compassionate care

NHS

Calderdale and Huddersfield
NHS Foundation Trust

Quality and Performance Report

April 2018

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

Performance Summary

To Note 1

For 2018/19 to ensure good governance as described in NHSI's Single Oversight Framework (SOF) the Integrated Performance Report (IPR) has been reviewed and a number of new indicators have been introduced

Model Hospital Metrics will replace the Carter page.
Community indicators are no longer a separate section but fall within the current domain sections.
A Data Quality Appendix will be introduced to include a number of indicators previously captured within domains e.g. completed datasets and will also capture work from the Data Quality Group/Board.
All SPC charts for each domain are now included in appendices.

SAFE
Patient safety incidents per 100,000 bed days

CARING
Maternity section has moved to SAFE domain
What our patients are saying now includes 'You said, we did'

EFFECTIVE
C-diff/100,000 bed days
Hospital Standardised WEEKEND Mortality Rate (no longer a requirement as per SOF)
Hospital Standardised WEEKDAY Mortality Rate (no longer a requirement as per SOF)
Submissions to SUS have moved to Data Quality appendix

RESPONSIVE
Ambulance Handover 15 – 30 minutes
% Daily Discharges - Pre 12pm (no longer included – reported at Weekly performance)
Number of outliers (no longer included – open to misinterpretation)
Maternity section moved to SAFE domain
Community Services datasets moves to Data Quality appendix
% EDS moved to SAFE domain
Hospital Cancellations < 6 weeks (Outpatients)
Holding List > 12 weeks

Performance Summary

To Note 2

WORKFORCE

For all 9 individual Mandatory Training elements target weighting reduced. Only overall compliance carries heavier weighting

Mandatory Training - Health, Safety & Wellbeing

Mandatory Training - Equality & Diversity

Mandatory Training - Dementia Awareness

Mandatory Training - Conflict Resolution

Appraisal - Non-Medical Staff – heavy weighting

Appraisal - Medical Staff – heavy weighting

Turnover rate - 12 month

Vacancy rate

Sickness Absence rate (%) - Rolling 12 month (replaces YTD reporting)

Long Term Sickness Absence rate (%) - Rolling 12 month (replaces YTD reporting)

Short Term Sickness Absence rate (%) - Rolling 12 month (replaces YTD reporting)

Average days lost per FTE

Unplanned turnover rate (%)

Retention Rate (%)

Proportion of Temporary (Agency) Staff

EFFICIENCY & FINANCE

Ambulatory

Frailty

Stranded/Super-Stranded 7/21days

Non-electives <= 1 day

Pre-Op LoS

Clinical Cancellations after Pre-OP

Occupied Bed Days

Clinic Utilisation

Theatre Late Starts, Cases per List

Endoscopy utilisation

Cath Lab

Coronary Care Discharges

APPENDICES

Data Quality

Best Practice Tariff

Performance Summary

CHFT

April

RAG Movement

April's Performance Score stands at 62%. The SAFE domain is amber as PPH and Category 4 pressure ulcers have missed target again. CARING domain has maintained its amber performance with further work to do on FFT. EFFECTIVE has remained amber although #NoF missed target for the first time in 3 months. The RESPONSIVE domain deteriorated a little although 2 out of 4 Stroke indicators achieved target, Cancer 62 day screening to treatment was the first main cancer target to miss since October and that was due to low patient numbers with half a breach having an impact. Diagnostics 6 weeks also missed target for the first time since November. In FINANCE all indicators are on a par with April 2017 with the exception of Capital which is underachieving. Activity is above target for Non-elective and Outpatient levels. In WORKFORCE sickness achieved below 4% for the first time since August, Mandatory Training now includes all 9 Essential Safety areas with the additional 4 areas all green.

Performance Score 62%

- Efficiency & Finance (60%)
- Safe (63%)
- Caring (60%)
- Effective (71%)
- Responsive (62%)
- Workforce (59%)

SINGLE OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	FFT IP / FFT Maternity
FFT OP / FFT A&E	FFT Community
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
MRSA	Preventable Cdiff
HSMR	SHMI

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
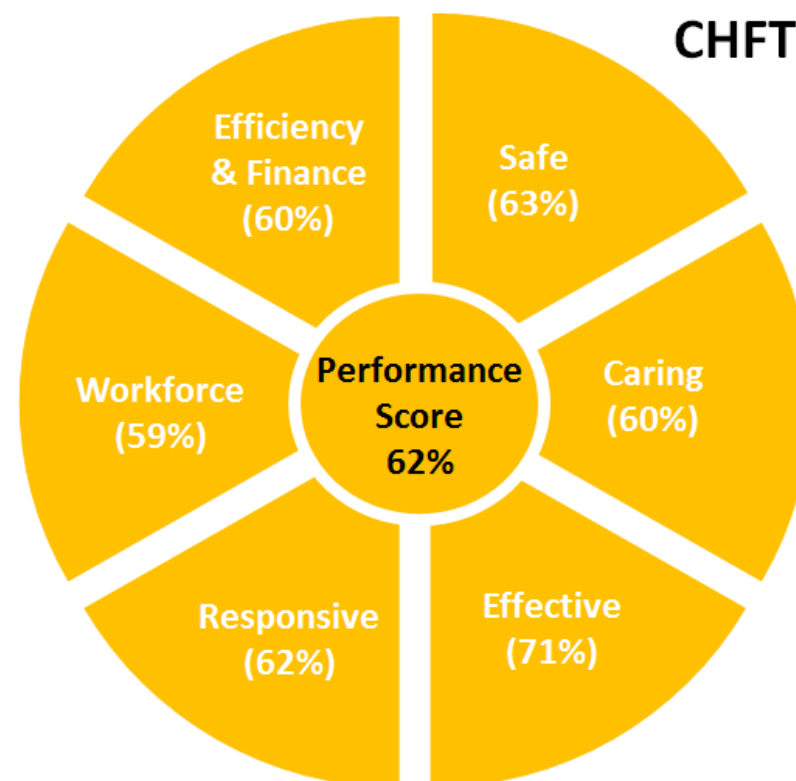
Model Hospital

Performance	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
A&E performance	Apr 2018	91.52%	87.62%	95.00%			
RTT - max 18 weeks incomplete wait	Mar 2018	93.75%	88.78%	92.00%			
Diagnostics - max 6 weeks wait	Mar 2018	99.59%	99.03%	99.00%			
Cancer - 62-day wait from urgent GP referral	Mar 2018	90.32%	87.62%	85.00%			
Cancer 62-day waits - NHS cancer screening service referral	Mar 2018	88.89%	92.50%	90.00%			

Friends and Family Test scores	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff Friends and Family Test % Recommended - Care	Q2 2017/18	79.0%	-	-		No variation available	
A&E Scores from Friends and Family Test - % positive	Mar 2018	82.1%	86.1%	86.3%			
Inpatient Scores from Friends and Family Test - % positive	Mar 2018	97.6%	95.9%	96.1%			
Community Scores from Friends and Family Test - % positive	Mar 2018	96.1%	97.0%	97.2%			
Maternity Scores from Friends and Family Test - question 2 Birth % positive	Mar 2018	100.0%	99.0%	98.1%			

Organisational health	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
CQC Inpatient Survey	Sep 2015/16	9				No variation available	No trendline available

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Written Complaints Rate	31/12/2017	30.70	25.67	22.74			

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Never events	31/03/2018	1	2	1			
Emergency c-section rate	Feb 2018	13.90%	16.31%	16.55%			
VTE Risk Assessment	Q4 2017/18	96.94%	95.66%	95.71%			
Clostridium Difficile - infection rate	To Mar 2018	16.91	13.59	12.82			
MRSA bacteraemias	To Mar 2018	2.11	0.88	0.63			
Potential under-reporting of patient safety incidents	31/01/2018	43.88	43.39	43.33			
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	Mar 2018	140	136	127			
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	Mar 2018	9	8	9			

Safe	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Clostridium Difficile - variance from plan	Mar 2018	6.0	0.0	0.0			

Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Summary Hospital Mortality Indicator (SHMI)	31/07/2017	1.01	-	0.00			

	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff sickness	Dec 2017	4.30%	4.46%	4.59%			

Staff turnover	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff turnover	Feb 2018	0.73%	0.98%	0.97%			

MOST IMPROVED

% Readmitted back in to Hospital within 30 days for Intermediate Care Beds at 1.6% is an excellent improvement considering April 2017 was at 10.5%.

Long Term Sickness Absence rate (%) - in month - best performance at 2.37% in over 12 months.

% Last Minute Cancellations to Elective Surgery at 0.34% is the best position for over 2 years.

MOST DETERIORATED

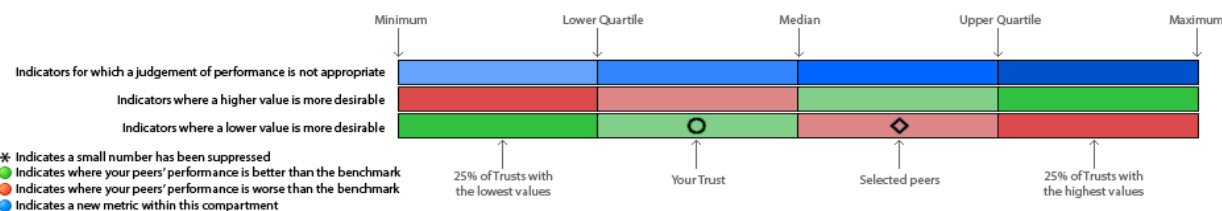Emergency C-Section Rate - performance at 20.5% has peaked.

38 Day Referral to Tertiary - at 42% lowest performance since July last year.

ACTIONS

All cases have been reviewed through weekly governance process with no clear themes or trends for increase: Consultant presence in 75% of cases, further benchmarking to be considered.

The Red2Green methodology to be applied to Urology, Head and Neck and Lower GI pathways is still delayed and will now commence in May.

	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
Indicators for which a judgement of performance is not appropriate					
Indicators where a higher value is more desirable					
Indicators where a lower value is more desirable					

* Indicates a small number has been suppressed
● Indicates where your peers' performance is better than the benchmark
● Indicates where your peers' performance is worse than the benchmark
● Indicates a new metric within this compartment

25% of Trusts with the lowest values — Your Trust — Selected peers — 25% of Trusts with the highest values

The Finance Score	Period	Trust Actual
The finance score	Feb 2018	Score: 3
Financial Sustainability	Period	Trust Actual
Capital service capacity - value	Feb 2018	-0.65
Capital service capacity - SOF Score	Feb 2018	Score: 4
Liquidity (days) - value	Feb 2018	-24.21
Liquidity (days) - SOF Score	Feb 2018	Score: 4
Financial Efficiency	Period	Trust Actual
Income and expenditure (I&E) margin - value	Feb 2018	-10.85%
Income and expenditure (I&E) margin - SOF score	Feb 2018	Score: 4
Financial Controls	Period	Trust Actual
Distance from financial plan - value	Feb 2018	-5.42%
Distance from financial plan - SOF score	Feb 2018	Score: 4
Distance from agency spend cap - value	Feb 2018	-4.40%
Distance from agency spend cap - score	Feb 2018	Score: 1

Executive Summary

The report covers the period from April 2017 to allow comparison with historic performance. However the key messages and targets relate to April 2018 for the financial year 2018/19.

Area	Domain
Safe	• **% Harm Free Care** - Performance at 91.57% was worst position in over 12 months. Ongoing the Medicine division will be tracking old and new harms whilst within the Surgical division the most notable deterioration is within the T&O directorate. The T&O directorate have a number of actions in place to begin to address harm due to pressure ulcer . Matron is in the process of looking at the Tvlips (link nurses) to ensure they have attended module 1 training. 2 HCA's from each orthopaedic ward are also to attend the module 1 training. It is expected to take a couple of months for the PU actions to embed, so performance above 95% not expected again until end of Q1. • **Pressure Ulcers** - Numbers have peaked at 59 in month. The Pressure Ulcer Collaborative continues to meet fortnightly and is chaired by the lead TVN. Support has been provided from the Quality Directorate Quality Improvement Lead to revisit the improvement action plan. • **Emergency C-Section Rate** - Performance at 20.5% has peaked. All cases have been reviewed through weekly governance process with no clear themes or trends for increase: Consultant presence in 75% of cases, further benchmarking to be considered. • **Maternal smoking at delivery** - Performance at 17.2% has peaked. Focus on improving referral conversations, obtain feedback from the cohort of women who refused referral to smoking cessation so we can better understand where to direct improvement efforts.
Caring	• **Complaints closed within timeframe** - Of the 49 complaints closed in April, 37% were closed within target timeframe. With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of May. • **Friends and Family Test Outpatients Survey - % would recommend the Service** - Performance at 90.7% still below 95.7% target. General Manager Outpatients has completed a 12 month review of trends from April 2017 and comments. Main themes both positive and negative in relation to staff attitude and waiting. Positive feedback from families in OPD received in recent Healthwatch OPD survey in March and associated action plan in progress. Positive feedback re. OPD services from CHKS accreditation visit in April. • **Friends and Family Test A & E Survey** - Response Rate is still around 11% which is below the 13.3% target. % would recommend is just below the 85% achieved for 2017/18 and is below target. Splitting this by site shows that the issues are at the HRI site; the team is looking at the feedback and how this reduction can be addressed. Both CDU's have also taken a dip in their response rate and this has been fed back to clinical teams so that they can drive an improvement. • **Friends and Family Test Community** - % would recommend has dipped below target. When analysed, the decrease in 'would recommend %' and increase in 'wouldn't recommend %' relate to Specialist Nursing (Immunisation team) where there were a number of negative comments and scores from schoolchildren relating to their immunisation hurting. Although there has been a slight increase in response rate numbers for April, the overall total remains low. From May we will revert to collecting FFT data on a daily basis so we should start to see an improvement in response rates from then. • **% Dementia patients following emergency admission aged 75 and over** - current performance 25% against 90% target. Improvement focus within weekly performance meetings.
Effective	• **E.Coli - Post 48 Hours** - There were 6 cases in April. E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan. Numbers continue within variation and known to be increasing nationally. • **Mortality Reviews** - 24.1% lowest performance since July 2017. Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel. • **% Sign and Symptom as a Primary Diagnosis** - Performance has maintained at 10.4% against 9% target. The audit work continues within specialties and S&S cohorts. Interviews for 3 wte trainee coders have taken place and offers are to be sent out. The team also have a number of individuals on long term sick and maternity leave. 2 Coding Clinical Leads (Consultant PA) have been appointed and they will be key to resolving documentation issues. • **Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours** - Performance has fallen to 77%. A sustainability plan is in place which includes continuing to use escalation plan for times of Surge in Activity, additional Trauma capacity sought during peak times, 3 additional lists in April in addition to the 19 lists per week as scheduled.

Background Context

The Trust planned well for Easter learning from the Christmas pressures, no elective inpatient activity was planned for the first week in April, the Birth Centre closure was extended to cover the post-bank holiday period and additional medical staff were deployed into key areas reflecting it was also Junior Doctor change week.

Command and control remained in place for the first 2 weeks but was then stepped down as we moved to an OPEL 2 rating with escalation capacity closed from the third week of April.

Whilst bed numbers are now within funded bed plan there is a differential site pressure currently with fewer beds than plan at CRH but more beds than plan at HRI.

Performance fluctuation has reduced with a more stable position however there continues to be very differential ECS performance levels between the 2 sites with CRH delivering a solid level of performance significantly better than 95% but HRI running up to 10% lower and actions to improve this are being discussed as a focus for the teams.

The impact of reconfiguration continues to be reviewed and monitored, culminating in a large scale review in June which will include a comprehensive review of the KPIs attached to the business case.

Demand through 2ww pathways continues to be high and increasing in some specialties. Within Endoscopy this has caused pressures compounded by the current phase of the Decontamination programme (scopes are being processed on one site only and have to be transported back to base) at various times of day. There have been delays in returning scopes and patients have been delayed and this has impacted upon patient experience rather than clinical care but explanations and regular updates are provided to patients to minimise their anxiety and concerns. This will continue until the scheme is completed in September.

Executive Summary

The report covers the period from April 2017 to allow comparison with historic performance. However the key messages and targets relate to April 2018 for the financial year 2018/19.

Area	Domain

Responsive

- **Emergency Care Standard 4 hours 91.52%** in April, (92.9% all types) - an improvement of 6 percentage points on the March position. The team is working with the Acute Directorate to review how admission avoidance is implemented on the HRI site. ED is also working with the frailty team to review the current pathway and impact on CDU and ED. A number of specific actions have been completed in month to improve performance.
- **Stroke** - both % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival and % Stroke patients scanned within 1 hour of hospital arrival did not achieve target. Development of a stroke assessment area within ED has been agreed with pilot expected to commence June 2018.
- **% Diagnostic Waiting List Within 6 Weeks** - just missed target at 98.81% due to a small number of Cystoscopy patients not seen.
- **38 Day Referral to Tertiary** - 42% for April. The Red2Green methodology to be applied to Urology, Head and Neck and Lower GI pathways is still delayed and will now commence in May.
- **62 Day Referral From Screening to Treatment** - target was missed by half a breach. Low numbers mean such a margin can cause the target to be missed.
- **Appointment Slot Issues on Choose & Book** - small improvement to 35% however action plans are in place with a deep dive presented at May Quality and Performance WEB. Worsening position in part driven by two key themes: Significant pressure in a small number of challenged specialities (e.g. Dermatology, Cardiology and Gastro), 2WW pathways (where patients go straight to test). The development of a referral management sytem for 2WW straight to test pathways (to prevent deferral to provider) will improve performance over the coming months.

Workforce

- **Overall Sickness absence/Return to Work Interviews -** Sickness achieved below 4% for the first time since August. Return to Work Interviews improved to 65%. Attendance management sessions are being held across divisions.
- **Mandatory Training** now includes all 9 Essential Safety areas with the additional 4 areas all green.

Finance

- **Finance**: Year to Date Summary
  The year to date deficit is £5.21m, in line with the plan submitted to NHSI.
  • Clinical contract income is above plan by £0.06m. The Aligned Incentive Contract protects the income position by £0.22m as actual activity is below the planned level.
  • In spite of the lower activity, there is an underlying adverse variance from plan which has had to be mitigated by the release of £0.34m (1/6th) of the Trust's £2m full year reserves of which £1m was earmarked for winter.
  • CIP achieved in the year to date is £0.65m against a plan of £0.79m, a £0.14m shortfall.
  • Agency expenditure was beneath the agency trajectory set by NHSI.

  Key Variances
  • Nursing pay expenditure saw an adverse variance of £0.1m in month and was particularly high in the first two weeks of the month, linked to the CQC visit and additonal bed pressures.
  • The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio and has resulted in an adverse variance of £0.1m on Medical pay expenditure. These schemes are forecast to be delivered in full by year end.
  • Non Clinical Income was below plan by £0.14m, the majority of which related to lower than planned commercial income for the Health Informatics Service.
  • These adverse variances have been offset by the release of contingency pay reserves of £0.34m.

  Forecast
  • The Trust has not accepted the 18/19 NHS Improvement Control Total of a £22.6m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).
  • At this early stage the forecast is to achieve the £43.1m deficit, £20.5m adverse variance from control total as planned.

Background Context

The development of Data Quality trajectories continued alongside ongoing validation work with particular focus on Cystoscopy activity recording which continued to have errors until end of April.

Meetings have taken place between medical specialties to agree options to improve the outstanding stroke metrics and agreement reached on a pilot pathway.

Paediatric services received a 3 day accreditation visit during April - they are seeking to become the first accredited Paediatric service in the country which was subsequently confirmed.

The Maternity team received some great news this month as they were successfully selected from a wide field of bidders to receive additional funding to develop a system to give maternity users access to their own clinical records.

Within Community services the divisional management team are settling into their new leadership roles. A time out is being planned to establish the work that is going on in the division and the key priorities for the division for projects for the next financial year.

Focus on the CQC report and the division's response to its findings will be a priority for May / June.

Following an identified theme around discharges to the community division, work has been undertaken with the Medical division to improve discharges.

Focus on understanding the falls data for the division continues and the results of the deep dive will be presented in June.

There has been a review of the Performance Management Framework and changes to weekly performance monitoring including greater emphasis on productivity and efficiency metrics alongside a more detailed forward look at activity - actual and booked.

CIP planning continues with focus on movement to Gateway 2 for all schemes by 24th June. In addition the team has been contributing to the development of System Recovery Plans.

Safe - Key messages

Area	Reality	Response	Result
% Harm Free Care	% Harm Free Care continues to perform below the 95% target at 91.57%. The reduced performance is being driven by the number of pressure ulcers (old and new). The Medicine division is at 90.12% in month. This is an increase from 88.65% last month. Surgical division's performance has continued to deteriorate this month at 92.93%.	Ongoing the Medicine division will be tracking old and new harms closely so that worsening areas can monitored and addressed appropriately. Within the Surgical division the most notable deterioration is within the T&O directorate. The Matron for this area has a number of actions in place to begin to address harm due to pressure ulcers. This includes a refreshed training programme for all staff and working in partnership with Tissue Viability to strengthen the role of the link nurses.	The 95% target is currently under review and may change at the end of Q1. Accountable: Chief Nurse
Maternal smoking at delivery	The Smoking at delivery rate for April was 17% (the 2nd time in 5 months it has been above 16%. We Delivered 390 women in April of these: 69 Smoked at delivery (62 that smoked at booking 7 Ex-Smokers who did not smoke at booking but started again during pregnancy) 13 Women stopped smoking during pregnancy. 44 of the 62 women who smoked at Booking who continued to smoke at Delivery refused referral to smoking cessation services.	Analysis of Smoking Delivery Rates vs smoking at booking for April deliveries (Completed and included summary in Reality section) Report on SATOD to go to Stillbirth reducing collaborative monthly split by Halifax/Huddersfield/Out of Area and to be on agenda as ongoing item .	To reduce levels of smoking at delivery by end of 2018/19. To continue to see increased data quality on smoking at delivery - Q1 18/19.
% of leg ulcers healed within 12 weeks from diagnosis	There were 3 reported cases of patients with a leg ulcer that had not healed within 12 weeks.	Of the 3 reported 1 had healed within the 12 weeks timeframe, however ongoing preventative treatment extended beyond the 12 week timeframe. The second and third cases were attributable to patient non-concordance with the recommended treatment plan.	Continued focus on leg ulcers will maintain high rates of healing within 12 weeks and support achievement of the wound CQUIN. By when: Ongoing Accountable: ADN Community
Number of Trust Pressure Ulcers Acquired at CHFT (Month Behind)	The total number of CHT hospital acquired pressure ulcers has increased from 28 in February to 59 in March.	The Pressure Ulcer Collaborative continues to meet fortnightly and is chaired by the lead TVN. Engagement and attendance has been variable from some divisional representatives and this is being addressed with ADNS in each division. Support has been provided from the Quality Directorate Quality Improvement Lead to revisit the improvement action plan. There is a refreshed approach to Improvement work targeting the areas where most Pressure Ulcers are reported which are currently Ward 19 and Ward 5 HRI. This includes a focus on Manual Handling techniques and continence care. There has been an increase in the number of Category 2 pressure ulcers reported and work will be undertaken to benchmark against the national picture.	We expect to see a sustained reduction in the number of hospital acquired pressure ulcers and as part of developing a robust and long term improvement plan a trajectory will be developed. Accountable: ADNQ
Patient Incidents with Harm	The total number of incidents with harm decreased this month to 232. The highest number of incidents that resulted in harm were slips, trips and falls and pressure sores.	Full analysis of incidents is taken monthly to the Patient Safety Group, and discussed with divisions. The Falls Collaborative and Pressure Ulcer Collaborative continue to meet to lead improvement work. Review of incident reporting into Patient Safety Group has been commissioned to provide further assurance regarding analysis of themes and Divisional actions to address.	The total numbers of overall incidents will continue to be monitored by the risk team.
Patient Incidents	There has been a decrease in reporting this month. (859 incidents in March to 739 incidents in April). The number of incidents reported in March was the highest number reported in 2017/2018. The number of incidents reported this month is in line with previous months.	The Risk Team will work with divisions over the next year to promote incident reporting, encouraging the use of locally developed 'trigger' lists of suggested incidents. These have already been rolled out across Maternity and Childrens Services. The team are also exploring how to improve feedback to reporters following the results in the Staff Survey that indicated feedback could be improved.	Anticipating an increase in 2018/19 over 2017/18 figures.
Serious Incidents closed within 60 days	Six serious incidents were sent to the CCG in April. 4 of these were within timescales. 1 incident (general and specialist surgery) was sent 22 days over, the other report (Acute medical) was sent 40 days over. Delog requests were made on two of those sent, of which one was successful.	The 2 incidents that were delayed were due to holidays and clinical work pressures. Work continues to manage the flow, focusing on targeting delays sooner to try to prevent intractable lengthy delays while encouraging those which can be completed in time to do so. The quality of investigation reports has improved significantly and there are fewer requests for further information from the CCG following investigation reports. The Investigations Pack has been published and is now made available to the investigation teams. The issue of low numbers of trained clinical investigators remains.	Continue to work towards an average of less than 20 days over and no more than 3 extensions on any single report.

Safe - Key measures

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	1,790	165	149	134	150	150	135	138	144	163	138	149	175	168	168	Refer to SPC charts	
Inpatient Falls with Serious Harm	30	4	5	3	1	4	0	2	1	3	1	3	3	2	2	Refer to SPC charts	
Falls per 1000 bed days	7.00	7.89	6.92	6.20	6.96	7.03	6.29	6.44	6.91	7.80	6.30	7.50	7.80	7.28	7.28	Refer to SPC charts	
% Harm Free Care	93.66%	94.51%	93.96%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.57%	91.57%	>=95%	95%
Number of Serious Incidents	62	3	5	6	8	7	3	5	5	6	4	6	4	5	5	Refer to SPC charts	
Number of Incidents with Harm	2,101	138	142	177	172	141	122	163	187	212	209	179	259	232	232	Refer to SPC charts	
Percentage of Duty of Candour informed within 10 days of Incident	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%	95%	95%
Never Events	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	20.00%	28.60%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	40.00%	>=50%	50%
Maternity																	
Elective C-Section Rate	10.00%	10.10%	11.40%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	10.30%	10.30%	<=10% Threshold	10%
Emergency C-Section Rate	13.90%	11.70%	13.00%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.50%	20.50%	<=15.6% Threshold	15.6%
Total C-Section Rate	23.92%	21.81%	24.32%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.77%	30.77%	<=26.2% Threshold	26.2%
Proportion of Women who received Combined Harm Free Care	76.17%	78.33%	78.57%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	in arrears	in arrears	>=70.9%	70.9%
% PPH ≥ 1500ml - all deliveries	3.00%	2.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	3.08%	<=3.0%	3.0%
Antenatal Assessments < 13 weeks	91.44%	92.20%	91.00%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	91.20%	>90%	90%
Maternal smoking at delivery	12.50%	9.90%	11.40%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	17.20%	<=11.9%	11.90%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	427	39	30	36	26	25	26	36	32	48	42	28	59	under validation	under validation	Refer to SPC charts	
Pressure Ulcers per 1000 bed days	1.67	1.86	1.39	1.67	1.21	1.17	1.21	1.68	1.53	2.3	1.92	1.41	2.67	under validation	under validation	Refer to SPC charts	
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	31	21	22	18	21	14	26	23	38	31	17	51	under validation	under validation	Refer to SPC charts	
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	5	9	14	6	4	12	10	9	10	10	10	6	under validation	under validation	Refer to SPC charts	
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	3	0	0	2	0	0	0	0	0	1	1	1	under validation	under validation	0	0
Number of Deep Tissue Injury Pressure Ulcers Acquired at CHFT		UNDER DEVELOPMENT AND TIMELINE - May IPR															
Number of Unstageable Pressure Ulcers Acquired at CHFT		UNDER DEVELOPMENT AND TIMELINE - May IPR															
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	97.00%	93.80%	93.80%	91.70%	97.70%	100.00%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	87.50%	>=90%	90%
Percentage of Completed VTE Risk Assessments	94.68%	94.34%	88.97%	91.57%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.35%	>=95%	95%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	168	19	25	13	8	12	12	16	12	12	9	15	15	24	24	Not applicable	
Alert Safeguarding Referrals made against the Trust	170	13	11	14	16	12	18	9	18	6	23	16	14	6	6	Not applicable	
Community Medication Incidents	41	5	2	3	4	4	2	5	4	7	2	2	1	3	3	0	0
Health & Safety Incidents	274	16	22	36	25	15	31	25	22	30	18	13	21	21	21	0	0
Health & Safety Incidents (RIDDOR)	10	2	3	0	1	0	2	0	1	0	1	0	0	0	0	0	0
Electronic Discharge																	
% Complete EDS	96.03%				95.76%	96.07%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%		95.00%	95.00%	>=95%	95%

Caring - Key messages

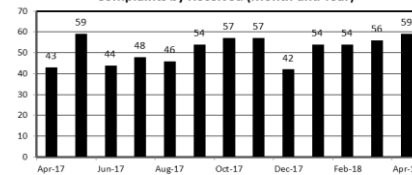| Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % Would Recommend	Performance has remained static at just over 90.7% in April.	General Manager Outpatients has completed a 12 month review of trends from April 2017 and comments. Main themes both positive and negative in relation to staff attitude and waiting. Positive feedback from families in OPD received in recent Healthwatch Pod survey in March and associated action plan in progress. Positive feedback re OPD services from CHKS accreditation visit in April.	Sustained and improved performance over forthcoming months. Monitoring of CHFT performance in line with national benchmarking on a quarterly basis. Accountable: Clinical Managers and Matron for Outpatients
Friends & Family Test - AE % Response Rate & Would Recommend	Friends and Family Test A & E Survey - Response Rate decreased slightly to 10.7% in month. Friends and Family Test A & E Survey - % would recommend the service increased to 84.7% in month.	The would recommend rate for A&E has improved in month. Split by site it is clear that the issues are on the HRI site rather than CRH. The teams continue to discuss FFT in the daily ED huddles and the CDU sisters are leading the improvement work. The teams also reviewed the "you said, we did" boards and implemented changes from these.	Expected that by the end of Q1 that ED will be in line or above the national average. Accountable: Matron for ED/ADN Medicine.
Friends & Family Test - Community % Response Rate & Would Recommend	Our FFT results for April show that 93.9% of respondents would recommend our services compared to 97.5% in March. When analysed, the decrease in 'would recommend %' and increase in 'wouldn't recommend %' relate to Specialist Nursing (Immunisation team) where there were a number of negative comments and scores from schoolchildren relating to their immunisation hurting. Although there has been a slight increase in response rate numbers for April, the overall total remains low.	A working group has been established that has reviewed the process of collecting data. From May we will revert to collecting FFT data on a daily basis so we should start to see an improvement in response rates from then. The division has requested a weekly progress report to track progress.	We will continue to monitor the response rate and process of collecting and reporting data and should see an improvement by the end of May. By when: Review May 2018 Accountable: Director of Operations

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 49 complaints closed in April, 37% (18/49) of these were closed within target timeframe. The number of overdue complaints was 45 at the end of April compared to 31 at the end of March which is a 45% increase. Ongoing work with the Divisions ensures that the focus remains on closing overdue complaints. In April SAS closed 20% (2/10) of their complaints within the agreed timescale, Medicine 43% (9/21), and FSS 41% (7/17).	Continue to work with the Divisions to improve the complaints handling process. Complaints are monitored on a weekly basis, each complaint that is breaching is highlighted to the complaint leads for that Division. The reason for any delay can then be investigated and resolved, or if necessary, escalated to the Divisional triumvirate. Divisional panel weekly meetings are held to discuss and review draft responses prior to signature.	With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of May 2018. Accountable : Head of Risk and Governance and Divisional Leads

Complaints Background

The Trust received 53 new complaints in April and re-opened 4 complaints, making a total number of 57 complaints which is a slight increase of 1 new complaint that was received in March .

The top 3 Complaints subjects for April are;

Communications
Clinical Treatment
Patient Care (including Nutrition and Hydration)

Patient Care (incl. nutrition/hydration) has replaced Staff Values and Behaviours in the top 3 subjects. There has been a significant decrease in value from 20 to 14, there has been a minor increase of 1 complaint from 20 to 21 relating to Patient Care, hence why this subject is returning to the top 3.

Complaint subjects and trends form part of the Complaints Quarterly Report which is then discussed at the Patient Experience Groups.

Severity: The Trust received 4 new Red complaints in April, 3 assigned to Medicine and 1 assigned to SAS Division.

PHSO Cases:

We received 1 new Ombudsman / PHSO case in April, assigned to SAS, Orthopaedics Directorate, 1 case was closed and was not upheld. There were 7 active cases under investigation by the Ombudsman at the end of April.

Complaints by Received (Month and Year)

Complaints - Severity
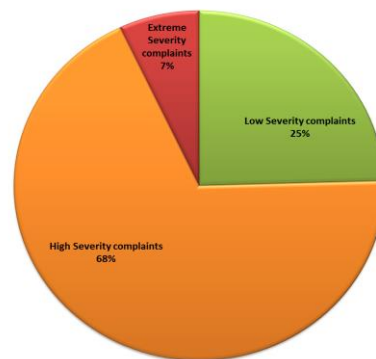
Complaints by Subject

Caring - Key measures

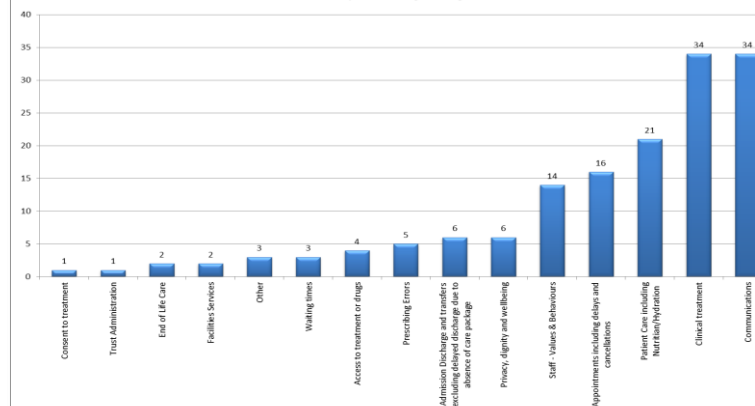|	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	48.70%	52.00%	62.00%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	**37.00%**	**37.00%**	95%	95%
Total Complaints received in the month	593	43	58	41	47	45	52	50	56	43	53	53	52	**57**	**57**	Refer to SPC charts in Appendix	
Complaints re-opened	68	5	9	4	2	8	4	6	3	2	10	10	5	**4**	**4**	Refer to SPC charts in Appendix	
Inpatient Complaints per 1000 bed days	2.18	1.8	2.4	1.8	2.1	1.8	2.4	2.5	2.4	1.9	2.3	2.6	2.2	**2.6**	**2.6**	Refer to SPC charts in Appendix	
No of Complaints closed within Timeframe	293	31	24	25	20	18	26	16	38	29	28	14	24	**18**	**18**	Refer to SPC charts in Appendix	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	31.40%	30.10%	11.60%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	**40.00%**	**40.00%**	>=25.9%	25.9%
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	98.20%	98.30%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	**96.80%**	**96.80%**	>=96.3%	96.3%
Friends and Family Test Outpatient - Response Rate	10.10%	11.00%	3.80%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	**11.30%**	**11.30%**	>=5.3%	5.3%
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	91.20%	86.00%	89.50%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	**90.70%**	**90.70%**	>=95.7%	95.7%
Friends and Family Test A & E Survey - Response Rate	10.20%	8.50%	4.80%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	**10.70%**	**10.70%**	>=13.3%	13.3%
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	85.30%	75.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	**84.70%**	**84.70%**	>=86.5%	86.5%
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	46.60%	36.20%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	**33.20%**	**33.20%**	>=20.8%	20.8%
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	92.00%	98.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	**98.00%**	**98.00%**	>=97%	97%
Friends and Family Test Community - Response Rate	6.50%	9.46%	9.87%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	**3.60%**	**3.60%**	>=3.5%	3.5%
Friends and Family Test Community Survey - % would recommend the Service	90.00%	88.78%	88.51%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	**93.90%**	**93.90%**	>=96.6%	96.6%
Caring																	
Number of Mixed Sex Accommodation Breaches	5	0	0	5	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0
% Dementia patients following emergency admission aged 75 and over	23.19%	none to report	18.74%	27.23%	29.92%	27.75%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	**24.95%**	**24.95%**	>=90%	90%

Caring - What our patients are saying

Some of the positive feedback we have received

H10- The Nurses and staff were wonderful, friendly, patient and caring, especially apprentice Nurse. Cleanliness was always observed. Meals ok, lovely soup. Doctors marvellous.

H18- I enjoyed my experience because I love the play area and the Nurses and Doctors were kind. I don't think anything could be better. Thank you for everything!

DAYCASE CRH- Quick offer of new date after weather disruption of original date. Good, clear information before and after the operation. Caring treatment from all levels of staff involved.

HRON- Staff are knowledgeable with the treatment you require. As my treatment is over 8 hours, Nursing staff were efficient in changing hydration bags and Chemo treatment, which makes a huge difference to my feeling of wellbeing.

4C- An extremely friendly, relaxed ward. I felt comfortable enough to ask questions about my treatment and felt the Nurses cared about their patients. Lots of information given and kept up to date with what was happening.

2AB- All of it good. All the staff are brilliant - Doctors, Nurses and Domestics. Informed what everyone was doing and knew what was going to happen throughout my stay.

You Said...

If the unit is behind schedule keep the patient informed, it helps to reduce stress in a difficult situation.

no dairy free food available, no food if you miss lunchtime, no food for toddler who had been nil by mouth from previous day.

Too much noise at night.

Better equipment: bed had a curve in it which made it impossible to straighten my leg.

We did...

We have purchased and supplied a screen in the waiting room that will show live waiting times to keep patients and families updated.

'Bring me Food service is now available all day during the week. Posters are up in all cubicles and waiting rooms inviting parents and carers to ask if they require any food or special diet.

All patients are offered ear plugs now to ensure they can get a good night's sleep. We have purchased soft close bins on the ward.

It appears that the bed had been positioned with a "knee break" in it which should not have been there. This allows the knee to remain bent (when appropriate) and it was not appropriate in this case. Matron ensuring staff are aware to return the bed to being flat when the knee break is not in use.

Effectiveness - Key messages

Area	Reality	Response	Result
Infection Control : **Clostridium Difficile Cases -** **Trust assigned** **MSSA** **E.Coli**	Total Number of Clostridium Difficile Cases - 4 Number of E.Coli - Post 48 Hours – 6	The Trust is currently reviewing antimicrobial guidelines. A deep cleaning programme for ward areas is being explored. Weekly meetings have been established with IPC and the Medical division. E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan.	C.Diff: The preventable cases (those that are within the Trust's control) are still within tolerance and are expected to remain so throughout the rest of the year. E.Coli: continues within variation and known to be increasing nationally. MSSA: continues to perform within variation and expects to remain within current levels. Accountable Officer: Matron for Infection Control and Lead Consultant
Hospital Mortality Measures	Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Trust.	Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel.	As HSMR and SHMI continue to improve the emphasis will remain on learning from deaths with regular quarterly reports to the BoD. Accountable: Plan agreed with DD's, Medical Director and Associate Medical Director
CHFT Research Recruitment Target	Recruitment is dependent on patients consenting to join research studies. This figure can increase or decrease each month as a result.	Monthly performance reviews take place to monitor activity and any barriers to this are addressed immediately. It is not unusual for us to expect different numbers each month for the reasons already stated as long as these remain within a small marginal gap.	Our overall aim is to ensure that we reach our annual target by March 2019, which last year was exceeded and we expect the same for 2018-19. Accountable: Research and Development Lead
Perinatal Deaths (0-7 days)	We had 1 still birth and 1 perinatal death in April.	All stillbirths are reviewed using the Perinatal mortality review tool (PMRT) national recommendation whose aim is to have a systematic, multidisciplinary, high quality review of the circumstances and care leading up to and surrounding each stillbirth and neonatal death.	Continue to see a reduced still birth rate compared to previous years. Accountable - HOM/Divisional
% Sign and Symptom as a Primary Diagnosis	Fourth month in a row of deterioration. There is a large variation in performance at specialty level and no division is achieving the target.	The audit work continues within specialties and S&S cohorts. Interviews for 3wte trainee coders have taken place and offers are to be sent out. The team also have a number individuals on long term sick and maternity leave. 2 Coding Clinical Leads (Consultant PA) have been appointed and they will be key to resolving documentation issues.	Expectation is that this will improve through addressing the areas that are not achieving the national upper quartile target. Accountable: Associate Medical Director and Clinical Coding Manager
Readmissions	Readmissions data has been unreliable since the implementation of EPR and as such has not been presented on the Trust dashboards.	Work continues through the EPR operational board to prioritise any indicators which still need development. This has been noted as one such indicator.	Readmissions is expected to be reported from April 2018 data

Effectiveness - Key measures

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	5	0	0	2	1	0	0	0	0	0	0	2	0	**0**	**0**	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	40	0	2	4	2	2	2	1	6	4	7	3	7	**4**	**4**	No target	
Preventable number of Clostridium Difficile Cases	8	0	1	0	2	1	0	0	2	2	0	0	0	**1**	**1**	<=20	< = 2
C-diff per 100,000 bed days		UNDER DEVELOPMENT AND TIMELINE - May IPR															
Number of MSSA Bacteraemias - Post 48 Hours	22	2	5	2	1	2	3	1	0	2	2	0	2	**0**	**0**	<=12	1
Number of E.Coli - Post 48 Hours	48	0	2	5	5	1	4	6	2	6	7	6	4	**6**	**6**	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.06%	95.23%	95.48%	not reported	not reported	not reported	not reported	not reported	not reported	88.30%	92.20%	95.50%	95.70%	in arrears	95.70%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.22%	0.00%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	**0.25%**	**0.25%**	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.17%	0.43%	0.22%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	**0.25%**	**0.25%**	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	100.81	101.87			100.81			Next Publication due June 18								<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	85.19	98.71	95.9	93.17	92.86	91.08	91.47	89.86	87.79	86.16	85.19	Next Publication due June 18				<=100	100
% of Initial Screening Reviews (Mortality)	24.90%	16.40%	1.50%	29.40%	23.20%	11.80%	25.60%	31.40%	25.40%	38.00%	29.00%	33.10%	24.10%	in arrears	in arrears	Q1 50% / Q2 65% / Q3 80% / Q4 90%	
Crude Mortality Rate	1.50%	1.30%	1.54%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	**1.40%**	**1.40%**	No target	
Coding and submissions to SUS																	
% Sign and Symptom as a Primary Diagnosis	10.38%	8.77%	11.20%	11.32%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	**10.43%**	**10.43%**	<=9.0%	9.0%
Average co-morbidity score	6.11	4.85	6.52	6.73	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.01	5.87	**5.65**	**5.65**	>=4.61	4.61
Average Diagnosis per Coded Episode	5.86	5.67	5.84	5.9	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.91	**5.8**	**5.8**	>=5.5	5.5
CHFT Research Recruitment Target	1,485	100	0	154	164	112	138	144	133	98	173	140	129	**115**	**115**	>=1,473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	88.37%	66.67%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	**75.68%**	**75.68%**	>=85%	85%
IPMR - Breastfeeding Initiated rates	75.90%	79.25%	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	**77.38%**	**77.38%**	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	in arrears	8.70%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	in arrears	7.10%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=7.05%	7.05%
Community																	
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	10.50%	8.50%	10.10%	11.50%	4.90%	5.40%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	**1.60%**	**1.60%**	0%	0%
Hospital admissions avoided by Community Nursing Services	1,389	89	112	105	81	161	129	122	74	63	130	151	172	**158**	**158**	>=116	116
Community - No Access Visits	0.93%	1.09%	0.99%	1.00%	0.89%	0.94%	0.92%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	**0.84%**	**0.84%**	0%	0%

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	ECS -<4 hours performance - whilst the Trust is still not achieving the ECS target of 95%, there has been an improvement in month to 91.52%. A&E Ambulance Handovers 30-60 mins (Validated) - 6 in month which is a decrease of 9 from last month. A&E Ambulance 60+ mins - 0 in month.	ECS -<4 hours performance - The team is working with the Acute Directorate to review how admission avoidance is implemented on the HRI site. ED is also working with the frailty team to review the current pathway and impact on CDU and ED. A number of specific actions have been completed in month to improve performance; - ED co-ordinator training has been arranged for July for all Band 7 and Band 6 qualified nurses. - Medical staffing rota gaps have been filled with agency and bank shifts. - Action cards have been relaunched in the Trust to support flow out of ED. - BEST tool has been re-audited by the ED team and results will be shared once correlated. - Escalation through CEM Books has helped to improve performance. - LCD streaming criteria has been revamped and relaunched. A&E Ambulance Handovers 30-60 mins (Validated) - The Directorate continues to work with colleagues in YAS and the regular meetings have been helpful in identifying issues and working together to put solutions in place. Each department has a B7 nurse leading on the improvement work and monitoring the progress through the monthly validated figures.	ECS - Continue to improve the ECS performance. *This was achieved in April.* 30-60 mins breaches - We are aiming to maintain the improvement seen with 10 or less 30-60 minute breaches in month. *This was achieved in April.* 60+ mins ambulance handover breaches - Continue to achieve no 60 minute breaches *This was achieved in April.* Accountable: Director of Operations - Medicine
Stroke	% Stroke patients spending 90% of their stay on a stroke unit is showing an increase in month to 91.84% - from 78.69% in March and is above 90% target. % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 58% in month. This is an increase on last month at 48.38%. % Stroke patients Thrombolysed within 1 hour. 83.33% Stroke patients were thrombolysed within 1 hour of hospital arrival. This is above the target of 55%. % Stroke patients scanned within 1 hour of hospital arrival is 39.62% in month against 48% target.	Significant improvements have been seen in month for the 90% stay and 4 hour indicators. Reductions have been seen in patients thrombolysed within 1 hour and patients scanned within 1 hour. The directorate team has been working with the ED team to agree a solution for the stroke assessment beds. The proposal is now complete and signed off at DMB. It is genuinely felt that with the introduction of the stroke assessments beds, patients will be seen by the correct clinician earlier and therefore will have a clearer diagnosis earlier which should all feed in to improved performance. Work continues on the Stroke ISR action plan through the Stroke Action Team and the Stroke Clinical Governance meeting and this is reviewed via the monthly Directorate PRM.	Development of a stroke assessment area within ED has been agreed with pilot expected to commence June 2018. Accountable: Divisional Director Medicine
Cancer	Within the Surgical division, Cancer performance has performed in excess of target for all areas except for those highlighted below. 62 Day Referral From Screening to Treatment Screening - 77% - performance fell below the 90% target due to one LGI patient. 38 Day Referral to Tertiary, dropped to 33% (the previous month has risen slightly from initially reported due to updated pathway information now being available). 104 Referral to Treatment: There were three patients who received their first treatment after 104 days. (2 x UGI, 1 x Urology). The Upper GI patients both required reviews for fitness for surgery. The Urology patient pathway experience delayed due to considerations of treatment option following patient's holiday. The Medical division has again achieved all cancer targets for the month of April with the exception of the 38 day referral to tertiary. The performance for 38 day Referral to Tertiary was 50% in month which was an increase from last month at 40%.	Within the Surgical Division the Red2Green methodology to be applied to Urology, Head and Neck and Lower GI pathways is still delayed and will now commence in May. Regarding screening, there is a WYAAT wide approach to target setting, recognising the small numbers involved an the impact that one breach can have on achieving or failing the targets. Within the Medical division the delays in diagnostic tests and delays in Medical Oncology have again contributed to the reduction in performance. The teams are working with Radiology and the cancer alliance to reduce waits for CT and CPET and are also reviewing the medical oncology capacity to reduce delays. It is also recognised that due to the small number of patients involved this is a very difficult target to achieve. This has been discussed with the cancer alliance to look at whether this can be looked at differently. The teams are also trialling the red/green system with mini MDT's on a Monday, Wednesday and Friday to reduce the time lost in the pathway between decision making which should reduce the number of overall breaches.	Divisions are aiming to achieve the 38 day referral to tertiary target by end of Q1. Accountable: General Managers of relevant Tumour Sites

Responsive - Key measures

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	90.61%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	91.52%	>=95%	95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	91.28%						95.19%	92.20%	89.76%	92.17%	88.68%	86.67%		92.90%	92.90%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10218	695	893	927	955	815	992	972	758	872	747	764	828	653	653	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	3	91	23	36	38	17	7	5	16	26	10	15	6	6	0	0
A&E Ambulance 60+ mins	12	0	4	1	1	0	0	1	0	1	4	0	0	0	0	0	0
A&E Trolley Waits (From decision to admission)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
Delayed Transfers of Care	2.80%	2.33%	2.74%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.38%	3.38%	<=3.5%	3.5%
Coronary Care Delayed Discharges		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Green Cross Patients (Snapshot at month end)	108	114	119	77	107	104	120	90	119	100	117	124	108	119	119	<=40	<=40
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	93.33%	87.93%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	91.84%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	75.56%	54.24%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	58.00%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	87.50%	75.00%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	83.33%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	43.75%	40.98%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	39.62%	>=48%	48%
Stroke new indicator to add		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.84%	0.53%	0.93%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.34%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	0	0	0	0	0	0	1	0	5	1	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	93.03%	98.51%	not available	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	91.49%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	91.37%	not available	not available	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	81.13%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	94.97%	94.34%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.77%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	174	not available	not available	not available	not available	541	602	1350	695	606	585	549	486	486	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	0
% Diagnostic Waiting List Within 6 Weeks	99.59%	90.98%	99.33%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.81%	>=99%	99%
Cancer																	
Two Week Wait From Referral to Date First Seen	94.09%	97.11%	84.04%	86.21%	92.30%	95.14%	94.40%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	95.63%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	93.46%	94.57%	89.25%	91.44%	91.53%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	95.48%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	100.00%	100.00%	99.47%	100.00%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	100.00%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=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	45.49%	36.36%	30.43%	29.17%	33.33%	56.52%	70.00%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	42.11%	42.11%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	84.62%	91.49%	88.52%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	91.16%	91.16%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	91.67%	94.74%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	81.82%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	4	0.5	2	9.5	1	2	3	3.5	0.5	1	2.5	1	2.5	2.5	0	0
Elective Access																	
Appointment Slot Issues on Choose & Book	21.45%	30.47%	6.44%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	34.92%	<=5%	5%
Holding List > 12 Weeks	3,967	247	2,025	3,205	4,874	7,432	9,821	9,232	7,624	7,163	6,199	4,750	3,967	3,175	3,175	0	0

| Area | Reality | Response | Result |

Sickness Absence

Sickness absence reporting has been amended to a rolling 12 month figure for 2018/19. This aligns to NHSi and the Model Hospital.

Total sickness absence rate is currently 4.09% (Rolling). This is an improved position from the same point in 2017 (4.32%), but is currently not performing to the target (4.0%).

The in-month sickness absence rate of 3.91% is made up of 899 sickness absence occurrences. This is a decrease from 1,009 occurrences in March.

Long term sickness absence is 2.37% for March (2.54% Rolling) against a target of 2.70%. This is an improved position from 2.56% in February.

Short term sickness absence is currently 1.54% for March (1.55% Rolling) against a target of 1.30%. This is an improving position from 1.93% in February but a worsening position compared with 1.41% at the same point in March 2017.

Divisional total sickness absence rate in February and March is

	Feb 18	Mar 18
Community	3.88%	3.53%
Corporate	3.85%	4.10%
Estates & Facilities	6.60%	6.50%
FSS	4.26%	4.03%
Health Informatics	3.52%	3.62%
Medical	5.00%	3.96%
HPS	3.49%	2.23%
Surgery & Anaesthetics	3.92%	3.30%

RTW interview compliance has increased to 65.11% from 58.47 % in March.
Divisional performance for February and March is :-

	Feb 18	Mar 18
Community	67.07%	50.00%
Corporate	48.48%	47.83%
Estates & Facilities	59.15%	60.94%
FSS	66.80%	63.83%
Health Informatics	75.00%	63.16%
Medical	55.90%	51.50%
HPS	45.45%	100.00%
Surgery & Anaesthetics	49.51%	52.90%

Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in March 2018 with 1737.17 FTE days lost from a total for all sickness absence of 6424.42 FTE days lost. This is most prevalent in the Additional Clinical Service and Nursing & Midwifery staff groups where it accounts for 31.26 % and 29.91% of sickness absence respectively.

Whilst the Trust sickness position is currently showing an improved position HR Advisors continue to hold drop-in sessions, cross-site, for managers to discuss attendance management. In addition dedicated attendance management training sessions are held monthly to a wider group and have been well attended. These sessions will continue to be held until the end of the year.

Occupational Health encouraged staff to attend a public event held by Calderdale Council on 17th April as part of the 'Active Calderdale' strategy. 'Active Calderdale' is a new physical activity strategy to help Calderdale become the most active borough in the North of England by 2021. The event was an opportunity for the public to contribute to the future direction of physical activity across the district with a view to improving health and wellbeing.

In response to 'Anxiety/Stress/Depression/Other Psychiatric Illnesses' being the top reason for sickness absence, a working group has been set up to focus on the promotion of the Trust's existing offer to support colleagues with their mental health. A communications campaign has been developed to tie in with Mental Health Awareness Week in May.

Divisional
In Surgery & Anaesthetics, the HR Adviser has regular meetings with managers to discuss ongoing absence, patterns of absence and promoting health and wellbeing. The HR Business Partner and HR Adviser are promoting usage of the stress risk assessment for colleagues showing signs of stress to ensure a proactive approach to avoid absence.

In Medicine, monthly attendance management sessions are continuing cross site. Managers are encouraged to attend the sessions to gain proactive advice on managing attendance with the aim of reducing sickness absence across all Divisions.

In FSS, all cases of long term sickness absence have a management plan in place and these are reviewed on an ongoing basis with line managers. There is also ongoing work within Directorates to review all absences to ensure that appropriate levels of monitoring in place.

In Community, an attendance management session has been arranged for 11th July. Colleagues from the Division are being encouraged to attend.

In Estates & Facilities, meetings are being held with managers in hotspot areas to identify causes/absence patterns and to check any work related issues that are preventing attendance at work such as stress or advising on temporary adjustments that could facilitate a return to the workplace.

Manage processes to ensure sickness absence rates achieve the 4% target.

Accountable: Executive Director of Workforce and OD.

Area	Reality	Response	Result
Recruitment & Retention	The number of vacancies increased in April to 371.38 FTE from 362.39 FTE in March. Finance are working to ensure that the establishment is correct in ESR to enable accurate reporting of vacancies. This work will be completed in June. The Trust's 12 month rolling turnover is 10.90% for April, an improvement from 11.45% in March. Junior doctors and employee transfers are not included in turnover figures to ensure the data is not skewed in months where junior doctors leave or employee transfers occur. This will enable the Trust to compare figures month on month. In-month turnover rate is 0.59%, down from 1.06% in March.	**Recruitment** Applicants from the International recruitment trip to the Philippines are progressing (119 offers were made in country, since March 2017, with on-going training and tests underway), 8 Nurses have started with the Trust in 2018. A further 73 nurses are still in the recruitment process with the remaining 38 having withdrawn. Interviews have taken place and offers made for 20 Trainee Nurse Associate roles, a new training role which will support divisions with their nurse staffing supply in the future, all posts were filled and offers were made in April 2018. **Medical Recruitment** Medical HR and Medical Education are working together to agree processes for the recruitment and placements of the 39 new GP Trainee employees that will start with the Trust on 1st August. An action plan has been developed and meetings will be held with the GP Training Programme Directors to make the transition as smooth as possible. FY3 interviews are scheduled for 12th June. There are a number of specialties working together to develop a programme of opportunities for candidates which include; A&E, Acute Medicine, CCU, Orthopaedic Surgery. By giving these opportunities we will be able to reduce the requirement for agency locum doctors. **Retention** A Task and Finish group has been established to review the new starter and leavers survey and assess if the surveys can be restructured to provide increased information to the Trust. The first meeting took place on 18th April and the decision was made to streamline the leavers survey and restructure the questions so they are in line with the NHS Staff Survey questions. The new starter survey will also be updated with work taking place on both surveys immediately. The group will meet again on 1st June to sign off the updated surveys. Analysis of the new surveys will be used to review processes and determine interventions. There will also be an assessment of the process for colleagues leaving the Trust as highlighted in the Leavers Survey paper presented to Executive Board on 28th July 2016. To support the retention of the Nursing workforce, the Trust offers a comprehensive induction and all new starters are enrolled on a year long graduate programme which is supported by the preceptorship programme.	To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust. Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover. **Accountable:** **Medical Director** **Director of Nursing** **Chief Operating Officer** **Executive Director of Workforce and OD**

Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	Appraisal compliance for non-medical colleagues is at 15.43% as at 30th April. Compliance at the end of the appraisal season on 31st October 2017 was 96.28%. Divisional appraisal compliance as at 30th April is: Community 14.34% Corporate 1.61% Estates & Facilities 5.83% FSS 19.28% Health Informatics 5.10% Medical 18.48% HPU 3.45% Surgery & Anaesthetics 19.96% Appraisal compliance for medical colleagues is at 0.62% as at 30th April. Data Security Awareness compliance increased from 93.77% in March to 93.78% in April. Infection Control compliance decreased from 94.54% in March to 94.38% in April. Fire Safety compliance decreased from 95.21% in March to 94.31% in April. Manual Handling compliance increased from 92.81% in March to 92.96% in April. Safeguarding compliance decreased from 95.25% in March to 93.62% in April. 30 colleagues have not completed any of the 9 mandatory training elements. 16 of these are from the Medical & Dental staff group.	**Mandatory Training** A paper was presented to Executive Board on 19th April highlighting the 2017/2018 end of year position, the actions taken to achieve the position and the next steps for 2018/2019. The Executive Board did not support proposals to move to a 90% target for mandatory training and change Infection Control training to a 2 year refresher period. Executive Board was supportive of rebranding mandatory training to be called 'Essential Safety Training' which will include both mandatory training and essential skills training. For 2018/2019, the Trust will revert to reporting compliance on all nine of the mandatory training subjects. The Trust will retain the existing selection of nine subjects at this stage, a review of the Trust's approach, targets and subject areas was completed in April 2018 which has seen Dementia Awareness move from a 3 year refresher to no renewal. HR Business Partners will work with Divisions to target the colleagues with 0 completed mandatory training elements to ensure they achieve compliance. **Appraisal** Appraisal profilers for 2018/2019 are being completed by Divisions, with an appraisal date for each employee. The appraisal season runs from 1st April to 30th June for non-medical staff. Appraisals for medical staff are undertaken in the employees birth month.	Appraisal compliance for non-medical colleagues is 95% by 30 June 2018. Appraisal compliance for medical colleagues is 95% by 31st March 2019. Mandatory Training compliance is consistently above 95%. **Accountable: Executive Director of Workforce and OD**

Workforce - Key Metrics

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount	6036	6066	6068	6083	5981	5969	6009	6031	6048	6016	6044	6045	6036	6019	-	-	
Staff in Post (FTE)	5269.51	5274.40	5278.92	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5262.28	-	-	
Vacancies																	
Establishment (Position FTE)**	5631.90	5738.96	5681.65	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5633.65	-	-	
Vacancies (FTE)**	362.39	434.53	393.09	380.54	374.98	400.11	341.47	333.55	318.08	359.05	329.82	331.07	362.39	371.38	-	-	
Vacancy Rate (%)**	6.43%	7.57%	6.92%	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	6.59%	-	-	
Staff Movements																	
Turnover rate (%) - in month	1.06%	1.14%	0.87%	1.04%	1.30%	1.11%	0.93%	1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.59%	-	-	
Executive Turnover (%)	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) - Rolling 12m	11.45%	11.10%	11.12%	11.38%	11.53%	11.53%	11.22%	11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.90%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%)	87.71%	89.47%	89.10%	89.43%	88.06%	88.12%	88.55%	88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	88.21%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - rolling	4.09%	4.21%	4.18%	4.13%	4.09%	4.05%	4.06%	4.04%	4.04%	4.01%	4.04%	4.07%	4.09%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling	2.54%	2.68%	2.64%	2.61%	2.58%	2.56%	2.54%	2.54%	2.55%	2.52%	2.52%	2.53%	2.54%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) - rolling	1.55%	1.53%	1.54%	1.52%	1.50%	1.49%	1.52%	1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month	3.91%	3.64%	3.87%	3.97%	3.88%	3.76%	4.02%	4.07%	4.55%	4.26%	4.75%	4.41%	3.91%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - in month	2.37%	2.41%	2.46%	2.66%	2.61%	2.55%	2.41%	2.64%	2.81%	2.55%	2.53%	2.48%	2.37%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) - in month	1.54%	1.23%	1.41%	1.31%	1.27%	1.22%	1.60%	1.43%	1.74%	1.72%	2.22%	1.93%	1.53%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Attendance Management																	
Sickness Absence FTE Days Lost	6419.42	5792.78	6361.12	6321.72	6293.44	6158.46	6387.79	6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	*	-		
Average days lost per FTE	14.94	15.36	15.26	15.06	14.91	14.79	14.81	14.76	14.76	14.65	14.76	14.87	14.94	*	-		
Sickness Absence Estimated Cost (£)	£0.53M	£0.46M	£0.51M	£0.50M	£0.50M	£0.48M	£0.52M	£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	*	-		
Return to work Interviews (%)	65.11%	45.52%	45.13%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	*	-	90.00%	90% Green 65%-89% Amber <65% Red
Spend																	
Substantive Spend (£)	£17.92M	£18.63M	£18.56M	£18.20M	£18.58M	£18.51M	£18.28M	£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.72M	-		
Bank Spend (£)	£0.84M	£0.40M	£0.45M	£0.46M	£0.50M	£0.48M	£0.46M	£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	-		
Agency Spend (£)	£1.95M	£1.36M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	-	-	
Proportion of Temporary (Agency) Staff	9.41%	6.67%	5.64%	7.03%	7.17%	6.11%	6.12%	7.56%	4.60%	7.06%	7.65%	7.42%	9.41%	6.39%	-	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	86.85%	85.31%	88.82%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	-	100.00%	
Hard Truths Summary - Day Care Staff	94.08%	106.35%	105.91%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	91.16%	91.90%	95.96%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	-	100.00%	
Hard Truths Summary - Night Care Staff	117.87%	116.05%	115.04%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	-	100.00%	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance														95.00%		95.00%	>=95% Green >=90%<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)														95.80%		95.00%	>=95% Green >=90%<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)	93.77%	76.61%	77.24%	78.84%	78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Dementia Awareness (No Renewal)														96.43%		95.00%	>=95% Green >=90%<95% Amber <90% Red
Equality and Diversity (3 Year Refresher)														97.73%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Fire Safety (1 Year Refresher)	95.21%	78.06%	79.13%	80.63%	80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Health and Safety (3 Year Refresher)														96.98%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Infection Control (1 Year Refresher)	94.54%	77.19%	76.03%	76.14%	76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Manual Handling (2 Year Refresher)	92.81%	91.00%	91.47%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Safeguarding (3 Year Refresher)	95.25%	84.68%	85.51%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff	93.50%	0.81%	2.77%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	-	95.00%	(95% at 30 June 2018)
Appraisal (1 Year Refresher) - Medical Staff - rolling 12m	69.88%												69.88%	69.47%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red

* 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.

*** Data unavailable as only the latest compliance date is reportable, as such previous month rolling figures can not be calculated.

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	87.12% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 6a 65.8% - 7a/d 73.6% - 7c 72.6%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team .The low fill rates reported in April 2018 are due to a level of vacancy and the teams not being able to achieve their WFM. Safe staffing levels have been maintained.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	92.84% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - 5b 71.7% - 7c 73.8% - ward 10 67.8%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to team's supporting additional capacity beds, a level of vacancy, a level of sickness and embedding new WFM.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	108.54% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 59.9% - NICU 71.3% - 3a,b,c,d 65.8%	The low HCA fill rates in April are attributed to fluctuating bed capacity, support of additional capacity ward, and a level of HCA vacancy within the FSS division . This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	121.01% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	No HCA shifts in April had fill rates less than 75%.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	DAY Registered Nurses Expected	Actual	DAY Care Staff Expected	Actual	Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	NIGHT Registered Nurses Expected	Actual	NIGHT Care Staff Expected	Actual	Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance
CRH ACUTE FLOOR	2,970.00	2,879.58	1,890.00	2,173.28	97.0%	115.0%	2,640.00	2,472.75	1,650.00	1,960.80	93.7%	118.8%	10.8	11.2			2	3	7.11	5.3	84.0%
HRI MAU	1,890.00	1,764.70	1,530.00	1,754.33	93.4%	114.7%	1,320.00	1,430.58	1,320.00	1,344.33	108.4%	101.8%	9.1	9.5			2	14	0	0	84.8%
HRI Ward 5 (previously ward 4)	1,620.00	1,339.58	1,170.00	1,461.13	82.7%	124.9%	990	960.67	990	1,398.00	97.0%	141.2%	6.0	6.4			2	8	2.99	0	76.3%
WARD 15	1,755.00	1,440.83	1,620.00	2,116.50	82.1%	130.6%	1,320.00	1,299.00	1,320.00	1,432.50	98.4%	108.5%	6.6	6.9			1	6	9.3	0.81	88.7%
WARD 5C	945	974.67	810	1,159.45	103.1%	143.1%	660	645.75	330	727.5	97.8%	220.5%	5.2	6.6			0	7	3.28	0.28	92.1%
WARD 6	1,530.00	1,512.58	945	1,139.50	98.9%	120.6%	990	971.55	660	749	98.1%	113.5%	7.3	7.7			0	7	3.24	0.42	86.1%
WARD 6BC	1,530.00	1,464.85	1,530.00	1,526.17	95.7%	99.7%	1,320.00	1,308.77	660	737.17	99.1%	111.7%	5.1	5.1			1	10	5.31	0	94.4%
WARD 5B	1,530.00	1,324.50	810	825.67	86.6%	101.9%	1,320.00	946.00	330	682	71.7%	206.7%	8.8	7.6			1	0	4.66	0	97.8%
WARD 6A	1,170.00	770.2	720	843.57	65.8%	117.2%	660	605.00	330	660.00	91.7%	200.0%	5.3	5.3			0	4	3.56	0.68	89.8%
WARD CCU	1,522.17	1,269.50	366	343.5	83.4%	93.9%	990	990	0	11	100.0%	-	9.4	8.5			0	2	1.47	0.68	97.5%
WARD 7AD	1,620.00	1,192.08	1,530.00	2,005.42	73.6%	131.1%	990	990	990	1,111.00	100.0%	112.2%	7.0	7.2			0	3	1.19	2.19	95.8%
WARD 7B	810	803.83	810	875.42	99.2%	108.1%	660	616	330	341.00	93.3%	103.3%	6.9	7.0			1	3	3	1	96.8%
WARD 7C	1,620.00	1,176.92	810	1,083.17	72.6%	133.7%	1,320.00	974.5	330	726	73.8%	220.0%	12.7	12.3			2	2	2	0.36	96.5%
WARD 8	1,620.00	1,339.58	1,170.00	1,461.13	82.7%	124.9%	990	960.67	990	1,398.00	97.0%	141.2%	6.0	6.4			4	4	5.11	0.47	90.5%
WARD 12	1,395.00	1,179.50	810	1,002.50	84.6%	123.8%	660	671	660	748.5	101.7%	113.4%	5.4	5.5			3	4	1.9	2.5	98.1%
WARD 17	1,980.00	1,545.83	1,170.00	1,145.67	78.1%	97.9%	990	1,001.00	660	671.00	101.1%	101.7%	6.1	5.6			0	5	3.06	0	95.2%
WARD 8C	810	807.08	450	802.92	99.6%	178.4%	660	638.00	330	671.00	96.7%	203.3%	4.9	6.4			1	0	7.09	2.61	95.8%
WARD 20	1,755.00	1,491.92	1,755.00	2,097.25	85.0%	119.5%	1,320.00	1,330.00	1,320.00	1,618.50	100.8%	122.6%	6.4	6.8			2	16	0	0	90.5%
WARD 21	1,485.00	1,148.00	1,485.00	1,414.83	77.3%	95.3%	1,035.00	953.5	1,035.00	1,069.50	92.1%	103.3%	8.7	7.9			2	6	7.51	0.66	88.7%
ICU	3,900.00	3,377.50	795	476	86.6%	59.9%	4,140.00	3,435.50	0	0	83.0%	-	41.7	34.4			12	1	2.55	0	HRI 96.8% CRH 88.8%
WARD 3	915	934.92	795	720	102.2%	90.6%	690	678.5	345	609.5	98.3%	176.7%	7.1	7.6			1	4	0	0.59	96.6%
WARD 8AB	862	784.82	652	655.33	91.0%	100.5%	690	644	345	322	93.3%	93.3%	8.4	8.0			4	2	3.77	0.79	95.1%
WARD 8D	795	769.1	795	635.13	96.7%	79.9%	690	691.50	0	264.5	100.2%	-	7.0	7.2			0	0	2.87	0.77	86.5%
WARD 10	1,260.00	1,050.80	795	905	83.4%	113.8%	1,035.00	701.50	690	690.00	67.8%	100.0%	6.9	6.1			0	2	7.81	0	92.5%
WARD 11	1,536.00	1,443.50	1,064.00	1,152.42	94.0%	108.3%	1,035.00	1,023.50	690	724.5	98.9%	105.0%	5.7	5.7			0	3	1.88	0.2	76.6%
WARD 19	1,590.00	1,281.83	1,140.00	1,457.17	80.6%	127.8%	1,035.00	999.00	1,035.00	1,311.00	96.5%	126.7%	8.0	8.4			10	8	2.93	0	89.9%
WARD 22	1,140.00	1,097.42	1,140.00	1,096.70	96.3%	96.2%	690	678.50	690	690	98.3%	100.0%	5.4	5.2			0	2	0.55	0.73	75.9%
SAU HRI	1,708.00	1,673.00	884	937.55	98.0%	106.1%	1,380.00	1,379.00	345	345	99.9%	100.0%	10.7	10.8			0	2	2.47	0.71	95.5%
WARD LDRP	4,470.23	3,612.20	946.17	754.67	80.8%	79.8%	4,108.67	3,503.17	685.5	618.5	85.3%	90.2%	22.0	18.3			0	0	0	5.56	97.9%
WARD NICU	2,553.17	2,092.05	744.5	530.5	81.9%	71.3%	2,047.00	1,870.50	667	533	91.4%	79.9%	11.9	10.0			0	0	0.94	1.62	99.2%
WARD 1D	1,308.00	1,145.67	348.5	333.5	87.6%	95.7%	690	690	345	356.5	100.0%	103.3%	4.9	4.6			0	0	0	1.19	95.3%
WARD 3ABCD	3,631.33	3,298.83	1,514.00	996.5	90.8%	65.8%	3,087.83	2,988.08	345	345	96.8%	100.0%	12.7	11.3			0	0	0	2.13	97.9%
WARD 4C	1,252.33	1,114.50	354.5	345.17	89.0%	97.4%	690	689	345	343	99.9%	99.4%	7.3	6.9			0	2	3	4.35	94.0%
WARD 9	684.5	699.5	345	345	102.2%	100.0%	686.5	675	345	333.5	98.3%	96.7%	4.8	4.8			0	0	6.01	2.11	100.0%
Trust	**57162.73**	**49801.37**	**33693.67**	**36572.1**	**87.12%**	**108.54%**	**43530**	**40411.5**	**21107.5**	**25542.8**	**92.84%**	**121.01%**	**8.0**	**7.8**							

Hard Truths: Safe Staffing Levels (3)

Care Hours per Patient Day

STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

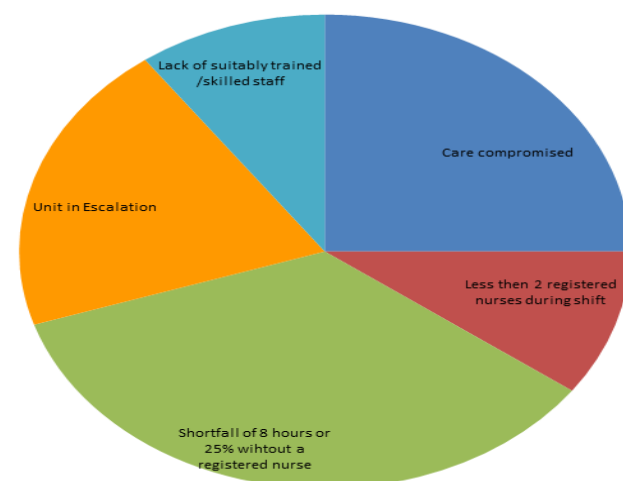|	Feb-18	Mar-18	Apr-18
Fill Rates Day (Qualified and Unqualified)	90.96%	89.70%	91.00%
Fill Rates Night (Qualified and Unqualified)	102.24%	99.70%	102.20%
Planned CHPPD (Qualified and Unqualified)	8.1	7.9	8.0
Actual CHPPD (Qualified and Unqualified)	7.7	7.4	7.8

A review of April CHPPD data indicates that the combined (RN and carer staff) metric resulted in 14 clinical areas of the 34 reviewed having CHPPD less than planned. 16 areas reported CHPPD slightly in excess of those planned and 4 areas having CHPPD as 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.
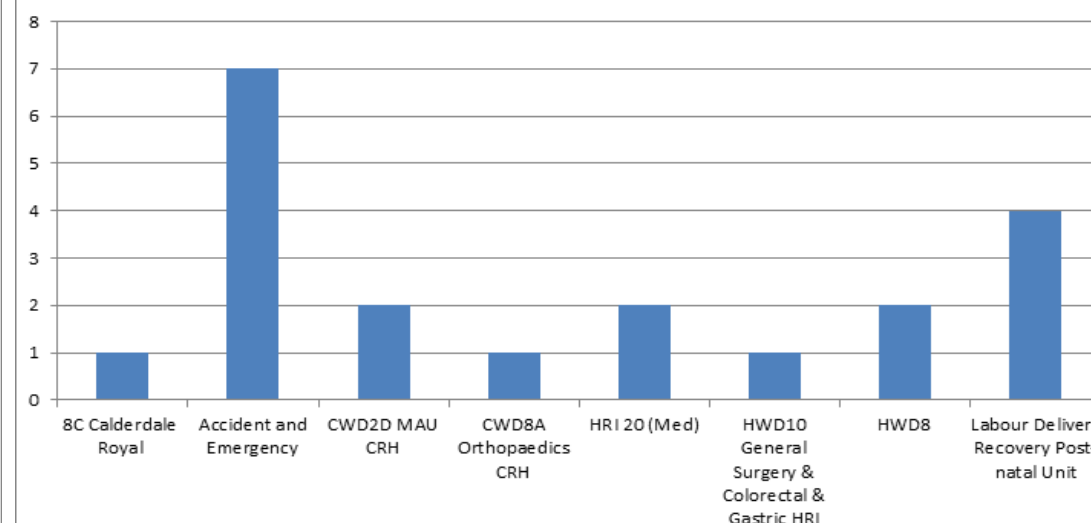
FILL RATES (%)

— Fill Rates Day (Qualified and Unqualified)

TOTAL CHPPD (QUAL & UNQUAL)

— Actual CHPPD (Qualified and Unqualified)
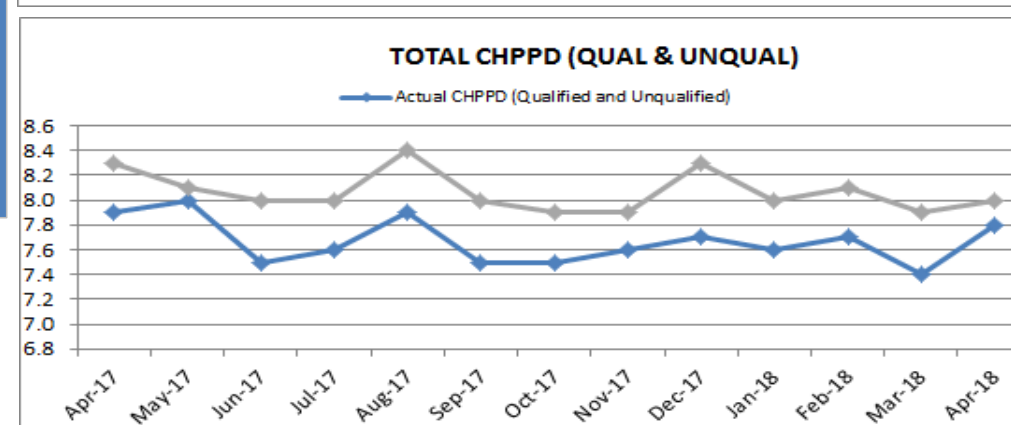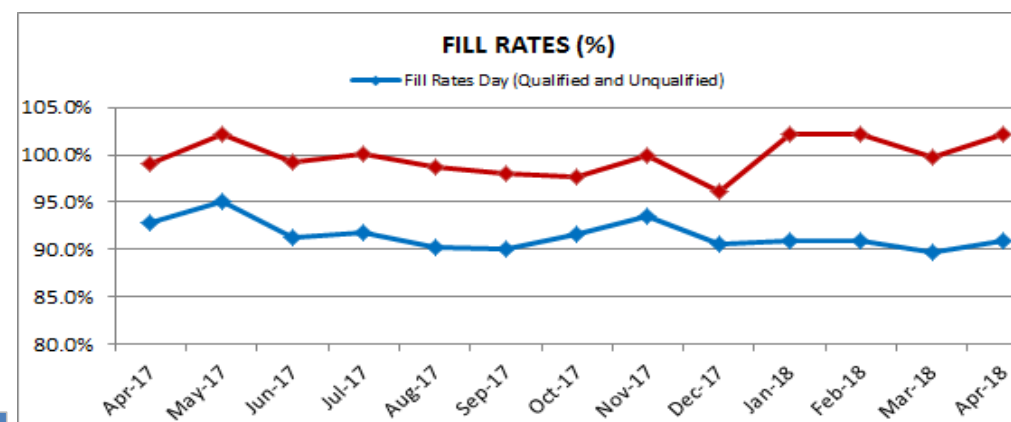
RED FLAG INCIDENTS

Incidents by Adverse Event April 2018

Care compromised
Less then 2 registered nurses during shift
Shortfall of 8 hours or 25% wihtout a registered nurse
Unit in Escalation
Lack of suitably trained/skilled staff

Incidents by Dept/Ward April 2018

A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily by the divisions and review monthly through the Nursing workforce strategy group.
There were **21 Trust Wide Red shifts** declared in **April 2018.**
As illustrated above the most frequently recorded red flagged incident is related to "Short fall of 25% of nursing Hrs on shift"
No datix's reported in March 2018 have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

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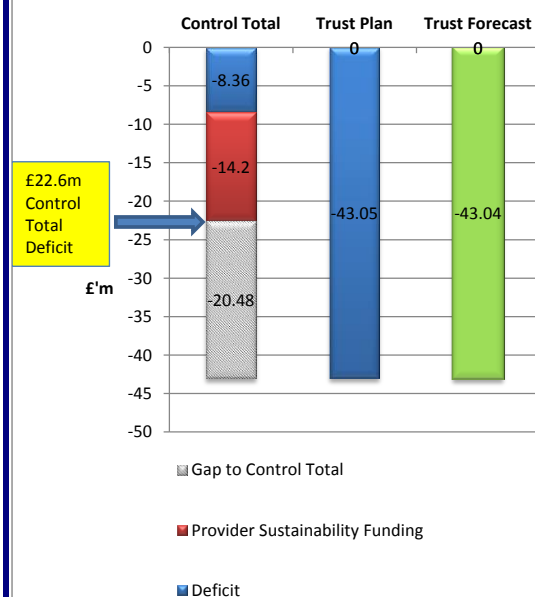
On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce and going forward the fill rates for individual areas will improve as these team members become established in the workforce numbers. Focused recruitment continues for this specific area.

2. Further recruitment event planned for May 2018.

3. Applications from international recruitment projects are progressing well and the first 8 nurses have arrived in the Trust, with a further 5 planned for deployment in May/June 2018.

4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. 57 candidates have now been transferred onto the OET programme.

5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NAs who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees will begin the programme in June 2018.

6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce. This has been further enhanced by the development of a yearlong graduate programme to support and develop new starters.

7. 4 Additional clinical educators have been recruited to the medical division. They will have a real focus on supporting new graduates and overseas nurses to the workforce.

8. A new module of E roster called safe care is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity.

9. Daily staffing meetings continue led by a senior nurse with matrons from each division. The focus of these meetings is to assess risk across all areas and approve Bank and agency requests using a risk based approach to safe staffing. As safe care tool is rolled out we will see a clear audit trail of decision making and this will be mapped against Quality Indicators to monitor impact of decision making.

10. Fill rates for HCAs continues to be high in some areas due to use of 1:1s and conversion of RN shifts to HCA shifts. Work is progressing regarding the Enhanced Care Support workers, with senior clinical leadership of this team starting to have a real impact.

EXECUTIVE SUMMARY: Trust Financial Overview as at 30th Apr 2018 - Month 1

KEY METRICS

	M1 Plan £m	M1 Actual £m	M1 Var £m			YTD (APR 2018) Plan £m	YTD Actual £m	YTD Var £m			Forecast 17/18 Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£5.22)	(£5.21)	£0.01	🟢	1	(£5.22)	(£5.21)	£0.01	🟢	1	(£43.05)	(£43.04)	£0.01	🟢	1
Agency Expenditure	(£1.41)	(£1.34)	£0.07	🟢	1	(£1.41)	(£1.34)	£0.07	🟢	1	(£14.63)	(£14.63)	£0.00	🟢	
Capital	£0.22	£0.28	(£0.06)	🔴	1	£0.22	£0.28	(£0.06)	🔴	1	£9.14	£9.14	(£0.00)	🟢	
Cash	£1.91	£1.95	£0.04	🟢	1	£1.91	£1.95	£0.04	🟢	1	£1.91	£1.90	(£0.01)	🟡	
Borrowing (Cumulative)	£110.01	£110.01	£0.00	🟢	1	£110.01	£110.01	£0.00	🟢	1	£144.83	£144.83	£0.00	🟢	
CIP	£0.79	£0.65	(£0.14)	🔴	1	£0.79	£0.65	(£0.14)	🔴	1	£18.00	£16.65	(£1.35)	🔴	
Use of Resource Metric	3	3		🟡	1	3	3		🟡	1	3	3		🟡	1

Trust Deficit vs NHS I Control Total

Year to Date Summary

The year to date deficit is £5.21m, in line with the plan submitted to NHSI.
• Clinical contract income is above plan by £0.06m. The Aligned Incentive Contract protects the income position by £0.22m as actual activity is below the planned level.
• In spite of the lower activity, there is an underlying adverse variance from plan which has had to be mitigated by the release of £0.34m (1/6th) of the Trust's £2m full year reserves of which £1m was earmarked for winter.
• CIP achieved in the year to date is £0.65m against a plan of £0.79m, a £0.14m shortfall.
• Agency expenditure was beneath the agency trajectory set by NHSI.

Key Variances

• Nursing pay expenditure saw an adverse variance of £0.1m in month and was particularly high in the first two weeks of the month, linked to the CQC visit and additional bed pressures.
• The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio and has resulted in an adverse variance of £0.1m on Medical pay expenditure. These schemes are forecast to be delivered in full by year end.
• Non Clinical Income was below plan by £0.14m, the majority of which related to lower than planned commercial income for the Health Informatics Service.
• These adverse variances have been offset by the release of contingency pay reserves of £0.34m.

Forecast

• The Trust has not accepted the 18/19 NHS Improvement Control Total of a £22.6m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).
• At this early stage the forecast is to achieve the £43.1m deficit, £20.5m adverse variance from control total as planned.

Trust Financial Overview as at 30th Apr 2018 - Month 1

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M1

CLINICAL ACTIVITY

	M1 Plan	M1 Actual	Var	
Elective	478	421	(57)	🔴
Non-Elective	4,599	4,656	57	🟢
Day case	2,891	2,859	(32)	🟡
Outpatient	25,479	26,554	1,075	🟢
A&E	12,589	11,890	(699)	🔴
Other NHS Non-Tariff	138,617	144,730	6,113	🟢
Other NHS Tariff	10,312	10,231	(81)	🟡
Total	194,965	201,341	6,377	

TRUST: INCOME AND EXPENDITURE

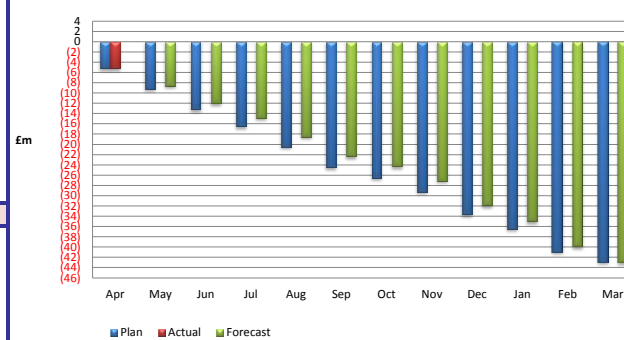|	M1 Plan	M1 Actual	Var	
	£m	£m	£m	
Elective	£1.52	£1.32	(£0.20)	🔴
Non Elective	£8.21	£8.14	(£0.07)	🟡
Day case	£2.08	£2.12	£0.04	🟢
Outpatients	£2.96	£3.00	£0.04	🟢
A & E	£1.53	£1.50	(£0.03)	🟡
Other-NHS Clinical	£8.59	£8.69	£0.10	🟢
CQUIN	£0.55	£0.55	£0.00	🟢
Other Income	£3.38	£3.26	(£0.13)	🔴
Total Income	£28.81	£28.57	(£0.25)	🟡
Pay	(£21.15)	(£20.92)	£0.22	🟢
Drug Costs	(£2.93)	(£2.88)	£0.04	🟢
Clinical Support	(£2.46)	(£2.48)	(£0.01)	🟡
Other Costs	(£4.33)	(£4.37)	(£0.04)	🟡
PFI Costs	(£1.07)	(£1.07)	£0.00	🟢
Total Expenditure	(£31.94)	(£31.72)	£0.21	🟢
EBITDA	(£3.13)	(£3.16)	(£0.03)	🟡
Non Operating Expenditure	(£2.10)	(£2.06)	£0.04	🟢
Surplus / (Deficit)*	(£5.22)	(£5.21)	£0.01	🟢

* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M1 Plan	M1 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£0.62	£0.70	£0.09	🟢
Medical	£1.94	£1.65	(£0.28)	🔴
Families & Specialist Services	(£0.53)	(£0.58)	(£0.04)	🔴
Community	£0.24	£0.24	£0.01	🟢
Estates & Facilities	(£2.30)	(£2.22)	£0.08	🟢
Corporate	(£2.62)	(£2.63)	(£0.01)	🟡
THIS	£0.01	(£0.15)	(£0.16)	🔴
PMU	£0.23	£0.20	(£0.03)	🔴
Central Inc/Technical Accounts	(£2.47)	(£2.44)	£0.03	🟢
Reserves	(£0.34)	(£0.00)	£0.34	🟢
Unallocated CIP	£0.00	£0.00	(£0.00)	🔴
Surplus / (Deficit)	(£5.22)	(£5.21)	£0.01	🟢

TRUST SURPLUS / (DEFICIT)

Cumulative Surplus / (Deficit) excl. Impairments

Legend: ■ Plan ■ Actual ■ Forecast

KEY METRICS

	Year To Date			Year End: Forecast			
	M1 Plan	M1 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£5.22)	(£5.21)	£0.01	(£43.05)	(£43.04)	£0.01	🟢
Capital	£0.22	£0.28	(£0.06)	£9.14	£9.14	(£0.00)	🟢
Cash	£1.91	£1.95	£0.04	£1.91	£1.90	(£0.01)	🟡
Loans	£110.01	£110.01	£0.00	£144.83	£144.83	£0.00	🟢
CIP	£0.79	£0.65	(£0.14)	£18.00	£16.65	(£1.35)	🔴
	Plan	Actual		Plan	Forecast		
Use of Resource Metric	3	3		3	3		🟡

COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position

Unidentified: £1.35m
Forecast: £16.65m
Planned: £18m

CIP - Risk

Low Risk: £4.45m
High Risk: £7.7m
Medium Risk: £4.5m
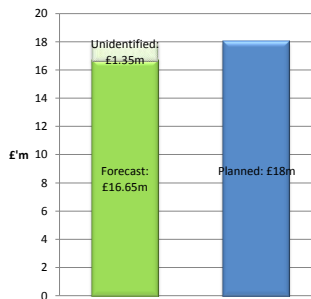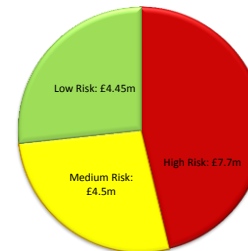
Total Planned: £18m   Total Forecast: £16.65m

YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	6,164	0	🟢
Non-Elective	56,753	56,753	0	🟢
Day case	36,488	36,488	0	🟢
Outpatient	324,383	324,383	0	🟢
A&E	153,339	153,339	0	🟢
Other NHS Non- Tariff	1,762,708	1,762,708	(0)	🟢
Other NHS Tariff	127,242	127,242	0	🟢
Total	2,467,076	2,467,076	(0)	

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£19.51	£0.00	🟢
Non Elective	£101.38	£101.38	(£0.00)	🟢
Day case	£26.27	£26.27	£0.00	🟢
Outpatients	£37.57	£37.57	(£0.00)	🟢
A & E	£18.58	£18.58	(£0.00)	🟢
Other-NHS Clinical	£106.72	£105.04	(£1.68)	🟡
CQUIN	£6.85	£6.85	(£0.00)	🟢
Other Income	£40.73	£38.96	(£1.77)	🔴
Total Income	£357.60	£354.15	(£3.45)	🟡
Pay	(£247.81)	(£246.07)	£1.75	🟢
Drug Costs	(£36.10)	(£34.04)	£2.05	🟢
Clinical Support	(£28.68)	(£28.56)	£0.12	🟢
Other Costs	(£49.32)	(£50.38)	(£1.06)	🔴
PFI Costs	(£12.84)	(£12.42)	£0.43	🟢
Total Expenditure	(£374.75)	(£371.46)	£3.29	🟢
EBITDA	(£17.16)	(£17.32)	(£0.16)	🟢
Non Operating Expenditure	(£25.89)	(£25.73)	£0.16	🟢
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	🟢

* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

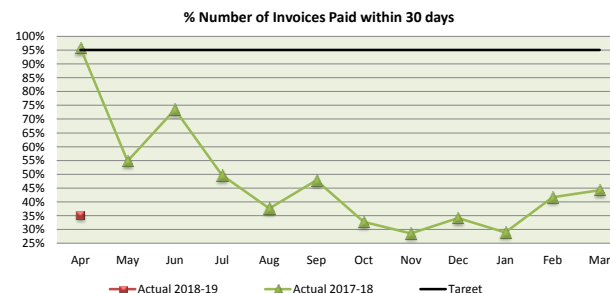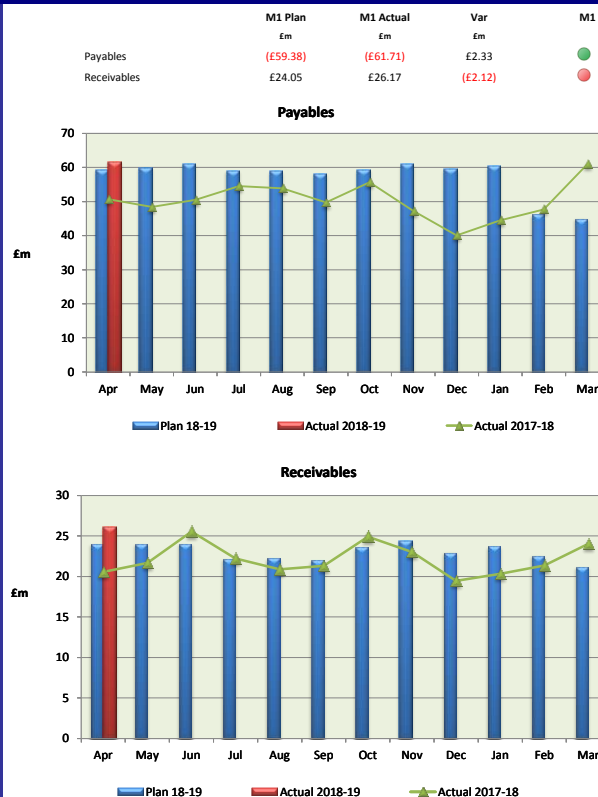|	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£13.10	£13.10	(£0.00)	🟢
Medical	£28.99	£28.99	(£0.00)	🟢
Families & Specialist Services	(£3.21)	(£3.21)	£0.00	🟢
Community	£3.21	£3.21	£0.00	🟢
Estates & Facilities	(£26.80)	(£26.80)	£0.00	🟢
Corporate	(£31.25)	(£31.25)	£0.00	🟢
THIS	£0.34	£0.34	(£0.00)	🟢
PMU	£2.81	£2.81	(£0.00)	🟢
Central Inc/Technical Accounts	(£29.54)	(£30.24)	(£0.70)	🔴
Reserves	(£2.02)	(£0.00)	£2.02	🟢
Unallocated CIP	£1.31	£0.00	(£1.31)	🔴
Surplus / (Deficit)	(£43.05)	(£43.04)	£0.01	🟢

Trust Financial Overview as at 30th Apr 2018 - Month 1

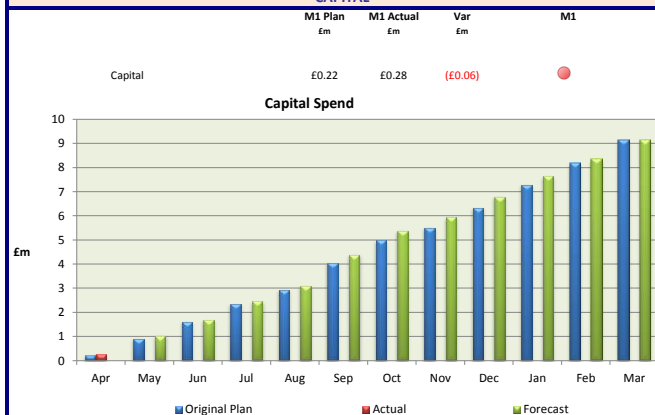### CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

WORKING CAPITAL

	M1 Plan £m	M1 Actual £m	Var £m	M1
Payables	(£59.38)	(£61.71)	£2.33	🟢
Receivables	£24.05	£26.17	(£2.12)	🔴

Payables

Receivables

BETTER PAYMENT PRACTICE CODE

% Number of Invoices Paid within 30 days

Legend: Actual 2018-19, Actual 2017-18, Target

CAPITAL

	M1 Plan £m	M1 Actual £m	Var £m	M1
Capital	£0.22	£0.28	(£0.06)	🔴

Capital Spend

Legend: Original Plan, Actual, Forecast

CASH

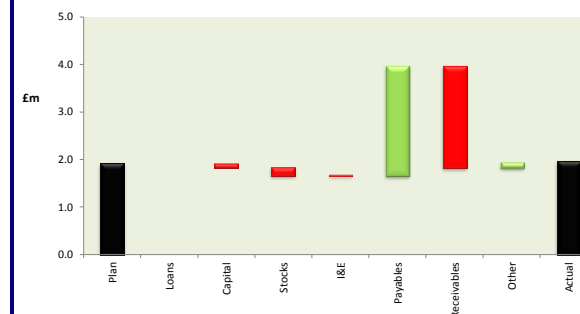|	M1 Plan £m	M1 Actual £m	Var £m	M1
Cash	£1.91	£1.95	£0.04	🟢
Loans (Cumulative)	£110.01	£110.01	£0.00	🟢

Loans

Legend: Plan, Actual, Forecast

CASH FLOW VARIANCE

SUMMARY YEAR TO DATE

- The year to date deficit is £5.21m versus a planned deficit of £5.22m. This £0.01m favourable variance excludes the I&E impact of donated assets (£0.02m adverse variance) which are excluded for control total purposes.
- The Trust has not accepted the 18/19 Control Total and is therefore not eligible to receive any Provider Sustainability Funding, (previously known as Sustainability and Transformation Funding).
- Activity is above plan year to date, with increased Outpatient and Non-Elective activity. This overperformance has been offset to some extent by lower than planned Elective, Day case and A&E activity.
- Capital expenditure year to date is ahead of plan at £0.28m against a planned £0.22m.
- Cash balance is £1.95m, just above the planned level of £1.91m.
- Year to date the Trust has borrowed £6.15m to support the deficit as planned.
- CIP schemes have delivered £0.65m, £0.14m below the year to date target of £0.79m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

NOTES

- The total forecast deficit is £43.04m, just above plan.
- The forecast assumes that activity will be delivered as planned.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £1.35m is unidentified. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. . The total loan balance by year end is forecast to be £144.8m,
- Capital expenditure is forecast at £9.14m, as planned.

RAG KEY:

(Excl: UOR)		
🟢	Actual / Forecast is on plan or an improvement on plan
🟡	Actual / Forecast is worse than planned by <2%
🔴	Actual / Forecast is worse than planned by >2%

NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).
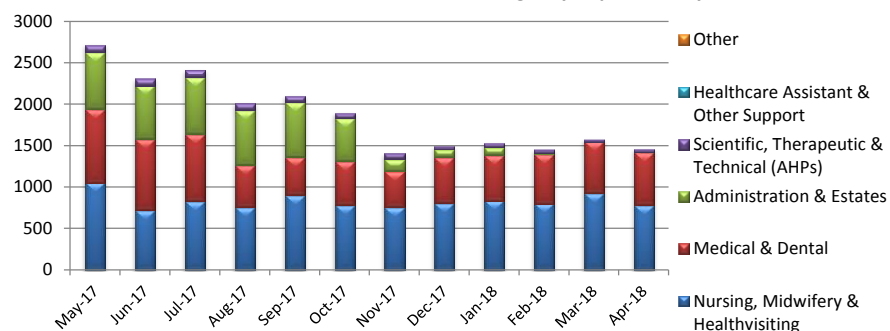
RAG KEY: UOR

🟢	All UOR metrics are at the planned level
🟡	Overall UOR as planned, but one or more component metrics are worse than planned
🔴	Overall UOR worse than planned

WORKFORCE

Vacancies
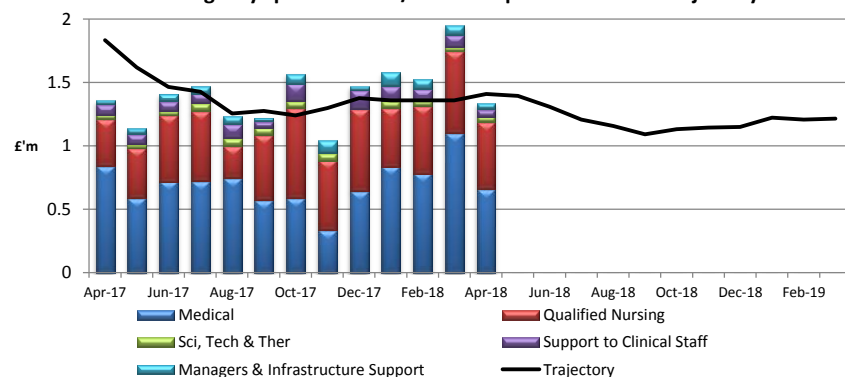
	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	22	57	78	133	63	353
Staff in post (WTE)	668	1,391	543	1,615	1,070	5,286
% Vacancies	3%	4%	13%	8%	6%	6%

Number of Shifts that breached Agency Cap (Monthly)

Legend: Other; Healthcare Assistant & Other Support; Scientific, Therapeutic & Technical (AHPs); Administration & Estates; Medical & Dental; Nursing, Midwifery & Healthvisiting

Agency spend - Actual/Forecast spend vs Revised Trajectory

Legend: Medical; Qualified Nursing; Sci, Tech & Ther; Support to Clinical Staff; Managers & Infrastructure Support; Trajectory

Cumulative Agency Spend	Plan	Actual	Var	
	£'m	£'m	£'m	
Year to Date	(£1.41)	(£1.34)	£0.07	🟢
Forecast	(£14.63)	(£14.63)	£0.00	🟢

Vacancies

At the end of Month 1 the Trust was carrying 331 vacancies, 6% of the total establishment. This is an increase of 2 vacancies compared to Month 12. Medical vacancies remain increased slightly to 13%. Qualified Nursing vacancies have reduced compared to last month at 8% of establishment, but this has been offset by an increase in the number of Unqualified Nursing vacancies.

Agency rate cap

Overall Cap breaches reduced slightly compared to the level reported in Month 12 but remain at a similar level to those reported over the last 6 months. Trends show that Nursing breaches have remained consistently high over the last 9 months and whilst Medical Breaches have increased during the last 5 months they remain at a much lower level than that seen in early 17/18. There were no Admin and Clerical breaches this month.

Agency ceiling

Total reported agency spend in month was £1.34m; £0.07m below the planned value and the NHS Improvement Agency Ceiling. Achieving the target agency expenditure is likely to become more challenging in future months as the plan becomes more reliant on the delivery of Cost Improvement Programmes that are targeting reductions in both Nursing and Medical agency expenditure, some of which have not yet been fully identified.

COST IMPROVEMENT PROGRAMME

18/19 CIP

Division	Plan	Forecast				
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	0.49	0.28	0.09	0.37	0.28	6.15
Health Informatics	0.44	0.44	0.00	0.44	0.86	0.00
Medicine	5.84	5.22	0.57	5.79	5.22	0.00
PMU	0.02	0.00	0.00	0.00	0.02	0.00
Surgery & Anaesthetics	3.89	3.76	0.02	3.79	4.20	0.00
Families & Specialist Services	3.36	2.77	0.23	3.00	2.79	6.48
Community	0.57	0.45	0.14	0.59	0.45	0.00
Estates & Facilities	1.09	1.18	0.00	1.18	1.18	2.00
Technical Accounting	1.00	1.00	0.00	1.00	1.00	0.00
Unallocated	1.31	0.50	0.00	0.50	0.50	0.00
Grand Total	18.00	15.60	1.06	16.65	16.49	14.63

CIP - Risk

Low Risk: £4.45m
Medium Risk: £4.5m
High Risk: £7.7m
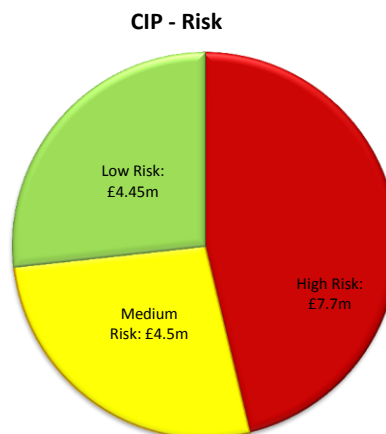
£0.65m of CIP has been delivered in the year to date against a plan of £0.79m, an under performance of £0.14m. The majority of this underperformance is linked to slippage in the Medical Staffing Portfolio which is a timing difference and is forecast to be recovered in full by year end.

Target CIP for 18/19 is £18m. Whilst £17.2m of savings were identified in the plan submission, at the end of Month 1 £16.65m was forecast to deliver, leaving a gap of £1.35m to be identified. Of these forecast savings £15.60m are forecast to be a recurrent saving. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 18/19 is £16.49m, (£15.60m in 18/19 and the remaining £0.89m in 19/20) . Non-Recurrent savings for 18/19 are forecast at £1.06m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

Aligned Incentive Contract (AIC)
The agreement of the aligned incentive contract supports a number of the CIP portfolios aimed at transformation. The construct of the contract includes the application of £2.6m of QIPP, the agreement with commissioners allows for the first £2.6m of cost out through joint transformational working to fall to the Trust. Any savings over and above £2.6m would be shared equally with commissioners.

SRG
The Trust and commissioners will seek to work jointly maximise the opportunity afforded to the system by the AIC contract form in driving through transformational changes and taking costs out.

CIP Profile by Month
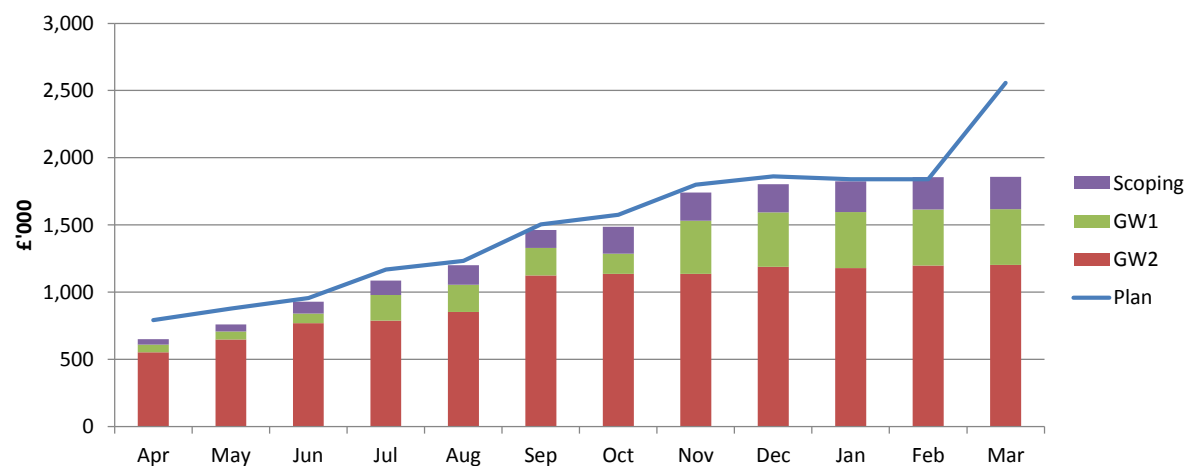
CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	791	877	956	1,168	1,232	1,503	1,575	1,801	1,860	1,840	1,840	2,558	18,000
GW2	553	649	770	788	853	1,124	1,137	1,135	1,187	1,179	1,199	1,202	11,775
GW1	55	59	72	190	203	206	148	396	406	416	415	415	2,979
Scoping	42	51	88	107	144	134	200	210	210	230	240	240	1,897
Total Forecast	650	758	930	1,085	1,199	1,463	1,485	1,741	1,803	1,825	1,854	1,858	16,652

FORECAST

YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£19.51	£0.00	🟢
Non Elective	£101.38	£101.38	(£0.00)	🟢
Day case	£26.27	£26.27	£0.00	🟢
Outpatients	£37.57	£37.57	(£0.00)	🟢
A & E	£18.58	£18.58	(£0.00)	🟢
Other-NHS Clinical	£106.72	£105.04	(£1.68)	🟡
CQUIN	£6.85	£6.85	(£0.00)	🟢
Other Income	£40.73	£38.96	(£1.77)	🔴
Total Income	**£357.60**	**£354.15**	**(£3.45)**	🟡
Pay	(£247.81)	(£246.07)	£1.75	🟢
Drug Costs	(£36.10)	(£34.04)	£2.05	🟢
Clinical Support	(£28.68)	(£28.56)	£0.12	🟢
Other Costs	(£49.32)	(£50.38)	(£1.06)	🔴
PFI Costs	(£12.84)	(£12.42)	£0.43	🟢
Total Expenditure	**(£374.75)**	**(£371.46)**	**£3.29**	🟢
EBITDA	**(£17.16)**	**(£17.32)**	**(£0.16)**	🟢
Non Operating Expenditure	(£25.89)	(£25.73)	£0.16	🟢
Surplus / (Deficit)*	**(£43.05)**	**(£43.04)**	**£0.01**	🟢

*Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

Forecast

Forecast 18/19

Legend: 18/19 Plan | 18/19 Forecast | 17/18 Actual

Month 1 forecast is to deliver the planned deficit of £43.05m.
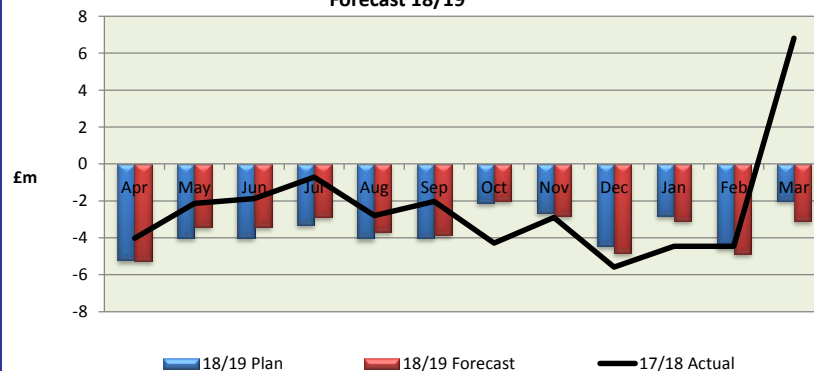
Key Assumptions:
- £22.56m Control Total not accepted. The Trust will not be eligible for the £14.20m available Provider Sustainability Funding (PSF).
- Efficiency challenge is £18m CIP, £16.7m already allocated to Divisions, £0.5m identified but not yet allocated plus a further £0.8m planning gap (held as negative reserve)
- Aligned Incentive Contract with two main commissioners reduces risk of income loss, but for all other commissioners contracts remain on a payment by results basis and are therefore subject to variability based on actual activity levels.
- Contingency Reserves of £2m held, including £1m allocated as a Winter Reserve, of which £0.34m has been released in Month 1
- Forecast is based on planned Pay awards of 1% as advised by national guidance pending a decision regarding funding of additional pay awards.

Variances:
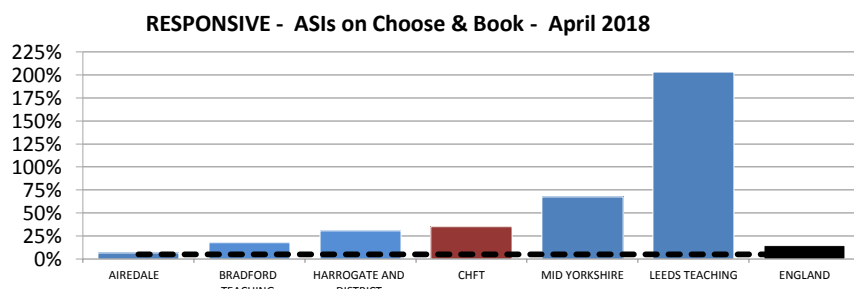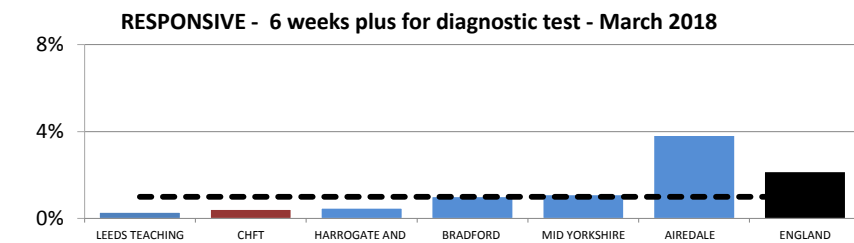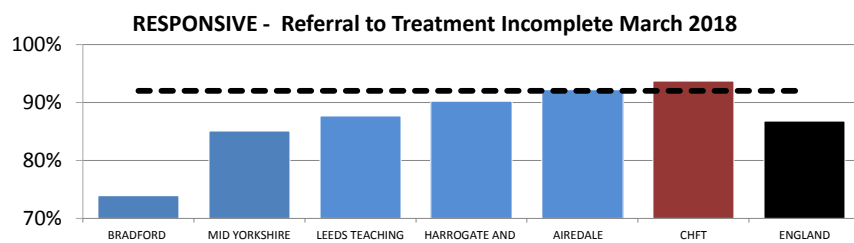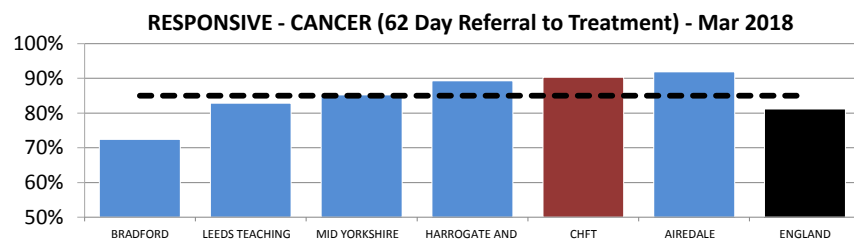- Clinical income is forecast below plan which is mainly driven by below plan pass-through high cost drugs, this is off-set by an equal and opposite underspend on Drugs.
- Pay is forecast a favourable variance due to the assumed release of contingency reserves to offset currently unidentified CIP.

Benchmarking - Selected Measures

RESPONSIVE - A and E 4 hour target - April 2018

Categories (left to right): LEEDS TEACHING, BRADFORD TEACHING, MID YORKSHIRE, CHFT, HARROGATE AND DISTRICT, AIREDALE, ENGLAND

RESPONSIVE - CANCER (62 Day Referral to Treatment) - Mar 2018

Categories (left to right): BRADFORD TEACHING, LEEDS TEACHING, MID YORKSHIRE, HARROGATE AND DISTRICT, CHFT, AIREDALE, ENGLAND

RESPONSIVE - Referral to Treatment Incomplete March 2018

Categories (left to right): BRADFORD TEACHING, MID YORKSHIRE, LEEDS TEACHING, HARROGATE AND DISTRICT, AIREDALE, CHFT, ENGLAND

RESPONSIVE - 6 weeks plus for diagnostic test - March 2018

Categories (left to right): LEEDS TEACHING, CHFT, HARROGATE AND DISTRICT, BRADFORD TEACHING, MID YORKSHIRE, AIREDALE, ENGLAND

RESPONSIVE - ASIs on Choose & Book - April 2018

Categories (left to right): AIREDALE, BRADFORD TEACHING, HARROGATE AND DISTRICT, CHFT, MID YORKSHIRE, LEEDS TEACHING, ENGLAND

RESPONSIVE - YAS Ambulance handovers within 15 minutes April 2018

Categories (left to right): LEEDS TEACHING HOSPITALS, CHFT, BRADFORD ROYAL INFIRMARY, MID YORKSHIRE HOSPITALS, AIREDALE GENERAL HOSPITAL, HARROGATE DISTRICT HOSPITAL

RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes April 2018

Categories (left to right): AIREDALE GENERAL HOSPITAL, CHFT, HARROGATE DISTRICT HOSPITAL, MID YORKSHIRE HOSPITALS, BRADFORD ROYAL INFIRMARY, LEEDS TEACHING HOSPITALS

RESPONSIVE - YAS Ambulance handovers > 60 minutes - April 2018

Categories (left to right): CHFT, AIREDALE GENERAL HOSPITAL, HARROGATE DISTRICT HOSPITAL, LEEDS TEACHING HOSPITALS, MID YORKSHIRE HOSPITALS, BRADFORD ROYAL INFIRMARY

Benchmarking - Selected Measures

EFFECTIVE - MRSA per 100,000 days
Latest release March 2018
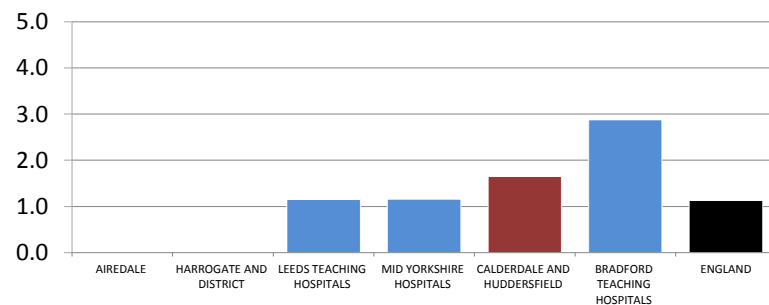
EFFECTIVE - C.Diff per 100,000 days
Latest release March 2018
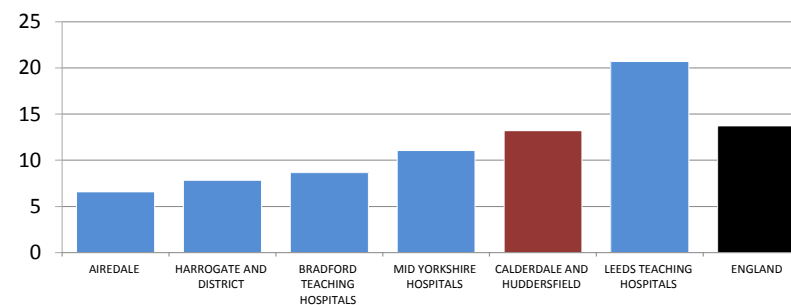
EFFECTIVE - MSSA per 100,000 days -
Latest release March 2018
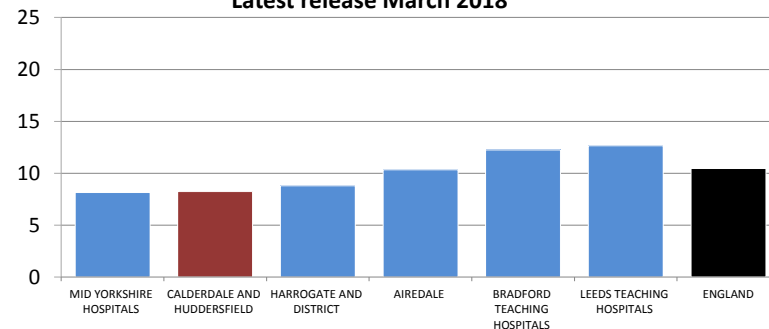
EFFECTIVE - E.coli per 100,000 days -
Latest release March 2018
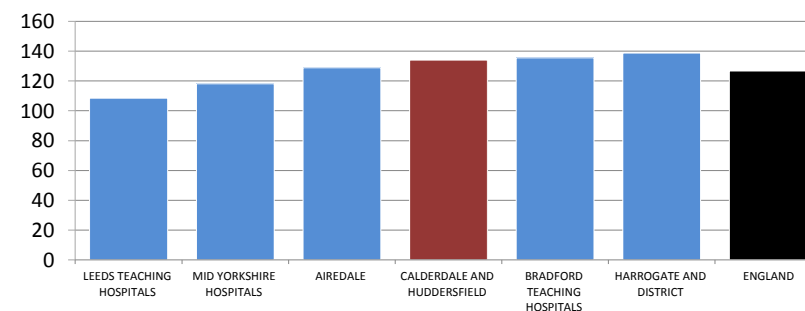
Benchmarking - Safety Thermometer

The following charts are taken from www.safetythermometer.nhs.uk and illustrate how performance compares to the national (pink line)

All Pressure Ulcers

Falls with harm

Catheters

VTE

Patients with new VTE

Harm free Care 1 (ALL)
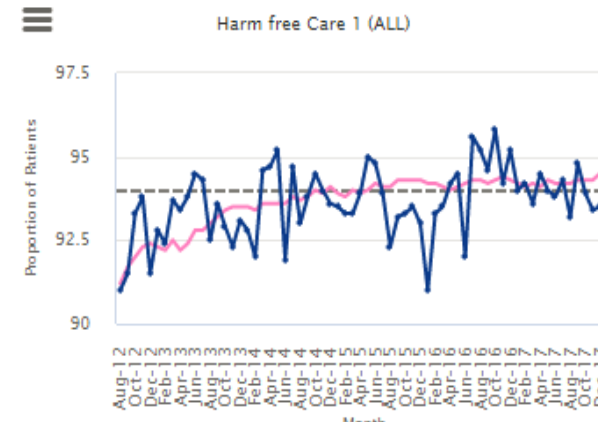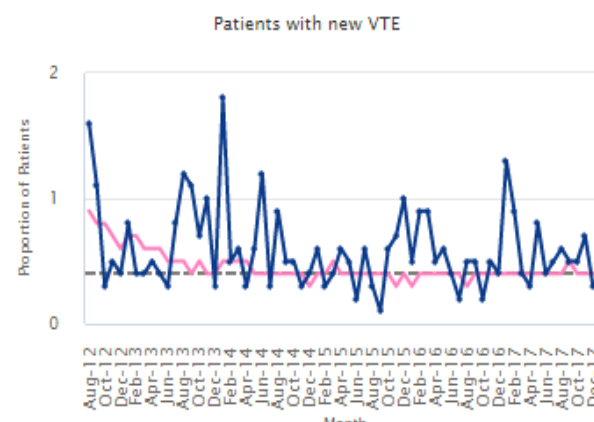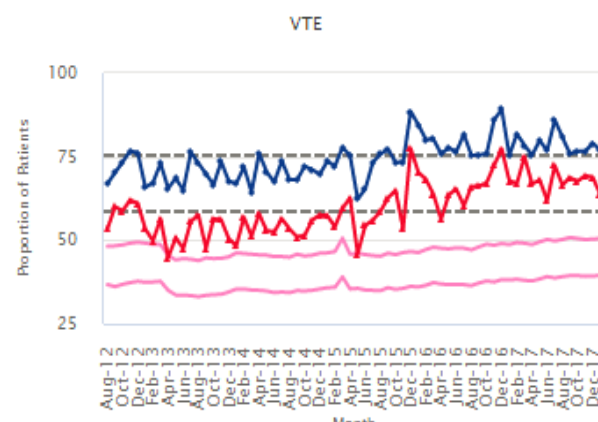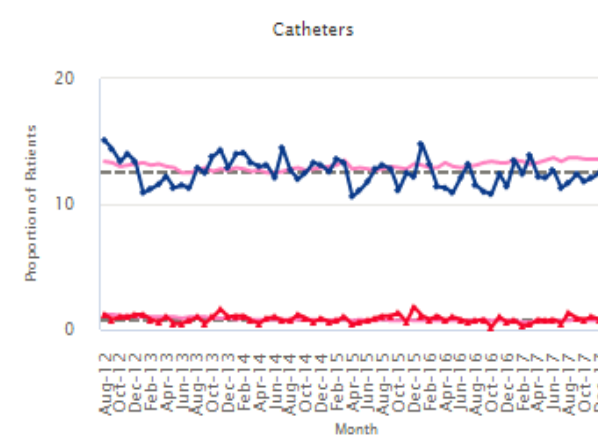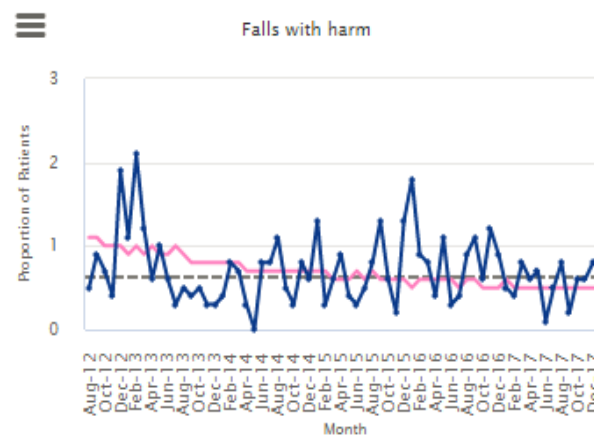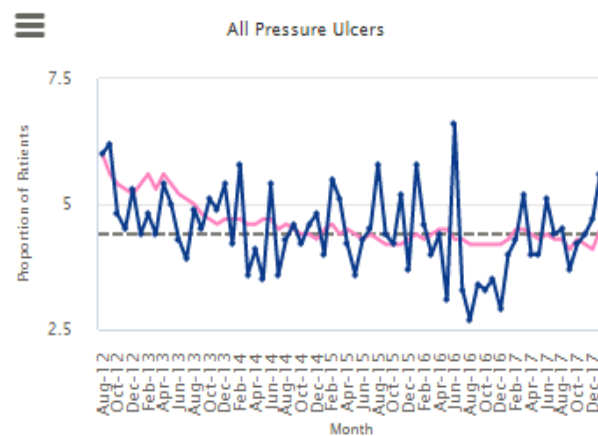
Benchmarking - Friends and Family Test

FFT Community National Results Feb 2018 (Response Rate)
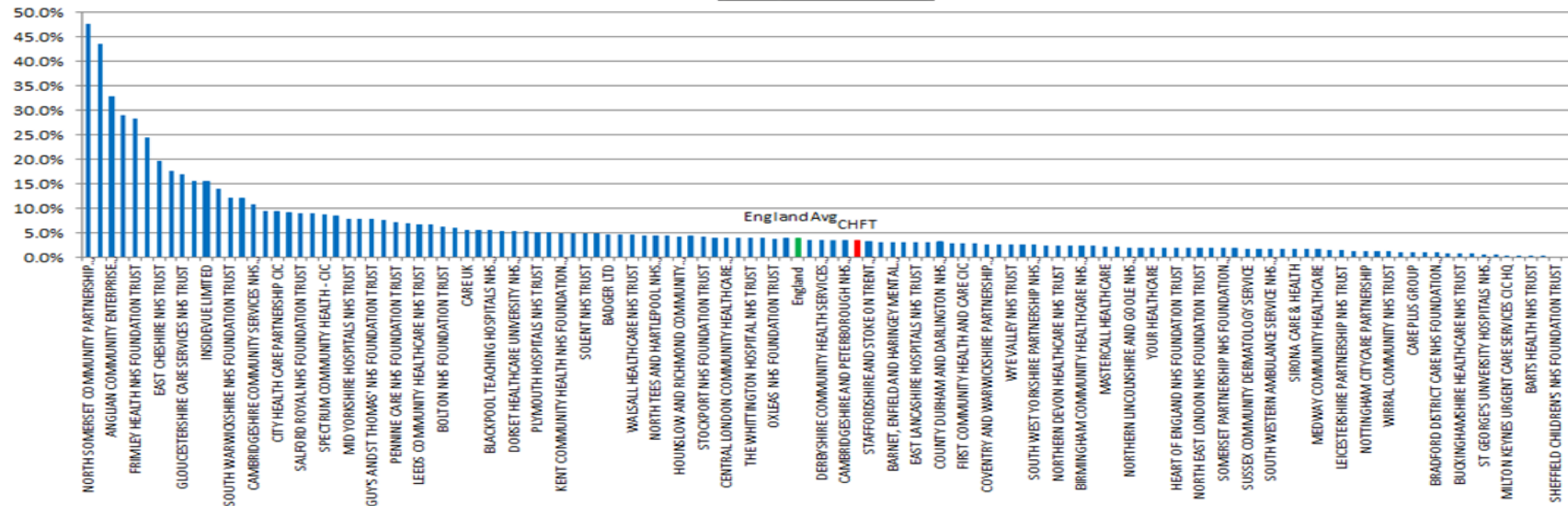
FFT Community National Results - Feb 2018 % Would Recommend

Benchmarking - Friends and Family Test

FFT Outpatient National Results - Feb 2018
(Response Rate)

FFT Outpatient National Results - Feb 2018
% Would Recommend

Benchmarking - Friends and Family Test

FFT A&E National Results - Feb 2018
(Response Rate)

FFT A&E National Results - Feb 2018
% Would Recommend

Efficiency & Finance - Key measures

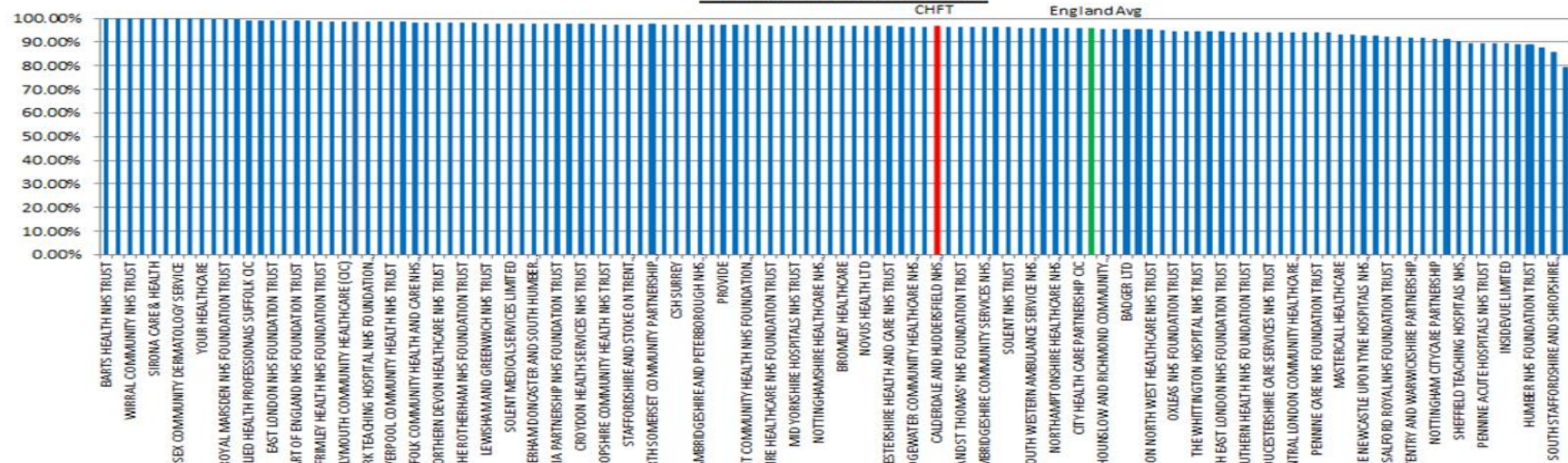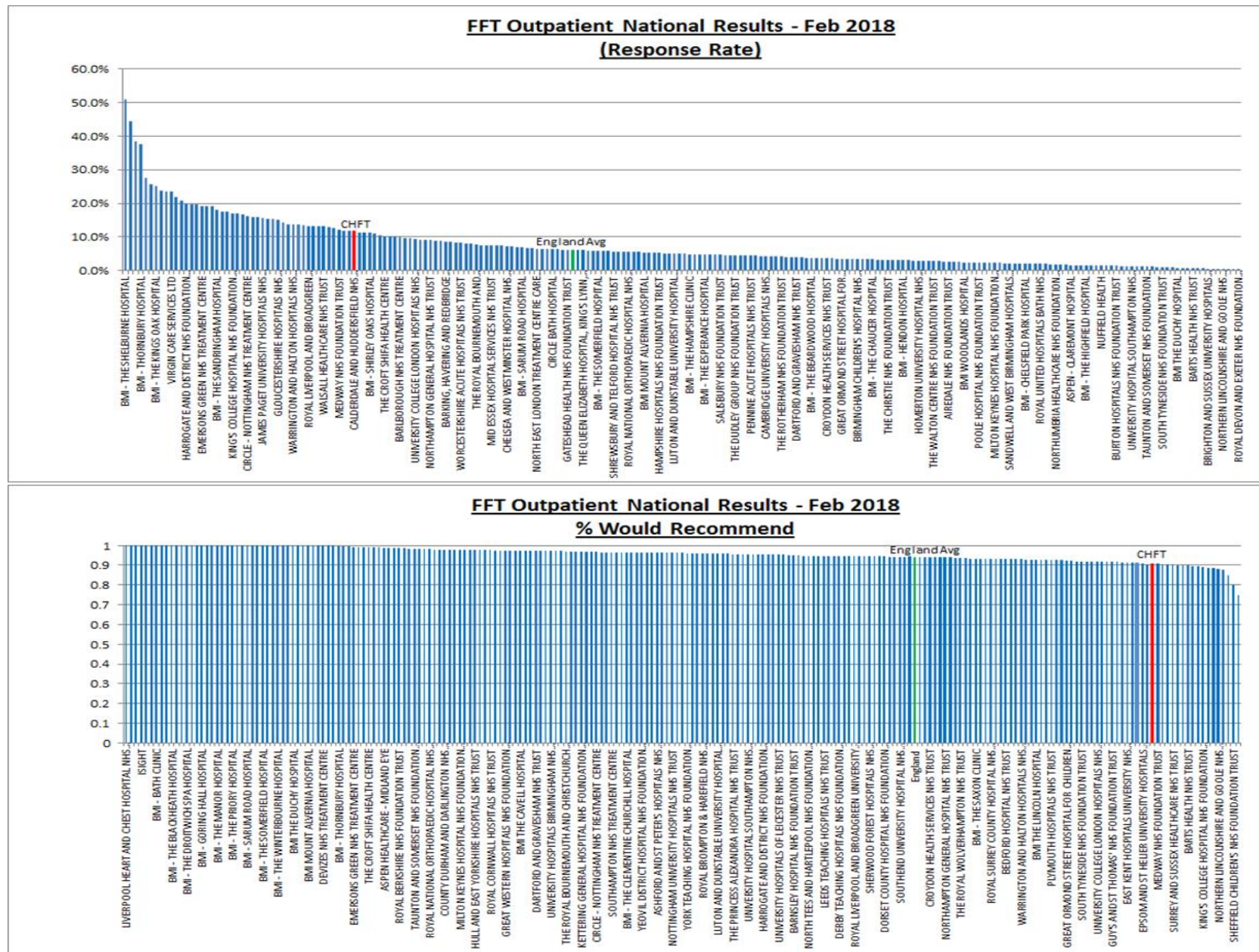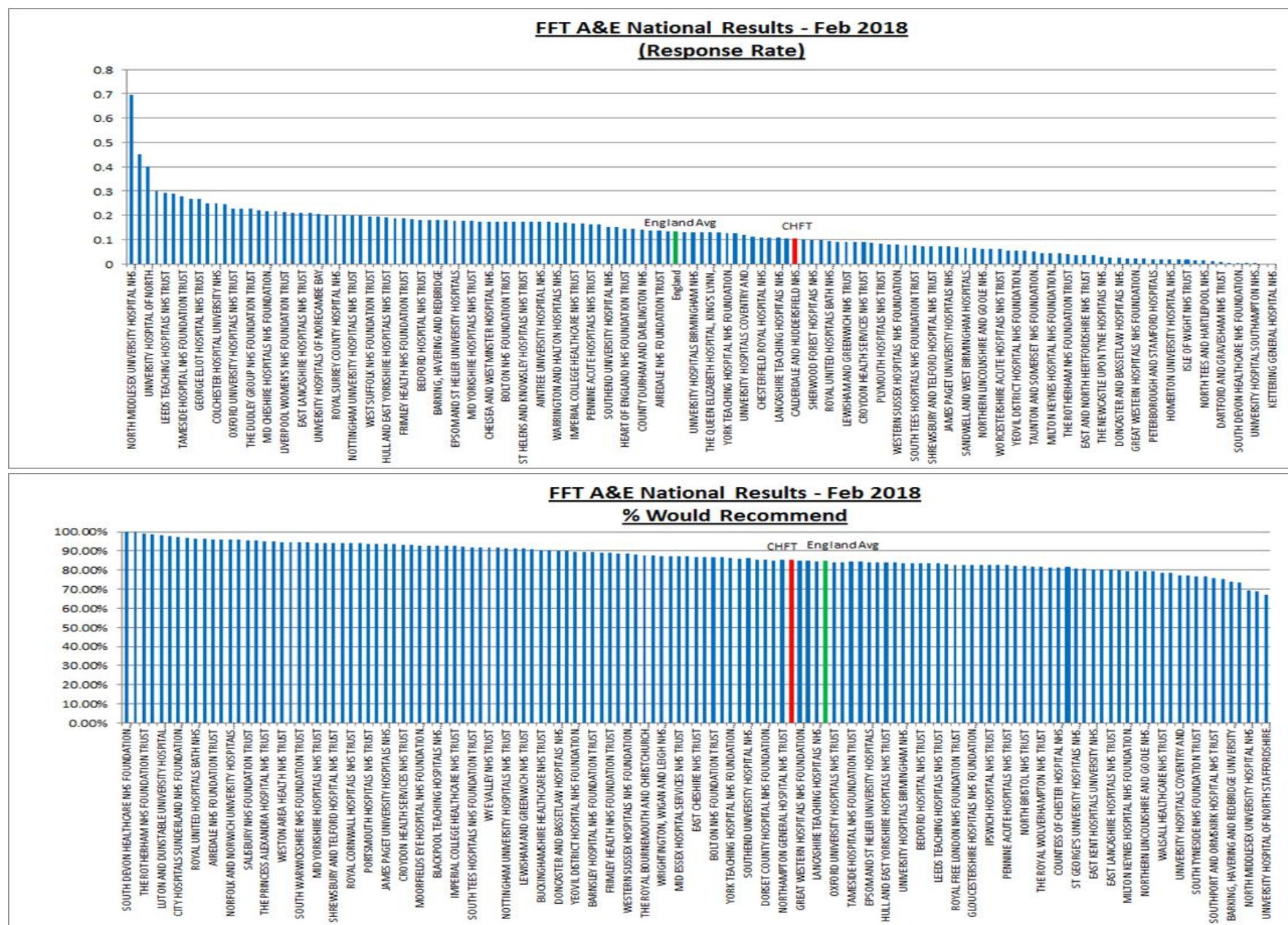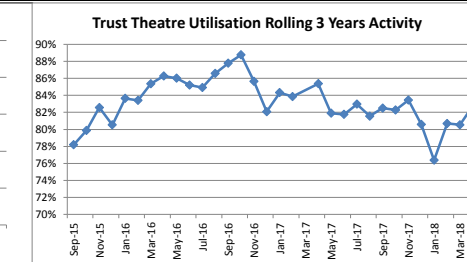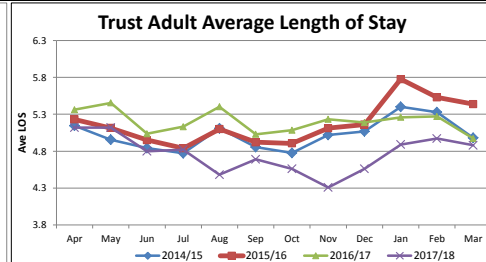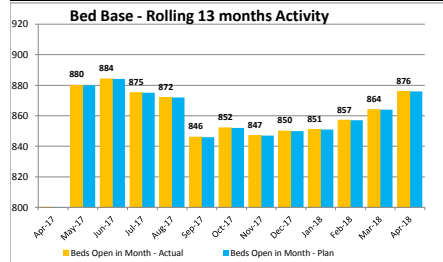|	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Target	Threshold/Monthly
Did Not Attend Rates																	
First DNA	7.88%	6.83%	10.01%	9.03%	8.04%	7.97%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.88%	<=7%	7.00%
Follow up DNA	7.05%	5.98%	11.56%	8.01%	7.08%	7.15%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.30%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	4.72	5.12	5.12	4.8	4.82	4.48	4.69	4.56	4.31	4.56	4.89	4.97	4.88	4.83	4.83	<=5.17	5.17
Average Length of Stay - Elective	2.51	2.57	2.7	2.6	2.5	2.58	2.43	2.54	2.22	2.31	2.42	2.8	2.66	3	3	<=2.85	2.85
Average Length of Stay - Non Elective	5	5.59	4.9	5.11	5.18	4.75	4.99	4.81	4.65	4.82	5.06	5.18	5.13	5.03	5.03	<=5.63	5.63
pre Op Length of Stay		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Non Elective with zero LOS (not ambulatory)	9487	756	725	841	886	762	791	947	825	841	746	689	678	756	756	Not applicable	
Elective Inpatients with zero LOS	903	96	78	94	75	91	85	83	84	63	62	37	55	35	35	136	1,632
Day Cases																	
Day Case Rate	88.34%	86.53%	86.74%	86.89%	86.51%	87.88%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	89.54%	89.54%	>=85%	85.00%
Failed Day Cases	1944	106	111	120	169	198	183	173	229	194	120	148	193	154	154	120	1,440
Beds																	
Beds Open in Month - Plan	818	824	824	824	803	803	803	818	818	818	818	818	818	859	859	Not applicable	
Beds Open in Month - Actual	876	880	884	875	872	846	852	847	850	851	857	864	876	869.6	869.6	Not applicable	
Hospital Bed Days per 1000 population - Adults	56.16	49.91	49.5	52.66	53.04	49.79	49.7	50.48	49.59	50.38	53.82	49.52	56.16	52	52.04	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	10.05%	7.99%	9.45%	9.78%	9.92%	9.80%	9.59%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	10.00%	9.99%	16/17 Baseline	
Occupied Bed Days		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Cancellations																	
Clinical Cancellations after pre-Op		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Clinic utilisation		UNDER DEVELOPMENT AND TIMELINE -June IPR															
Endoscopy Utilisations		UNDER DEVELOPMENT AND TIMELINE - July IPR															
Hospital Cancellations within 6 Weeks	29824	2646	1445	2970	2409	2004	2414	3073	2729	2066	2448	2530	3090	2506	2506	0	0
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	82.97%	82.30%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	84.14%	84.14%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	91.03%	96.06%	93.76%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	91.18%	91.18%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	73.53%	82.24%	69.47%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	75.16%	75.16%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	72.56%	77.64%	71.58%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.74%	68.74%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	81.79%	85.38%	81.91%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	82.77%	82.77%	>=90%	90.00%
% Theatre Scheduled late Starts > 15 mins		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Total Fallow Lists		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Theatre Cases per Elective list (Average)		UNDER DEVELOPMENT AND TIMELINE - June IPR															
No. of Ambulatory patients	9253	542	730	714	746	812	703	716	819	725	889	891	966	877	877	0	0
Stranded 7 Days	47.00%	47.00%	47.00%	47.00%	47.00%	45.00%	43.00%	44.00%	41.00%	43.00%	45.00%	46.00%	47.00%	47.00%	47.00%	<=30%	30.00%
Super Stranded 21 Days		UNDER DEVELOPMENT AND TIMELINE - May IPR														<=15%	15.00%
Frailty		UNDER DEVELOPMENT AND TIMELINE - May IPR															
Average time to start of reablement (days)	0.10	0.16	0.13	0.10	0.11	0.12	0.13	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.07	<=10.2 days	10.2
Catheter Lab		UNDER DEVELOPMENT AND TIMELINE - June IPR															

Bed Base - Rolling 13 months Activity

Trust Adult Average Length of Stay

Trust Theatre Utilisation Rolling 3 Years Activity

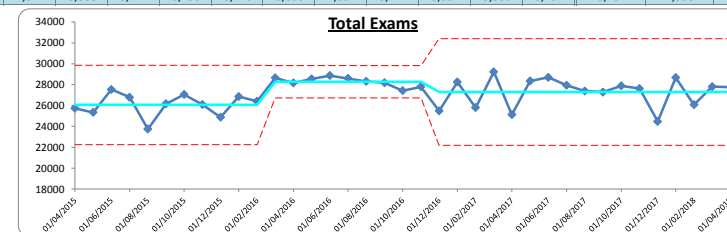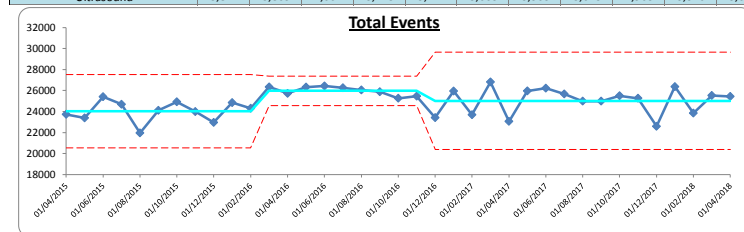| Safe	Caring	Effective	Responsive	Workforce	Efficiency/Finance	Activity	CQUIN

Radiology Summary of Activity of Key Modalities - April 2018

Referrals into Service

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD 18/19	YTD 17/18	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	1940	2022	1981	1981	1638	343	21%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	3192	3034	3191	3253	2800	2560	2931	3313	3089	3089	2621	468	18%
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	2481	2340	2459	2401	2466	2520	2188	2092	2232	2408	2408	2408	2170	238	11%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	16944	17282	17181	16863	15448	15044	15853	17430	17208	17208	15608	1600	10%
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	3801	3847	3967	4077	3480	3390	3950	4179	4174	4174	3388	786	23%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	28333	28512	28729	28860	25653	24683	26906	29352	28860	28860	25425	3435	14%

MRI Referrals

CT Referrals

Ultrasound Referrals
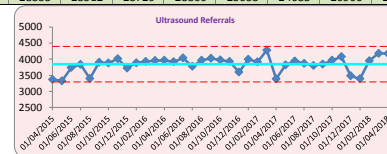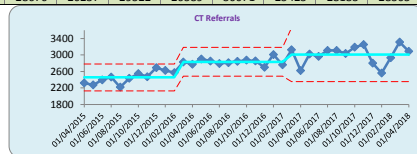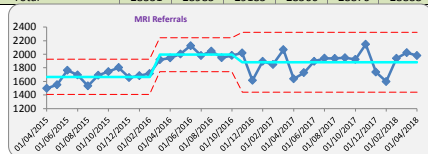
How does this compare to Trust activity Trend?
A&E Activity has increased by 4.5%, Outpatients by 6.6% and Inpatients (excluding Maternity) by 3.4%

Activity

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD 18/19	YTD 17/18	Increase	%
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	26,223	24,989	24,986	25,501	25,263	22,592	26,372	23,853	25,521	25,437	25,437	23,062	2375	10%
MRI	1,623	1,749	1,700	1,881	1,773	1,718	1,638	1,745	1,607	1,674	1,642	1,851	1,599	1,692	1,723	1,692	1,695	1,734	1,739	1639	1535	1664	1608	1684	1677	1,677	1,599	78	5%
HRI -MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	620	649	649	615	570	622	577	599	608	608	600	8	1%
CRH -MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	483	474	503	450	409	432	428	473	496	496	437	59	14%
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	582	591	582	599	576	562	547	602	572	583	567	567	567	549	18	3%
CT	2,611	2,565	2,622	2,695	2,640	2,467	2,520	2,527	2,486	2,601	2438	2,746	2,308	2,605	2,587	2,779	2,722	2,589	2,651	2,796	2,470	2,637	2,538	2,760	2,708	2,708	2,308	400	17%
General Radiology	15,682	16,384	16,165	16,052	15,859	16,000	15,844	15,606	14,400	16,266	14,597	16,688	14,441	15,322	15,476	15,479	15,142	15,516	15,692	15,230	13,911	14,295	14,481	15,833	15,518	15,518	14,441	1,077	7%
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,374	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	2,326	2,199	2,314	2,273	2,319	2,329	2,078	2,358	2,059	2,228	2,166	2,166	2,053	113	6%
Ultrasound	3,525	3,460	3,630	3,393	3,404	3,318	3,023	3,280	2,688	2,999	2,807	3,045	2,661	4,038	4,111	3,525	3,116	2,874	3,100	3,269	2,598	3,418	3,167	3,016	3,368	3,368	2,661	707	27%
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	28,692	27,939	27,377	27,284	27,882	27,625	24,471	28,679	26,075	27,808	27,766	27,766	25,128	2,638	10%
MRI	1,722	1,835	1,806	1,970	1,693	1,828	1,735	1,854	1,719	1,768	1,727	1,966	1,680	1,762	1,831	1,786	1,796	1,817	1,836	1740	1616	1751	1702	1778	1748	1,748	1,680	68	4%
HRI -MRI	697	657	669	726	684	694	729	676	620	587	587	700	631	625	674	695	671	687	693	649	603	657	609	637	633	633	631	2	0%
CRH -MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	504	488	524	470	426	452	455	497	516	516	462	54	12%
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	607	609	577	634	606	614	592	592	572	20	3%
CT	3,862	3,675	3,913	3,926	3,909	3,639	3,657	3,764	3,683	3,890	3,606	4,022	3,416	3,874	3,853	4,038	4,023	3,859	3,910	4109	3532	3891	3670	4023	4006	4,006	3,416	590	17%
General Radiology	16,415	17,048	16,821	16,705	16,580	16,663	16,478	16,255	14,881	16,878	15,181	17,391	15,019	15,932	16,154	16,026	15,797	16,176	16,401	15,835	14,349	16,902	15,106	16,407	16,110	16,110	15,019	1,091	7%
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	2,330	2,201	2,320	2,276	2,325	2,335	2,083	2,363	2,063	2,234	2,171	2,171	2,055	116	6%
Ultrasound	3,874	3,809	4,007	3,743	3,744	3,663	3,303	3,623	2,963	3,310	3,082	3,356	2,958	4,465	4,524	3,888	3,441	3,156	3,410	3,606	2,891	3,772	3,534	3,366	3,731	3,731	2,958	773	26%

Total Events

Total Exams

Waiting List at Month End

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD 18/19	YTD 17/18	Increase	%
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872	819	850	831	824	787	1016	972	988	1087	1109	1131				
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928	842	853	858	823	902	924	783	828	845	934	945				
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539	1540	1259	1321	1617	1808	1906	2126	2130	2280	2713	2706				

Number of Exams reported

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD 18/19	YTD 17/18	Increase	%
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	18554	20116	21015	19793	21046	23066	19640	22396	19959	20199	20918	20918	16671	4247	25%
Insourced (Extras)	680	1001	1221	1145	659	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	15	0	15	6	0	0	0	0	330	-330	-100%
Locum Radiologist/Sonagropher	2390	2394	1598	1598	1598	1047	935	1030	635	602	573	728	233	315	299	96	41	85	89	85	74	88	76	91	45	45	233	-188	-81%
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	2904	3040	3657	3657	2627	1030	39%
Outsourced	2287	2287	2287	2287	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	2775	2584	3017	2868	2553	2494	2965	2485	3165	3165	3658	-493	-13%
Total	27190	27705	27147	25821	27811	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	31598	26088	26842	28786	24516	27905	25904	25815	27785	27785	23519	4266	18%
% Outsourced	8%	8%	8%	9%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	11%	10%	10%	9%	11%	10%	11%	11%	16%		-4%
% Insourced/Outsourced	11%	12%	13%	13%	10%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	24%	14%	11%	10%	10%	9%	11%	10%	11%	11%	17%		-6%

Activity - Key measures (Market Share)

	16/17	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
GP First Outpatient Attendance								
% Market Share - 02T Calderdale	87.80%	86.24%	86.22%	86.60%		86.16%	87.80%	-1.64%
% Market Share - 03A Greater Huddersfield	77.75%	76.20%	75.87%	73.86%		75.10%	77.75%	-2.65%
% Market Share - Other Contracted CCG's	1.47%	1.33%	1.32%	1.20%		1.25%	1.47%	-0.22%
Market Size - 02T Calderdale	45,081	9,947	10,057	10,255		30,259	45,081	
Market Size - 03A Greater Huddersfield	43,244	9,506	10,007	10,142		29,655	43,244	
Market Size - Other Contracted CCG's	456,702	110,984	116,018	113,897		340,899	456,702	
All Elective Spells								
% Market Share - 02T Calderdale	64.98%	63.13%	63.98%	65.08%		63.57%	64.98%	-1.41%
% Market Share - 03A Greater Huddersfield	58.26%	50.93%	56.48%	57.76%		53.77%	58.26%	-4.49%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%	0.87%		0.83%	0.91%	-0.08%
Market Size - 02T Calderdale	6,041	1,253	1,202	1,137		3,592	6,041	
Market Size - 03A Greater Huddersfield	6,220	1,286	1,250	1,205		3,741	6,220	
Market Size - Other Contracted CCG's	57,991	14,402	14,123	12,398		40,923	57,991	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	89.58%	89.54%	90.50%	92.68%		91.00%	89.58%	1.42%
% Market Share - 03A Greater Huddersfield	85.51%	85.13%	86.13%	89.33%		86.98%	85.51%	1.47%
% Market Share - Other Contracted CCG's	0.74%	0.76%	0.94%	1.38%		1.02%	0.74%	0.28%
Market Size - 02T Calderdale	23,269	5,939	6,622	6,881		19,442	23,269	
Market Size - 03A Greater Huddersfield	23,129	5,911	6,389	6,698		18,998	23,129	
Market Size - Other Contracted CCG's	251,957	63,346	62,553	55,181		181,080	251,957	
Daycase Spells								
% Market Share - 02T Calderdale	82.91%	78.43%	79.26%	80.74%		79.64%	82.91%	-3.27%
% Market Share - 03A Greater Huddersfield	77.74%	71.11%	73.36%	73.61%		73.00%	77.74%	-4.74%
% Market Share - Other Contracted CCG's	0.90%	0.66%	0.79%	0.93%		0.79%	0.90%	-0.11%
Market Size - 02T Calderdale	30,987	5,976	6,745	6,651		19,372	30,987	
Market Size - 03A Greater Huddersfield	31,895	6,449	6,936	7,278		20,663	31,895	
Market Size - Other Contracted CCG's	285,313	69,432	71,319	60,907		201,658	285,313	
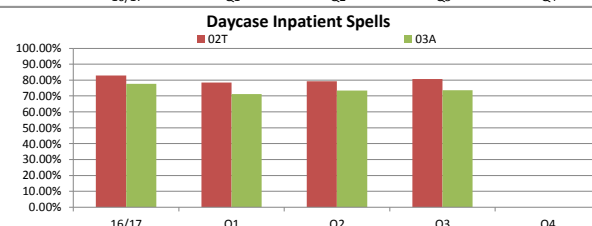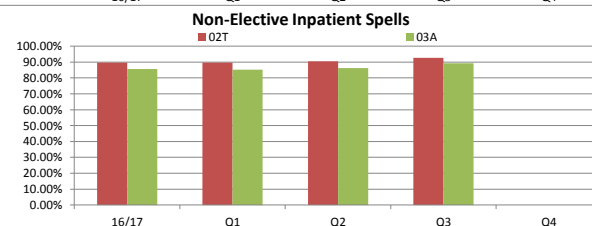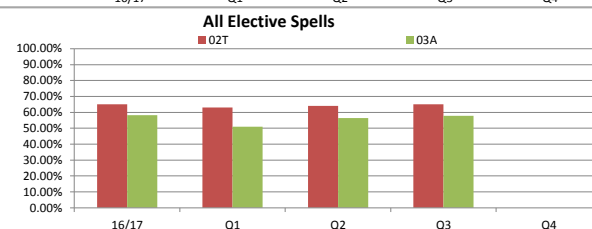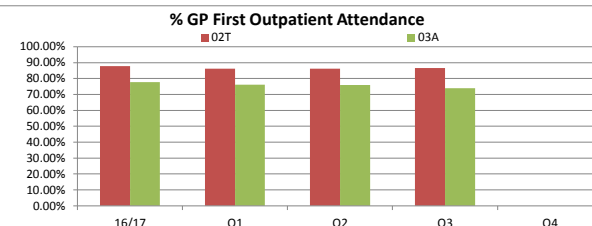
Background Context and commentary

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 2016/17 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 1 2017/18, 86.24% of the total GP sourced outpatient Calderdale CCG purchased activity was carried out by Calderdale and Huddersfield NHS Foundation Trust. This was an decrease in market share of 1.56 percentage points when compared with the 16/17 baseline.

This report will be updated quarterly the next update due to be June 2018.

Comparing Quarter 3 market share position with 16/17 baseline it can be noted that for Calderdale CCG the CHFT proportion of delivered market share has **decreased** for all areas with the exception of Non-Elective Inpatient Spells. Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the non-elective and day case activity than it did in 16/17 as well as decreased activity under GP First Outpatient Attendances

The proportion of market share CHFT delivers for the remaining CCGs with which it has a formal contract has decreased in all activity areas reportable when comparing Quarter 3 with 16/17 baseline with the exception of Non-Elective Inpatient Spells.

Activity - Key measures

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	52515	2579	4673	4175	4419	4767	4693	4937	4540	4105	4794	4276	4557	4479	4479	18.5%
03A - NHS GREATER HUDDERSFIELD CCG	37450	2119	3802	3370	3167	3348	3205	3085	3187	2837	3275	2922	3133	3200	3200	-3.1%
03J - NHS NORTH KIRKLEES CCG	3683	223	409	391	278	289	327	327	336	252	322	279	250	244	244	-16.7%
02R - NHS BRADFORD DISTRICTS CCG	248	125	200	0	300	400	600	600	400	500	300	3600	5400	224	224	-7.8%
03R - NHS WAKEFIELD CCG	1145	48	109	81	89	88	129	139	114	83	108	73	84	68	68	17.2%
02W - NHS BRADFORD CITY CCG	481	19	30	34	30	39	39	52	47	50	55	33	53	39	39	56.0%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	15	20	22	29	18	10	10	9	3	10	5	8	14	14	-66.7%
03C - NHS LEEDS WEST CCG	146	9	20	19	9	8	8	13	10	8	14	11	17	8	8	-11.1%
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	66	4	5	9	2	5	6	8	1	6	8	9	3	6	6	20.0%
03G - NHS LEEDS SOUTH AND EAST CCG	102	2	3	9	2	5	5	11	11	7	19	15	13	5	5	66.7%
02V - NHS LEEDS NORTH CCG	17	1	1	0	2	1	3	2	1	1	2	1	2	2	2	100.0%
Other	948	36	166	161	167	134	170	114	0	0	0	0	0	0	0	-100.0%
Trust		5,180	9,438	8,271	8,494	9,102	9,195	9,298	8,656	7,852	8,907	11,224	13,520	8,289	8,289	61.9%
Trust - % Change on Previous year	7.88%	-34.01%	21.46%	1.84%	12.76%	17.29%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	61.90%	61.90%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-3096.49	66.16	-152.52	-506.53	-529.25	-255.24	-147.54	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	-32.07	
% Day Case Variance against Contract	-8.25%	2.38%	-4.70%	-14.92%	-16.43%	-1.32%	-4.56%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	-0.0111	
Elective Variance against Contract	-2259.24	-10.37	-108.1	-221.34	-190.62	-156.57	-215.29	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-56.61	
% Elective Variance against Contract	-28.39%	-1.79%	-15.97%	-31.20%	-28.39%	-29.15%	-31.86%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-0.1185	
Non-elective Variance against Contract	4988.26	74.28	311.61	429.99	243.99	591.41	565.55	174.32	655.25	378.13	842.44	286.24	444.82	56.56	56.56	
% Non-elective Variance against Contract	10.42%	1.23%	6.23%	12.32%	6.54%	1.03%	15.38%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	0.0123	
Outpatient Variance against Contract	-29795.82	80.16	-2901.41	-5410.44	-822.64	-3714.84	-2851.11	-2470.69	-776.99	340.09	-3925.58	-2711.71	-4630.65	1075.35	1075.35	
% Outpatient Variance against Contract	-11.11%	0.07%	-12.50%	-20.17%	-6.25%	-6.54%	-12.37%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	0.0422	
Accident and Emergency Variance against Contract	-6917.9	82	-494	-572	-286	-226	-590.36	-210.41	-374.49	28.14	-1270.3	-1094.93	-1909.56	-699.13	-699.13	
% Accident and Emergency Variance against Contract	-4.52%	0.70%	-3.60%	-4.40%	-2.10%	-1.80%	-4.51%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.0555	

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

CQUINS - Key messages

Area	Reality	Response	Result
Overall	The CQUIN scheme for 2018/19 is, in the main, a continuation of the 2017/18 scheme. However, there are some key changes which include: - Suspension of CQUIN 8A - Reduction in AWaRe antibiotics rather than piperacillin - Higher target for Flu Vaccinations @75% The data report is being refreshed and will be more fully populated from June.		
Advice and Guidance	The CQUIN requirements are to provide A&G for 100% of services which CHFT already do. There is a secondary component to agree a quality standard of responding to an A&G request within 2 days which needs to be achieved by Q4 2018/19. Current performance = 67%	Performance by speciality is being shared widely and improvements are being seen.	Improvement trajectory agreed with CCG to deliver 3 days responses in the first instance moving to 2 days by Q4 2018/19. Improvement expected in overall response rate each quarter. Accountable: GMs

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets				ACTUAL PERFORMANCE													
						Q1	Q2	Q3	Q4	Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4
										Apr-18	May-18	Jun-18		Jul-18	Aug-18	Sep-18		Oct-18	Nov-18	Dec-18		Jan-19	Feb-19	Mar-19	
1. Improving staff health and wellbeing																									
1a.1				% Definitely takes positive action on health and well-being	TBC	N/A	N/A	N/A	TBC																
1a.2	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Experienced MSK in the last 12 months as a result of work activities	TBC	N/A	N/A	N/A	TBC																
1a.3				% Felt unwell in the last 12 months as a result of work related stress	TBC	N/A	N/A	N/A	TBC																
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 17-18 changes	-	N/A	Written report for evidence	N/A	Written report for evidence																
1b.2				Introduce new changes	-	N/A	Written report for evidence	N/A	Written report for evidence																
1c	Acute & Community	£213,082	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	70%	N/A	N/A	70%	75%																
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)																									
2a.1			Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions		90%	90%	90%	90%	100.0%															
2a.2	Acute	£95,887		% Eligible patients screened for Sepsis in Inpatients (LOS >0)		90%	90%	90%	90%	100.0%															
2b.1		£95,887	Timely treatment of sepsis in emergency departments and acute inpatient settings	% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Emergency Admissions		90%	90%	90%	90%																
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)		90%	90%	90%	90%																
2c	Acute	£95,887	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	% of antibiotic prescriptions documented and reviewed within 72 hours	-	25%	50%	75%	90%																
			FSS			25%	50%	75%	90%																
2d.1				1% reduction (from 16/17 position) in all antibiotics	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC																
2d.2	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	1% reduction (from 16/17 position) in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC																
2d.3				1% reduction (from 16/17 position) in Piperacillin-Taxobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC																
4. Improving services for people with mental health needs who present to A&E																									
4	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - cohort of patients	TBC	TBC	TBC	TBC	TBC																
6. Offering advice and guidance																									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)	67.0%															
7. NHS E-Referrals																									
7.1a	Acute	£159,811	E-referrals	% Referrals to first OP able to be received through ERS	TBC	Submit Baseline	80%	90%	100%																
7.1b				% Appointment Slot Issues	TBC	33%	30%	25%	4%																
9. Preventing ill health by risky behaviours – alcohol and tobacco																									
9a		£7,991		% Patients screened for Tobacco usage	TBC	Submit Baseline																			
9b		£31,962		% Smokers given brief advice	TBC	Submit Baseline																			
9c	Acute	£39,953	Preventing ill health by risky behaviours - alcohol and tobacco	% Smokers referred and/or offered medication	TBC	Submit Baseline																			
9d		£39,953		% Patients screened for Alcohol usage	TBC	Submit Baseline																			
9e		£39,953		% Alcohol users given brief advice	TBC	Submit Baseline																			
9a		£15,981		% Patients screened for Tobacco usage	73.0%																				
9b		£63,925		% Smokers given brief advice	100.0%																				
9c	Community	£79,906	Preventing ill health by risky behaviours - alcohol and tobacco	% Smokers referred and/or offered medication	0.0%																				
9d		£79,906		% Patients screened for Alcohol usage	4.0%																				
9e		£79,906		% Alcohol users given brief advice or medication	0.0%																				
10. Improving the assessment of wounds																									
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	-	N/A	To complete baseline audit	N/A	TBC																
11. Personalised care and support planning																									
11	Community	£319,623	Personalised care and support planning	Patient activation assessments	-	N/A	Submit plan	Identify cohort	Training undertake & cohort pts assessed																

Appendices

Appendices

Appendix - Appointment Slot Issues

ASIs

As at 2nd May, there were 1,401 referrals awaiting appointments.

The top specialties for ASIs backlog were:
Dermatology (422)
Cardiology   (268)
Respiratory (140)
Urology (149)

with smaller backlogs also in:
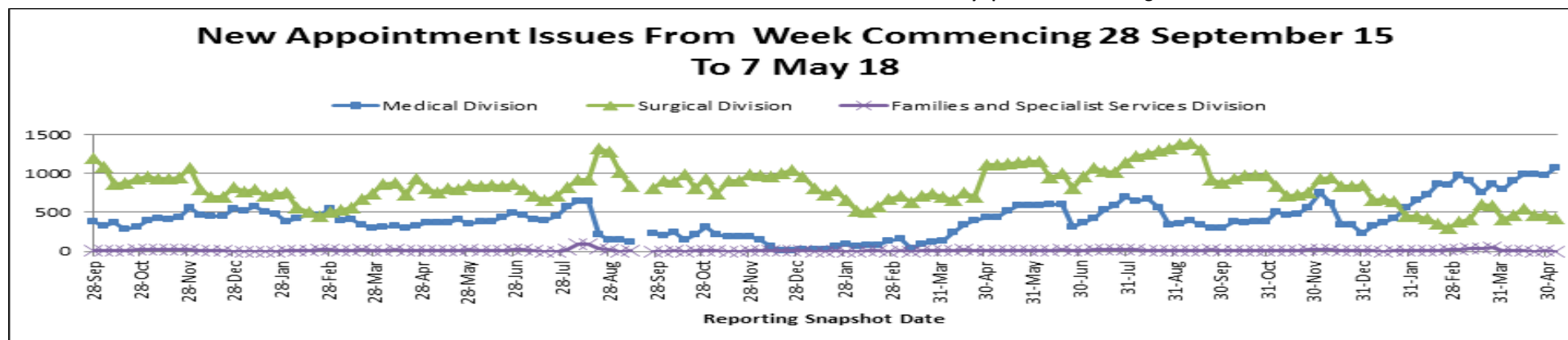Paediatrics (98)
Gastroenterology (68)
ENT (51)
General Surg (47)

2 Patients have been waiting over 6 months, (this was previously 1 on the last report)
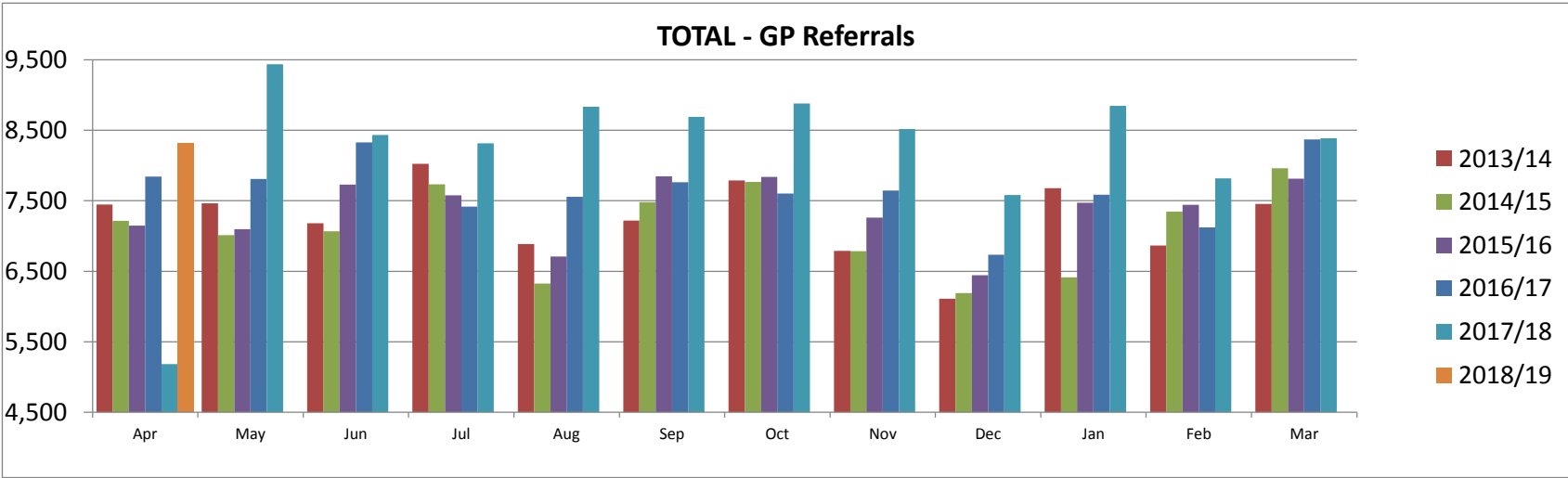
Week Commencing 3/01/2018	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	105	145	141	111	64	93	70	62	53	98	0	1	0	1	**944**
Cardiology	23	34	51	37	21	40	21	19	12	9				1	**268**
Dermatology	40	52	34	37	29	29	40	36	37	87	1				**422**
Gastroenterology	12	15	22	12	4	3									**68**
Respiratory Medicine	19	23	25	21	9	21	9	7	4	2					**140**
Surgery	102	77	55	44	16	27	16	13	2	5			1	1	**359**
ENT	35	5	2		1			6	1	1					51
General Surgery	5	7	6	6	3	6	5	6		1			1	1	47
Urology	30	30	25	24	11	19	8	1		1					149
Colorectal	8	7						1							16
FSS	24	41	18	12			1	1		1					**98**
Paediatrics	23	41	18	12			1	1							96
Totals	231	263	214	167	80	120	87	76	55	104	0	2	0	2	**1,401**

NOTE: Total column does not sum to the weeks as only specialities with a high number have been included

New Appointment Issues From Week Commencing 28 September 15 To 7 May 18

Legend: Medical Division — Surgical Division — Families and Specialist Services Division

Appendix - Referrals

No commentary on referrals for April 2018

TOTAL - GP Referrals

Legend:
- 2013/14
- 2014/15
- 2015/16
- 2016/17
- 2017/18
- 2018/19

Activity - Key measures

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5,685	509	428	501	510	518	486	525	529	466	397	486	511	519	5,876	3.4%
NHS CALDERDALE CCG Conversions	657	54	52	41	50	45	53	49	51	49	50	58	50	62	610	
NHS CALDERDALE CCG Conversion Rate	11.6%	10.6%	12.1%	8.2%	9.8%	8.7%	10.9%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	10.4%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	608	524	575	646	563	583	596	619	589	482	625	500	615	6,917	12.1%
NHS GREATER HUDDERSFIELD CCG Conversions	802	79	58	74	72	60	47	60	73	66	59	71	56	67	763	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	13.0%	11.1%	12.9%	11.1%	10.7%	8.1%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.0%	
Other CCG Referrals	534	37	44	62	50	51	56	32	36	33	16	22	24	29	455	-14.8%
Other CCG Conversions	104	3	8	14	9	5	10	3	3	2	0	3	1	3	61	
Other CCG Conversion Rate	19.5%	8.1%	18.2%	22.6%	18.0%	9.8%	17.9%	9.4%	8.3%	6.1%	0.0%	13.6%	4.2%	10.3%	13.4%	
CHFT Fast Track Referrals	12,388	1,154	996	1,138	1,206	1,132	1,125	1,153	1,184	1,088	895	1,133	1,035	1,163	13,248	11.1%
CHFT Fast Track Conversions	1,563	136	118	129	131	110	110	112	127	117	109	132	107	132	1,434	
CHFT Fast Track Conversion Rate	12.6%	11.8%	11.8%	11.3%	10.9%	9.7%	9.8%	9.7%	10.7%	10.8%	12.2%	11.7%	10.3%	11.3%	10.8%	
% Change on Previous year																

Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.
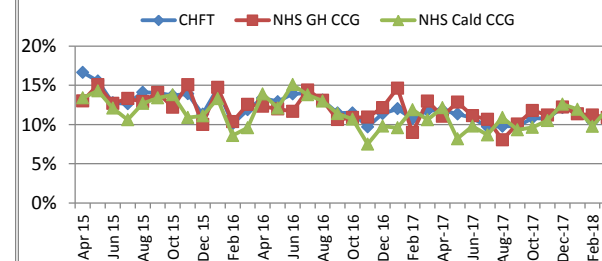

Fast Track Cancer Referrals
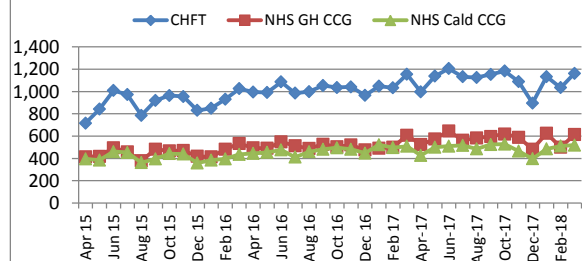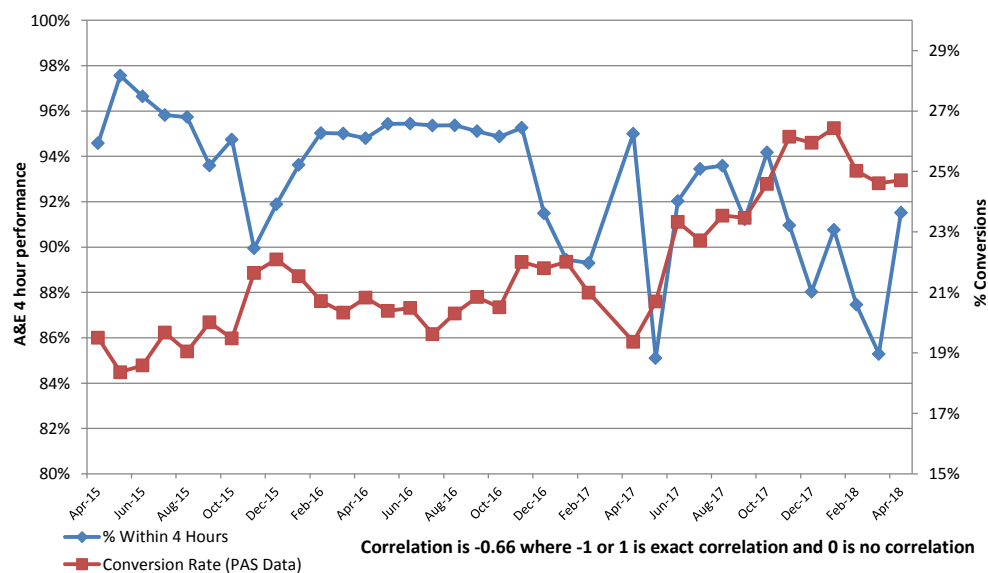

Fast Track Conversions
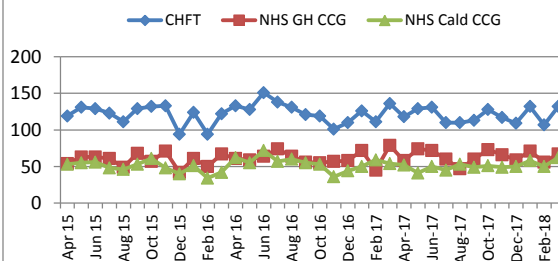
Fast Track Conversion Rate

Appendix - A and E Conversion rates and Delayed Transfers

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	148,929	12,396	13,267	12,361	13,170	12,155	12,732	13,058	12,097	12,653	11,735	11,191	12,114	**11,892**	**11,892**	-4.1%
A and E 4 hour Breaches	13,978	620	1,975	985	863	779	1,118	761	1,094	1,514	1,084	1,403	1,782	**1,009**	**1,009**	62.7%
Emergency Care Standard 4 hours	90.61%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	**91.52%**	**91.52%**	-3.7%
Admissions via Accident and Emergency	35,445	2,431	2,746	2,884	2,992	2,861	2,990	3,211	3,163	3,284	3,102	2,800	2,981	**2,939**	**2,939**	20.9%
% A and E Attendances that convert to admissions	23.80%	19.37%	20.70%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	**24.71%**	**24.71%**	27.6%

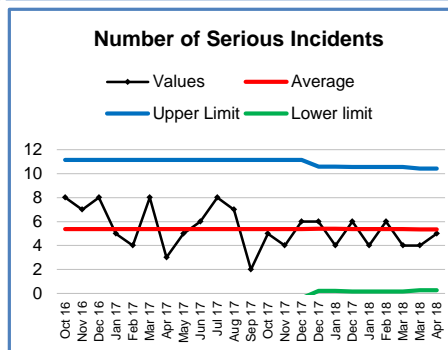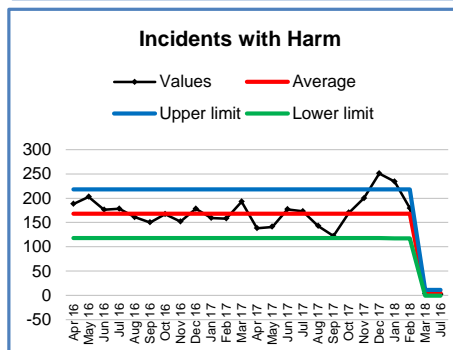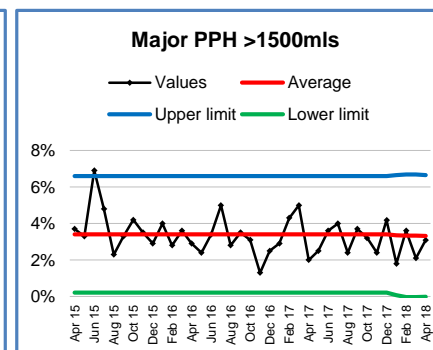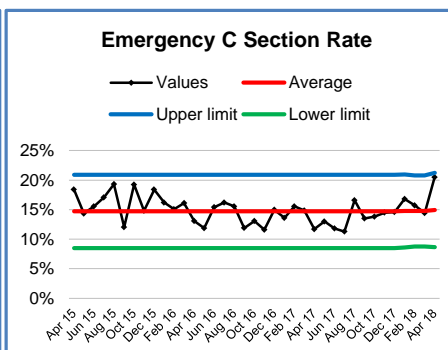### A&E 4 hour target performance and conversion to admissions evaluation - Rolling 3 Years Activity

Correlation is -0.66 where -1 or 1 is exact correlation and 0 is no correlation

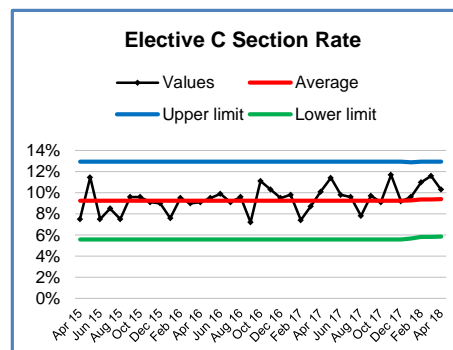Legend: ◆ % Within 4 Hours ■ Conversion Rate (PAS Data)

Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 16th May 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	54	68	6	128
Awaiting Completion of Assessment	43	49	5	97
Awaiting Care package in own home	5	6	0	11
Awaiting Residential home placement	1	5	0	6
Awaiting public funding	0	3	0	3
Awaiting further non-acute NHS Care	3	0	0	3
Awaiting community equipment and adaptations	1	2	0	3
Awaiting nursing home placement	1	2	1	4
Disputes	0	0	0	0
Housing - patients not covered by Care Act	0	1	0	1

Appendix - Cancer - By Tumour Group

	17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	YTD	Target	Threshold/Monthly
62 Day Gp Referral to Treatment																	
Breast	99.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Gynaecology	86.67%	100.00%	100.00%	83.33%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	>=85%	85.00%
Haematology	81.01%	50.00%	86.67%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	>=85%	85.00%
Head & Neck	78.48%	80.00%	75.00%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	87.50%	50.00%	92.68%	92.68%	>=85%	85.00%
Lower GI	83.51%	80.00%	75.00%	95.45%	69.23%	75.00%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	100.00%	>=85%	85.00%
Lung	86.06%	66.67%	80.95%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	76.92%	>=85%	85.00%
Sarcoma	63.64%	none to report	none to report	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	0.00%	none to report	100.00%	100.00%	>=85%	85.00%
Skin	97.40%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	91.67%	>=85%	85.00%
Upper GI	74.44%	50.00%	86.67%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	77.78%	>=85%	85.00%
Urology	87.67%	89.13%	95.65%	85.11%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	93.24%	>=85%	85.00%
Others	84.62%	66.67%	none to report	50.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	91.15%	100.00%	50.00%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	96.15%	93.68%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.82%	98.82%	>=93%	93.00%
Childrens	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%
Gynaecology	91.39%	98.77%	75.49%	65.18%	91.09%	92.50%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	93.33%	>=93%	93.00%
Haematology	92.65%	90.91%	65.22%	81.82%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Head & Neck	94.11%	91.92%	74.65%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	81.97%	81.97%	>=93%	93.00%
Lower GI	95.27%	97.31%	97.01%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	96.57%	96.57%	>=93%	93.00%
Lung	94.83%	100.00%	97.78%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	86.96%	86.96%	>=93%	93.00%
Sarcoma	96.15%	100.00%	92.31%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	86.67%	86.67%	>=93%	93.00%
Skin	93.50%	97.73%	75.09%	90.84%	90.65%	96.44%	96.70%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.31%	98.31%	>=93%	93.00%
Testicular	98.18%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	89.98%	97.06%	82.57%	78.30%	89.08%	81.75%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	97.25%	97.25%	>=93%	93.00%
Urology	96.26%	100.00%	93.86%	92.79%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	100.00%	100.00%	>=93%	93.00%

Safe -SPC Charts

Number of Falls

Number of Pressure Ulcers

% of Harm Free Care

Elective C Section Rate

Emergency C Section Rate

Major PPH >1500mls

Incidents with Harm

Number of Serious Incidents

Caring - SPC Charts

IP Response Rate

IP Would Recommend

Maternity Would Recommend

AE Response Rate

AE Would Recommend

Maternity Response Rate

FFT Community Response Rate

FFT Community Would Recommend

% of Complaints Closed in Target Time

Effective -SPC Charts

MRSA Screening

Stillbirth Rates

% Initial Screening Review

Crude Mortality Rate

% Sign & Symptom as a Primary Diagnosis

% NEL #NOFs with Admission to Procedure <36 Hours

Community - % Readmitted back into hospital within 30 days

Responsive -SPC Charts

Emergency Care Standard 4 Hours

- Values
- Average
- Upper limit
- Lower limit

A&E Ambulance Handover 30-60 mins

- Values
- Average
- Upper limit
- Lower limit

Delayed Transfer of Care

- Values
- Average
- Upper limit
- Lower limit

Strokes admitted directly to an acute stroke unit within 4 hours

- Values
- Average
- Upper limit
- Lower limit

% Incompletes <18 Weeks

- Values
- Average
- Upper limit
- Lower limit

% Diagnostics < 6 Weeks

- Values
- Average
- Upper limit
- Lower limit

ASIs on Choose & Book

- Values
- Average
- Upper limit
- Lower limit

Methodology for calculating the performance score

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.

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
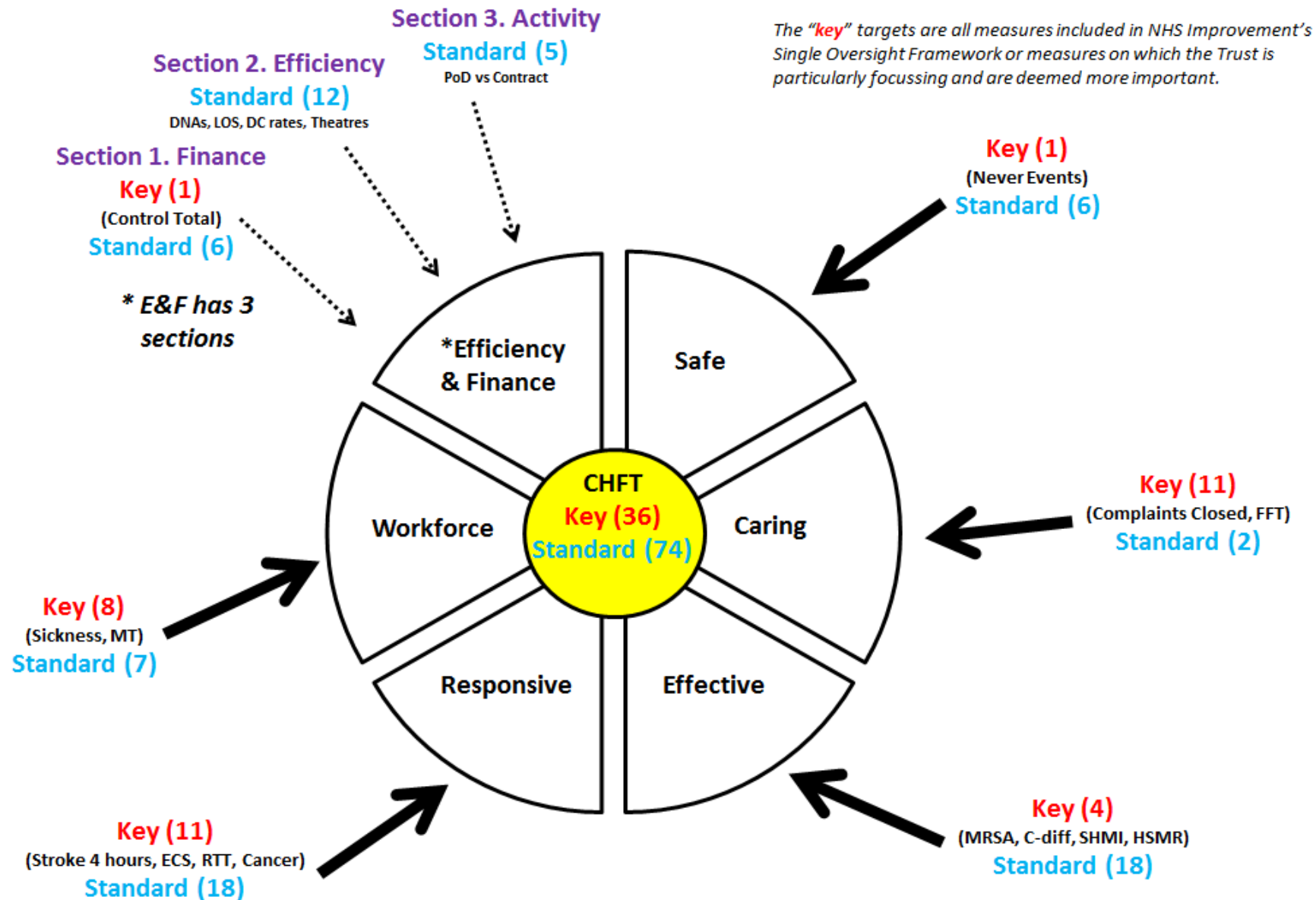
Calculating Domain Scores

- 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

Number of Targets (Key/Standard) by Domain

Section 3. Activity
Standard (5)
PoD vs Contract

Section 2. Efficiency
Standard (12)
DNAs, LOS, DC rates, Theatres

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.

Section 1. Finance
Key (1)
(Control Total)
Standard (6)

* E&F has 3 sections

Key (1)
(Never Events)
Standard (6)

Key (11)
(Complaints Closed, FFT)
Standard (2)

Key (8)
(Sickness, MT)
Standard (7)

Key (11)
(Stroke 4 hours, ECS, RTT, Cancer)
Standard (18)

Key (4)
(MRSA, C-diff, SHMI, HSMR)
Standard (18)

Circular diagram with segments:
- *Efficiency & Finance
- Safe
- Workforce
- Caring
- Responsive
- Effective

Center (CHFT):
CHFT
Key (36)
Standard (74)

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