%	12.2%	11.8%	**11.7%**	14.7%	13.2%	10.3%	9.3%	**In arrears**	**11.9%**	
Other CCG Referrals	410	30	40	41	40	49	41	34	55	47	39	32	23	**16**	**271**	-0.4%
Other CCG Conversions	83	11	10	11	10	11	6	12	13	5	3	4	6	**In arrears**	**49**	*-34.7%*
Other CCG Conversion Rate	20.2%	36.7%	25.0%	26.8%	25.0%	22.4%	14.6%	35.3%	23.6%	10.6%	7.7%	12.5%	26.1%	**in arrears**	**18.1%**	
CHFT Fast Track Referrals	10945	952	824	850	929	1028	996	991	1086	985	999	1054	1034	**1004**	**7145**	12.7%
CHFT Fast Track Conversions	1436	135	96	125	96	123	134	128	150	139	131	118	93	**in arrears**	**893**	*1.8%*
CHFT Fast Track Conversion Rate	13.1%	14.2%	11.7%	14.7%	10.3%	12.0%	13.5%	12.9%	13.8%	14.1%	13.1%	11.2%	9.0%	**in arrears**	**12.5%**	
% Change on Previous year																

Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.
YTD referrals excludes most recent month to enable reliable conversion rate YTD comparison.



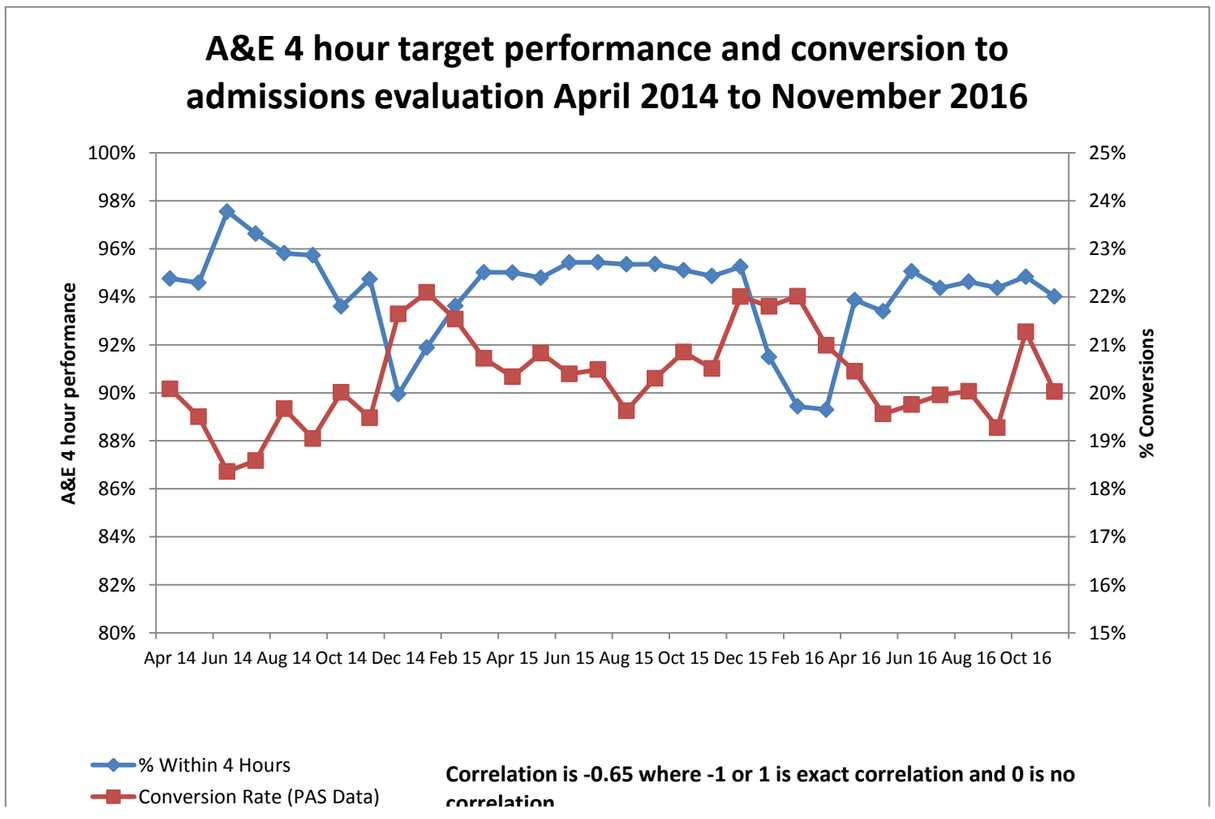




Appendix - A and E Conversion rates and Delayed Transfers

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	147,625	11,950	12,040	12,399	11,712	13,372	12,120	13,588	12,781	13,307	12,155	12,911	12,915	**12,238**	**102,015**	4.0%
A and E 4 hour Breaches	9,030	613	571	1,055	1,237	1,431	743	897	630	749	653	726	666	**732**	**5,796**	22.4%
A and E 4 hour performance	93.9%	94.9%	95.3%	91.5%	89.4%	89.3%	93.9%	93.4%	95.1%	94.4%	94.6%	94.4%	94.8%	**94.0%**	**94.3%**	-0.9%
Admissions via Accident and Emergency	30,770	2,451	2,650	2,703	2,578	2,807	2,478	2,658	2,525	2,656	2,435	2,489	2,747	**2,451**	**20,439**	2.0%
% A and E Attendances that convert to admissions	20.8%	20.5%	22.0%	21.8%	22.0%	21.0%	20.4%	19.6%	19.8%	20.0%	20.0%	19.3%	21.3%	**20.0%**	**20.0%**	*-1.9%*

Data Source : A and E Attendances (EDIS), Admissions via A and E (PAS)



Delayed Transfers of Care : Snapshot on 5 December 2016	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	89	69	2	160
Patients awaiting assessment by a Social Worker	33	15	1	49
Ongoing assessments inc. SW, Therapy, BIM, Case Conference, MCA, DST	20	18	0	38
Awaiting 24 hour care, res or nursing	10	12	0	22
Awaiting Package of Care inc. re-ablement	22	12	0	34
Awaiting housing	0	0	0	0
Awaiting short stay or transitional bed	3	1	0	4
Awaiting Intermediate Care bed	1	11	0	12
Medically Unwell	0	0	0	0

Appendix - Responsive Key Measures

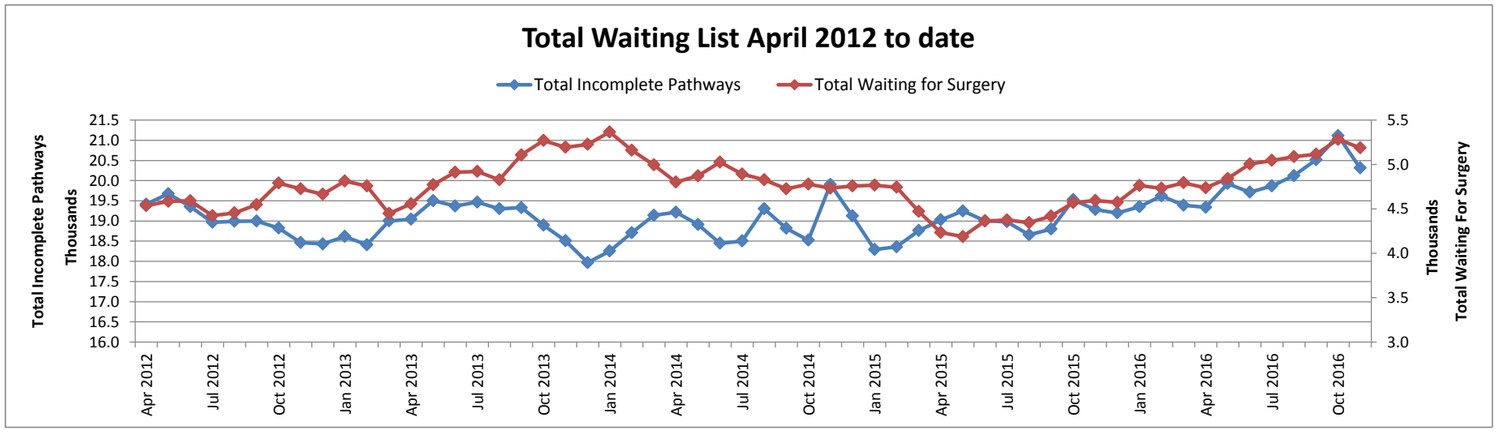
	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Target	Threshold
Outpatient Total Waiting List																
GP/GDP sourced referrals	9,014	9,112	8,728	8,921	9,258	9,298	9,505	9,300	9,255	9,297	9,196	9,384	9,201	**8,742**	Not applicable	
Other sourced referrals	8,548	8,428	8,296	8,107	8,389	8,037	8,515	8,880	9,067	9,360	9,342	9,902	10,024	**9,889**	Not applicable	
GP/GDP Total Referrals	17,562	17,540	17,024	17,028	17,647	17,335	18,020	18,180	18,322	18,657	18,538	19,286	19,225	**18,631**	Not applicable	
Elective Total Waiting List																
18 week pathway	4,314	4,593	4,573	4,763	4,732	4,794	4,738	4,842	5,006	5,046	5,089	5,116	5,283	**5,189**	Not applicable	
Non 18 week pathway	4,340	4,729	4,792	4,833	4,877	4,956	4,944	4,976	5,029	5,029	5,064	5,127	5,277	**5,288**	Not applicable	
18 Week Pathways Not on Active List	**172**	207	170	155	166	153	207	260	**225**	230	227	196	182	**261**	Not applicable	
18 Weeks Pathways Unavailable	274	289	373	231	231	254	238	293	313	336	310	266	234	**195**	Not applicable	
18 Weeks Pathways Total	9,100	9,818	9,908	9,982	10,006	10,157	10,127	10,371	10,573	10,641	10,690	10,705	10,976	**10,933**	Not applicable	
Referral to Treatment (RTT)																
RTT Total incomplete waiting list	19,390	19,282	19,201	19,355	19,625	19,390	19,337	19,927	19,545	19,793	20,122	20,519	21,114	**20,314**	Not applicable	
RTT Waiting 18 weeks and over (backlog)	833	758	873	783	825	833	743	796	714	728	908	800	930	**786**	Not applicable	
% Non-admitted Closed Pathways under 18 weeks	98.47%	98.62%	98.44%	98.32%	98.39%	98.17%	98.42%	98.49%	98.32%	98.49%	98.28%	98.37%	98.35%	**98.23%**	**>=95%**	**95.00**
% Admitted Closed Pathways Under 18 Weeks	91.92%	91.63%	92.04%	92.21%	91.86%	91.96%	92.12%	92.42%	92.06%	92.30%	92.20%	92.18%	91.63%	**91.17%**	**>=90%**	**90.00%**
% Incomplete Pathways <18 Weeks	95.70%	96.04%	95.45%	95.95%	95.80%	95.70%	96.16%	96.01%	96.35%	96.32%	95.49%	96.10%	95.60%	**96.13%**	**>=92%**	92.00%
18 weeks Pathways >=26 weeks open	139	94	126	152	127	139	186	195	121	132	137	113	98	**79**	**0**	**0**
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	**0**
% Diagnostic Waiting List Within 6 Weeks	99.54%	99.94%	99.65%	98.48%	99.71%	99.52%	99.71%	99.86%	99.92%	99.74%	99.83%	99.84%	99.78%	**99.90%**	**>=99%**	**99.00%**

RTT KEY MESSAGES:

Total number of patients on waiting list (including outpatients, diagnostics, surgery) = 20,314

Total number of patients waiting over 18 weeks = 786.

Total number of patients waiting for Surgery = 5,189



Appendix - Cancer - By Tumour Group

	15/16	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	YTD	Target	Threshold/Monthly
62 Day Referral to Treatment																	
Breast	98.75%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	**100.00%**	**98.88%**	>=85%	85.00%
Gynaecology	85.71%	100.00%	84.62%	75.00%	77.78%	70.00%	100.00%	87.50%	95.83%	60.00%	100.00%	70.59%	100.00%	**75.00%**	**90.00%**	>=85%	85.00%
Haematology	91.27%	100.00%	100.00%	100.00%	100.00%	60.00%	100.00%	83.33%	78.95%	83.33%	100.00%	69.23%	100.00%	**100.00%**	**87.10%**	>=85%	85.00%
Head & Neck	74.58%	100.00%	66.67%	66.67%	-	80.00%	100.00%	42.86%	100.00%	50.00%	66.67%	100.00%	60.00%	**75.00%**	**68.00%**	>=85%	85.00%
Lower GI	92.70%	80.00%	84.62%	100.00%	93.33%	100.00%	80.00%	83.33%	100.00%	100.00%	80.00%	100.00%	85.71%	**44.44%**	**85.44%**	>=85%	85.00%
Lung	85.02%	100.00%	85.71%	61.54%	100.00%	92.31%	100.00%	100.00%	95.24%	85.71%	81.25%	90.91%	87.50%	**90.91%**	91.09%	>=85%	85.00%
Sarcoma	**70.00%**	-	-	100.00%	100.00%	100.00%	-	-	100.00%	-	100.00%	100.00%	-	**-**	**100.00%**	>=85%	85.00%
Skin	95.83%	94.44%	90.00%	95.45%	100.00%	100.00%	100.00%	100.00%	91.30%	100.00%	100.00%	86.21%	91.67%	**100.00%**	**95.21%**	>=85%	85.00%
Upper GI	87.97%	100.00%	100.00%	92.86%	57.14%	37.50%	75.00%	72.73%	100.00%	100.00%	77.78%	88.89%	57.14%	**83.33%**	**80.43%**	>=85%	85.00%
Urology	89.60%	88.57%	95.92%	97.06%	96.77%	90.91%	90.70%	90.00%	94.74%	93.62%	88.89%	97.06%	86.21%	**96.08%**	**92.55%**	>=85%	85.00%
Others	95.24%	100.00%	100.00%	66.67%	-	-	-	100.00%	100.00%	100.00%	100.00%	-	100.00%	**100.00%**	**100.00%**	>=85%	85.00%
14 Day Referral to Date First Seen																	
Brain	98.73%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	100.00%	100.00%	83.33%	100.00%	100.00%	**100.00%**	**97.01%**	>=93%	93.00%
Breast	97.81%	98.77%	97.96%	98.43%	99.25%	97.12%	99.22%	96.02%	98.83%	98.63%	98.73%	98.10%	99.29%	**98.56%**	**98.44%**	>=93%	93.00%
Childrens	96.85%	100.00%	-	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-	**100.00%**	**100.00%**	>=93%	93.00%
Gynaecology	96.83%	94.95%	91.82%	97.37%	98.99%	100.00%	96.81%	99.00%	100.00%	100.00%	98.84%	98.94%	98.97%	**98.98%**	**98.96%**	>=93%	93.00%
Haematology	97.89%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	100.00%	93.75%	92.31%	100.00%	**100.00%**	**97.12%**	>=93%	93.00%
Head & Neck	98.54%	99.12%	98.92%	98.51%	97.96%	100.00%	77.88%	95.74%	92.11%	99.11%	96.70%	93.33%	100.00%	**95.73%**	**93.82%**	>=93%	93.00%
Lower GI	98.98%	98.77%	99.41%	100.00%	100.00%	100.00%	89.93%	98.09%	97.74%	97.14%	99.43%	98.24%	100.00%	**99.46%**	**97.71%**	>=93%	93.00%
Lung	99.14%	100.00%	91.67%	95.00%	100.00%	100.00%	96.43%	100.00%	100.00%	100.00%	93.55%	88.89%	93.75%	**100.00%**	**96.60%**	>=93%	93.00%
Sarcoma	98.68%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**97.18%**	>=93%	93.00%
Skin	93.26%	90.41%	93.67%	100.00%	99.41%	97.58%	98.20%	99.35%	97.93%	97.29%	97.16%	97.35%	96.79%	**93.05%**	**97.13%**	>=93%	93.00%
Testicular	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	**100.00%**	**100.00%**	>=93%	93.00%
Upper GI	97.59%	99.02%	98.15%	100.00%	99.00%	98.81%	98.99%	98.10%	97.50%	97.83%	98.96%	99.07%	98.91%	**96.15%**	**98.10%**	>=93%	93.00%
Urology	99.07%	99.08%	100.00%	96.67%	99.07%	99.30%	100.00%	99.23%	100.00%	98.97%	100.00%	100.00%	100.00%	**99.13%**	**99.68%**	>=93%	93.00%

Methodology for calculating the performance score

Standard KPIs and "Key" targets

- Each RAG rating has a score - **red** 0 points; **amber** 2 points; **green** 4 points
- For "Key" targets, scores are weighted more heavily and are multiplied by a factor of 3 - **red** 0 points; **amber** 6 points; **green** 12 points

Calculating Domain Scores

- Add up the scores for each KPI per domain; divide by the maximum total score possible for that domain to get a percentage score.
- Apply the thresholds for the overall domain to get a RAG rating for each domain.
- Thresholds: < 50% is **red**, 50% to < 75% is **amber** and 75% and above is **green.**

Calculating Trust Performance Scores

- Calculate the overall performance score by adding up the scores for all domains; dividing by the maximum total score possible for all domains to get a percentage
- Apply the same thresholds as above to RAG rate the overall score

"Key" targets

The proposed "key" targets are all measures included in NHS Improvement's Single Oversight Framework or measures on which the Trust is particularly focussing and are deemed more important.

Domain	Measure
Safe	
	• VTE assessments
	• Never events
Effective	
	• MRSA
	• SHMI
	• HSMR
	• Emergency readmissions
Caring	
	• % Complaints closed within target timeframe
	• Friends and family test

Domain	Measure
Responsive	
	• Stroke - % of patients admitted directly to the stroke unit within 4 hours
	• Diagnostics waiting over 6 weeks
	• Avoidable number of Clostridium difficile cases
	• A&E 4 hour target
	• RTT target for incomplete pathways
	• Cancer standards
Workforce	
	• Sickness & Absence (%) YTD
	• Mandatory Training
Efficiency & Finance	
	• Net / surplus deficit

Glossary of acronyms and abbreviations

- **A&E** - Accident & Emergency
- **ADD** - Assistant Divisional Director
- **ADN** - Associate Director of Nursing
- **AED** - Accident & Emergency Department
- **ASI** - Appointment Slot Issue
- **ASU** - Acute Stroke Unit
- **BPT** - Best Practice Tariff
- **CCG** - Clinical Commissioning Group
- **CCU** - Critical Care Unit
- **CD** - Clinical Director
- **CDiff** - Clostridium Difficile
- **CDS** - Commissioning Data Set
- **CDU** - clinical decision unit
- **CEPOD** - National Confidential Enquiry into Patient Outcome and Death
- **CHPPD** - Care hours per patient day
- **CIP** - Cost Improvement Programme
- **CQC** - Care Quality Commission
- **CQUIN** - Commissioning for Quality and Innovation
- **CRH** - Calderdale Royal Hospital
- **CT** – Computerised tomography
- **DH** - Department of Health
- **DNA** - did not attend
- **DSU** - Decision Support Unit
- **DTOC** - Delayed Transfer of Care
- **EBITDA** - Earnings before interest, tax, depreciation and amortisation
- **ECS** - Emergency Care Standard
- **EEA** - European Economic Area
- **EPR** - Electronic Patient Record
- **ESR** - Electronic Staff Record
- **FFT** - Friends and Family Test
- **FSRR** - Financial Sustainability Risk Rating
- **FSS** - Families and Specialist Services
- **GM** - General Manager
- **GP** - General Practitioner
- **GH** - Greater Huddersfield
- **HAI** - Hospital Acquired Infection
- **HCA** - Healthcare Assistant
- **HDU** - High Dependency Unit
- **HOM** - Head of Maternity
- **HRG** - Healthcare Resource Group
- **HR** - Human Resources
- **HRI** - Huddersfield Royal Infirmary
- **HSMR** - Hospital Standardised Mortality Rate
- **I&E** - Income and Expenditure
- **ICU** - Intensive care unit
- **IT** - Information Technology
- **KPI** - Key Performance Indicator
- **LOS** - Length of Stay
- **LTC** - Long Term Condition
- **MAU** - medical admission unit
- **MRI** - Magnetic resonance imaging
- **MRSA** - Methicillin-Resistant Staphylococcus Aureus
- **MSK** - Musculo-Skeletal
- **MSSA** - Methicillin Susceptible Staphylococcus Aureus
- **NHSE** - NHS England
- **NHSI** - NHS Improvement
- **NICU** - Neonatal Intensive Care Unit
- **NoF** - Neck of Femur
- **OD** - Organisational Development
- **PAS** - Patient Administration System
- **PbR** - Payment by Results
- **PHE** - Public Health England
- **PHSO** - Parliamentary and Health Service Ombudsman
- **PPH** - Postpartum Haemorrhage
- **PRM** - Performance Review Meeting
- **PTL** - Patient Tracking List
- **QIPP** - Quality, Innovation, Productivity and Prevention
- **RAG** - Red Amber Green
- **RCA** - Root Cause Analysis
- **RN** - Registered Nurse
- **RTT** - Referral to Treatment
- **SACT** - Systemic Anti-Cancer Treatment
- **SAU** - surgical admission unit
- **SH** - Safety Huddle
- **SHMI** - Summary Hospital-level Mortality Indicator
- **SI** - Serious Incident
- **SITREPs** - Situation reports
- **SSNAP** - Sentinel Stroke National Audit Programme
- **SOP** - Standard Operating Protocol
- **SRG** - Systems Resilience Group
- **SUS** - Secondary Uses Service
- **UCLAN** - University of Central Lancashire
- **UTI** - Urinary Tract Infection
- **Var** - Variance
- **VTE** - Venous Thromboembolism
- **WLI** - Waiting List Initiative
- **WTE** - Whole Time Equivalent
- **YAS** - Yorkshire Ambulance Service