

December 2016



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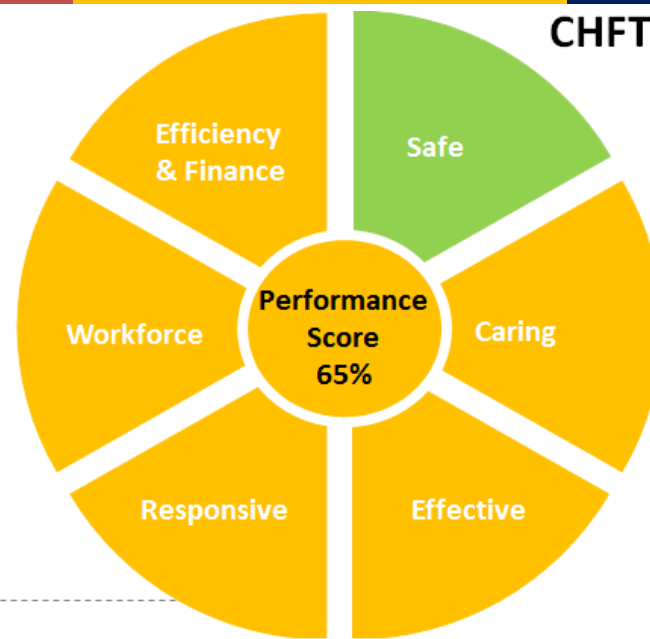
RAG Key	
Not achieving target or threshold	
Achieving target	
Between target and threshold	

Performance Summary

December

RAG Movement

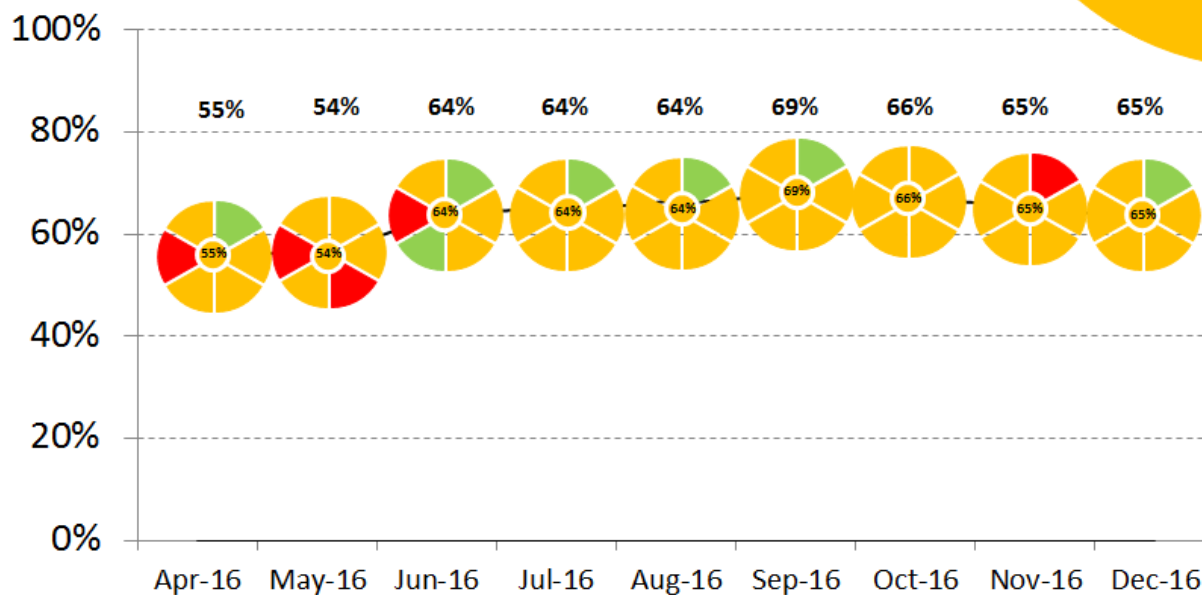
December's Performance Score is 65% for the Trust with SAFE achieving a Green rating following improvement in Harm Free Care and no never event. CARING and RESPONSIVE domains are just short of Green rating.



SINGLE OVERSIGHT FRAMEWORK

SAFE	Emergency C-Section Rate
VTE Assessments	Never Events
CARING	FFT A&E FFT OP
FFT Community	FFT Inpatients FFT Maternity
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
CDiff Cases	Avoidable Cdiff
MRSA	SHMI
HSMR	HSMR - Weekend
Emergency Readmissions GHCCG	Emergency Readmissions CCCG

Total performance score



December Score by Domain

Safe	82%	↑
Caring	70%	→
Effective	60%	↓
Responsive	70%	↑
Workforce	55%	↓
Efficiency & Finance	60%	↓
Performance Score	65%	→

RESPONSIVE	Diagnostics 6 weeks
RTT Incomplete Pathways	ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

target

TBC

5.17

5%

40

100

92.5

Arrow downwards means deteriorating month on month.

8

0.6%

95%

— — — — —

85%

95.0%

495

0

0

Target

4 0%

1302

NA

Previous Month

f2.8

f3 2

167

£0.1

£2.0

3

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none">Number of Category 4 Pressure Ulcers Acquired at CHFT - there was one Category 4 ulcer in December.
Caring	<ul style="list-style-type: none">Complaints closed within timeframe - 55 complaints were closed in December, which is a 50% decrease from November; this decrease in number of complaints closed was expected due to the significant closure of overdue complaints in November. However, of the 55 complaints closed only 49% of these were closed within target timeframe. Now that overall complaints numbers have decreased, complaints processes within Divisions need to be reviewed and tightened up to ensure timeliness of responses.Friends and Family Test Community Survey - FFT reports 4% of people would not recommend services. There was support at the Community PRM to change the way FFT responses are collected in the next year and expect that this will provide more robust information.
Effective	<ul style="list-style-type: none">Number of MRSA Bacteraemias – Trust assigned - There has been one case of MRSA Bacteraemia in the Medical division in December. Admission screening was not evident in the records as such the case cannot definitively be confirmed as community or hospital acquired and therefore will be assigned to the Trust. The importance of the documentation of MRSA swabs on admission has been reiterated to all relevant staff.Number of E.Coli - Post 48 Hours – Trust assigned - There were 4 E-coli infections in December, 1 in Surgical division and 3 in Medicine. RCA’s are awaited to establish why they occurred but initial findings indicate that they are not related.Hospital Standardised Mortality Rate (12 months Rolling Data November 15 - October 16) - has increased slightly to 103.74. October was higher in month at 105.75. The weekday/weekend split shows a 6 point difference.Mortality Reviews - The completion rate for Level 1 reviews stands at 36% and improvements are beginning to be seen now that the renewed consultant review process is developed.Crude Mortality Rate has increased to its highest rate since May. This increase fits into an expected seasonal pattern. The timing and extent of the winter rise in crude mortality has varied year to year and 2015/16 showed an unusually late rise. This figure for December is more in keeping with the norm but will be reviewed more closely at the Mortality Surveillance Group to ensure that there are no underlying concerns.

Background Context

During December A&E has seen activity continue to over-perform but at a higher level than seen in month 8. Activity is 4.5% above the month 9 plan and cumulatively 3.4% 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 1.8% below the month 9 plan. This is an increase in activity when compared to month 8 when activity was 3.5% below plan. The in-month improvement is mainly due to a reduction in emergency long stay (EMLS) under-performance mainly by Stroke Medicine and Medical Oncology. Cumulatively activity is 0.9% below planned levels due to EMLS.

Flow across the Health and Social care system remains a challenge and the Trust continues to embed the SAFER programme, particularly through matron presence on the wards. The new AAU facility opened at HRI in early January and the Acute Frailty Network provided exceptionally positive feedback on the progress made by the frailty team to date following their visit in December. Several specialties are being supported with improvement including Invited Service Reviews. Action plans are in place for Respiratory and Elderly, with the Stroke IPR completed in December receiving excellent informal feedback.

There remained high numbers of patients fit for non-acute care but unable to be discharged. YTD the number of green cross patients has increased, however more materially the LOS of these patients is increasing resulting in a beds pressure of 16 beds. Additional capacity was also required due to the impact of Norovirus on both sites.

AZ funding is supporting increased medical cover out of hours in Q4 to support delivery of the ECS. Other AZ schemes should help support delivery of ECS and improved flow/reduced bed base in the form of increased primary care streaming and packages of care in social services.

Planned day case (DC) and elective activity (EL) has improved in month 9 with activity 20% above plan. This is driven by an over-performance in day cases offset by a slight under-performance within elective activity. The improvement from month 8 is most significant within Gastroenterology and General Surgery, but overall has improved across a number of specialties. Gastroenterology DC has continued to over-perform, while Interventional Radiology continues to be above plan with a corresponding reduction within elective. EL under-performance has improved in month mainly within General Surgery, Paediatrics and Gynaecology. T&O is slightly below planned levels in month and Interventional Radiology is a continued under-performance due to the shift to day case activity.

A mock external CQC inspection took place within Maternity services 10th January. Verbal feedback was generally positive, this will be followed up by a written report in the next few weeks.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none">• Emergency Care Standard 4 hours - December's position was 92.49% however the Trust remains one of the highest performing organisations nationally. ED escalation SOP is in place and being followed to ensure that any ED delays are addressed in a timely manner. Over the festive period and into the New Year timely flow out of ED for the admitted pathways has been particularly challenging which has significantly affected performance. The department has worked hard to ensure the non-admitted pathways (notably 'minors') has continued to function effectively through the deployment of flex-up capacity (plaster rooms) and bolstering middle grade staffing in the department during peak times. Accelerator Zone funding is supporting increased medical cover into AAU and admission avoidances OOHs and plans are in place to deliver this recurrently from April 2017.
	<ul style="list-style-type: none">• Stroke - All stroke indicators deteriorated in December. Unfortunately stroke units were closed due to Norovirus from 2nd to 19th December. This reduced the access for patients on to the unit. A four bedded HASU area was set up on one of the Rehabilitation wards and staff were moved accordingly however this did not prevent the fact that the number of useable beds on the unit were reduced. Also 7A was closed from 30th November until 17th December which did prevent discharges and bed availability.
	<ul style="list-style-type: none">• RTT pathways over 26weeks - numbers increased to 126 in month, highest since August. During December Surgery division experienced a number of cancelled operations, both on the day (related to bed availability) and patients cancelling due to illness which impacted on the numbers.• 38 Day Referral to Tertiary continues to underperform. In Surgery every breached pathway has an independent review with the general manager, patient pathway manager and senior clinician to establish avoidable causes that create breaches. In FSS an action plan is in place.
Workforce	<ul style="list-style-type: none">• Sickness Absence rate - Short and long term sickness have deteriorated slightly in month. Both Medicine and FSS divisions have contributed to the increase. All staff involved are being managed within Trust policy.• Return to work Interviews have fallen below last month's peak. However still some way short of 100% target. Medicine and Surgery divisions are both < 60% whilst FSS and Community divisions are both > 80%. Poor performing areas are being targeted and a supportive letter focusing on the importance of Return to Work Interviews has been circulated and a video has been produced. This will be available on the intranet before the end of January 2017.• 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. A Workforce Summit (comprising Human Resources Business Partners, Workforce Development and Workforce Business Intelligence) was held in December 2016. The outcome was to inform an action plan to introduce an appraisal season linked to pay progression model which will be instigated in 2017/2018.
	<ul style="list-style-type: none">• Finance: Year to date: The financial position stands at a deficit of £13.11m (excluding exceptional costs), a favourable variance of £0.01m from the planned £13.12m. 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 despite operational challenges in December 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 £1.55m; a similar level to the previous month which compares favourably with expenditure in excess of £2.1m each month in the year to August. This improvement brings the year to date agency expenditure beneath the revised trajectory submitted to NHSI. The impact of this operational position is as follows at headline level:<ul style="list-style-type: none">• EBITDA of £5.63m, an adverse variance of £0.44m from the plan.• A bottom line deficit (excluding Exceptional costs relating to property disposals) of £13.11m, a £0.01m favourable variance from plan.• Delivery of CIP of £11.08m against the planned level of £9.07m.• Contingency reserves of £1.0m have been released against pressures.• Capital expenditure of £12.45m, this is below the planned level of £20.61m.• A cash balance of £4.98m, this is above the planned level of £1.94m, supported by borrowing.• A Use of Resources score of level 3, in line with the plan.• Theatre Utilisation has fallen slightly across all theatres in December. On day cancellations have impacted upon Theatre Utilisation. Across all areas this has been related to patients cancelling due to illness on the day of surgery, or late the day before. Bed pressures have impacted upon the CRH utilisation with delays experienced even when no cases were cancelled while bed availability has been secured, prior to a case commencing.
Activity	<ul style="list-style-type: none">• 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 daycase combined are above plan however waiting lists are still high reflecting ongoing demand.

Background Context

December has been a challenging month with the Community division supporting patients with increasing acuity out of hospital and responding to the challenges that the acute hospital faces to maintain flow. Backlogs within reablement impacted on flow with a large volume of patients waiting for packages of care.

A bid response to the 0-5 early years tender in Calderdale was submitted in early December with results expected in early February.

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

Surgery colleagues visited Pilgrim hospital in Boston to look at how they run their #Neck of Femur pathway. The key messages were standardising patient care so that every patient receives the same service regardless of the team on duty. They also prioritised this group of patients above any other patient other than life or limb threatening. The team are busy developing an action plan following the visit and will be sharing this with WEB colleagues 23rd February.

Community Place Intermediate Care ward opened 3rd January 2017 with 12 beds - this space needs to be fully utilised and embedded to support the retraction of outliers and the medical bed base.

Direct access and unbundled outpatient imaging has continued to perform above plan and has seen a further increase in month 9 to 19.7% from 13% above plan last month reflecting referral demand. Diagnostic testing has seen a significant decrease from month 8 when tests were 5.4% above plan. This decrease is driven by a change in Biochemistry from 5.8% above plan in month 8 to 1.7% above plan in month 9. Outpatient (OP) activity overall has continued to over-perform and has seen a further increase compared to month 8 of 11.5% above the month 9 plan. The over-performance in-month is across both first and follow-up attendances including procedures. The specialties with higher over-performances within first attendances are General Surgery, ENT, Paediatrics, Gynaecology and Dermatology. General Surgery has shifted to an over-performance, while Breast Surgery has seen a material under-performance in-month. Cumulatively outpatient activity is now 4.3% above plan however with demand continuing at high levels this is not resulting in a reduced waiting list size.

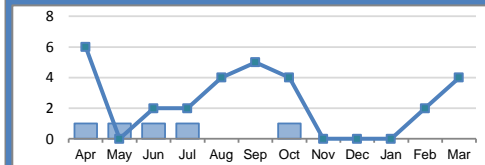
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	Falls reduction , reduction cat 3/4 community acquired PU's, Early Detection of Sepsis: The team continue 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. Mel Johnson from the Patient Safety Collaborative is working with the QUEST team around AKI, the work will focus on supporting care homes with early identification of issues impacting on AKI, starting with hydration and nutrition. The impact of this work will hopefully be to reduce admissions to acute settings, reduce sepsis and improve patient experience - this work is currently being scoped, the expectation will be that the learning will be shared across other community services.	Maintained reduction in 3/4 pressure ulcers. 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
	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 and January to support flow though reablement. The division is undertaking a review of all parts of the intermediate tier to understand where the blockages are and what can be done differently. A proposal for running a rapid process improvement intervention has been developed and looking for support from social care senior managers to undertake this jointly.	Flow through intermediate services: To have an agreed redesign intermediate tier process following the rapid process improvement intervention and an agreed action plan for implementing changes. By when: February 2017 Accountable: Karen Barnett
Caring	Health Visitor core contact visits: During Q3 the health visiting service has been working with the data team to find a more accurate way of recording whether the antenatal and birth visits have been offered by health visitors to clients in Calderdale: Antenatal contacts - 91% of antenatal contacts were completed: a further 2% were not delivered because parents declined the contact; 2% were not delivered because the HV had no access visits; 4% were not delivered because the baby was born prematurely; 1% was not delivered because the health visiting service was not aware that the family were living in Calderdale. Birth Visits - completed between 10-14 days old - 93% of birth visits were completed within the given time frame. Outside the 14 day time frame: 1% was not completed on time due to no access visits; 2% were not completed because parents declined the contact; 4% were not completed on time because the baby remained in hospital.	Health Visitor core contact visits: The service lead is aware of all clients that have not received the core contact within the mandated timeframe. She is following these up with individual Health Visitors to understand if there are practice issues or other reasons and then will develop actions that can improve performance.	Health Visitor core contact visits: The performance of mandated visits will improve month on month. Expect target to be achieved by end March 2017. By when: March 2017 Accountable: Karen Barnett
	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 to reduce backlog by end January 2017.	ASI's for MSK: Reduce the number of ASI's in MSK. Accountable: Head of Therapies By when: February 2017 MSK responsiveness - Typing turnaround: There are 78 letters that require sign off from clinics in October/November/December. DO has requested urgent action for these to be completed by end January. By when: End January 2017. Accountable: Head of Therapies
Responsiveness			

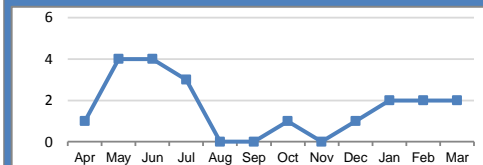
Dashboard - Community

Safe

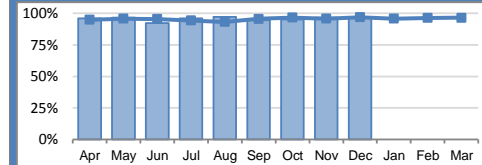
Community acquired grade 3 or 4 pressure ulcers



Falls that caused harm whilst patient was in receipt of Community Services

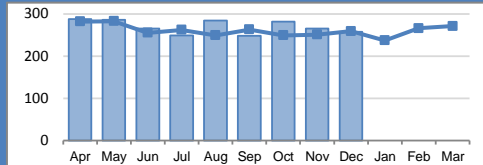


Incidents Harm free care



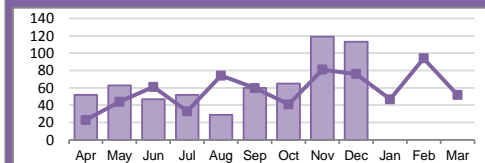
Bar Chart = 16/17 figures Line graph = 15/16 figures

Urinary Catheter Management

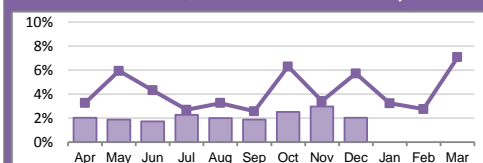


Effective

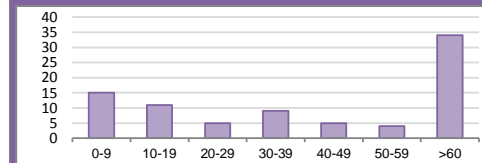
Number of Hospital admissions avoided by Community Nursing services



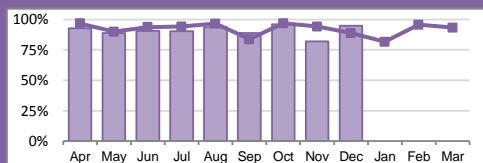
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Reablement - Start to discharge Average (days) Current Month shown

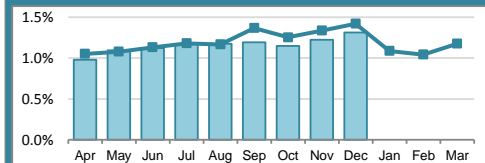


House Bound leg ulcers healed within 12 weeks

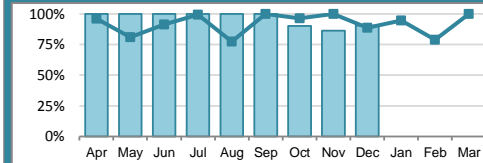


Caring

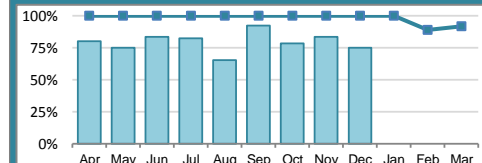
Community No Access Visits Adult Nursing



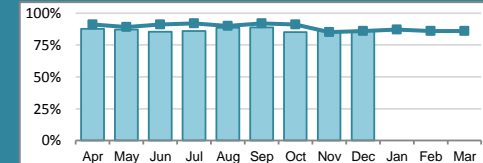
Health Visitor achieved Targeted visits Antenatal and Post Birth visits



End of life patient died in preferred place of death

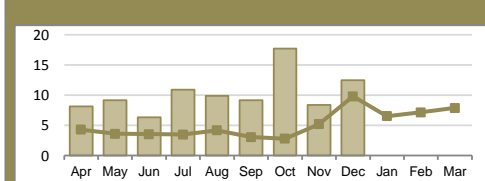


Friends and Family Test- Likely to recommend

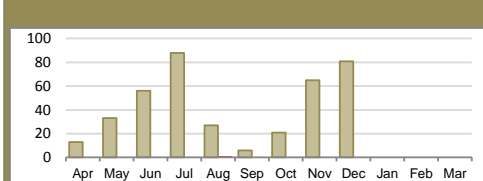


Responsive

Average time to start of reablement (days)

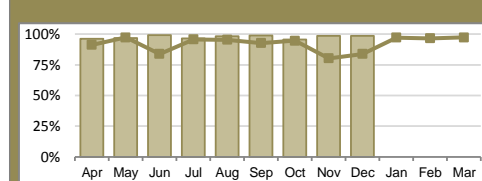


Appointment Slot Issues for MSK & Podiatry

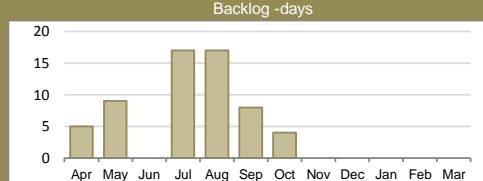


MSK Podiatry

Waiting Times - 18 week RTT

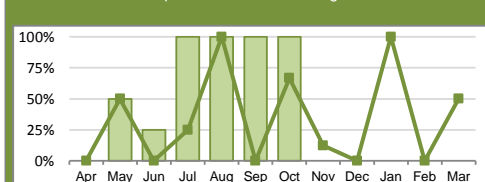


MSK Responsiveness Backlog -days

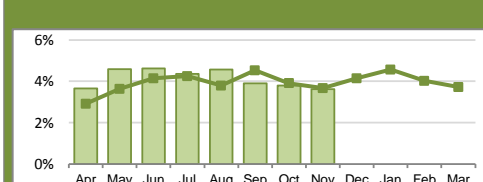


Well Led

% Complaints closed within target timeframe

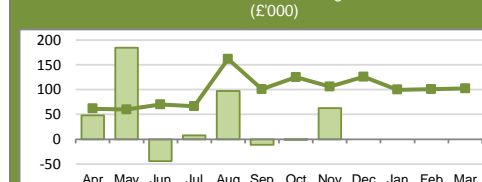


Staff sickness rate

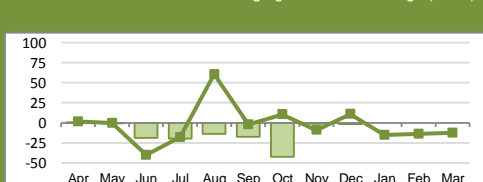


One month in arrears

Finance - Planned variance against actual (£'000)



Finance - Planned CIP saving against actual savings (£'000)



Safe - Key messages

Area	Reality	Response	Result
% PPH ≥ 1500ml - all deliveries	For the second consecutive month, rates of post-partum haemorrhage ³ 1500mls were below the Trust 3% threshold, and within the regional interquartile range 2.2% to 3.1% (Yorkshire and the Humber Regional Maternity Dashboard Q2 2016-2017)	<p>Clinical audit supports practice change with regard to use of ventouse to reduce the rates of 3rd and 4th degree tear and PPH. Actioned - purchase of equipment by February 17.</p> <p>All cases of PPH continue to be reviewed at weekly maternity clinical governance meeting.</p>	<p>Expected Delivery Date: End of Q4 2016/17</p> <p>Accountable: HOM/ADN</p>
Pressure Ulcers	There was one Category 4 ulcer in December.	Pressure ulcer documentation and care planning continues as part of the Trust’s improvement plan.	<p>Expected Delivery Date: End of Q4 2016/17</p> <p>Accountable: ADN Medicine</p>

Safe - Key measures

	15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	2033	194	187	167	156	153	186	167	179	173	183	171	156	165	1533	Monitoring Trajectory	
Inpatient Falls with Serious Harm	29	2	3	3	2	6	5	2	2	6	3	3	2	2	31	Monitoring Trajectory	
Falls per 1000 bed days	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	7.8	8.1	Monitoring Trajectory	
% Harm Free Care	93.63%	92.27%	93.47%	93.25%	93.04%	94.16%	93.94%	91.88%	95.42%	95.14%	93.71%	95.78%	93.92%	95.17%	94.25%	>=95%	95.00%
Number of Serious Incidents	78	2	2	3	3	3	7	3	2	3	7	9	8	8	50	Monitoring Trajectory	
Number of Incidents with Harm	1751	97	147	139	156	188	203	175	179	161	161	169	152	187	1575	Monitoring Trajectory	
Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed)	Not Collected	21.00%	33.00%	28.00%	100.00%	80.00%	66.00%	NTR	100.00%	0.00%	33.00%	66.66%	66.66%	in arrears	54.04%	95.00%	95.00%
Never Events	2	0	0	1	1	0	1	0	0	0	0	0	1	0	2	0	0
Percentage of Duty of Candour informed within 10 days of Incident	94.00%	100.00%	100.00%	100.00%	80.00%	93.75%	91.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.90%	100%	100%
Maternity																	
Elective C-Section Rate	9.00%	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%	9.50%	<=10%	10.00%
Emergency C-Section Rate	16.40%	18.39%	16.21%	15.09%	16.09%	14.40%	13.10%	17.10%	17.80%	17.20%	11.89%	13.06%	11.61%	14.97%	13.70%	<=15.6%	15.60%
Total C-Section Rate	23.90%	25.70%	22.60%	23.10%	23.60%	22.20%	21.30%	25.30%	25.30%	25.20%	19.10%	24.60%	21.90%	24.49%	23.29%	<=26.2%	26.20%
% PPH ≥ 1500ml - all deliveries	3.78%	2.90%	4.00%	2.80%	3.60%	2.90%	2.40%	3.40%	5.00%	2.80%	3.50%	3.10%	1.30%	2.50%	3.10%	<=3.0%	3.00%
Antenatal Health Visiting Contact by 32 Weeks	91.80%	77.00%	95.00%	87.00%	100.00%	103.37%	114.81%	101.18%	112.58%	107.65%	125.88%	87.56%	81.11%	88.70%	102.54%	>=90%	90.00%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	498	20	24	29	44	39	36	31	29	19	31	18	40	Under validation	243	Monitoring Trajectory	
Pressure Ulcers per 1000 bed days	1.9	0.9	1.0	1.3	1.9	1.8	1.6	1.5	1.4	0.9	1.5	0.9	2.0	Under validation	1.4	Monitoring Trajectory	
Number of Category 2 Pressure Ulcers Acquired at CHFT	403	13	21	22	35	28	26	16	21	13	20	15	24	Under validation	163	Monitoring Trajectory	
Number of Category 3 Pressure Ulcers Acquired at CHFT	86	6	3	7	8	10	10	14	8	6	10	2	15	Under validation	75	Monitoring Trajectory	
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	1	0	0	1	1	0	1	0	0	1	1	1	Under validation	4	0	0
Percentage of Completed VTE Risk Assessments	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%	95.02%	95.13%	>=95%	95.00%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	157	7	12	8	11	20	16	9	10	11	18	12	16	9	121	Not applicable	
Alert Safeguarding Referrals made against the Trust	99	8	7	12	13	7	10	8	10	9	5	11	10	3	73	Not applicable	

Caring - Key messages

Area	Reality	Response	Result
Friends & Family Test - Outpatients	89% of patients would recommend OP Services against a target of 95%. YTD performance 89.3% Review of FFT comments highlights that trends remain around car parking and waiting times in clinic.	Actions continue as per previous months. Following feedback from patients, at Acre Mill the Trust will be introducing a new barrier system and new pay machines which allow payment on exit. Note use and credit card use will be in place by the end of March 2017. The Trust will no longer use number plate recognition technology. The patient experience group has been re-established and will include FFT feedback and improvement actions. Each department with 3 or more consecutive months of < 95% performance has developed an action plan which is overseen by sisters and the OPD Matron.	Ambition to achieve increase over 91% for Q4 2016/17. Accountable: Matron for Outpatients
Friends & Family Test - AE Response Rate	ED saw a slight dip in-month and continues to be behind target of 14%.	Looking at how to ensure forms are being completed the following has been put in place: 1. Posters going up in each department and unit. 2. Whole team approach to encourage completion of forms. 3. Lead identified in each area.	The Emergency Departments will achieve a >14% response rate and >90% would recommend rate by end of Q4. Accountable: Matron for ED
Friends & Family Test - AE Would Recommend	There were no freetext comments where negative feedback was received this month.	4. Matron to continue to review the comments and subsequent actions. Report through QI/PSQB. 5. 'You said, we did' boards to be updated in January and quarterly going forward: This will be monitored and reviewed.	The Emergency Departments will achieve a >14% response rate and >90% would recommend rate by end of Q4. . Accountable: Matron for ED
Friends and Family Test Community Survey - % would recommend the Service	Community would recommend is 86.6% for December, but would not recommend is only 3.3%, meaning just under 10% of patients remain neutral about the service selecting the neither would / wouldn't recommend or don't know response.	At present comments left on the voice messaging the associate service can't always be identified. The service acknowledges a lower than target would recommend performance. From April 17 a more robust approach will be taken to enable a more reliable understanding of the reasons.	Improvement expected after April 2017 Accountable:

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 55 complaints closed in December, 49% of these were closed within target timeframe. The number of overdue complaints has risen from 5 at the end of November to 13 at the end of December. The Trust expects to see the number of overdue complaints fall and performance improvement to be maintained to ensure no complaints are overdue.	Weekly monitoring of complaint timescales continue to identify and highlight any potential issues.	Performance expected to be back on track from Q4.
		The complaints processes within Divisions is being reviewed and tightened up to ensure timeliness of responses.	Accountable : Head of Risk and Governance and Divisional Leads
		The weekly tracker has been adapted to make it clearer to see those who are overdue, ensuring tighter monitoring of the complaint timescales.	

Complaints Background

The Trust received 45 new complaints in December, which is a decrease of 10% from November and re-opened 7 complaints, making a total of 52 complaints received in December. The total number of opened complaints at the end of December was 87 which is an increase of 16%.

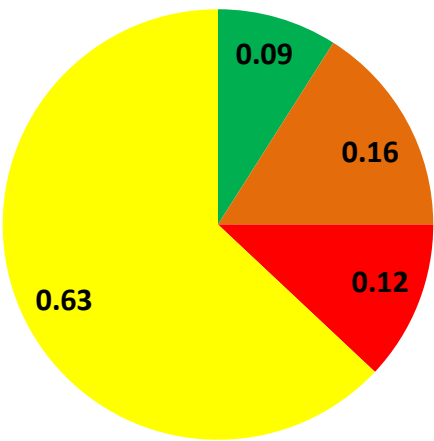
The top 3 Complaints subjects remain:
Clinical Treatment
Patient Care including Nutrition/Hydration
Communications
These have remained the top subjects since June 2016 and are discussed at the Patient Experience Group

Severity: The Trust received 4 new Red complaints in December

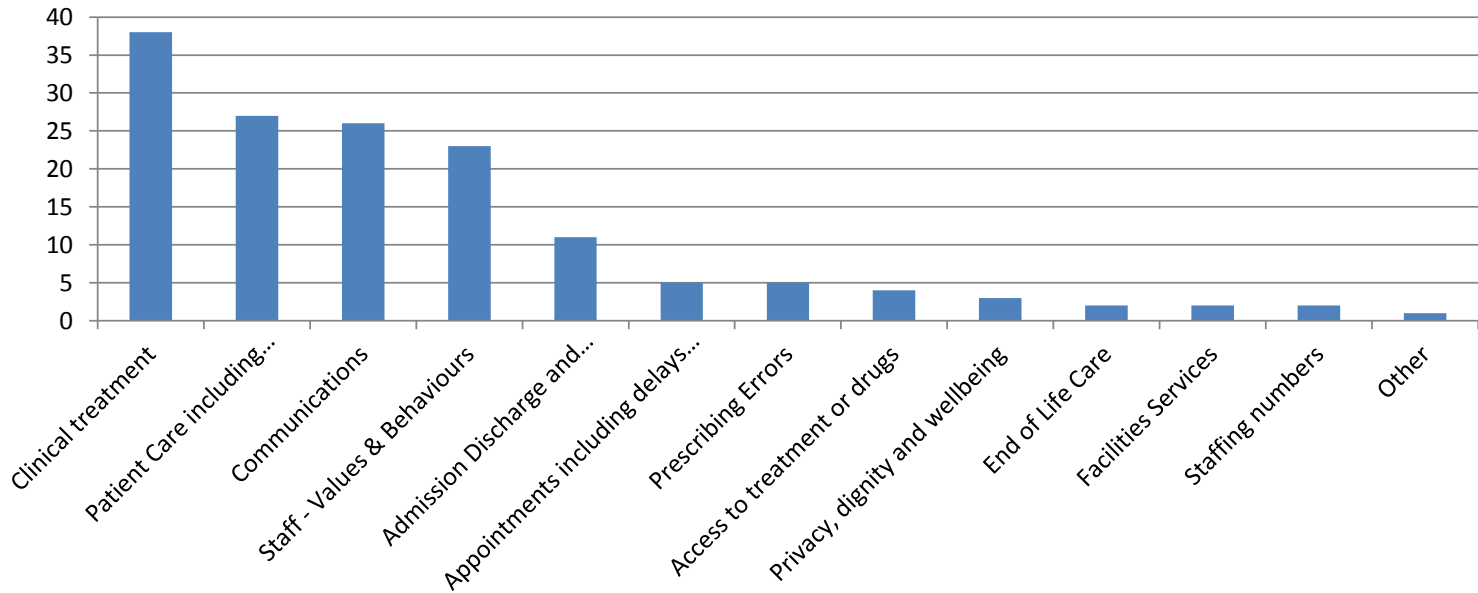
PHSO Cases:
The Trust did not receive any new Ombudsman / PHSO case in December.
There were 11 active cases under investigation by the Ombudsman as at the end of December.

Complaints by Severity

Low Severity complaints High Severity complaints Extreme Severity complaints Moderate Severity Complaints



Complaints by Subjects



Caring - Key measures

15/16		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	48.45%	39.73%	47.73%	43.94%	45.45%	66.67%	37.88%	33.00%	63.00%	60.00%	42.00%	38.00%	38.00%	49.00%	45.00%		95.00%	95.00%
Total Complaints received in the month	641	49	55	51	65	52	53	49	56	59	45	48	50	45	457	Monitoring Trajectory		
Complaints re-opened	Not Collected	Not collected for 15/16				9	5	5	6	5	6	7	7	7	57	Monitoring Trajectory		
Inpatient Complaints per 1000 bed days	2.20	2.24	2.26	2.05	2.72	2.20	2.40	2.23	2.42	2.50	2.18	2.25	2.44	2.07	2.10	Monitoring Trajectory		
No of Complaints closed within Timeframe	Not Collected	Not collected for 15/16				52	53	49	56	59	45	48	50	27	439	Monitoring Trajectory		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	28.60%	34.30%	32.10%	33.50%	30.70%	30.98%	31.41%	35.53%	35.39%	36.40%	33.16%	32.79%	36.70%	30.90%	33.80%		>=28.0%	28.0%
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.40%	97.10%	97.00%	96.94%	97.04%	97.70%	97.75%	97.94%	98.20%	97.43%	97.29%	97.60%	97.70%	97.60%		>=96.0%	96.0%
Friends and Family Test Outpatient - Response Rate	13.50%	12.90%	13.60%	13.70%	13.20%	13.50%	12.79%	12.20%	12.60%	12.70%	11.80%	12.60%	11.20%	10.60%	12.20%		>=5.0%	5.0%
Friends and Family Test Outpatients Survey - % would recommend the Service	89.60%	91.60%	90.50%	89.70%	90.70%	90.50%	90.79%	90.60%	90.90%	90.60%	91.50%	90.90%	90.90%	91.40%	90.90%		>=95.0%	95.0%
Friends and Family Test A & E Survey - Response Rate	8.50%	9.10%	10.20%	9.70%	8.37%	13.27%	15.66%	14.44%	13.28%	12.80%	11.18%	14.16%	15.60%	11.50%	13.60%		>=14.0%	14.0%
Friends and Family Test A & E Survey - % would recommend the Service	86.90%	85.40%	86.50%	84.80%	84.59%	90.02%	88.58%	88.56%	88.32%	88.51%	87.27%	89.34%	89.40%	88.80%	88.60%		>=90.0%	90.0%
Friends & Family Test (Maternity Survey) - Response Rate	30.80%	33.60%	30.30%	30.70%	34.47%	26.99%	33.16%	45.11%	50.42%	36.30%	43.30%	47.70%	54.10%	43.40%	42.40%		>=22.0%	22.0%
Friends & Family Test (Maternity) - % would recommend the Service	96.30%	96.50%	97.80%	96.80%	97.82%	96.32%	96.90%	98.09%	96.48%	91.60%	98.20%	94.00%	98.50%	98.20%	96.60%		>=96.9%	96.9%
Friends and Family Test Community - Response Rate	11.60%	10.00%	11.00%	10.00%	10.00%	13.20%	12.52%	12.60%	13.84%	13.14%	16.60%	10.40%	9.70%	8.00%	12.00%		>=3.4%	3.4%
Friends and Family Test Community Survey - % would recommend the Service	88.80%	86.00%	87.00%	86.00%	85.80%	87.47%	87.04%	85.37%	87.61%	88.51%	89.00%	86.70%	86.50%	86.00%	87.40%		>=96.2%	96.2%
Maternity																		
Proportion of Women who received Combined 'Harm Free' Care	72.43%	77.78%	91.84%	66.00%	78.95%	71.15%	75.50%	83.10%	75.40%	78.80%	79.20%	76.20%	77.27%	In Arrears	77.25%		>=70.9%	70.9%
Caring																		
Number of Mixed Sex Accommodation Breaches	14	0	5	0	0	0	0	0	0	3	0	0	0	0	3		0	0

Caring - What our patients are saying

Some of the positive feedback we have received

XBSSC - The care and treatment were excellent by the Nursing staff. The hospital staff were excellent, very professional, discreet and caring. Highly professional and could not be better.

H10 - I was really happy with all aspects of my care and treatment. All the staff on Ward 10 are magnificent. You are a brilliant team and work very well together. Thank you.

8D - From arrival to departure, the treatment I received was outstanding. I have been particularly impressed with all the staff. The approach has been personal and respectful. Everything has been explained.

CCUR - The standard of care of all staff in the CCU would be difficult to improve. Always friendly, cheerful, reassuring, professional at all times and prepared to explain the treatment and answer any related questions.

4C - The care and all staff have been fantastic throughout. The level of care in every respect could not have been better. All members of the care team have been informative, kind, professional, friendly and caring.

A&E CRH- Exceptional standard of care and communication. Courteous and empathetic staff from all levels. They saw us in super quick time, attended to my daughter and assured us at every stage. Thank you!

Where can we improve

Regular updates. Patients can be left too long between information and updates.

I only wish there were shelves and hooks in the bathrooms.

If the carer for the patient could have a facility to have tea and food, like a small kitchen and a guest bed

It would have been nice for a relative to have come in with me before my operation for moral support, as I was nervous.

Explain to accompanying relatives when and where to collect patients. First timer, so unsure.

Effectiveness - Key messages

Area	Reality	Response	Result
Coding Indicators: Average Diagnosis per Coded Episode Average co-morbidity score	Improvements in all indicators seen in month. Only average comorbidities remain behind target.	Clinical engagement continues to drive this work forward and sustained improvements are being seen.	Improvements in the coding indicators highlight better documentation.
		There are some specific actions: FSS: All H18 Discharges coding to be checked by Consultant coding lead due to 70% sign and symptom rate (End of Jan 17) Failsafe to be run for PPH/Coded deliveries in Obstetrics and Midwifery to ensure coded where PPH recorded (Ongoing). Medicine : Coding dashboard added back to the PSQB agenda to refocus the coding KPIs across the division.	Expected Delivery Date: Expect to see continued improvement on 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 Jul 15 - Jun 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.	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.	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 stabilised.
	Hospital Standardised Mortality Rate (12 months Rolling Data November 15 - October 16) - has increased slightly to 103.74. October was higher in month at 105.75. The weekday/weekend split shows a 6 point difference.	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 being rolled out in the Trust's new mortality protocol. In addition, further mortality reviews in respiratory service and stroke medicine have occurred.	HSMR Expected Delivery Date: performance is expected to continue to improve over the coming months.
	Crude Mortality has increased to 1.57%. Mortality Reviews The completion rate for Level 1 reviews stands at 36% and improvements are beginning to be seen now that the renewed consultant review process is developed.	Crude Mortality: This increase from November's figure fits into an expected seasonal pattern. The timing and extent of the winter rise in crude mortality has varied year to year and 15-16 showed an unusually late rise. This figure for December is more in keeping with the norm but will be reviewed more closely at the Mortality Surveillance Group to ensure that there are no underlying concerns.	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 December the number of patients operated on within 36 hours of admission for fragility hip fracture was 32 out of a total of 39. Performance was 82.05% against a target of 85%, an improvement on the figure of 78.72% in November. The YTD performance was 72.27%. <i>Source - National Hip Fracture Database - Based on November 2016 discharges. The figures include only those that meet the Best Practice Tariff Criteria for Fragility Hip Fracture.</i>	There was a team 'Go See' from CHFT to Boston Spa where they have made lots of improvements in time to theatre, LOS and mortality. Surgery division is commencing work on the ideas created from Boston. Surgery division will present a deep dive into #NOF at February's PRM.	Improved performance in time to theatre for #NOF patients and BPT following the deep dive in February. Accountable : General Manager Orthopaedics

Effectiveness - Key messages

Area	Reality	Response	Result
Number of MRSA Bacteraemias – Trust assigned	There has been one case of MRSA Bacteraemia in the Medical division in December. Admission screening was not evident in the records as such the case cannot be definitively confirmed as community or hospital acquired and therefore will be assigned to the Trust.	The importance of the documentation of MRSA swabs on admission has been reiterated to all relevant staff. Link nurses are allocated to each area for infection control and there will now be divisional infection control meetings reporting to the ICC and divisional PSQB in order to share learning and report back corrective actions.	This was the first MRSA in over 12 months, no further cases are anticipated. Accountable: DD
	There were 4 E-coli infections in December, 1 in Surgical division and 3 in Medicine. An updated position for November noted that there were 5 cases across the divisions.	A full case review of all the E. coli bacteraemias (and Staph aureus) for 2016/17 to date will be presented back to the infection Control performance board in March 17. This will inform the improvement trajectory for the following year. In the meantime, Matrons are leading back to basics work focusing on hand hygiene, basic IPC principles, PPE and appropriate barrier nursing. The divisional infection control meetings reporting to the ICC and divisional PSQB will focus on all infections.	Improvement trajectory to be set for 17/18 and reduction expected during Q2 17/18. Accountable : DD

Number of E.Coli - Post 48 Hours

Effectiveness - Key measures

	15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-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	1	1	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	25	1	3	3	2	2	3	1	4	4	3	3	1	2	23	<=25	< = 2
Avoidable number of Clostridium Difficile Cases	5	0	0	0	0	1	2	0	0	1	0	1	0	0	5	<=21	< = 2
Number of MSSA Bacteraemias - Post 48 Hours	9	1	1	1	0	1	1	0	1	1	0	2	1	2	9	<=12	1
Number of E.Coli - Post 48 Hours	26	1	0	1	0	2	3	0	10	3	4	1	5	4	32	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	99.52%	96.08%	96.08%	96.37%	95.11%	95.35%	95.64%	95.33%	95.27%	95.77%	95.64%	95.88%	96.33%	In arrears	95.14%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.41%	0.42%	0.42%	0.68%	0.22%	0.66%	0.85%	0.41%	0.61%	0.43%	0.20%	0.19%	0.00%	0.22%	0.40%	<=0.5%	0.5%
Stillbirth numbers		2-480	2-481	3-438	1-450	3-456	4-469	2-483	3-492	2-475	1-495	1-522	0-454	1-449	17-4295	Not applicable	
Perinatal Deaths (0-7 days)	0.16%	0.00%	0.21%	0.00%	0.21%	0.00%	0.43%	0.41%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.18%	<=0.1%	0.1%
Perinatal Deaths (0-7 days) numbers		1-480	1-481	0-438	1-450	0-456	3-469	2-483	0-492	2-475	0-495	0-522	0-454	0-449	7-4295	Not applicable	
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.21%	0.00%	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	116.49	116.30	114.04	111.62	111.62	109.38	108.67	106.12	105.00	102.94	103.74	In arrears	In arrears	103.74	<=100	100
Hospital Standardised WEEKEND Mortality Rate (12 months Rolling Data)		-	-	-	-	113.06	112.71	112.17	111.87	108.03	104.61	108.05	In arrears	In arrears	108.05	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (12 months Rolling Data)		-	-	-	-	108.84	108.22	107.36	104.34	104.08	102.47	102.43	In arrears	In arrears	102.43	<=100	100
Mortality Reviews	48.80%	56.60%	46.20%	43.90%	46.20%	50.37%	46.98%	37.60%	33.30%	30.00%	36.17%	25.74%	36.97%	in arrears	40.64%	100%	100%
Crude Mortality Rate	1.34%	1.41%	1.53%	1.46%	1.49%	1.43%	1.60%	1.32%	1.17%	1.22%	0.94%	1.31%	1.18%	1.57%	1.30%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.94%	99.94%	99.93%	99.95%	99.95%	99.95%	99.94%	99.94%	99.00%	99.94%	99.93%	99.95%	99.93%	99.92%	99.93%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.04%	99.10%	98.50%	98.60%	98.89%	99.28%	99.22%	99.14%	99.14%	99.08%	99.26%	98.88%	98.77%	98.82%	99.19%	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	9.63%	9.46%	8.99%	8.90%	9.37%	9.14%	8.70%	9.58%	9.40%	8.20%	8.20%	8.90%	8.30%	8.50%	8.60%	<=9.4%	9.40%
Average co-morbidity score	3.48	3.82	3.62	3.94	3.84	3.77	4.16	3.9	3.93	4.08	3.92	3.92	4.1	4.23	4.0	>=4.4	4.40
Average Diagnosis per Coded Episode	4.34	4.74	4.68	4.84	4.89	4.94	5.05	5.1	5.05	5.14	5.11	5.06	5.24	5.31	5.10	>=5.3	5.30
CHFT Research Recruitment Target	1029	114	111	96	96	92	74	90	291	393	57	378	82	In arrears	1570	>=1008	92
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	69.40%	86.00%	71.79%	70.70%	61.29%	67.50%	67.44%	75.00%	64.10%	72.00%	84.09%	60.00%	78.72%	82.05%	72.27%	>=85%	85%
IPMR - Breastfeeding Initiated rates	79.80%	77.60%	79.50%	77.60%	78.30%	77.50%	78.50%	75.60%	73.50%	75.80%	78.23%	76.56%	77.46%	75.91%	76.52%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.85%	6.60%	6.78%	7.81%	7.08%	7.99%	8.10%	6.92%	7.38%	6.95%	7.62%	7.98%	7.70%	In arrears	7.60%	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.95%	7.06%	7.51%	8.07%	8.06%	7.79%	9.54%	8.49%	7.66%	7.42%	6.75%	8.26%	7.44%	In arrears	7.93%	<=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%	5.70%	5.70%	3.30%	2.75%	4.20%	2.90%	4.30%	2.40%	2.30%	0.50%	2.20%	2.48%	in arrears	2.70%	<=10%	10%

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p>ECS -<4 hours - 92.49% in month and YTD 94.1%</p> <p>Not achieving 95% although Trust remains one of the highest performing nationally.</p>	<p>ED escalation SOP is 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.</p>	<p>Continue to improve performance and achieve 95% - t needs to be achieved in the month of March through th support of AZ funding.</p> <p>Minimise the number of shifts that are unable to be fill agency to support these responses. and move towards substantive workforce to reduce this risk</p> <p>Accountable : Director of Operations - Medicine</p>
	<p>Over the festive period and into the New Year timely flow out of ED for the admitted pathways has been particularly challenging which has significantly affected performance. The department has worked hard to ensure the non admitted pathways (notably 'minors') has continued to function effectively through the deployment of flex up capacity (plaster rooms) and bolstering middle grade staffing in the department during peak times.</p>	<p>The AAU moved into the new Cedar wood unit at HRI. The task and finish group meetings are still in place to discuss any learning and support embedding the improvement work to date.</p> <p>AZ funding is supporting increased medical cover into AAU and admission avoidances OOHs and plans are in place to deliver this recurrently from April 17.</p> <p>The matrons within the division continue to support the SAFER programme, specifically focusing on the bed efficiency work stream; bed before 12 and the proactive management of DTOC patients on their wards.</p> <p>The weekly ECN control and challenge rota meeting with Flexible workforce continues to ensure that the medical rota is filled and agency costs kept to a minimum. The Medical division is working with medical workforce to develop a CESR programme which will reduce gaps and reliance on agency staff.</p> <p>The division has also presented a case to support the longer term development of ACPs in ED to reduce long term reliance on agency overall improving continuity of care and better fill rates on the ED rota to in-turn support performance.</p> <p>All breaches continue to be validated on a daily basis and link to areas of high attendance rates.</p> <p>ENP workforce model being developed, working through change management process with staff involved. New model in pilot from January 17 will provide increased ENP support into the evening.</p> <p>This will prevent doctors getting pulled into the minors stream and should improve overall ECS performance.</p> <p>ECN Directorate Action Plan has further detail on ED improvement initiatives.</p>	
Patient Flow	<p>Pre 12 o'clock Discharges -- 19.2% in month.</p> <p>In addition to the issues described in month, the December IMS position was 16.79%, this is recognised as below the 40% target. On ward 12 this is due to the lack of Oncology consultant presence on the ward in the morning.</p> <p>For the stroke rehabilitation wards (7's) social care routinely start packages of care later in the day, often these rehabilitation patients are not suitable to sit out in the day room and be given a snack box due to the care they require. The majority of these patients are also bed bound and require hoisting. This group is difficult to discharge before 12 o'clock.</p> <p>Some wards at CRH do not have a day room and are struggling to meet the target without access to a discharge lounge.</p> <p>Green Cross Patients</p> <p>A detailed review of all inpatient capacity and demand for discussion at the January PRM has identified that although green cross numbers are not materially different to last year, the number of patients staying over 50 days has increased suggesting that LOS of green cross patients is increasing. This is supported by the excess bed days data and in turn occupied bed days indicator.</p>	<p>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.</p> <p>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.</p>	<p>Continue to work to KPIs through Safer programme and establish a Green Cross trajectory after the CCG summit.</p>
		<p>Green Cross</p> <p>The focus on reducing green crosses continues;</p> <ol style="list-style-type: none">1. Focused MDT discharge planning supported by matrons2. Case management approach with discharge coordinators3. DTOC governance meeting in place with all partners.4. Weekly Senior Partner Meeting to be introduced to review all patients with a LOS over 100 days.5. Reasons for delays to be identified and all internal delays to have action taken to improve - pie charts will identify highest causes for delay (part of new SITREP).	<p>Accountable : Associate Director Urgent Care</p>
Stroke	<p>% Stroke patients spending 90% of their stay on a stroke unit has reduced to 74.5% in month with YTD performance at 81.0%.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has decreased to 45.4% in month with YTD position at 60.5%.</p> <p>% Stroke patients Thrombolysed within 1 hour was 37.5% in month.</p> <p>29.1% Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 48% target.</p>	<p>Unfortunately in December the stroke units were closed due to Norovirus from 2nd to 19th December. A four bedded HASU area was set up on one of the Rehabilitation wards and staff were moved accordingly however this did not prevent the fact that the number of usable beds on the unit were reduced. Also 7A was closed form 30th November until 17th December which did prevent discharges and bed availability.</p> <p>Thrombolysis is very variable month to month as it is reliant on the type of patients that come to A/E and when they present - this is monitored monthly at the Stroke Clinical Governance meeting. Discussions have been held with the A/E team to discuss if it would be possible to "house" an assessment area in the department, which is proving difficult for space - an options paper is going to be worked up to try to resolve the issue. FSS has also given this area of work to their business Manager to work with the team to try to find a solution.</p>	<p>As the wards are now open as usual next month should s an improvement in the admission and 90% stay target.</p> <p>The options paper will be drafted within the next month the Medical division can discuss the possibility of a Stroke assessment area.</p> <p>Lead :- M Overton GM</p> <p>Accountable : GM IMS Directorate</p>

Responsive - Key measures

	15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	YTD	Target	Threshold/ Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	93.88%	95.26%	91.49%	89.44%	89.30%	93.87%	93.40%	95.07%	94.41%	94.66%	94.38%	94.91%	94.02%	92.49%	94.12%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1351	84	192	250	273	108	144	92	120	75	73	78	73	162	925	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	103	1	13	12	20	10	14	13	13	6	13	12	5	24	110	0	0
A&E Ambulance 60+ mins	23	2	8	2	7	0	1	0	0	0	1	0	1	1	4	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%	16.47%	15.09%	15.62%	14.41%	20.90%	22.02%	22.00%	20.95%	20.63%	21.59%	21.38%	21.49%	19.47%	21.18%	>=40%	40.00%
Delayed Transfers of Care	5.13%	4.50%	3.35%	3.38%	3.30%	2.90%	2.31%	2.58%	3.40%	2.49%	2.04%	2.80%	2.07%	1.36%	2.44%	<=5%	5.00%
Green Cross Patients (Snapshot at month end)	98	79	91	115	98	93	90	94	91	104	109	100	83	109	109	<=40	<=40
Number of Outliers (Bed Days)	9428	781	1035	989	883	1115	1363	838	688	997	838	840	284	779	7742	<=495	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	83.00%	80.00%	94.40%	81.30%	83.70%	78.43%	59.26%	83.93%	86.15%	83.64%	85.00%	85.96%	89.66%	74.55%	81.02%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.67%	66.70%	58.30%	56.70%	67.60%	47.17%	48.15%	61.40%	63.08%	67.86%	68.33%	70.18%	69.49%	45.45%	60.47%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	55.20%	50.00%	57.10%	100.00%	80.00%	66.67%	50.00%	88.89%	66.67%	100.00%	85.71%	83.33%	75.00%	37.50%	72.13%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	34.70%	40.54%	20.83%	45.95%	24.32%	40.74%	32.14%	40.35%	39.39%	40.35%	28.33%	38.60%	33.90%	29.09%	35.89%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	91.60%	91.60%	88.10%	89.80%	93.80%	90.15%	91.88%	91.02%	92.83%	90.89%	90.27%	92.28%	90.10%	90.13%	91.05%	>90%	90.00%
Maternal smoking at delivery	9.90%	8.20%	7.80%	10.20%	9.70%	10.40%	8.40%	8.00%	9.10%	10.00%	11.07%	9.77%	9.91%	8.16%	9.45%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.67%	0.75%	0.62%	0.69%	0.96%	0.71%	1.04%	0.56%	0.70%	0.54%	0.65%	0.52%	0.68%	0.49%	0.65%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	2	0	0	1	0	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%	98.44%	98.32%	98.39%	98.17%	98.42%	98.49%	98.32%	98.49%	98.28%	98.37%	98.35%	98.23%	98.38%	98.37%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.92%	92.04%	92.21%	91.86%	91.96%	92.12%	92.42%	92.06%	92.30%	92.20%	92.18%	91.63%	91.17%	92.26%	92.03%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.70%	95.45%	95.95%	95.80%	95.70%	96.16%	96.01%	96.35%	96.32%	95.49%	96.10%	95.60%	96.13%	95.64%	95.64%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	139	126	152	127	139	186	195	121	132	137	113	98	79	126	126	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%	99.65%	98.48%	99.71%	99.52%	99.71%	99.86%	99.92%	99.74%	99.83%	99.84%	99.78%	99.90%	99.93%	99.83%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.34%	97.06%	98.86%	99.27%	98.95%	94.97%	97.99%	97.93%	98.32%	98.19%	97.57%	98.81%	97.27%	97.86%	97.66%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.82%	94.05%	96.85%	96.55%	96.55%	90.07%	93.71%	97.66%	93.71%	93.57%	97.87%	96.40%	97.35%	95.73%	95.02%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.81%	99.30%	100.00%	99.09%	100.00%	99.14%	100.00%	99.24%	100.00%	100.00%	97.78%	99.33%	100.00%	100.00%	99.45%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.88%	100.00%	99.40%	>=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%	57.90%	7.10%	59.10%	52.90%	47.06%	71.43%	38.10%	41.67%	38.89%	36.00%	42.86%	50.00%	35.29%	44.44%	>=85%	85.00%
62 Day GP Referral to Treatment	91.19%	93.98%	91.04%	94.53%	89.40%	92.31%	88.15%	94.57%	91.56%	89.73%	91.62%	88.11%	89.13%	90.43%	90.69%	>=85%	85%
62 Day Referral From Screening to Treatment	95.74%	96.67%	94.44%	100.00%	100.00%	95.00%	88.00%	92.86%	93.33%	100.00%	94.12%	85.71%	85.71%	100.00%	91.61%	>=90%	90%
104 Referral to Treatment	98.22%	100.00%	97.10%	98.44%	97.81%	100.00%	98.54%	100.00%	98.05%	98.63%	97.60%	96.76%	95.65%	96.55%	98.01%	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	18.60%	13.00%	9.90%	15.52%	16.80%	16.49%	15.28%	12.55%	16.61%	15.56%	10.91%	14.25%	19.20%	In arrears	15.09%	>=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%	98.30%	97.86%	97.76%	97.68%	98.40%	98.30%	98.10%	98.20%	98.48%	98.14%	98.16%	98.21%	98.30%	98.24%	>=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 above target at 2.77% (2.86% YTD).	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.	December 2016
	2. Short term absence is above target at 1.77% (1.52% YTD).	Cases moving from short term to long term are monitored and reviewed by the end of the 2nd week each month.	Accountable : Director of Workforce and OD.
Sickness Absence	3. Return to Work interviews are not consistently undertaken.	Return to work forms are analysed to ensure short term absence is managed in accordance with policy triggers.	
		To increase the undertaking of Return to Work interviews and adopt consistency of the Return to Work interview process, 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.	
Sickness Absence		A supportive letter focusing on the importance of Return to Work Interviews has been circulated and a video has been produced. This will be available on the intranet before the end of January 2017.	
		Line managers informed that access to the attendance management intranet pages has now been reviewed and amended to make it easier.	
Sickness Absence		A video and poster to be circulated on the recording of sickness absence on self-service to complement existing e-roster documentation.	
Vacancies	1. 30 Consultant vacancies across hard to fill specialties.	International recruitment of qualified nursing posts to the Philippines is in progress and recruitment continues within the EU.	31 December 2016
	2. 174.29 FTE qualified staff nurse vacancies.	17 qualified nurses commenced employment with the Trust - December 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.	Accountable : Medical Director Director of Nursing Chief Operating Officer Director of Workforce and OD
Vacancies	3. 0.86% turnover rate.	The Trust will be a national pilot site (second phase) for nursing associate roles. The Workforce and Organisational Development (WOD) Directorate are arranging workforce planning workshops within the Trust. An initial workshop with Workforce and Organisational Development colleagues will take place 25th January 2017. The Strategic Workforce Integrated Planning and Evaluation (SWIPE) modelling approach will be utilised. The approach is intended to develop workforce planning capacity and capability in the Trust. This approach will be cascaded to colleagues within the Trust through future workshops.	
		Workforce and Organisational Development colleagues have arranged a 'Go-see' visit to Imperial College Healthcare NHS Trust in London 31st January 2017 to look at how they have approached workforce planning. Imperial College Healthcare NHS Trust will also present how they use the Knowledge Portal for workforce information metrics. Human Resources Business Partners have invited divisional colleagues to attend the "Go-see".	
Vacancies		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.	
		Dr Dan Boden, Clinical Director in Emergency Medicine at Derby Teaching Hospitals is presenting to Clinicians within the Trust 19th January 2017 on how he managed to develop an effective CESR programme. This will help the Trust to develop its own programme for Middle Grade doctors with the intention that these clinicians can be developed into more senior roles in the Trust and where there are shortage specialties.	

Workforce - Monitor Key messages



Area	Reality	Response	Result
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Appraisal

All areas have a trajectory to secure all appraisals are delivered by 31st December 2016 however there is some slippage from original plan.	<p>Appraisal compliance is monitored monthly through divisional performance meetings.</p> <p>Escalation process with divisional leads to remedy non-compliance with agreed action. Support from HR Business Partners and Business Intelligence team.</p> <p>Proposal for a link to incremental pay progression and mandatory training and appraisal compliance approved by Executive Board for implementation from 1st April 2017.</p> <p>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.</p> <p>The Trust is reviewing the option of an 'Appraisal Season' within a 3 month window e.g. April to June each year.</p> <p>A Workforce Summit (comprising Human Resources Business Partners, Workforce Development and Workforce Business Intelligence) was held in December 2016. The outcome was to inform an action plan to introduce an appraisal season linked to pay progression model which will be instigated in 2017/2018.</p>	<p>31 December 2016</p> <p>Accountable : Director of Workforce and OD.</p>
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Mandatory Training

<p>1. 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.</p> <p>2. 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.</p>	<p>A paper regarding the interim and long term options for appraisal, mandatory training and essential skills reporting, which includes future learning management system options, will be presented at the Workforce (Well Led) Committee 19th January 2017.</p> <p>The Trust continues to focus on compliance of 4 elements of mandatory training - Information Governance, Fire Safety, Infection Control and Manual Handling.</p> <p>Mandatory Training reporting changed to a 12 month rolling figure in December 2016.</p>	<p>31 December 2016</p> <p>Accountable : Director of Workforce and OD.</p>
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Workforce Information - Key measures

														15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16		YTD	Target	Threshold/Monthly		
Sickness YTD																																	
Sickness Absence rate (%) <i>Target date - 31 Dec 2016</i>	4.60%	4.57%	4.61%	4.62%	4.60%	4.38%	4.31%	4.45%	4.45%	4.40%	4.33%	4.32%	4.38%	*	4.38%	4.00%	=< 4.00% - Green 4.01 -4.5 Amber >4.5% Red																
Long Term Sickness Absence rate (%) <i>Target date - 31 Dec 2016</i>	3.10%	3.12%	3.12%	3.11%	3.10%	2.81%	2.85%	2.95%	2.95%	2.93%	2.90%	2.85%	2.86%	*	2.86%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red																
Short Term Sickness Absence rate (%) <i>Target date - 31 Dec 2016</i>	1.50%	1.45%	1.49%	1.51%	1.50%	1.56%	1.46%	1.50%	1.50%	1.47%	1.43%	1.47%	1.52%	*	1.52%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red																
Sickness Monthly																																	
Sickness Absence rate (%)	-	5.02%	4.95%	4.67%	4.41%	4.38%	4.25%	4.74%	4.46%	4.20%	3.96%	4.27%	4.54%	*	-	4.00%	=< 4.00% - Green 4.01 -4.5 Amber >4.5% Red																
Long Term Sickness Absence rate (%)	-	3.42%	3.12%	2.99%	2.95%	2.81%	2.89%	3.14%	2.95%	2.87%	2.72%	2.54%	2.77%	*	-	2.70%	=< 2.7% Green 2.71% -3.0 Amber >3.0% Red																
Short Term Sickness Absence rate (%)	-	1.61%	1.83%	1.67%	1.46%	1.56%	1.36%	1.59%	1.51%	1.33%	1.24%	1.73%	1.77%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red																
Attendance Management KPIs																																	
Sickness returns submitted per month (%) <i>Target date - 30 April 2016</i>	76.00%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*	-	100.00%	100% Green 95%-99% Amber <95% Red																
Return to work Interviews (%) <i>Target date - 31 Dec 2016</i>	38.00%			43.15%	33.10%	34.60%	44.35%	52.41%	58.35%	66.40%	61.20%	71.93%	69.36%	*	-	100.00%	100% Green 95%-99% Amber <95% Red																
Number of cases progressing/not progressing from short term absence to long term absence	-			***	65/598	65/593	53/566	75/615	88/577	79/512	79/546	89/760	103/737	*	-	-																	
Long Term Sickness cases with a defined action plan <i>Target date - 30 April 2016</i>	-			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% 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	716	*	-	-																	
Number of visits to dedicated intranet web pages.	-			1261	1514	1339	1519	1874	1924	3004	3584	3584	3628	3999	-	-																	
Staff in Post																																	
Staff in Post Headcount	5820	5715	5747	5800	5820	5804	5820	5844	5847	5899	5940	5984	6006	6006	-	-																	
Staff in Post (FTE)	5084.37	4984.26	5018.65	5073.64	5084.37	5064.72	5076.96	5099.68	5096.46	5141.60	5173.78	5214.52	5234.72	5232.12	-	-																	
Staff Movements																																	
Turnover rate (%)	-	1.04%	1.17%	0.65%	1.32%	0.84%	0.87%	1.33%	1.16%	1.17%	1.26%	0.85%	0.80%	0.86%	-	-																	
Executive Turnover (%)	-	0.00%	0.00%	0.00%	0.00%	13.00%	0.00%	0.00%	13.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-																	
Turnover rate (%) (Rolling 12m)	15.71%	16.55%	16.76%	16.72%	15.71%	14.83%	14.33%	14.33%	14.22%	14.15%	13.06%	12.93%	12.41%	12.25%	-	-																	
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	5598.85	-	-																	
Vacancies (FTE)**	495.19			387.12	495.19	494.92	496.71	514.63	487.76	459.03	376.35	402.49	355.07	355.20	-	-																	
Vacancies (%)**	8.89%			7.15%	8.89%	8.88%	8.91%	9.16%	8.72%	8.21%	6.76%	7.19%	6.35%	6.34%	-	-																	
Proportion of Temporary Staff	-	5.35%	4.77%	4.47%	5.21%	4.29%	5.55%	4.82%	4.59%	4.29%	4.03%	3.59%	2.77%	*	-	-																	
Agency Spend*	£19.93M	£1.78M	£2.02M	£1.71M	£2.42M	£2.13M	£2.44M	£2.31M	£2.25M	£2.17M	£1.87M	£1.78M	£1.47M	*	£16.41M	-																	
Hard Truths																																	
Hard Truths Summary - Nurses/Midwives	-	90.18%	89.54%	90.18%	89.58%	90.51%	90.06%	83.01%	78.60%	80.42%	81.12%	83.35%	85.63%	85.10%	-	100.00%																	
Hard Truths Summary - Day Care Staff	-	99.51%	101.73%	99.51%	102.83%	103.59%	105.97%	100.77%	102.16%	101.30%	102.80%	101.80%	104.46%	104.80%	-	100.00%																	
Hard Truths Summary - Night Nurses/Midwives	-	94.18%	95.39%	94.18%	95.40%	94.84%	94.58%	92.27%	89.76%	87.55%	88.38%	89.67%	92.01%	91.18%	-	100.00%																	
Hard Truths Summary - Night Care Staff	-	111.86%	116.04%	111.92%	119.06%	120.13%	119.17%	119.55%	116.88%	116.33%	120.21%	123.61%	124.33%	122.96%	-	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%	63.50%	68.70%	73.10%	73.38%	****						64.74%	66.94%	69.58%	-	63.50%	63.50% (100% at 31 March 2017)***																
Information Governance (1 Year Refresher) (Rolling 12m)	84.24%	76.50%	79.10%	82.30%	84.24%							70.65%	70.47%	70.55%	-	76.50%	76.50% (100% at 31 March 2017)***																
Infection Control (1 Year Refresher) (Rolling 12m)	85.07%	66.70%	73.00%	80.90%	85.07%							71.35%	70.74%	71.89%	-	66.70%	66.70% (100% at 31 March 2017)***																
Manual Handling (2 Year Refresher) (Rolling 12m)	86.73%	72.00%	77.40%	83.10%	86.73%	88.36%	88.25%	88.89%	89.18%	88.06%	87.71%	88.05%	88.49%	88.77%	-	72.00%	72.00% (100% at 31 March 2017)***																
Appraisal																																	
Appraisal (1 Year Refresher) (Year To Date)	78.57%	56.50%	60.10%	74.10%	78.57%	1.68%	4.28%	6.77%	11.33%	18.22%	31.16%	52.94%	62.39%	71.49%	71.49%	69.00%	69.00% planned position (100% at 31 March 2017)																
Appraisal (1 Year Refresher) (Rolling)	92.20%					92.20%	****						75.97%	77.23%	-	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.

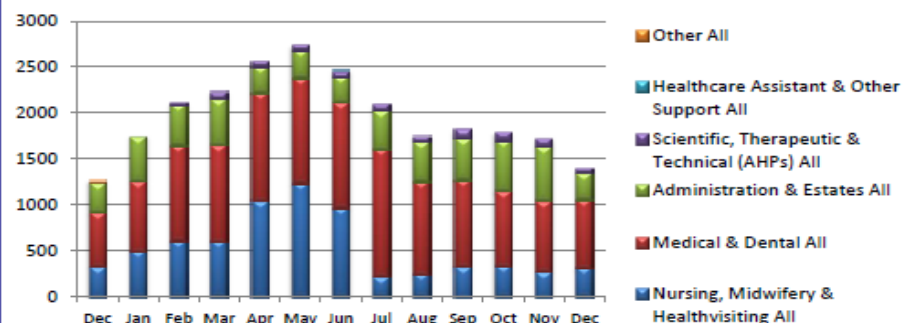
Workforce

WORKFORCE

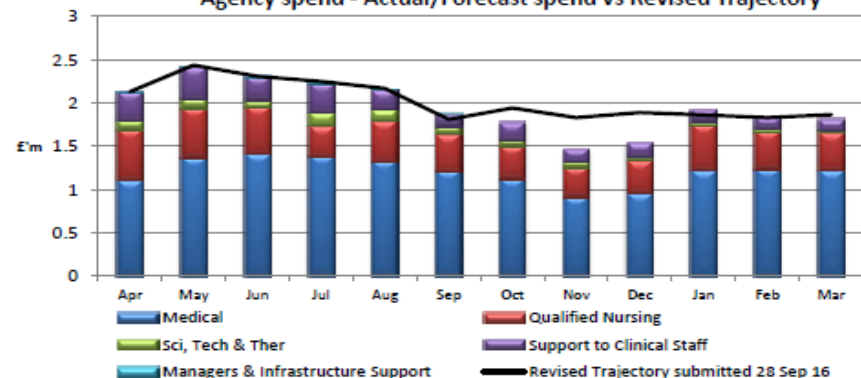
Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	27	14	79	175	62	357
Staff in post (WTE)	642	1,200	527	1,700	1,173	5,242
% Vacancies	4%	1%	13%	9%	5%	6%

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



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 9 the Trust was carrying 357 vacancies, a very slight increase compared to last month at 6% of the total establishment. There has been no change in the highest vacancy rates which 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 been reducing with use of the highest rate nursing agency (Thornbury) ceasing except for in exceptional circumstances, however in December there was a slight increase in the number of Nursing agency breaches and these are likely to step up further in January based on the data reported over the last two weeks. Medical breaches have remained at a consistent level over the last few months. The reduction in Admin and Clerical breaches over December is linked to annual leave over the Christmas period.

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 December and the forecast year end position is to achieve the restated trajectory by a margin of £0.8m. However, it is worth noting that the revised Use of Resource (UOR) metric continue to measure our performance compared to the original ceiling of £14.95m which we have already breached in the Year to Date position.

Hard Truths: Safe Staffing

Fill Rates

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

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

Table 1: Average Fill Rates Registered Nurses and Care Staff

Average Fill Rates:	Registered Nurses		Care Staff	
	Day	Night	Day	Night
December 2016 HRI	87.45%	91.07%	106.58%	128.25%
December 2016 CRH	85.06%	91.61%	103.93%	119.18%
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%

Table 2: Wards with fill rates 75% or below

Wards below 75%	Sep-16		Oct-16		Nov-16		Dec-16	
	Ward	% rate	Ward	% rate	Ward	Rate %	Ward	Rate %
	5a/d	61.60%			5a/d	64.80%	5a/d	64.40%
	5b	67.10%	5b	70.20%	5b	65.80%	5b	69.40%
	8a/b	58.20%	8a/b	69.00%	8a/b	70.60%	8a/b day	64.00%
							8a/b night	73.30%
	17	73.30%	17	66.70%	17	68.97%	17	68.80%
	12	73.00%						
	CCU	67.90%	CCU	71.00%			CCU	71.84%
	15	70.70%			15	67.80%	15	67.60%
	9 CRH	71.81%					9crh	74%
	8	69.00%	8	67.70%	8	60.70%	8	67.70%
	4c	71.91%	4c	71.70%				
	Mau CRH	70.90%	CRH MAU	69.50%				

In summary the reduced fill rates are attributed to number of Registered Nurse vacancies within the Trust. Staffing is reviewed as a minimum three times a day and actions taken to mitigate risks including additional health care support workers, 1-1 enhanced care provision.

Hard Truths: Safe Staffing (2)



Care Hours Per Patient Day

A review of December 2016 CHPPD data indicates that the combined (RN and Care staff) metric resulted in 27 clinical areas of the 37 reviewed had CHPPD less than planned. 1 area reported CHPPD as planned. 9 areas reported CHPPD slightly in excess of those planned.

Areas with CHPPD more than planned were due to additional 1-1’s requested throughout the month due to patient acuity in the departments.

Internal Red Flag Events

X3 Red Flagged events were recorded in December 2016:
Ward 4 HRI reported 2 incidents (2nd and 17th December 2016) and 6B/C reported 1 incident 17th December 2016. Shifts were escalated to the senior nursing team & covered by the ward manager & supported by the site co-ordinator

Hard Truths: Safe Staffing (3)

Dec-16		
Ward/Department	PLANNED	ACTUAL
CRH MAU	10.0	8.6
HRI MAU	8.0	9.1
WARD 2AB	6.3	6.7
HRI Ward 5 (previously ward 4)	6.6	6.5
HRI Ward 11 (previously Ward 5)	6.6	6.5
WARD 5AD	6.6	7.0
WARD 5C	6.1	5.9
WARD 6	6.7	6.3
WARD 6BC	5.3	5.1
WARD 5B	6.1	6.8
WARD 6A	5.4	7.1
WARD 8C	6.1	7.0
WARD CCU	12.3	9.5
WARD 6D	11.3	9.4
WARD 7AD	6.9	6.8
WARD 7BC	6.9	7.0
WARD 8	7.4	8.7
WARD 12	6.5	5.7
WARD 17	6.1	5.3
WARD 21	5.8	5.5
ICU	29.0	24.8
WARD 3	6.1	6.6
WARD 8AB	10.9	7.9
WARD 8D	7.8	7.4
WARD 10	5.8	6.0
WARD 15	5.2	4.8
WARD 19	8.0	7.5
WARD 20	6.7	6.7
WARD 22	5.9	5.8
SAU HRI	9.7	9.4
WARD LDRP	32.3	29.3
WARD NICU	9.8	8.3
WARD 1D	10.0	9.1
WARD 3ABCD	12.4	11.5
WARD 4C	9.9	8.8
WARD 9	8.6	7.4
WARD 18	30.1	27.0
WARD 14	7.5	6.6
Trust	8.1	7.7

Safe

Caring

Effective

Responsive

Workforce

Efficiency/Finance

Activity

CQUIN

FINANCIAL POSITION

YEAR TO DATE POSITION: M9

	M9 Plan £m	M9 Actual £m	Var £m	
Total Income	£277.64	£281.66	£4.01	●
Total Expenditure	(£271.57)	(£276.03)	(£4.45)	●
EBITDA	£6.07	£5.63	(£0.44)	●
Non Operating Expenditure	(£19.19)	(£18.74)	£0.46	●
Deficit excl. Exceptional	(£13.12)	(£13.11)	£0.01	●
Exceptional Costs	£0.00	(£0.23)	(£0.23)	●
Surplus / (Deficit)	(£13.12)	(£13.34)	(£0.22)	●

YEAR END 2016/17

	Plan £m	Forecast £m	Var £m	
Total Income	£371.32	£377.77	£6.45	●
Total Expenditure	(£361.96)	(£369.05)	(£7.09)	●
EBITDA	£9.36	£8.72	(£0.64)	●
Non Operating Expenditure	(£25.46)	(£24.80)	£0.66	●
Deficit excl. Exceptional	(£16.10)	(£16.09)	£0.01	●
Exceptional Costs	£0.00	(£0.23)	(£0.23)	●
Surplus / (Deficit)	(£16.10)	(£16.32)	(£0.22)	●

KEY METRICS: YEAR TO DATE M9

	Year To Date			
	M9 Plan £m	M9 Actual £m	Var £m	
I&E: Surplus / (Deficit) excl exceptional	(£13.12)	(£13.11)	£0.01	●
Capital	£20.61	£12.45	£8.16	●
Cash	£1.94	£4.98	£3.04	●
Borrowing	£62.26	£61.78	(£0.48)	●
CIP	£9.07	£11.08	£2.00	●
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)	(£16.09)	£0.01	●
Capital	£28.22	£26.13	£2.09	●
Cash	£1.95	£1.90	(£0.05)	●
Borrowing	£67.87	£61.78	(£6.09)	●
CIP	£14.00	£15.11	£1.11	●
Use of Resource Metric	3	3		●

RAG KEY: ● Actual / Forecast is on plan or an improvement on plan
 (Excl: Cash) ● 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)

Finance - Use of Resources

Use of Resource Metric

Capital Service Cover

	Plan YTD	Actual YTD
Revenue Available for Capital Service	5.95	5.56
Capital Service	13.75	14.16
Capital Service Cover metric	0.43	0.39
Capital Service Cover rating	4	4

Liquidity

Working Capital balance	24.34	(16.21)
Operating Expenses within EBITDA, Total	(271.57)	(276.17)
Liquidity metric	(24.20)	(15.85)
Liquidity rating	4	4

I&E Margin

Surplus/(Deficit) adjusted for donations and asset disposals	(13.16)	(13.11)
Total Operating Income for EBITDA	277.49	281.45
I&E Margin	(4.74%)	(4.66%)
I&E Margin rating	4	4

I&E Margin Variance

I&E Margin	(4.74%)	(4.66%)
I&E Margin Variance From Plan	0.36%	0.09%
I&E Margin Variance From Plan rating	1	1

Agency

Agency staff, total	(11.72)	(17.96)
Agency Ceiling	(11.72)	(11.72)
Agency rating	1	4

Overall Use of Resource score

3.00	3.00
------	------

New compliance regime - Single Oversight Framework

NHS Improvement (NHSI) has now introduced the Single Oversight Framework (SOF). Where previously a separate Finance rating (the FSRR) and Governance rating were issued, these are brought together under the SOF. This considers 5 themes: Quality of Care; Finance and use of resources; Operational performance; Strategic change; Leadership and improvement capability.

The Finance element of this system is the Use of Resources score and the constituent parts of this measure are described below. It should be noted that the scoring system is reversed from the previous Financial Sustainability Risk Rating, with a score of 1 being the most favourable and 4 being the least favourable. The UOR score for the Trust stands at a level 3 which is equivalent to the score of 2 under the old FSRR.

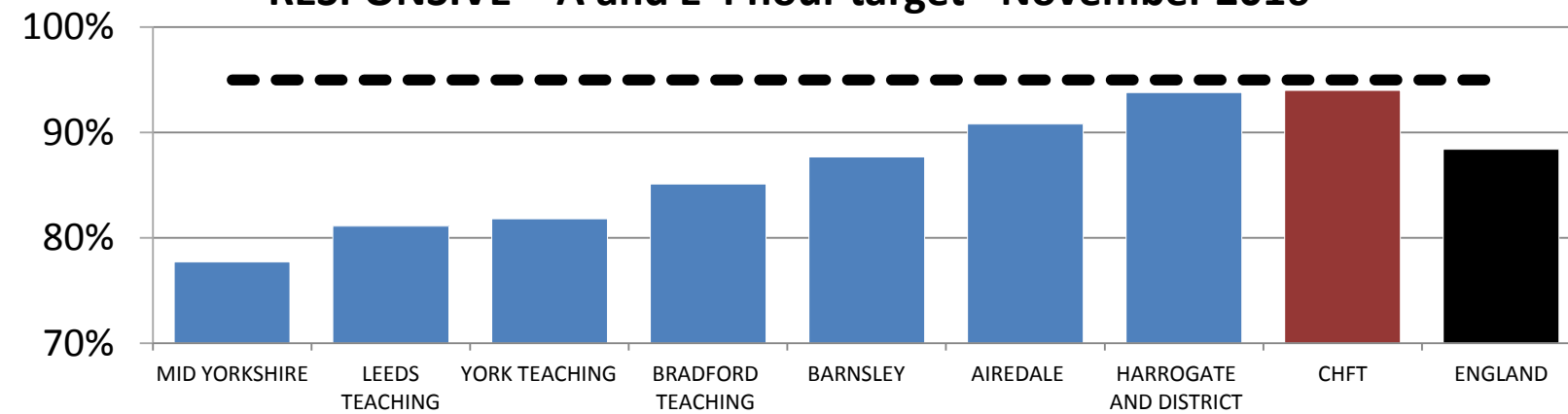
- **Liquidity:** days of operating costs held in cash or cash-equivalent forms (cash in the bank less payables plus receivables, on the presumption these can be immediately converted into cash)
- **Capital servicing capacity:** the degree to which the organisation's generated income covers its financing obligations (a measure of the Trust's ability to afford its debt - in this sense payments against debts include PDC payments, interest and loan repayments and PFI interest, PFI contingent rent and PFI capital repayments.)
- **Income and expenditure (I&E) margin:** the degree to which the organisation is operating at a surplus/deficit (measured against the Control Total which excludes impairments, gains/losses on disposal and donated assets)
- **Variance from plan in relation to I&E margin:** variance between a foundation trust's planned I&E margin in its annual forward plan and its actual I&E margin within the year (again measured against the Control Total which excludes impairments, gains/losses on disposal and donated assets)
- **Agency:** measurement of actual agency usage against the original agency ceiling set by NHSI at the planning stage at £14.95m. A distance from target of greater than 50% results in the lowest rating of 4 against this metric.

Trust Performance

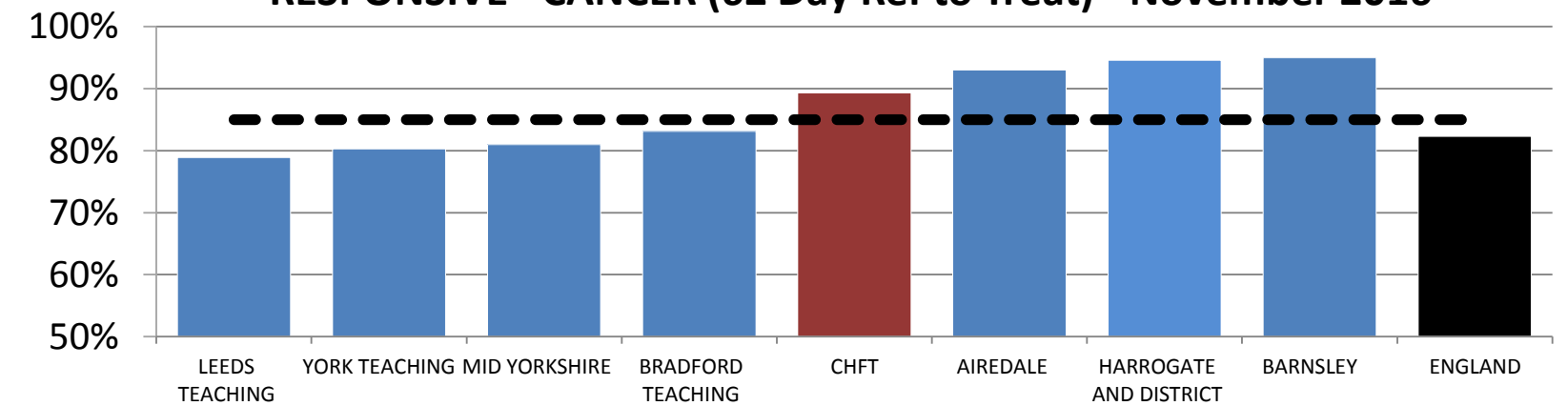
The Trust's year to date performance on the overall UOR and the individual metrics is shown below. Based on the current year end forecast this UOR position would be the same at year end. The overall UOR stands at level 3, based upon the average of the scores against the metrics above calculated as follows: $4 + 4 + 4 + 1 + 4 = 17 / 5 = 3.4$ rounded to an overall rating of 3. By achieving our control total, the I&E Margin Variance raises our average rating from a 4 to a level 3. Should the Trust fail to achieve its control total, even by the smallest of margins, the overall rating will drop to level 4.

Benchmarking - Selected Measures

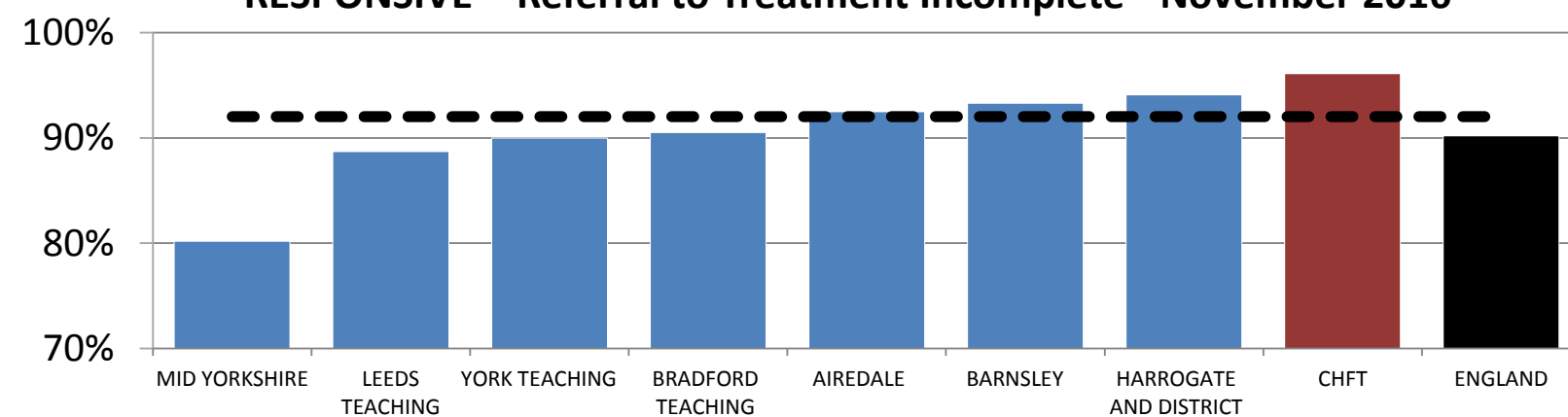
RESPONSIVE - A and E 4 hour target - November 2016



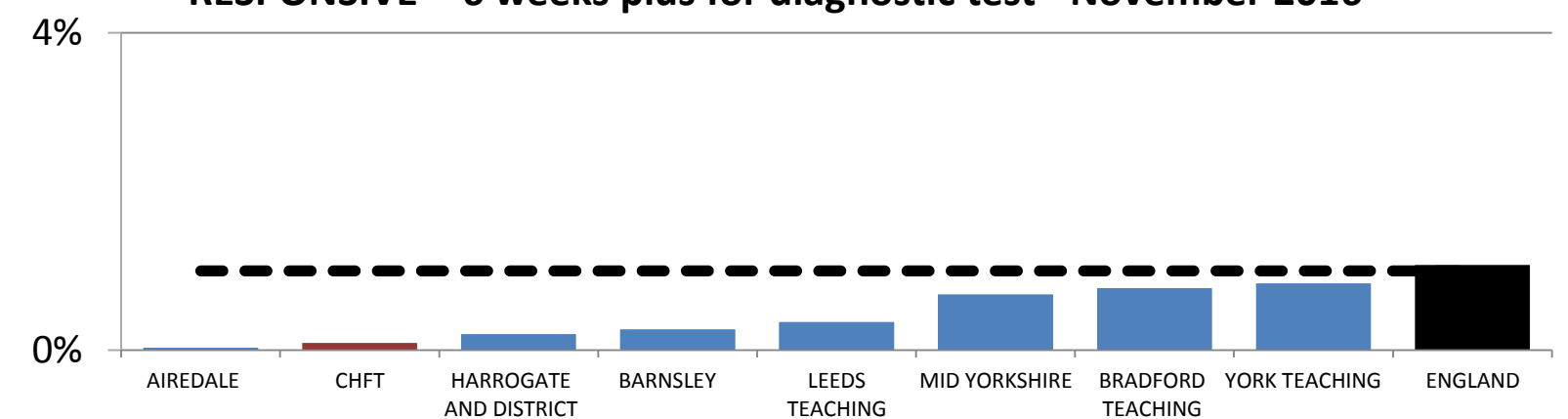
RESPONSIVE - CANCER (62 Day Ref to Treat) - November 2016



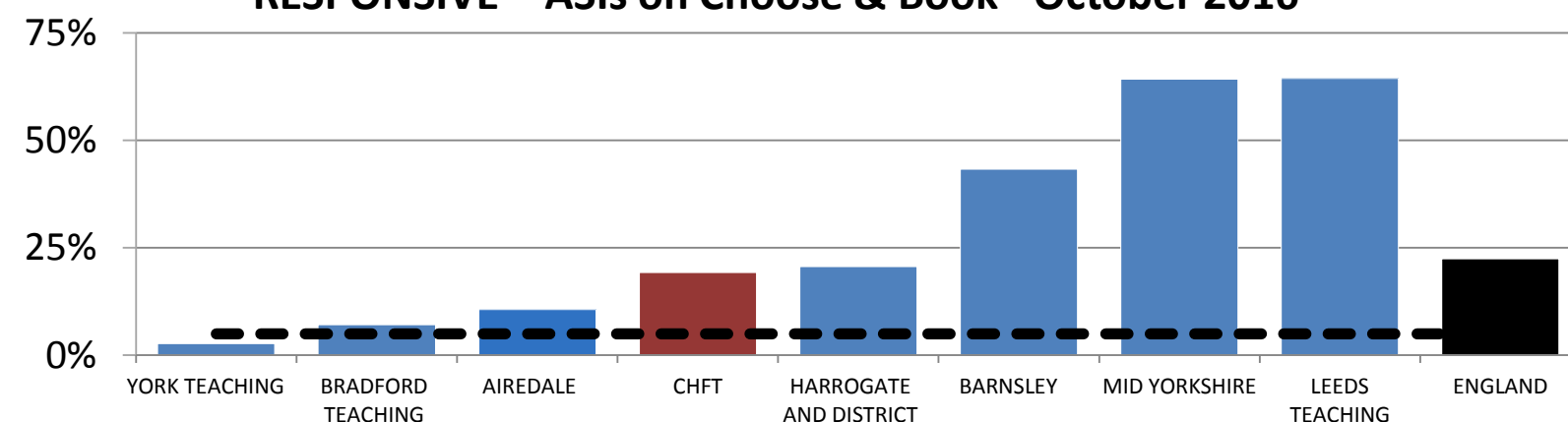
RESPONSIVE - Referral to Treatment Incomplete - November 2016



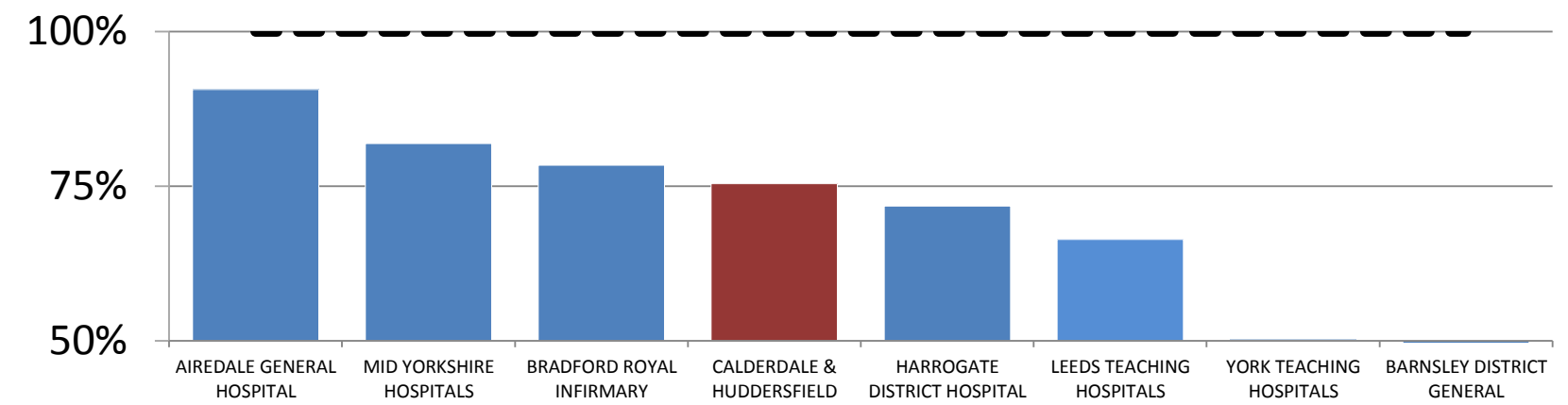
RESPONSIVE - 6 weeks plus for diagnostic test - November 2016



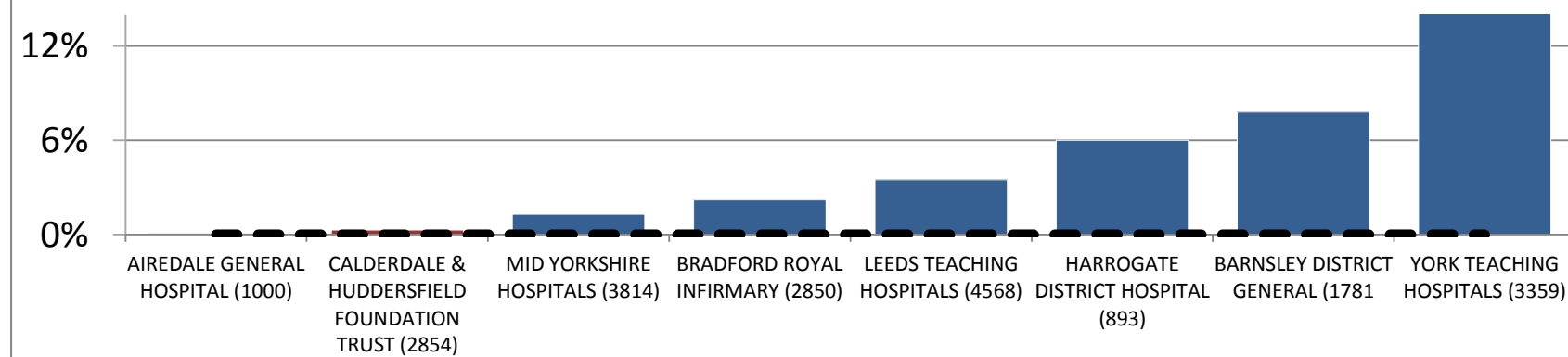
RESPONSIVE - ASIs on Choose & Book - October 2016



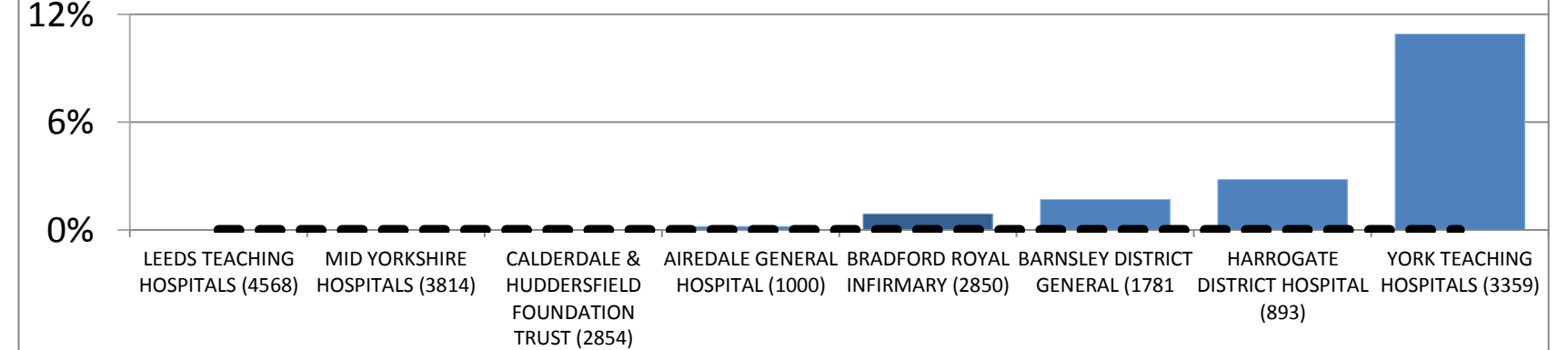
RESPONSIVE - YAS Ambulance handovers within 15 minutes - November 2016



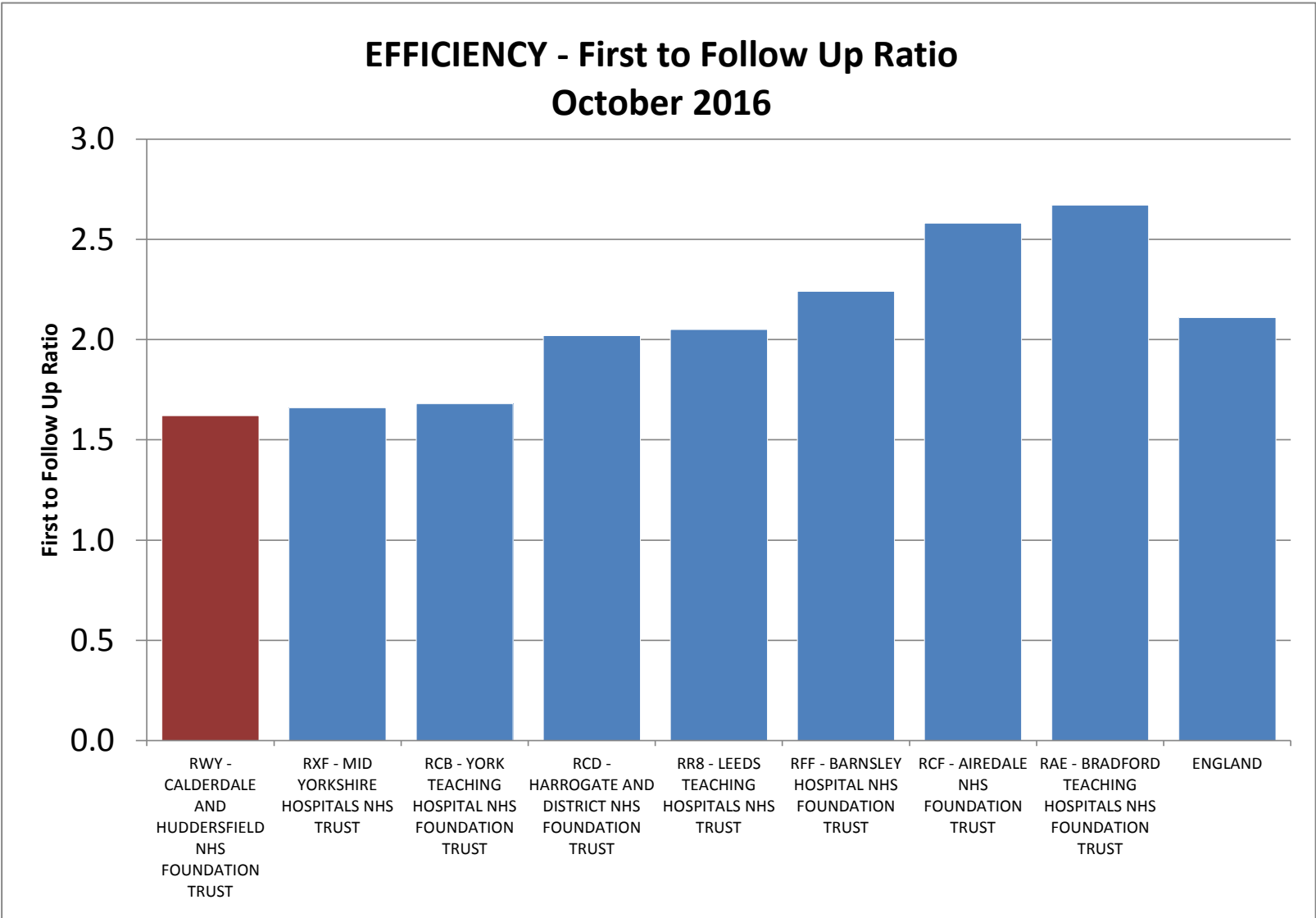
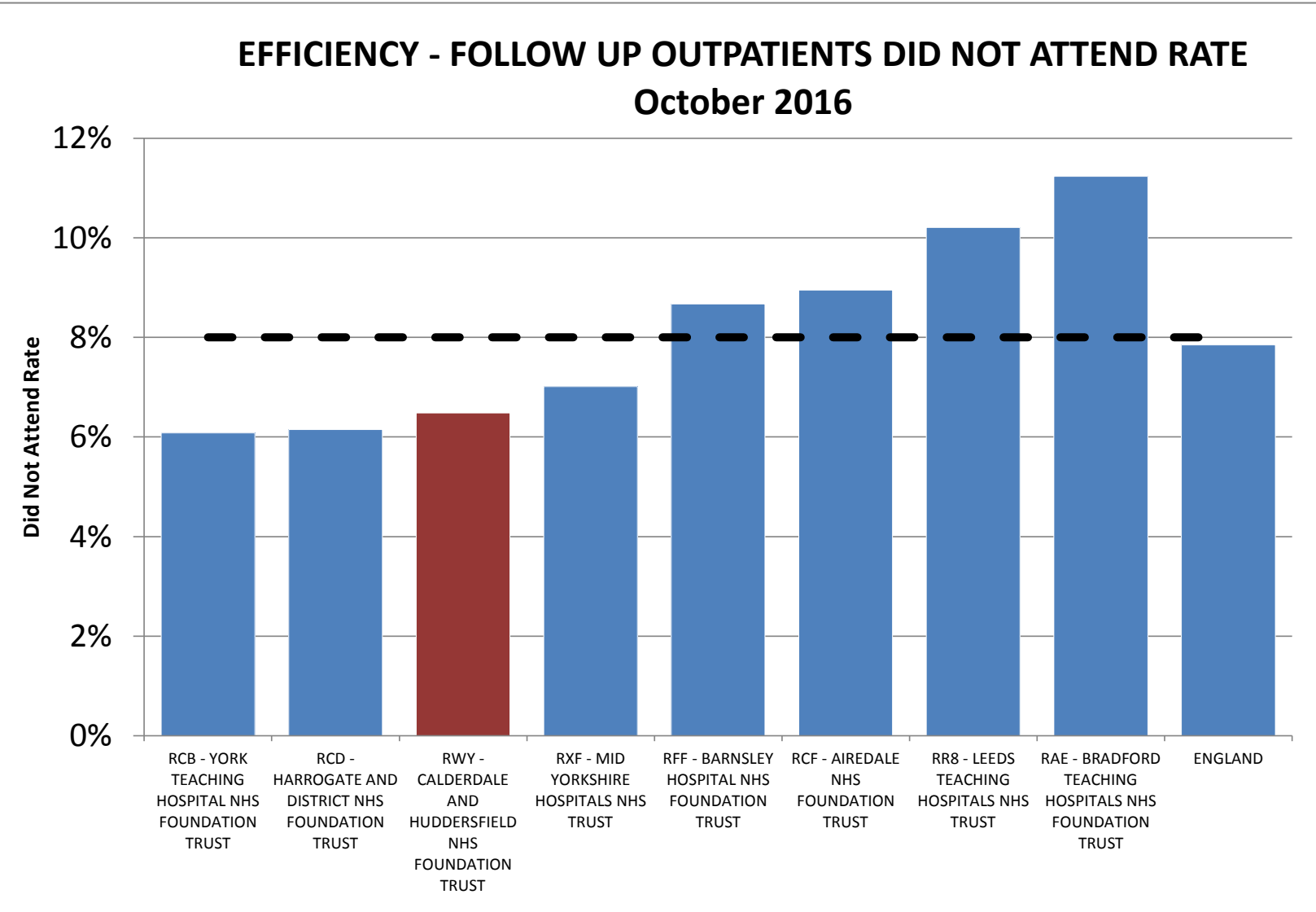
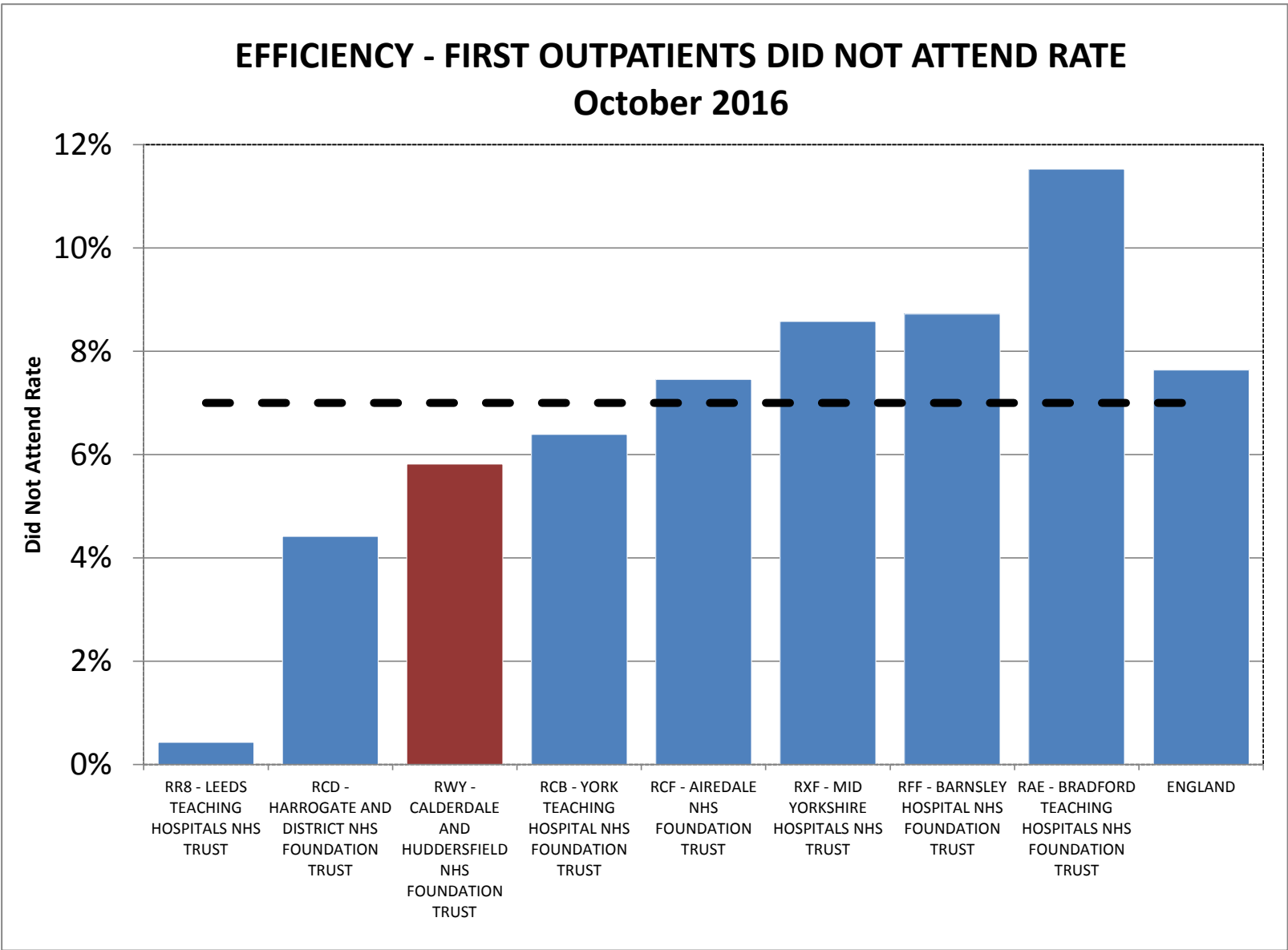
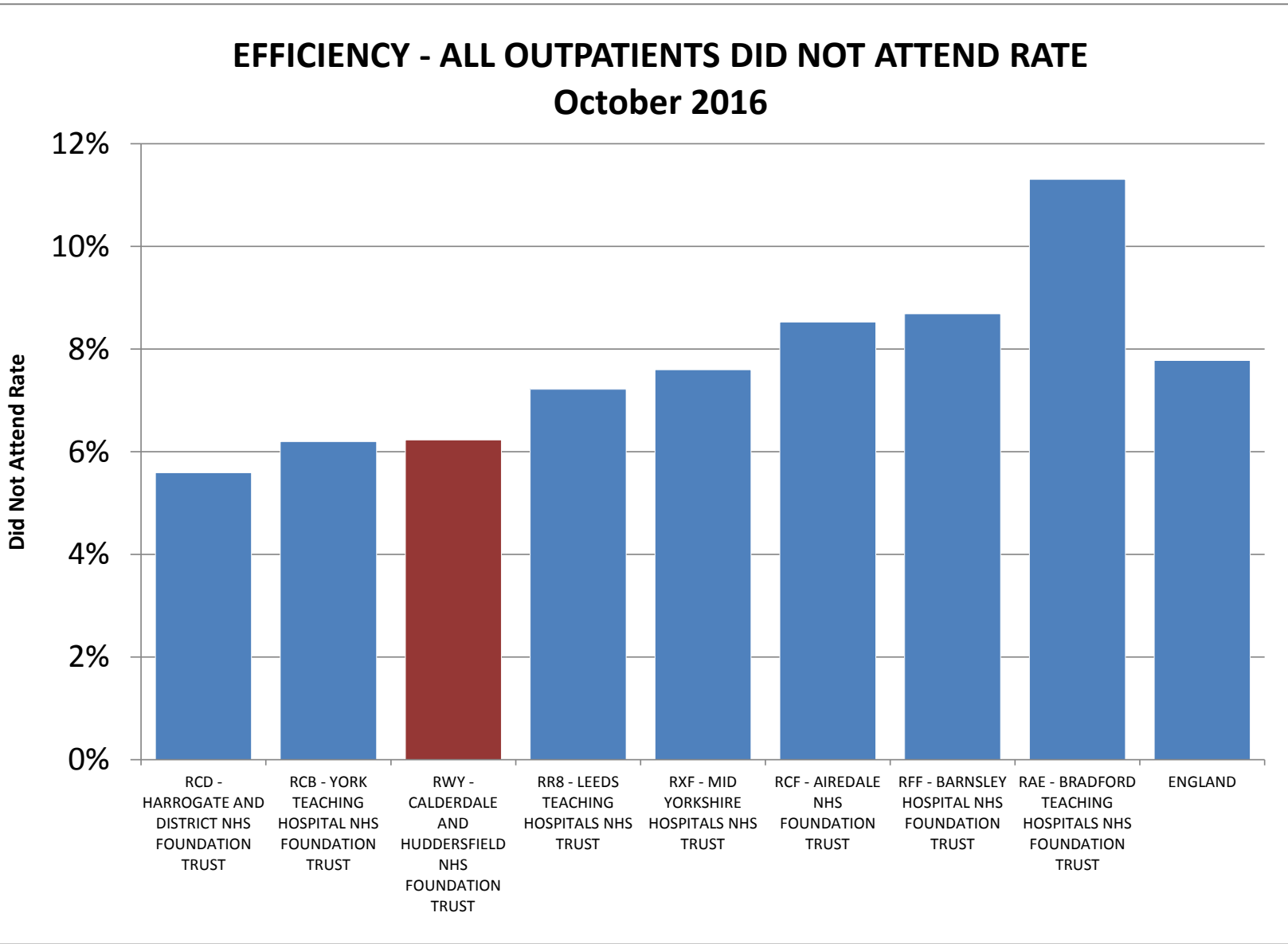
RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes - November 2016



RESPONSIVE - YAS Ambulance handovers > 60 minutes - November 2016

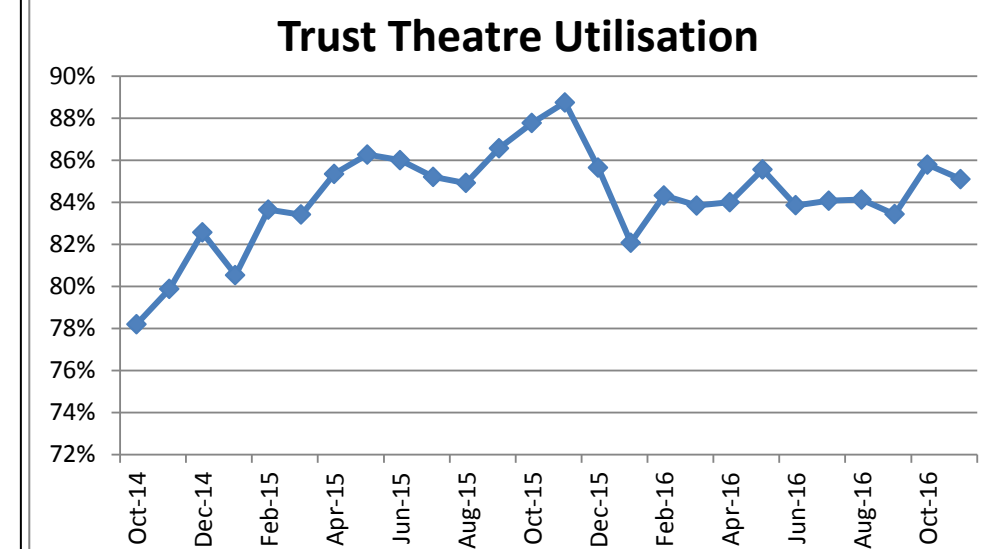
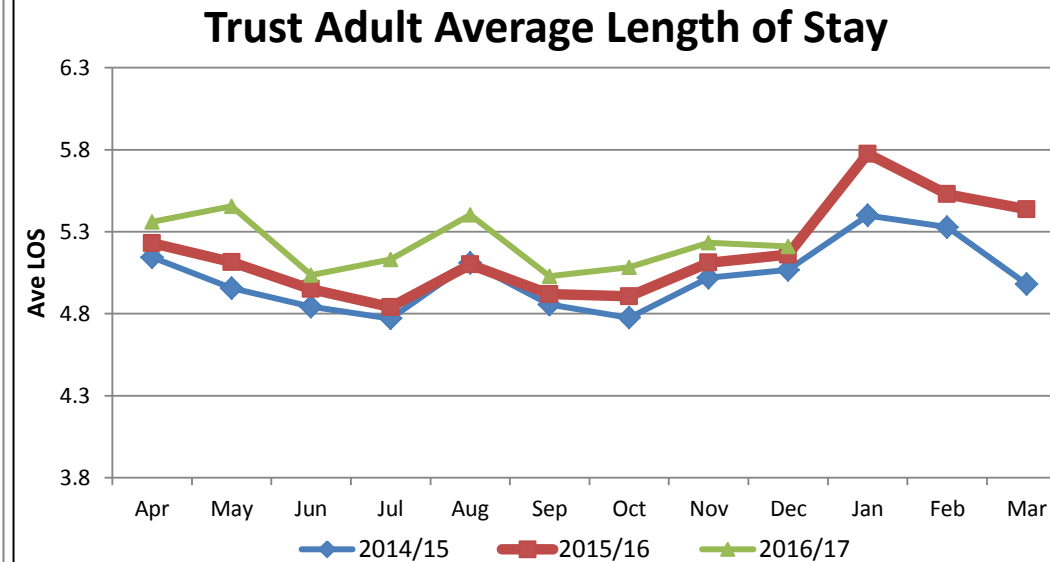
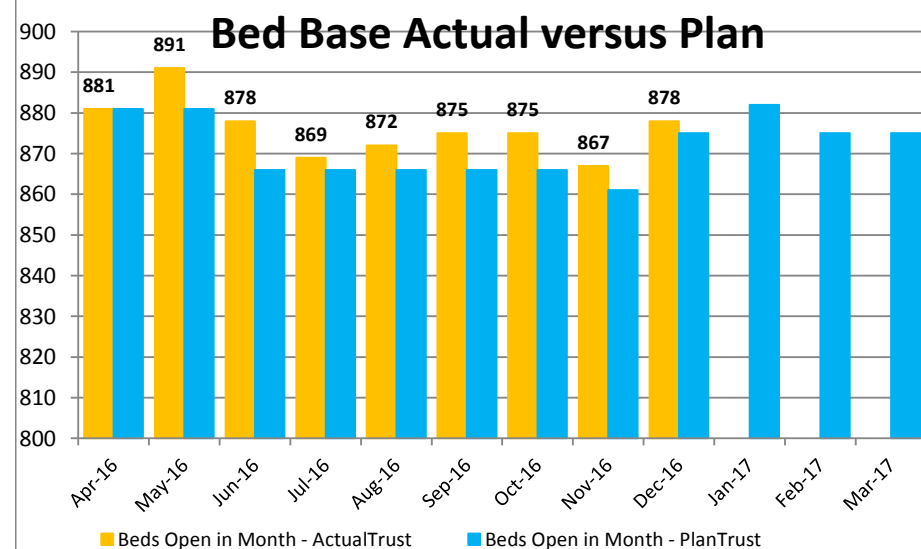


Benchmarking - Selected Measures



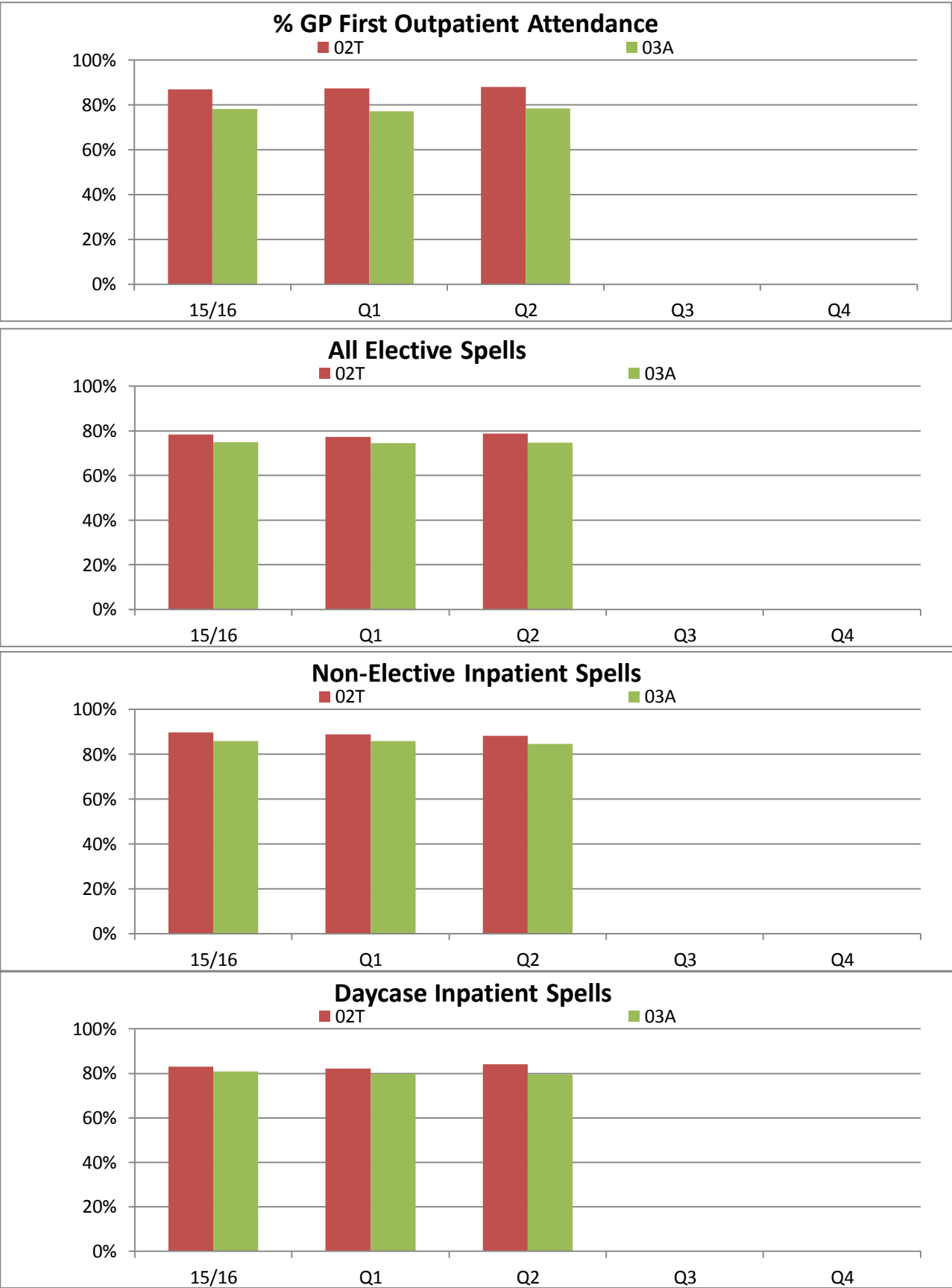
Efficiency & Finance - Key measures

15/16		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16		YTD	Target	Threshold/M onthly
Did Not Attend Rates																		
First DNA	6.80%	7.22%	6.37%	6.26%	6.80%	6.63%	6.47%	6.15%	6.68%	6.58%	6.47%	5.76%	6.21%	6.48%	6.37%	<=7%	7.00%	
Follow up DNA	7.70%	7.63%	6.79%	6.60%	7.17%	6.56%	6.45%	6.81%	7.37%	6.99%	6.58%	6.46%	6.20%	6.19%	6.62%	<=8%	8.00%	
Average length of stay																		
Average Length of Stay - Overall	5.17	5.16	5.78	5.53	5.45	5.32	5.45	5.03	5.12	5.39	5.01	5.09	5.23	5.21	5.21	<=5.17	5.17	
Average Length of Stay - Elective	2.85	2.80	3.25	2.92	3.07	2.50	2.67	2.68	2.69	2.76	2.45	2.53	2.54	2.77	2.62	<=2.85	2.85	
Average Length of Stay - Non Elective	5.63	5.60	6.24	5.96	5.79	5.87	5.97	5.51	5.61	5.94	5.59	5.61	5.87	5.66	5.76	<=5.63	5.63	
Day Cases																		
Day Case Rate	85.00%	86.34%	86.35%	87.90%	88.50%	87.41%	87.23%	86.63%	86.30%	87.80%	86.20%	87.01%	87.31%	87.43%	87.09%	>=85%	85.00%	
Failed Day Cases	1440	93	103	112	93	118	98	146	120	114	151	130	119	99	977	120	1200	
Elective Inpatients with zero LOS	1630	122	135	110	97	105	114	122	134	145	151	104	117	118	1005	136	1360	
Beds																		
Beds Open in Month - Plan		835	866	878	878	881	881	866	866	866	866	866	861	875	861	Not applicable		
Beds Open in Month - Actual		878	922	906	890	881	891	878	869	872	875	875	867	878	878	Not applicable		
Hospital Bed Days per 1000 population - Adults	50.60	52.50	57.60	53.50	55.60	52.33	54.61	51.70	52.59	52.74	50.70	52.78	51.05	52.83	52.46	15/16 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	8.20	8.50	8.40	8.30	8.90	8.07	8.40	8.29	8.49	7.99	8.15	8.55	7.75	8.52	8.24	15/16 Baseline		
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	86.05%	85.93%	80.13%	81.36%	83.99%	87.41%	85.59%	86.81%	86.98%	84.10%	83.78%	86.18%	86.08%	84.72%	85.76%	>=90%	90.00%	
Theatre Utilisation (TT) - Main Theatre -HRI	94.92%	95.01%	92.02%	101.14%	88.36%	89.04%	94.67%	87.32%	88.63%	95.55%	90.68%	92.21%	93.66%	91.18%	91.48%	>=90%	90.00%	
Theatre Utilisation (TT) - HRI DSU	78.04%	76.33%	76.58%	79.92%	78.00%	75.08%	78.09%	76.21%	80.72%	75.14%	76.83%	77.81%	75.86%	73.34%	76.52%	>=88%	88.00%	
Theatre Utilisation (TT) - HRI SPU	82.73%	80.94%	82.01%	83.98%	84.68%	79.95%	81.00%	80.63%	81.83%	83.43%	84.02%	80.95%	82.96%	81.10%	81.76%	>=85%	85.00%	
Theatre Utilisation (TT) - Trust	85.60%	83.92%	85.57%	87.05%	88.18%	84.00%	85.60%	83.85%	84.07%	84.70%	83.43%	85.80%	85.10%	83.40%	84.40%	>=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 2016/17, 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.

Comparing Quarter 2 market share position with Quarter 1 it can be noted that for Calderdale CCG the CHFT proportion of delivered market share has **increased** for all areas with the exception of non-elective. For Greater Huddersfield CCG activity, CHFT delivered a smaller proportion of the non-elective and day case activity than it did in Quarter 1.

The proportion of market share CHFT delivers for the remaining CCGs with which it has a formal contract has reduced in all activity areas reportable.

Activity - Key measures

	15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	41594	2989	3555	3437	3651	3788	3859	3906	3556	3695	3774	3642	3694	3287	33201	7.3%
03A - NHS GREATER HUDDERSFIELD CCG	38426	2862	3171	3241	3367	3304	3149	3519	3129	3143	3237	3128	3248	2835	28692	0.2%
03J - NHS NORTH KIRKLEES CCG	2843	198	246	296	299	289	311	350	287	274	316	330	328	260	2745	37.2%
02R - NHS BRADFORD DISTRICTS CCG	3073	213	283	244	250	243	269	271	201	232	237	248	245	174	2120	-7.0%
03R - NHS WAKEFIELD CCG	453	25	35	48	52	58	64	61	63	51	46	66	53	69	531	67.1%
02W - NHS BRADFORD CITY CCG	521	49	39	40	37	25	34	39	30	32	25	40	35	27	287	-29.6%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	209	9	25	35	30	42	38	48	30	27	40	38	46	16	325	165.0%
03C - NHS LEEDS WEST CCG	91	5	7	4	11	8	4	8	10	7	10	15	10	7	79	26.2%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	67	5	6	2	6	5	7	3	6	4	1	2	4	4	36	-27.5%
03G - NHS LEEDS SOUTH AND EAST CCG	21	2	0	1	0	1	1	1	1	3	3	3	2	3	18	-15.0%
02V - NHS LEEDS NORTH CCG	22	3	2	0	1	2	2	3	3	2	0	1	1	2	16	0.0%
Other	1086	82	103	90	99	79	70	118	96	81	74	90	59	50	717	-7.7%
Total	88406	6442	7471	7438	7803	7844	7808	8327	7412	7551	7763	7603	7725	6734	68767	4.8%
% Change on Previous year	3.6%	4.0%	16.3%	1.0%	-3.0%	9.8%	10.0%	7.7%	-2.2%	12.5%	-1.0%	-3.0%	6.4%	4.5%	4.8%	
Activity																
% of spells with > 5 ward movements (No Target)	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%	0.14%	0.09%	0.0%

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	Not Available					8	97	49	96	291	3	118	271	634	1568	
% Day Case Variance against Contract	Not Available					0.3%	3.3%	1.5%	3.1%	9.3%	0.1%	3.8%	8.4%	25.4%	5.7%	
Elective Variance against Contract	Not Available					-109	-124	-104	-54	-104	-75	-92	-87	-3	-750	
% Elective Variance against Contract	Not Available					-14.8%	-17.6%	-13.5%	-7.4%	-14.2%	-9.7%	-12.5%	-11.2%	-0.4%	-11.5%	
Non-elective Variance against Contract	Not Available					-90	-99	140	-60	-96	8	101	-154	-83	-333	
% Non-elective Variance against Contract	Not Available					-2.1%	-2.3%	3.3%	-1.4%	-2.3%	0.2%	2.3%	-3.5%	-1.8%	-0.9%	
Outpatient Variance against Contract	Not Available					-122	1483	1963	-876	1361	550	1513	2289	2655	10816	
% Outpatient Variance against Contract	Not Available					-0.4%	5.5%	6.6%	-3.1%	4.8%	1.9%	5.3%	7.7%	11.5%	4.3%	
Accident and Emergency Variance against Contract	Not Available					-212	960	301	825	120	726	285	204	553	3763	
% Accident and Emergency Variance against Contract	Not Available					-1.7%	7.6%	2.4%	6.6%	1.0%	6.0%	2.3%	1.7%	4.5%	3.4%	

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

CQUIN - Key Messages

Area	Reality	Response	Result
Sepsis	<p>The Sepsis CQUIN is on track to meet all Q3 targets.</p> <p>The Q4 targets are however nationally set and will prove challenging.</p>	<p>There is renewed focus on screening for inpatients with the Divisional Director for Medicine leading on the project. This includes roll out of tools to support staff to deliver the elements of care required for best practice.</p>	<p>Expected Delivery Date: Expecting to meet Q4 target for admissions but will not meet target for inpatients, still waiting for Q3 data to understand what improvement will be seen for Q4.</p> <p>Accountable: Assistant Director of Nursing and Quality</p>
Antimicrobial Resistance	<p>Q1 target was met, and this CQUIN is now looking ahead to Q4, when there is a requirement to see:</p> <p>1) 1% reduction in the consumption of Carbopenum 2) 1% reduction in the consumption of Tazobactam 3) 1% in overall antibiotics consumption</p> <p>Concerns have been raised with the CCG that implementing the 1% reduction is likely to impact on safety and quality of care, Trust is hoping to negotiate a revised position, that achieves a reduction whilst maintaining safety and quality.</p>	<p>Data has now been analysed and colleagues are developing the improvement plan to agree with the CCG</p>	<p>Internal trajectories have been set following the release of data from PHE following submission of baseline figures. Waiting to agree with the CCG the improvement for Q4.</p> <p>Accountable: Director of Pharmacy</p>

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						75.99%						75.99%	>75%	>75%
Sepsis																
% of patients Screened (admission Units)	£129,880.46	48.00%	40.00%	100.00%	96.00%	100.00%	98.00%	100.00%	100.00%	100.00%				86.00%	>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%	100.00%	in arrears				79.00%	>90%	Q3 = TBC
% of patients Screened (Inpatients)	£129,880.46	8.00%	10.00%	2.00%	4.00%	24.00%	20.00%	62% (partial dataset)	53% (partial dataset)	in arrears				15.00%	>90%	>12%
% 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%	50.00%	in arrears				60.00%	>90%	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%	88.68%				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%	88.00%	100.00%	85.00%				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 Developed and distributed								Q3 = 2nd 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

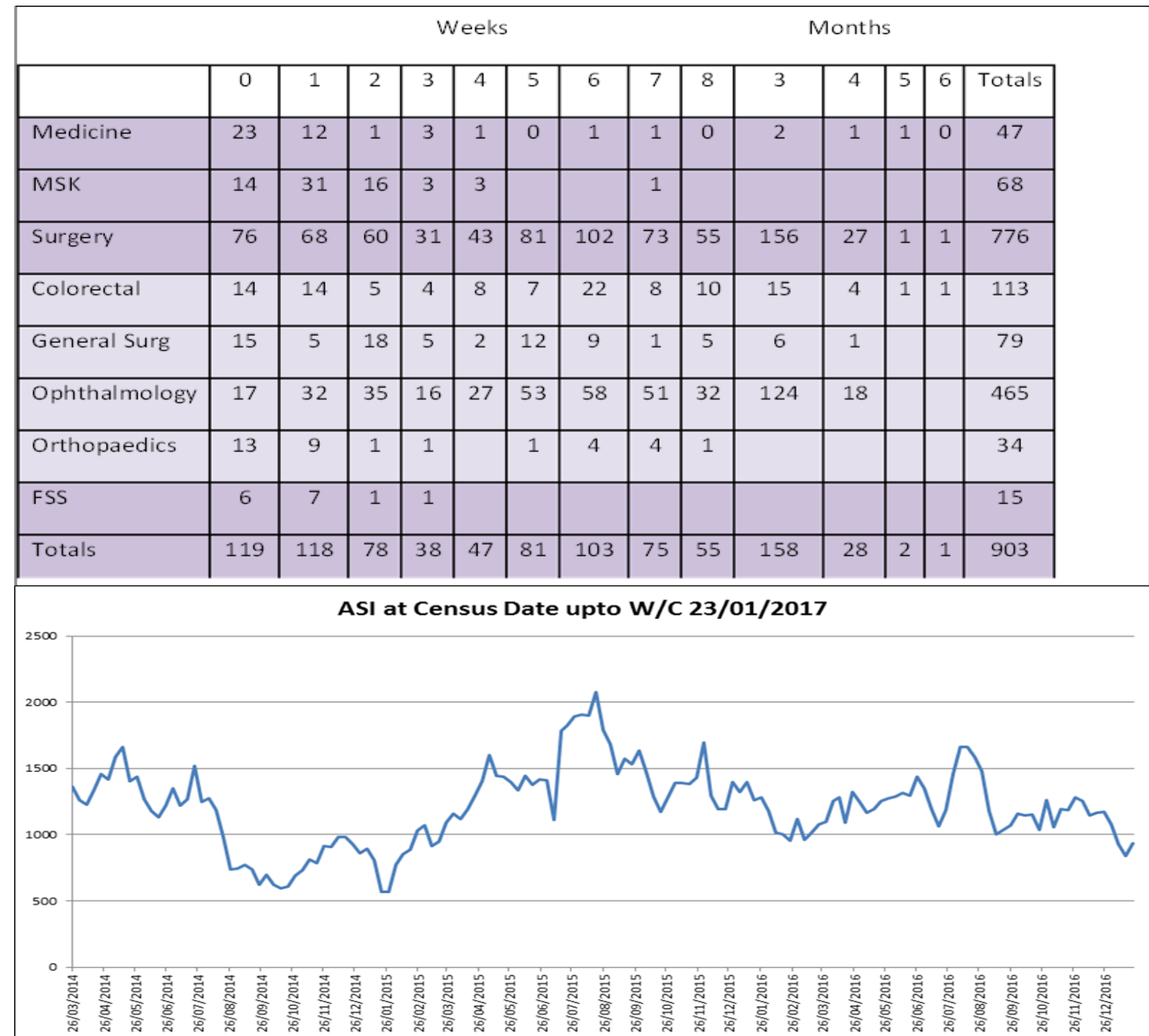
Appendices

Appendix - Appointment Slot Issues

ASIs

As at 23rd January there were 910 referrals awaiting appointment of which 400 are e-referrals. This is a reduction of 914 referrals from 22nd July 2015 position of 1,824.

The top 3 specialties for E-referral ASIs backlog are: Ophthalmology, MSK, and Colorectal. Respiratory has improved again 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.



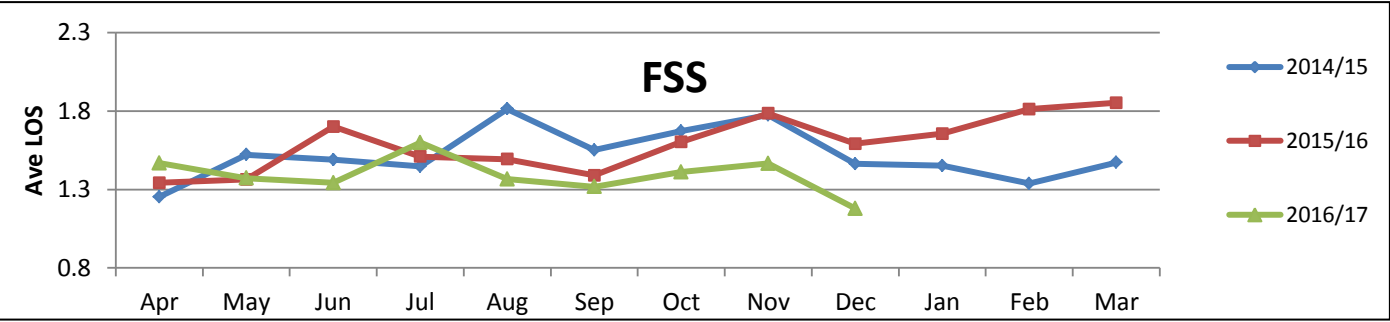
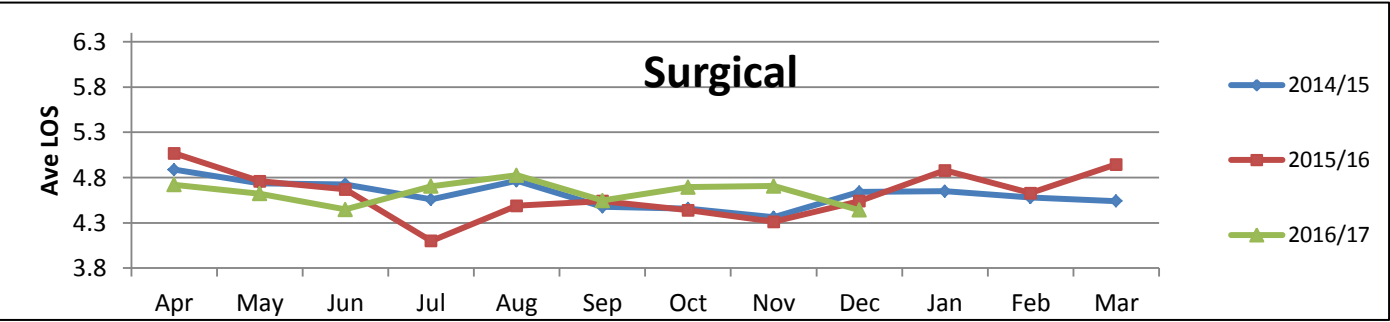
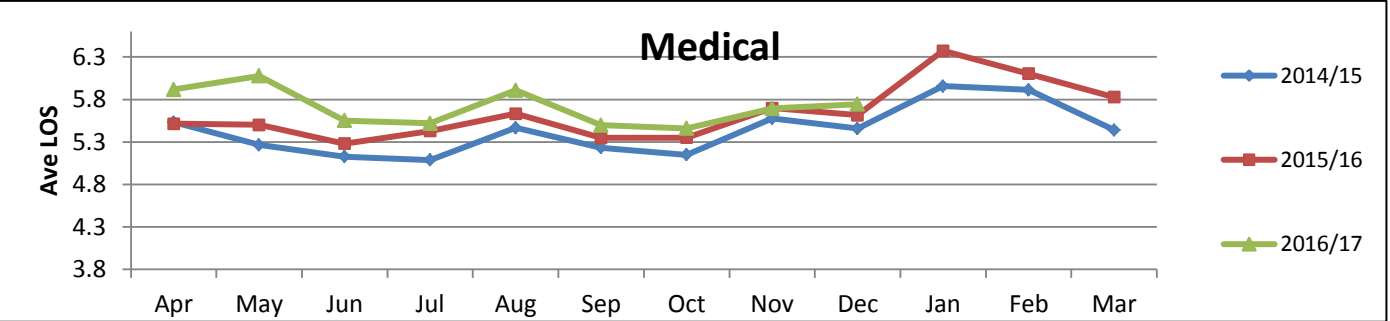
Appendix - Efficiency Key Measures

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	206			
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	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	470			
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	878			
Beds Above (+ve) / Below (-ve) Plan	0	10	12	3	6	9	9	6	3			

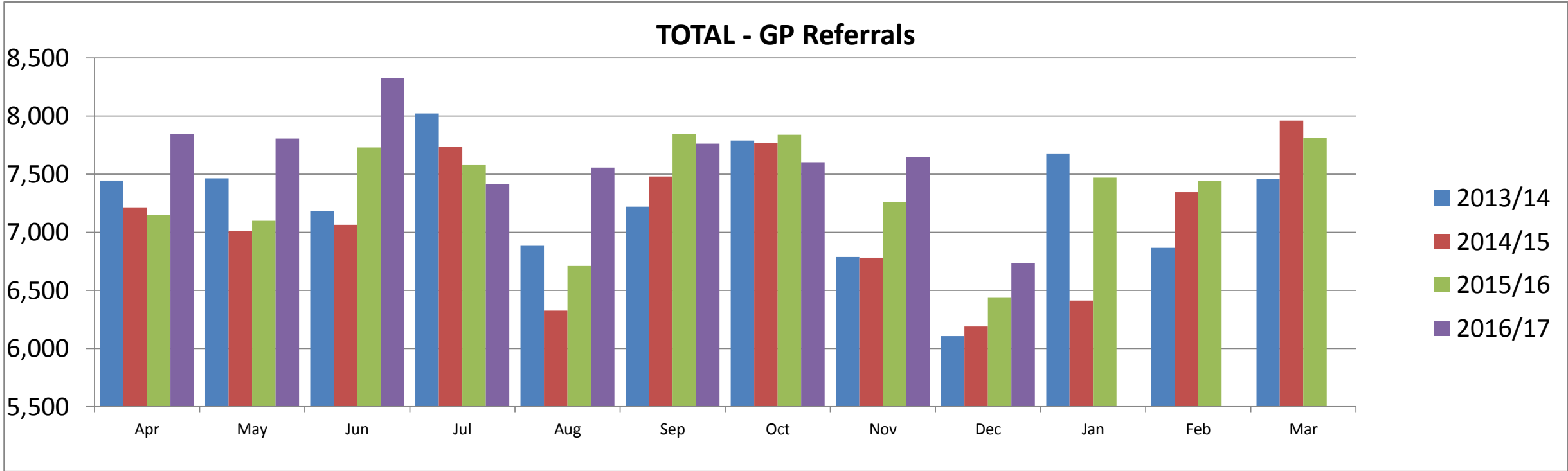
AVERAGE LENGTH OF STAY and BED BASE MOVEMENT

- Trust length of stay (LOS) fell marginally from 5.23 to 5.21 in December with notable reductions in the Surgical and FSS (Gynaecology) divisions. Within Surgery it is the non-elective LOS that has fallen markedly from 6.61 to 5.4. The lowest it has been for 18 months. General Surgery and Trauma and Orthopaedics are the chief contributors.
- Medical IP LOS remained constant at 5.7 days, with YTD position at 5.7 days. (16/17 plan is 5.6 days)
- Further detail as follows:**
- Increase in Medical green X patients – from 74 to 97 as at 3rd January 2017 (profile set at 50).
- Outliers (Bed Days) - Medical outliers increasing to an average of 20 patients per day in month, compared with 9 per day in November.
- Bed occupancy levels at 97.4% in month and 94.4% YTD for Medical division.
- Lack of nursing home / intermediate care beds / social work assessments.
- Bed Movement**
- FSS - 4C now 12 beds from 16, but GAU open regularly
- Surgery - 8B open on 7 nights only in month
- Medicine - Ward 4 HRI open most of month and Ward 14 open intermittently early December (between 5th and 14th)



Appendix - Referrals

- GP Referrals up 4.5% in December 2016 compared with December 2015.
- There were 20 working days in December 2016, one less than December 2015 so a decrease in referrals of 4.8% could be expected.
- YTD there has been 1 more working day compared with April to December 2015 so the increase in GP referrals of 4.8% is certainly marked. The 1 extra working days equates to only 0.5% growth.
- Non-GP referrals (38% of all referrals) are up 6.6% YTD, the specialties contributing being Trauma and Orthopaedics, Obstetrics, Gynaecology, Ophthalmology , General Surgery, Cardiology, Gastroenterology, Neurology and Thoracic Medicine.
- **NHS Calderdale** GP referrals have seen an increase (more than expected) of 7.3% (2,262) YTD principally due to Urology 12% (174), Orthopaedics 11% (631), ENT 10% (352), Cardiology 29% (342) and Dermatology 22% (438). The sharp increase in Dermatology referrals in November 16 (141 referrals, 89%) reduced markedly in December (35 referrals, 18%). The Orthopaedic increase in referrals is completely related to referrals by GPs into the Calderdale MSK service.
- **NHS Greater Huddersfield** GP referrals are consistent in volume YTD with 2015/16. YTD November 2016 a dozen practices have reduced referral demand by over 5% and 1,200 referrals. The reductions for these practices relates to virtually all specialties, with General Surgery, Urology, Trauma and Orthopaedics, ENT, Oral Surgery, General Medicine, Paediatrics and Gynaecology being particularly affected.
- YTD there have been notable GP referral increases for **NHS North Kirklees** (37%, 746 referrals, Neurology and ENT receiving many extra referrals), **NHS Wakefield** (67%, 214 referrals, nearly half of the increase into Neurology and 80% of the overall increase relating to 7 practices) and particularly **NHS Heywood, Middleton and Rochdale** (165%, 203 referrals, over 100 of the increase is in Paediatrics and ENT).
- For **Bradford Districts CCG** in December 2016 GP referral numbers were reduced compared to December 2015. This relates to a decrease in ENT referrals following the marked increase in 15/16 when Bradford Trust's service was unavailable for a number of months. A similar pattern is to be seen for **Bradford City CCG**. Although small numbers Gynaecology referrals are up markedly for Bradford City (80 YTD 16/17 compared with 11 YTD 15/16). This relates to expansion of the IVF service.

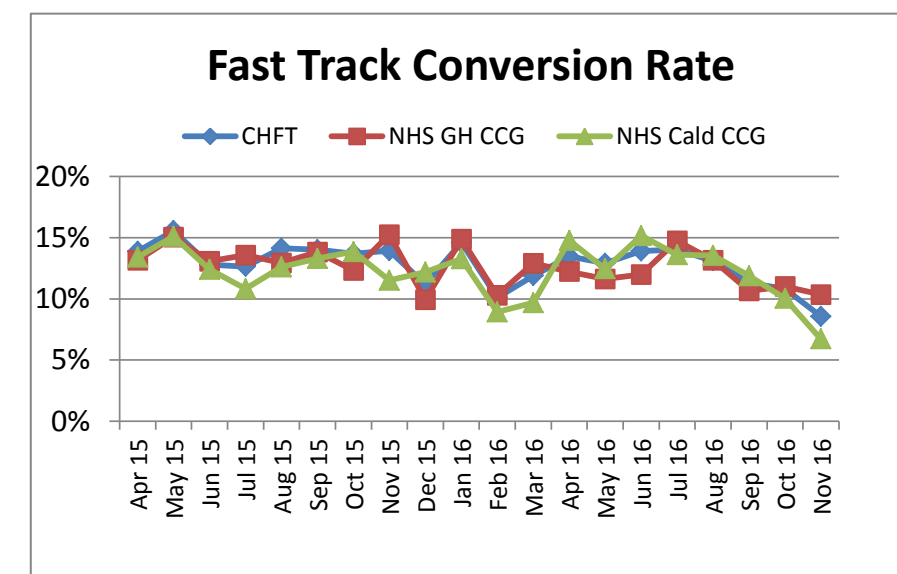
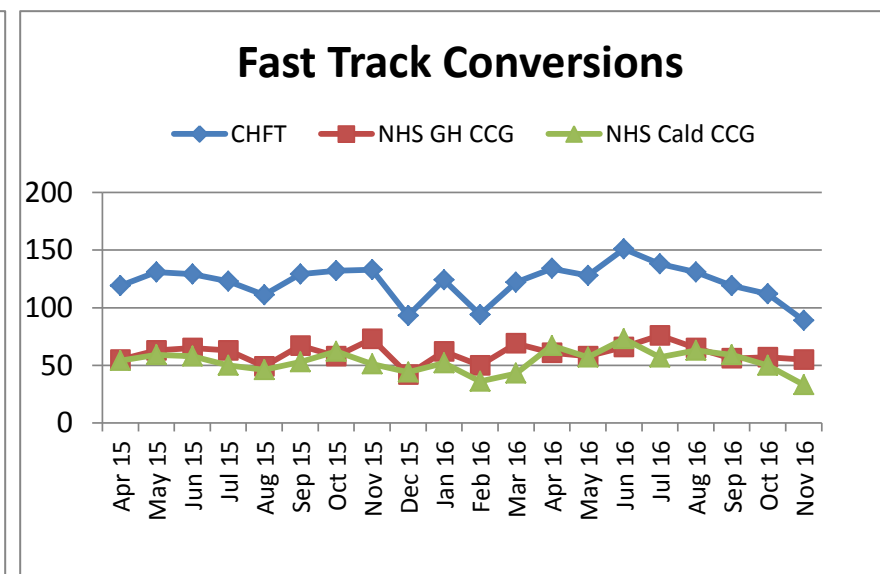
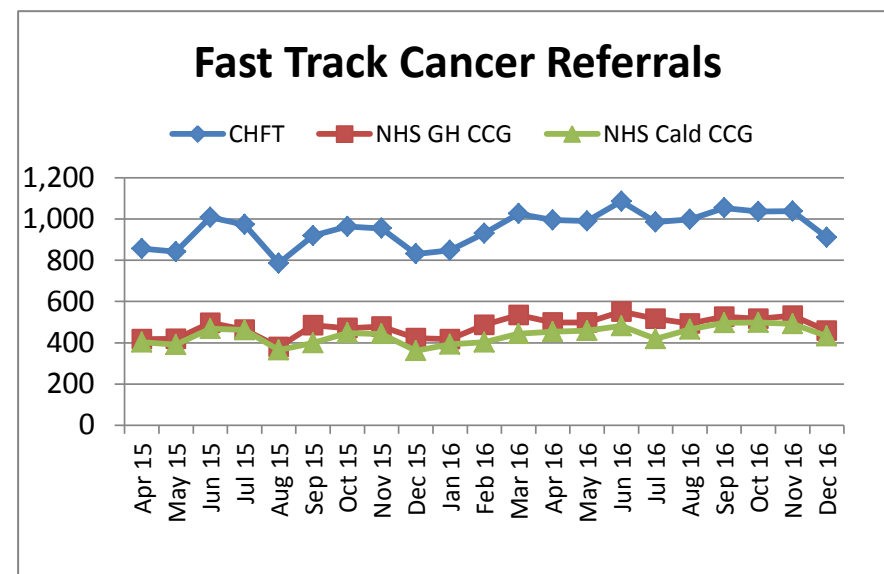


Activity - Key measures

	15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-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	361	392	403	444	454	458	482	419	465	497	498	491	432	3764	11.4%
NHS CALDERDALE CCG Conversions	622	44	52	36	43	67	57	73	57	63	59	50	33	In arrears	459	6.0%
NHS CALDERDALE CCG Conversion Rate	12.4%	12.2%	13.3%	8.9%	9.7%	14.8%	12.4%	15.1%	13.6%	13.5%	11.9%	10.0%	6.7%	In arrears	12.2%	
NHS GREATER HUDDERSFIELD CCG Referrals	5521	423	417	486	535	499	499	551	516	494	526	517	531	458	4133	14.4%
NHS GREATER HUDDERSFIELD CCG Conversions	731	42	62	50	69	61	58	66	76	65	56	57	55	In arrears	494	0.2%
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.2%	9.9%	14.9%	10.3%	12.9%	12.2%	11.6%	12.0%	14.7%	13.2%	10.6%	11.0%	10.4%	In arrears	12.0%	
Other CCG Referrals	410	40	41	40	49	43	34	53	50	40	31	21	16	21	288	-4.6%
Other CCG Conversions	83	10	11	10	11	6	13	12	5	3	4	5	1	In arrears	49	-43.0%
Other CCG Conversion Rate	20.2%	25.0%	26.8%	25.0%	22.4%	14.0%	38.2%	22.6%	10.0%	7.5%	12.9%	23.8%	6.3%	in arrears	17.0%	
CHFT Fast Track Referrals	10945	824	850	929	1028	996	991	1086	985	999	1054	1036	1038	911	8185	12.2%
CHFT Fast Track Conversions	1436	96	125	96	123	134	128	151	138	131	119	112	89	in arrears	1002	-1.0%
CHFT Fast Track Conversion Rate	13.1%	11.7%	14.7%	10.3%	12.0%	13.5%	12.9%	13.9%	14.0%	13.1%	11.3%	10.8%	8.6%	in arrears	12.2%	
% 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.

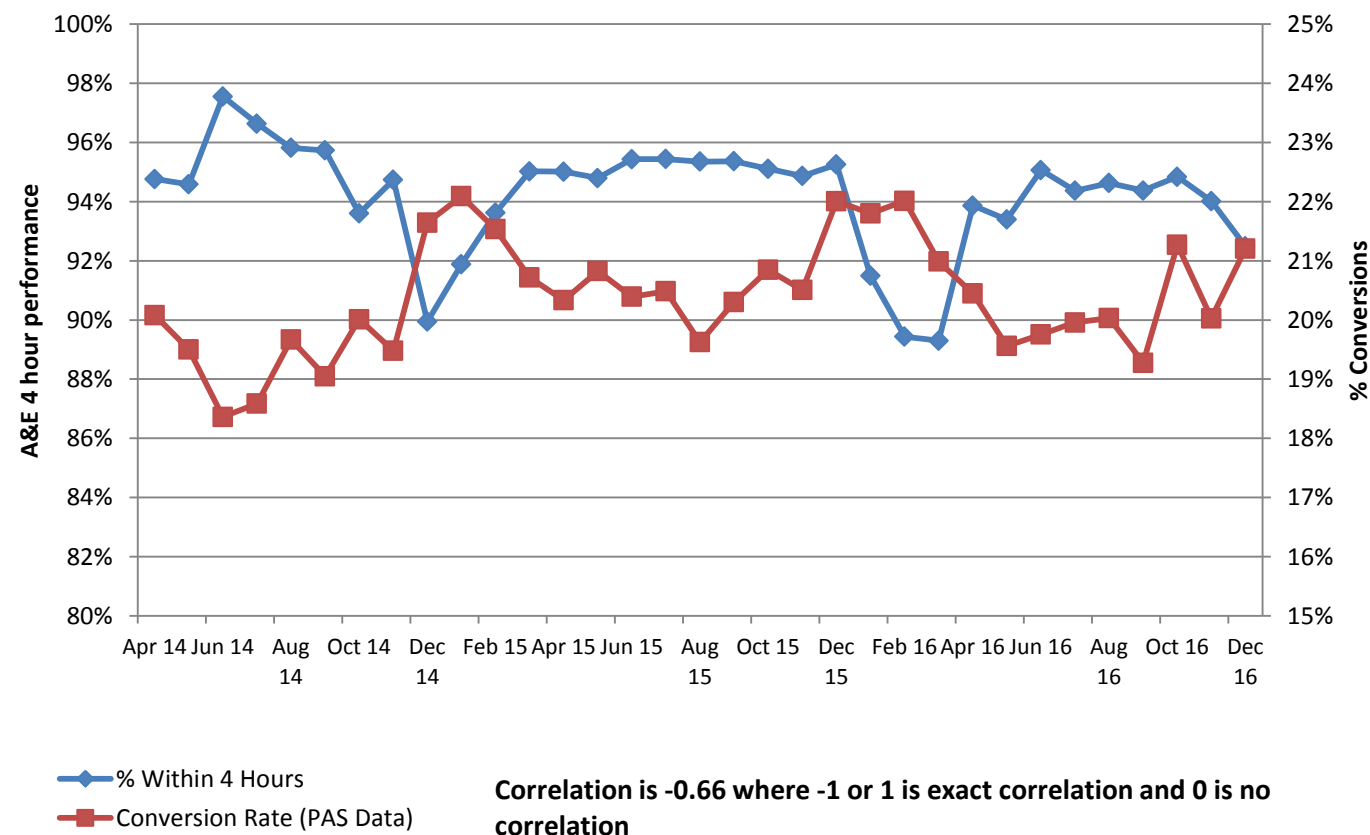


Appendix - A and E Conversion rates and Delayed Transfers

15/16		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16		YTD	YTD % Change
Analysis of A and E activity including conversions to admission																	
A and E Attendances	147,625	12,040	12,399	11,712	13,372	12,120	13,588	12,781	13,307	12,155	12,911	12,915	12,238	12,735	114,750	4.2%	
A and E 4 hour Breaches	9,030	571	1,055	1,237	1,431	743	897	630	749	653	726	666	732	957	6,753	27.2%	
A and E 4 hour performance	93.9%	95.3%	91.5%	89.4%	89.3%	93.9%	93.4%	95.1%	94.4%	94.6%	94.4%	94.8%	94.0%	92.5%	94.1%	-1.1%	
Admissions via Accident and Emergency	30,770	2,650	2,703	2,578	2,807	2,478	2,658	2,525	2,656	2,435	2,489	2,747	2,451	2,701	23,140	2.0%	
% A and E Attendances that convert to admissions	20.8%	22.0%	21.8%	22.0%	21.0%	20.4%	19.6%	19.8%	20.0%	20.0%	19.3%	21.3%	20.0%	21.2%	20.2%	-2.1%	

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

A&E 4 hour target performance and conversion to admissions evaluation April 2014 to December 2016



Delayed Transfers of Care : Snapshot on 24 January 2016	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	83	52	3	138
Patients awaiting assessment by a Social Worker	15	5	1	21
Ongoing assessments inc. SW, Therapy, BIM, Case Conference, MCA, DST	39	19	0	58
Awaiting 24 hour care, res or nursing	7	7	0	14
Awaiting Package of Care inc. re-ablement	19	8	1	28
Awaiting housing	0	1	0	1
Awaiting short stay or transitional bed	1	4	0	5
Awaiting Intermediate Care bed	2	8	1	11
Medically Unwell	0	0	0	0

Appendix - Responsive Key Measures

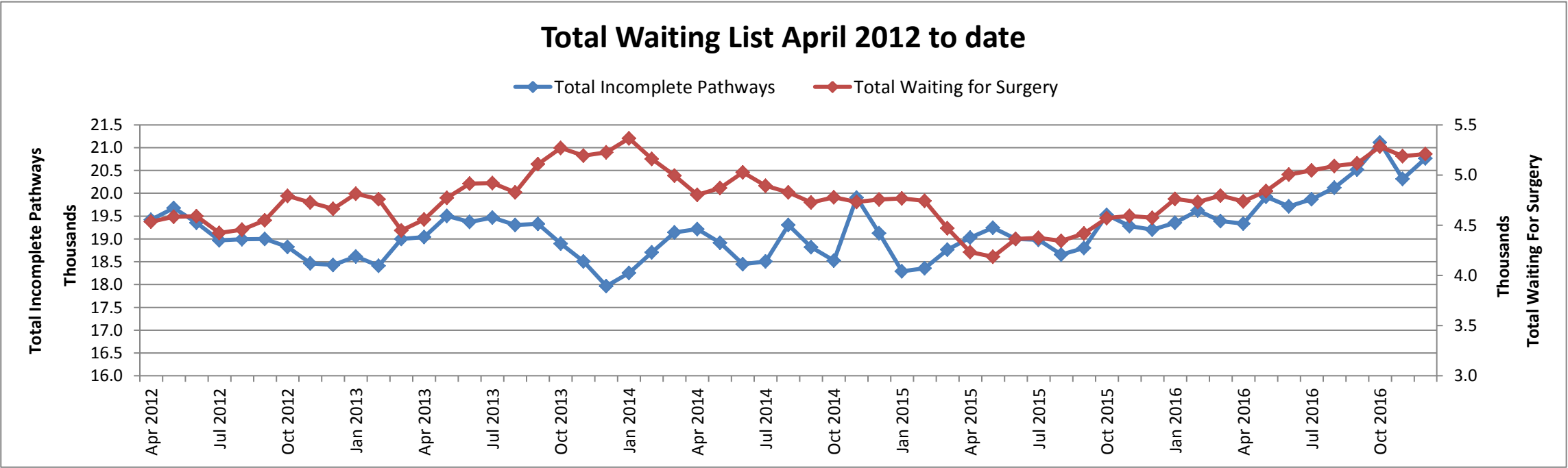
	15/16	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Threshold
Outpatient Total Waiting List																
GP/GDP sourced referrals	9,014	8,728	8,921	9,258	9,298	9,505	9,300	9,255	9,297	9,196	9,384	9,201	8,742	8,811	Not applicable	
Other sourced referrals	8,548	8,296	8,107	8,389	8,037	8,515	8,880	9,067	9,360	9,342	9,902	10,024	9,889	9,949	Not applicable	
GP/GDP Total Referrals	17,562	17,024	17,028	17,647	17,335	18,020	18,180	18,322	18,657	18,538	19,286	19,225	18,631	18,760	Not applicable	
Elective Total Waiting List																
18 week pathway	4,314	4,573	4,763	4,732	4,794	4,738	4,842	5,006	5,046	5,089	5,116	5,283	5,189	5,211	Not applicable	
Non 18 week pathway	4,340	4,792	4,833	4,877	4,956	4,944	4,976	5,029	5,029	5,064	5,127	5,277	5,288	5,287	Not applicable	
18 Week Pathways Not on Active List	172	170	155	166	153	207	260	225	230	227	196	182	261	157	Not applicable	
18 Weeks Pathways Unavailable	274	373	231	231	254	238	293	313	336	310	266	234	195	233	Not applicable	
18 Weeks Pathways Total	9,100	9,908	9,982	10,006	10,157	10,127	10,371	10,573	10,641	10,690	10,705	10,976	10,933	10,888	Not applicable	
Referral to Treatment (RTT)																
RTT Total incomplete waiting list	19,390	19,201	19,355	19,625	19,390	19,337	19,927	19,545	19,793	20,122	20,519	21,114	20,314	20,768	Not applicable	
RTT Waiting 18 weeks and over (backlog)	833	873	783	825	833	743	796	714	728	908	800	930	786	906	Not applicable	
% Non-admitted Closed Pathways under 18 weeks	98.47%	98.44%	98.32%	98.39%	98.17%	98.42%	98.49%	98.32%	98.49%	98.28%	98.37%	98.35%	98.23%	98.38%	>=95%	95.00
% Admitted Closed Pathways Under 18 Weeks	91.92%	92.04%	92.21%	91.86%	91.96%	92.12%	92.42%	92.06%	92.30%	92.20%	92.18%	91.63%	91.17%	92.26%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.70%	95.45%	95.95%	95.80%	95.70%	96.16%	96.01%	96.35%	96.32%	95.49%	96.10%	95.60%	96.13%	95.64%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	139	126	152	127	139	186	195	121	132	137	113	98	79	126	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%	99.65%	98.48%	99.71%	99.52%	99.71%	99.86%	99.92%	99.74%	99.83%	99.84%	99.78%	99.90%	99.93%	>=99%	99.00%

RTT KEY MESSAGES:

Total number of patients on waiting list (including outpatients, diagnostics, surgery) = 20,768

Total number of patients waiting over 18 weeks = 906.

Total number of patients waiting for Surgery = 5,211



Appendix - Cancer - By Tumour Group

15/16		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-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%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	98.94%	>=85%	85.00%
Gynaecology	85.71%	84.62%	75.00%	77.78%	70.00%	100.00%	87.50%	95.83%	60.00%	100.00%	70.59%	100.00%	77.78%	75.00%	88.89%	>=85%	85.00%
Haematology	91.27%	100.00%	100.00%	100.00%	60.00%	100.00%	83.33%	78.95%	83.33%	100.00%	69.23%	100.00%	100.00%	100.00%	88.35%	>=85%	85.00%
Head & Neck	74.58%	66.67%	66.67%	-	80.00%	100.00%	42.86%	100.00%	50.00%	66.67%	100.00%	60.00%	60.00%	100.00%	68.52%	>=85%	85.00%
Lower GI	92.70%	84.62%	100.00%	93.33%	100.00%	80.00%	83.33%	100.00%	100.00%	80.00%	100.00%	85.71%	44.44%	90.00%	85.84%	>=85%	85.00%
Lung	85.02%	85.71%	61.54%	100.00%	92.31%	100.00%	100.00%	95.24%	85.71%	81.25%	90.91%	87.50%	90.91%	94.12%	91.53%	>=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%	90.00%	95.45%	100.00%	100.00%	100.00%	100.00%	91.30%	100.00%	100.00%	86.21%	91.67%	100.00%	100.00%	95.85%	>=85%	85.00%
Upper GI	87.97%	100.00%	92.86%	57.14%	37.50%	75.00%	72.73%	100.00%	100.00%	77.78%	88.89%	57.14%	83.33%	80.00%	80.41%	>=85%	85.00%
Urology	89.60%	95.92%	97.06%	96.77%	90.91%	90.70%	90.00%	94.74%	93.62%	88.89%	97.06%	86.21%	93.75%	85.19%	91.57%	>=85%	85.00%
Others	95.24%	100.00%	66.67%	-	-	-	100.00%	100.00%	100.00%	100.00%	-	100.00%	100.00%	0.00%	90.48%	>=85%	85.00%
14 Day Referral to Date First Seen																	
Brain	98.73%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%	97.40%	>=93%	93.00%
Breast	97.81%	97.96%	98.43%	99.25%	97.12%	99.22%	96.02%	98.83%	98.63%	98.73%	98.10%	99.29%	98.56%	100.00%	98.63%	>=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%	91.82%	97.37%	98.99%	100.00%	96.81%	99.00%	100.00%	100.00%	98.84%	98.94%	98.97%	98.97%	96.88%	98.79%	>=93%	93.00%
Haematology	97.89%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	100.00%	93.75%	92.31%	100.00%	100.00%	100.00%	97.50%	>=93%	93.00%
Head & Neck	98.54%	98.92%	98.51%	97.96%	100.00%	77.88%	95.74%	92.11%	99.11%	96.70%	93.33%	100.00%	95.80%	97.53%	94.14%	>=93%	93.00%
Lower GI	98.98%	99.41%	100.00%	100.00%	100.00%	89.93%	98.09%	97.74%	97.14%	99.43%	98.24%	100.00%	99.48%	98.49%	97.82%	>=93%	93.00%
Lung	99.14%	91.67%	95.00%	100.00%	100.00%	96.43%	100.00%	100.00%	100.00%	93.55%	88.89%	93.75%	100.00%	93.10%	96.28%	>=93%	93.00%
Sarcoma	98.68%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.50%	>=93%	93.00%
Skin	93.26%	93.67%	100.00%	99.41%	97.58%	98.20%	99.35%	97.93%	97.29%	97.16%	97.35%	96.79%	92.55%	95.93%	96.96%	>=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%	98.15%	100.00%	99.00%	98.81%	98.99%	98.10%	97.50%	97.83%	98.96%	99.07%	98.91%	96.26%	95.61%	97.79%	>=93%	93.00%
Urology	99.07%	100.00%	96.67%	99.07%	99.30%	100.00%	99.23%	100.00%	98.97%	100.00%	100.00%	100.00%	99.15%	100.00%	99.71%	>=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 “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	Domain	Measure
Safe	<ul style="list-style-type: none"> VTE assessments Never events 	Responsive	<ul style="list-style-type: none"> ECS 4 hour target Stroke - % of patients admitted directly to the stroke unit within 4 hours RTT target for incomplete pathways Diagnostics waiting over 6 weeks Cancer standards
Caring	<ul style="list-style-type: none"> % Complaints closed within target timeframe Friends and family test 		
Effective	<ul style="list-style-type: none"> MRSA Avoidable Clostridium difficile cases SHMI HSMR Emergency readmissions 	Workforce	<ul style="list-style-type: none"> Sickness & Absence (%) YTD Mandatory Training
		Finance	<ul style="list-style-type: none"> Variance from Plan

Glossary of acronyms and abbreviations

- **A&E** - Accident & Emergency
- **ADN** - Associate Director of Nursing
- **AED** - Accident & Emergency Department
- **ASI** - Appointment Slot Issue
- **ASU** - Acute Stroke Unit
- **AZ** – Accelerator Zone
- **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
- **PU** – Pressure Ulcer
- **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
- **UoR** – Use of Resources
- **Var** - Variance
- **VTE** - Venous Thromboembolism
- **WLI** - Waiting List Initiative
- **WTE** - Whole Time Equivalent
- **YAS** - Yorkshire Ambulance Service