

# Quality and Performance Report

December 2017

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

# Performance Summary

## To Note

Sometimes the previous month's % in the Performance Summary is different in the next month's report. This usually happens when there are late changes to indicator values due to validation.

For **December's** performance the 2 Emergency Readmission indicators in the Effective domain have been discounted as part of the Performance Score in line with the recent update to the Single Oversight Framework. This has resulted mostly in minor improvements in previous months by up to 0.5%.

## Comparing December 2016 performance to December 2017 performance

**December 2016** performance (65%) was **11 percentage points (80 points)** better than **December 2017 (54%)**. The main areas of deterioration are **Mandatory Training (48 points)**, FFT (24 points) and Finance (12 points). On the contrary we had an MRSA in December 2016 plus SHMI and HSMR were worse. Graph shows deterioration in total number of targets achieved.



## Comparing 9 months' cumulative performance to December with same period in 2016

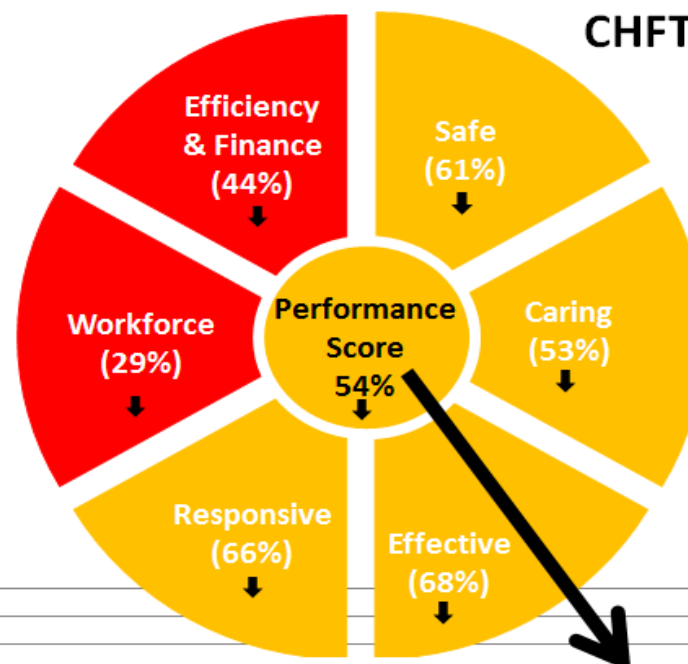
**Period to December 2017's** performance (59.4%) was **3 percentage points worse** than **period to December 2016 (62.5%)**. Again the main area of deterioration was **Mandatory Training**, this is only compensated by an equivalent improvement in **Sickness Absence**. Other contributory areas are **Cancer 2 week waits and 62 day RTT, Diagnostic Waits, FFT A & E Survey - Response Rate, I&E, CIP and Activity**. **SHMI and HSMR** have improved.

# Performance Summary

## December

### RAG Movement

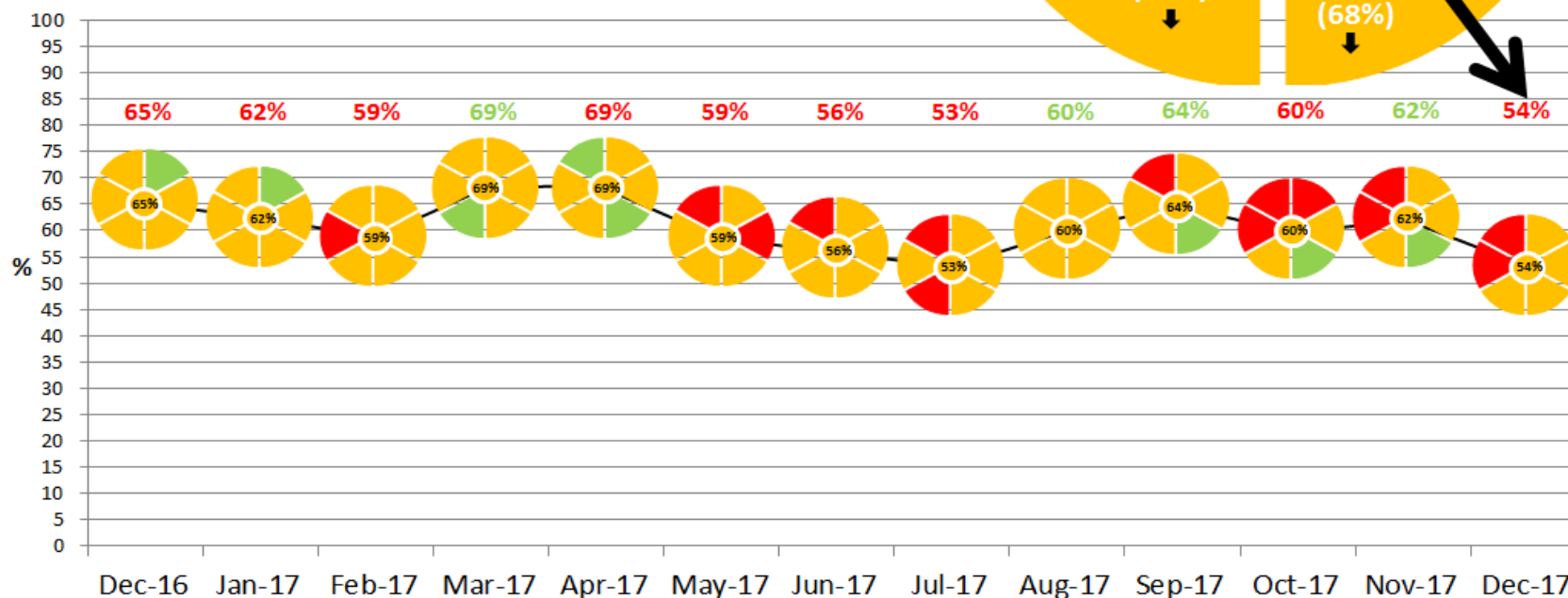
December's Performance Score has deteriorated by 8 percentage points to 54%. All domains have deteriorated in-month. The CARING domain has dropped significantly due to FFT IP survey 'would recommend' and both Community FFT indicators missing target. The EFFECTIVE domain has moved to AMBER with a couple of failings in Infection Control plus #NoF target. The RESPONSIVE domain is still AMBER and on a positive note has maintained its cancer performance across all metrics however all 4 Stroke targets are now underperforming. EFFICIENCY & FINANCE has improved with Day Cases and A&E activity achieving target in-month however Agency expenditure and Capital both deteriorated to RED in-month. WORKFORCE has deteriorated further with all 5 Mandatory Training focus areas missing target and a decline in sickness absence performance.



### SINGLE OVERSIGHT FRAMEWORK

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

RESPONSIVE	
RTT Incomplete Pathways	Diagnostics 6 weeks 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



Carter Dashboard

					MOST IMPROVED		MOST DETERIORATED		ACTIONS	
					No Category 4 pressure ulcers for 6 out of the last 7 months.		Emergency Care Standard 4 hours at 88% (89.8% including types 2 and 3) which is lowest performance since May 17, however still 11 percentage points above the England average. There was an unprecedented surge in demand throughout December with acuity increased. With limited flow out of the Trust through the 2 bank holidays exit block from AED was a regular occurrence. Additional beds were opened to support flow impacting on agency spend and gaps in medical staffing in AED specifically over the Christmas and New Year period contributed to the position.		The ECS recovery and sustainability Plan actions continue to be worked through and implemented. New processes have been brought in to reduce pressures on the department including nursing staff now turning patients round at the front door and if appropriate booking GP appointments during daytime hours. Significant actions implemented from 2nd January and will be detailed in the January IPR.	
					All key cancer targets maintained for the 2nd consecutive month.					
					% Sign and Symptom as a Primary Diagnosis just above the 9% target but achieving lowest rate since EPR go-live back in April.		% Stroke patients scanned within 1 hour of hospital arrival - at 30% lowest rate since December 2016.		Stroke Assessment Area Investigation into performance suggests that the establishment of an assessment facility to allow the Stroke team to receive stroke and other neurological presentations would confirm strokes quickly and establish diagnostics and bed requirements early impacting on time to scan and time spent in a stroke bed. Work has commenced to identify an assessment location.	
							TREND ARROWS: Red or Green depending on whether target is being achieved Arrow upwards means improving month on month Arrow downwards means deteriorating month on month.			
					Arrow direction count		2		11	



# Executive Summary

The report covers the period from December 2016 to allow comparison with historic performance. However the key messages and targets relate to December 2017 for the financial year 2017/18.

Area	Domain
Safe	<ul style="list-style-type: none"><li><b>% Harm Free Care</b> - Performance maintained in-month at 93.5%. Within the Medical division a number of initiatives continue to be strengthened (changes to the format of the pressure ulcer panel, progress with the falls action plan) to impact on improving the position. No additional actions are to be put in place in light of the ongoing pressure ulcer improvement collaborative which is already engaged with Community and Trust colleagues.</li><li><b>% PPH ≥ 1500ml - all deliveries</b> - 4.2% is highest rate since March 2017. All PPH &gt;1500mls are measured against the ARREST care bundle and th data reflects good compliance with risk assesement and treatment at the time of the PPH.</li></ul>
	<ul style="list-style-type: none"><li><b>Complaints closed within timeframe</b> - Of the 79 complaints closed in December, 38% of these were closed within target timeframe. Given recent pressures CHFT still aims to have backlog of complaints closed by February with complaint panels and aid from corporate staff aiming to close 15 complaints per week. With senior divisional support this model will sustain an effective complaints procedure. Divisions have given assurance that contact is being made with complainants within 7 days.</li><li><b>Friends and Family Test Outpatients Survey - % would recommend the Service</b> - Performance is still not achieving target although 90% is best performance since April 2017. The team continues to work across divisions, especially with the Matron for FSS addressing how we can work together to improve response rate and address feedback. A review of Q3 comments is going to be undertaken in January with the performance lead and the division's patient experience lead to ensure that interventions are being targeted in the right place.</li></ul>
Caring	<ul style="list-style-type: none"><li><b>Friends and Family Test A &amp; E Survey</b> - Response Rate has slipped to 10% in-month whilst % would recommend is still just below target. Both targets have been challenging this month which is due to the unprecedented surge in demand we have seen in the month of December. It is hoped that moving the ACPs to the medical rota will reduce waiting times for patients out of hours which in turn should lead to an increase in patient satisfaction and the would recommend rate.</li><li><b>Friends and Family Test Community</b> - Response Rate has dropped below target at 2.7% whilst % would recommend is back below target following 2 months of achievement. The division has set up a piece of focussed work to understand why staff are not engaging in completing the FFT with their patients. Methodology that was put in place is being reviewed (one focussed day a month).</li></ul>
Effective	<ul style="list-style-type: none"><li><b>Clostridium Difficile Cases</b> - There were a further 4 cases in-month following the 6 in November. The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future.</li></ul>
	<ul style="list-style-type: none"><li><b>E.Coli - Post 48 Hours</b> - There were 6 cases in-month. 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.</li><li><b>Mortality Reviews</b> - A step by step guide is being developed to support consultants and SAS doctors to perform ISRs with face to face support where required. The process of allocating ISRs is also being refined to ensure that reviews are shared fairly. Structured Judgement reviewers are being supported to discuss avoidable scores of 3 (probable) or 4 (possible) with a peer with all scores of 2 or 1 being discussed at the Learning from Deaths panel. Discussions are also taking in place on how best to feedback and disseminate learning from SJRs.</li><li><b>Percentage Non-elective #NoF Patients With Admission to Procedure of &lt; 36 Hours</b> - Performance has reduced to 68% following successful achievement in November. In order to enhance the management of all trauma patients, the team has worked with the COO to devise a clearer visual code to enable quicker identification of priority patients and schedule accordingly.</li></ul>

## Background Context

The Health & Social care system was busy in December with acuity increasing and impacting on LOS. There was a national challenge on local DTOC targets for Calderdale which required significant collective actions to secure iBCF funding release. This will have positive outcomes for patients through Q4 and 18/19.

Medicine continued with the reconfiguration of Cardiology, Respiratory and Elderly services with the last ward move taking place 11th December. The implementation of the move was a success with operational issues resolved as and when they arose. A broader review and monitoring of the reconfiguration will be ongoing, culminating in a large scale review in 3 months’ time which will include a comprehensive review of the KPIs attached to the business case.

The other significant challenge during December was planning for Christmas, New Year and the January pressures. Whilst there were plans in place to navigate the winter period CHFT was faced with an unprecedented surge in demand for non-elective care for the back end of December and early January which required the Trust to operate fully in silver command and control mode with an OPEL 3 (bordering on OPEL 4) status for both sites.

There was an increase in sickness absence rates in November with total sickness absence increasing to 4.65% which was the highest rate since December 2016. There was an increase in ‘Gastrointestinal Problems’ and ‘Cold/Cough/Flu – Influenza’ which contributed to performance.

From the outset in planning for 2017/18 the Trust expressed concerns at the scale of the challenge to deliver £15.9m control total deficit. For 2017/18, the impact associated with the abnormal risk of EPR implementation was estimated at £5m, whilst only £17m of the required £20m CIP was believed to be achievable, leaving the Trust with a total risk which was assessed at the start of the year to be £8m plus any subsequent loss of STF funding

At Month 9, the Trust has formally declared to NHSI that it does not expect to achieve the 17/18 control total due to a combination of: slower than expected recovery of clinical activity levels and therefore income following EPR implementation; reduced operational capacity whilst resolving implementation issues and associated cost pressures; income values being lower than planned for the actual activity delivered and assumed within the HRG4+ test grouper; exceptional winter cost pressures linked to the requirement to open additional beds and remaining unidentified CIP of £2.0m.

Whilst every effort continues to be made to improve the financial out turn, including pursuing innovative technical accounting benefits, the current forecast indicates that the Trust will end the year with a gap to control total of £8m, (excluding loss of STF funding).

## Executive Summary

The report covers the period from December 2016 to allow comparison with historic performance. However the key messages and targets relate to December 2017 for the financial year 2017/18.

Area	Domain
Responsive	<ul style="list-style-type: none"><li><b>Emergency Care Standard 4 hours</b> deteriorated to 88% in November, lowest performance in the last few years - There were also issues with doctor staffing specifically over the Christmas and New Year period. The ECS recovery and sustainability Plan actions continue to be worked through and implemented. New processes have been brought in to reduce pressures on the department including nursing staff now turning patients round at the front door and if appropriate booking GP appointments during daytime hours.</li><li><b>All 4 Stroke indicators</b> - missed target in December with % scanned within 1 hour of arrival at 30% lowest performance since December last year. Stroke Assessment Area - Investigation into performance suggests that the establishment of an assessment facility to allow the Stroke team to receive stroke and other neurological presentations would confirm strokes quickly and establish diagnostics and bed requirements early impacting on time to scan and time spent in a stroke bed. Work has commenced to identify an assessment location.</li><li><b>% Diagnostic Waiting List Within 6 Weeks</b> - Last batch of the hospital initiated ECHO referrals via additional capacity still being worked through. As of 20th January all the patients that were due to breach have been seen and no further breaches are anticipated for the remainder of January and February although the ECHO team is still struggling with recruitment which could impact on future breaches due to current reliance on locum capacity.</li><li><b>38 Day Referral to Tertiary</b> - maintained 56% which it has been for 3 out of the last 4 months. This is being addressed at the weekly escalation meeting.</li></ul>
	<ul style="list-style-type: none"><li><b>Overall Sickness absence</b> increased again in November with total sickness absence increasing to 4.65% which was the highest rate since December 2016. Monthly attendance management sessions supporting line managers are scheduled until March 2018.</li></ul>
Workforce	<ul style="list-style-type: none"><li><b>Mandatory Training</b> is still behind on all 5 agreed topics. Divisions, led by the HR Business Partners, are developing action plans to improve mandatory training compliance by March 2018. This includes standing items at Divisional Board and Directorate PRMs, promotion of open learning sessions, FAQ guidance issued to all line managers and compliance lists sent to all line managers.</li></ul>
Finance	<ul style="list-style-type: none"><li><b>Finance:</b> Reported year to date deficit position of £26.34m, on a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £22.42m an adverse variance of £5.55m compared with the control total of £16.87m;<ul style="list-style-type: none"><li>Delivery of CIP is above the planned level at £11.96m against a planned level of £11.83m;</li><li>Capital expenditure is £4.63m below plan due to revised timescales;</li><li>Cash position is £3.34m, above the planned level;</li><li>A Use of Resources score of level 3, in line with the plan.</li></ul></li></ul>
	In the year to date to Month 9 the adverse variance to the control total deficit is £5.55m. This is the level of financial improvement that the Trust required in order to be eligible for Q3 STF. To date £3.86m of STF has been lost based on Quarters 1 & 2 A&E performance and financial performance in Quarter 3. This is driving a total variance from control total of £9.41m, (excluding technical items excluded for control total purposes). However it should be noted that the reported position includes a number of non-recurrent benefits that in part offset the underlying operational deficit. The Trust is reporting a forecast deficit of £45.25m, an adverse variance to plan of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. This position has been discussed with the regulator NHSI and is reliant upon delivery of a number of recovery actions.

### Background Context

FSS has been supporting the pressures experienced within the Trust:

- Radiology teams have created additional inpatient scanning and reporting capacity to support speedy response
- Phlebotomy teams have been providing additional PM sessions to support inpatient areas
- Clinical teams within Paediatrics and Obstetrics and Gynaecology have been providing additional front-line support to support admission avoidance and timely discharge
- Pharmacy teams have been working additional hours to support timely discharge including providing additional support at weekends.

December saw some weather related challenges and sickness across the Community teams with increased demand towards the end of the month.

The Frailty team continued to in-reach and support the front-end hospital services. With the reconfiguration of hospital services in Medicine the Frailty team noted a significant reduction in elderly patients attending at CRH.

Capacity was therefore increased at HRI to support Calderdale elderly patients who attended via Ambulance.

Due to Surgery's urgency to recover its performance and financial position it has prioritised the following areas: Supporting ECS, Cancer, Complaints, #NoF, IP/OP workforce capacity and its utilisation, Endoscopy recovery plan and JAG accreditation, Large Value off Track CIPs and Data Quality.

In recognition of the capacity required to complete this the Division have appointed 2 Operational Managers to support Head and Neck and General Surgery who commenced in post 2nd January. In addition to this Surgery has appointed to a Patient Experience post (commenced mid-December) who will assist the Division with overdue complaint resolution and then work on improving the Divisional complaint processes and performance in conjunction with

## Safe, Effective, Caring, Responsive - Community Key messages

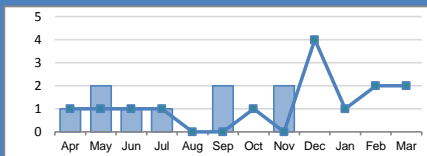
Area	Reality	Response	Result
Safe	<p><b><u>Grade 3/4 pressure ulcers</u></b> We are maintaining a low prevalence of grade 3/4 pressure ulcers with two grade 3 reported in November.</p> <p><b><u>Falls</u></b> We are maintaining a low prevalence of harm falls with 0 harm falls reported in November.</p>	<p><b><u>Grade 3/4 pressure ulcers</u></b> Continued work is progressing with tissue viability. We have released one senior nurse to focus more dedicated time on wound care and pressure ulcers. Orange panel continues to review all grade 3 and 4 pressure ulcers.</p> <p><b><u>Falls</u></b> We are looking to spread the Falls Improvement work from Intermediate Care beds into Community Place as there are a number of no harm falls occurring here.</p>	<p><b><u>Grade 3/4 pressure ulcers</u></b> Continue to maintain and improve performance in this area.</p> <p><b><u>Falls</u></b> Reduce the number of no harm falls in Community Place</p> <p><b>By when: Review March 2018</b></p>
	<p><b><u>Admission Avoidance</u></b> The number of patients reported to have had an admission avoided has reduced again in December. We recognise that community teams need to be able to support patients in their own homes and we need to be able to report effectively when we have avoided an admission.</p>	<p><b><u>Admission Avoidance</u></b> We have agreed at divisional board to develop guidance so that we have a consistent approach to reporting admission avoidance. This includes weekly reporting to teams their level of admission avoidance - and reporting this into organisational weekly performance report.</p>	<p><b><u>Admission Avoidance</u></b> We will have an accurate report on numbers of admissions avoided and be able to benchmark our teams against this consistent methodology.</p> <p><b>By when: March 2018</b> <b>Accountable: ADN</b></p>
Caring	<p><b><u>FFT</u></b> We have had a disappointing result in FFT in December in both response rate (2%) and result (91%). We have reviewed all of the comments received and there are no themes that emerge to help us to change services. We are therefore focussing on improving response rates through January and February with some targeted actions in the division.</p>	<p><b><u>FFT</u></b> We have set up a piece of focussed work to understand why staff are not engaging in completing the FFT with their patients. We are reviewing the methodology that we put in place (one focussed day a month). We are sending the comments to teams and have recognised services where good comments have been received.</p>	<p><b><u>FFT</u></b> We will continue to monitor the response rate and would recommend and drill down into comments so we can develop responses for improvement.</p> <p><b>By when: Review March 2018</b> <b>Accountable: Director of Operations</b></p>
Responsiveness	<p><b><u>Waiting Time for Children's services</u></b> This area continues to be highlighted as a high risk on our risk register. The main challenges are in Speech and Language therapies with 146 children waiting at Huddersfield and 233 at Calderdale.</p>	<p><b><u>Waiting Time for Children's services</u></b> The service are undertaking a review to determine what it would take to reduce the waiting time to 8 weeks - we will then determine whether this is possible to implement and how quickly the waiting list would reduce with these remedial actions in place. Discussions are set up with the CCG once the review has taken place.</p>	<p><b><u>Waiting Time for Children's services</u></b> We will continue to monitor the waiting times and prioritise new patient clinics to reduce waiting times.</p> <p><b>By when: March 2018</b></p>



# Dashboard - Community

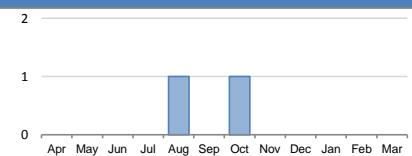
Safe

Community acquired grade 3 or 4 pressure ulcers



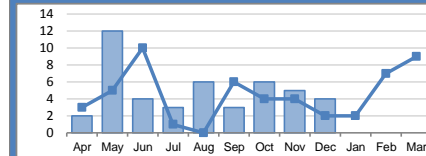
One month in arrears

Falls that caused harm whilst patient was in receipt of Community Services inc IC Beds &amp; Comm Place



One month in arrears

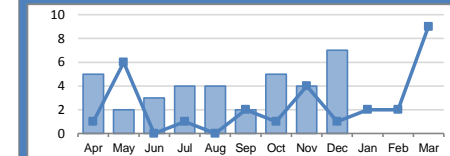
Incidents - New Harms



Bar Chart = 17/18 figures

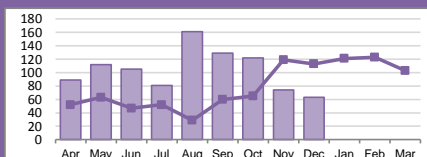
Line graph = 16/17 figures

Medication Incidents

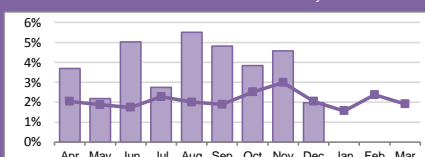


Effective

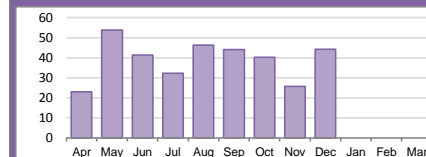
Number of Hospital admissions avoided by Community Nursing services



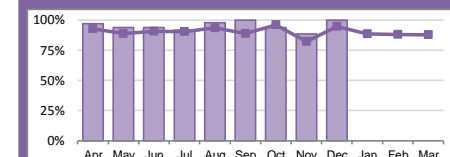
Patients who attended A&amp;E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

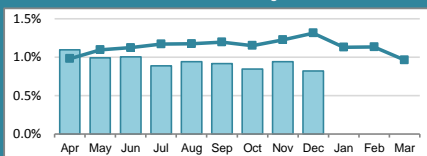


House Bound leg ulcers healed within 12 weeks

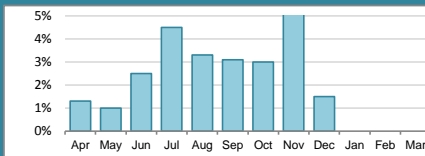


Caring

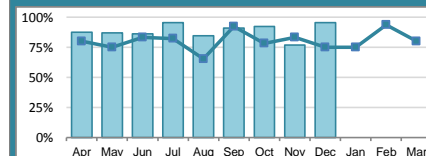
Community No Access Visits Adult Nursing



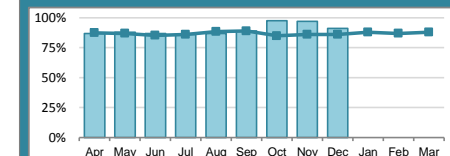
Intermediate Care Readmission rate



End of life patient died in preferred place of death

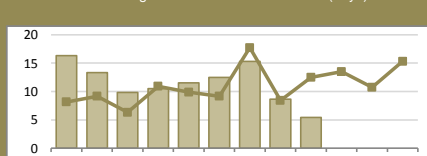


Friends and Family Test- Likely to recommend

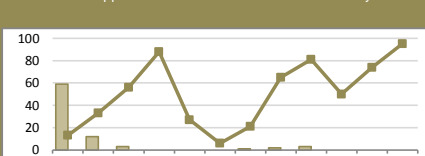


Responsive

Average time to start of reablement (days)



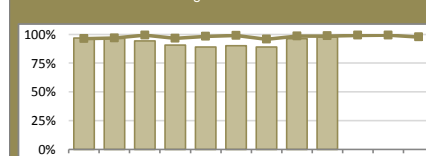
Appointment Slot Issues for MSK &amp; Podiatry



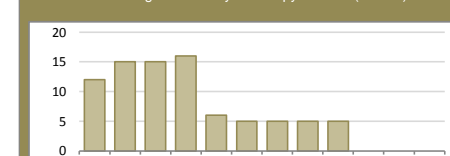
MSK

Podiatry

Waiting Times - 18 week RTT

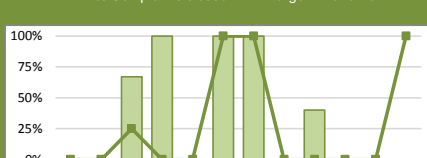


Waiting Times - Physiotherapy Routine (Weeks)

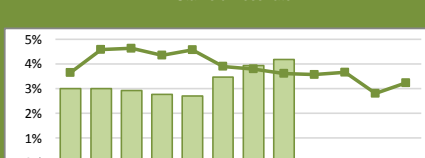


Well Led

% Complaints closed within target timeframe

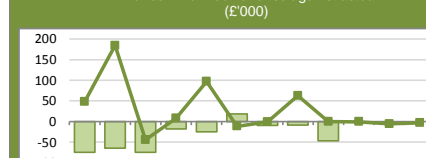


Staff sickness rate



One month in arrears

Finance - Planned variance against actual (£'000)



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

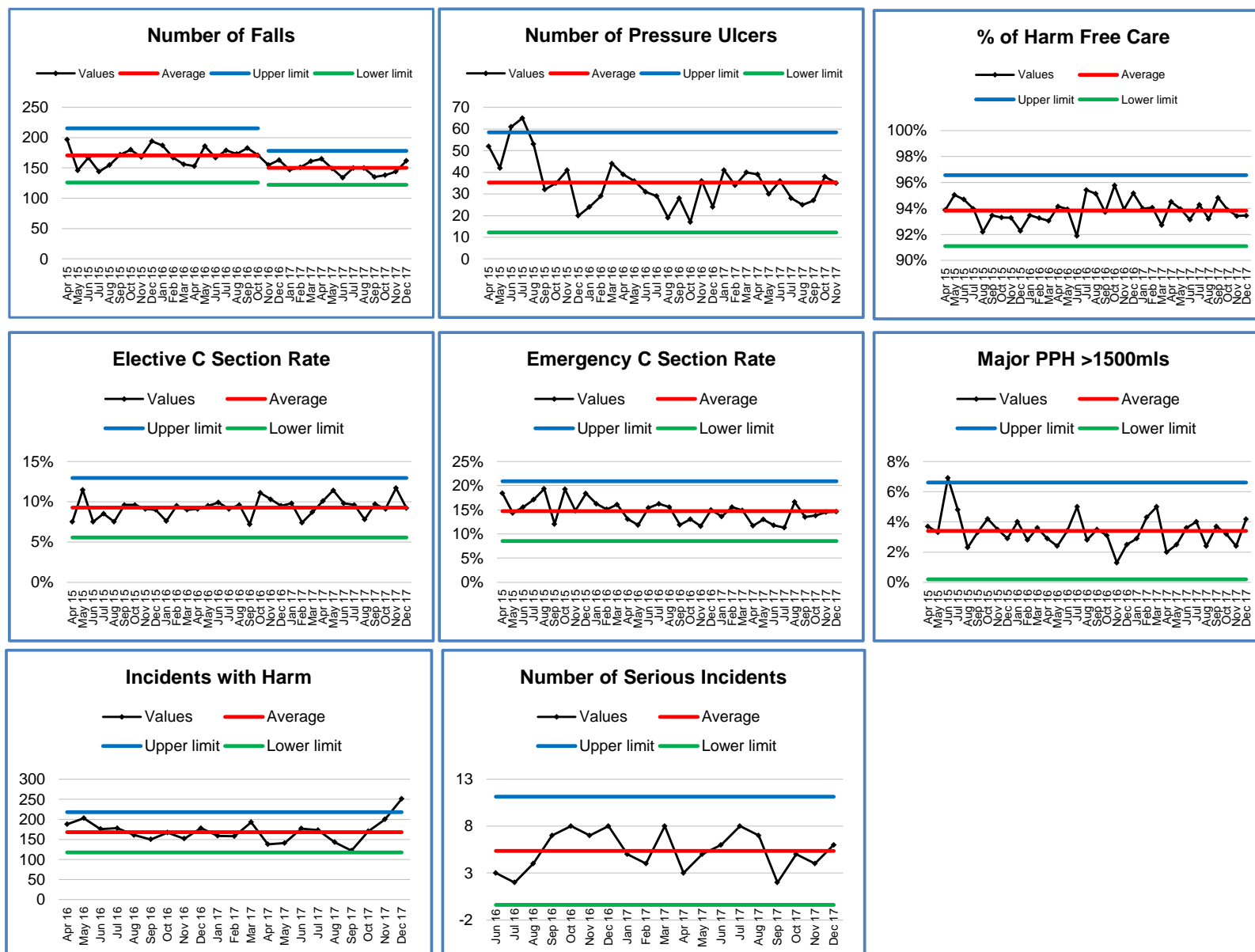


Safe	Caring	Effective	Responsive	Workforce	Efficiency/Finance	Activity	CQUIN
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## Safe - Key messages

Area	Reality	Response	Result
<b>% Harm Free Care</b>	<p>% Harm Free is running just below the 95% target at 93.45% .</p> <p>Safety thermometer data is being validated prior to submission by the matrons. Data collection includes pre-hospital (old harm) which has significant prevalence in Medicine and an increased awareness at ward level to determine the incidence of CHFT harm is ongoing.</p> <p>Incidents with harm for December have peaked as seen on the SPC dashboard.</p>	<p>No additional actions are to be put in place in light of the ongoing pressure ulcer improvement collaborative which is already engaged with Community and Trust colleagues.</p> <p>Performance is looking in line with expected levels of variation.</p> <p>Deep dive has been requested into the Incidents with harm position.</p>	<p>Patterns of variation would predict this will be back above target level in the coming months.</p> <p>Accountable: Deputy Chief Nurse</p>
	<p>There were 35 Pressure Ulcers Acquired at CHFT in the month of December. 27 of these being a Category 2, 8 Category 3's and 0 Category 4's.</p>	<p>The continual ongoing improvement programme on the targeted wards remains effective in reducing the number of pressure ulcers and the hope is that as the learning from this is rolled out through quarter 4 we will see an ongoing maintenance of these reduced figures.</p> <p>The ongoing issues around patient non-concordance being captured should be resolved with the trial of a care plan. The trial is due to conclude at the end of January. Several RCAs have highlighted non-concordance as a contributory factor, however we are poor at recording the actions taken to minimise harm.</p> <p>A trial of equipment is due to conclude in January which will identify where additional equipment is required.</p> <p>Training plans remain in place for all ward nursing staff to complete the pressure ulcer prevention module on ESR to heighten awareness for all staff.</p> <p>Compliance with moving and handling mandatory training has been highlighted as an issue with regards to being a leading factor in the causation of pressure sores, and the clinical educators within Divisions will assist staff with completion of</p>	<p>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.</p> <p>February 2018</p> <p>Accountable : ADNQ</p>
<b>Pressure Ulcers (Month Behind)</b>			
<b>Percentage of SIs investigations where reports submitted within timescale – 60 Days</b>	<p>Total Trust average days: 51.6 days over time.</p> <p>Medicine Division – average of 54.75 days over time, SAS – total average of 78 days over time.</p> <p>The average days shows worse picture than November, despite again achieving 3 reports delivered on time. This is due to the one particular report which had been under investigation for almost a year. If we took that out of the equation, and looked at the Trust average on 9 reports, we would have achieved an average of 27 days. The overall picture is improving, there remains one older report which is</p>	<p>Work is still ongoing to improve the timeliness of investigation reports. A pack to support investigations has gone out for consultation. Issues remain with the availability of trained investigators, particularly consultants. A further 25 trained medical investigators are still needed, a request has been made for names.</p>	<p>Improvements expected by Q4</p> <p>Accountable: Risk Manager</p>
<b>% PPH ≥ 1500ml - all deliveries</b>	<p>PPH rate for December was 4.8% this is above the 3% threshold. The YTD figures remain at 3.17%. The data has highlighted that 62% of these women had their labour induced which increases the risk of PPH.</p>	<p>All PPH &gt;1500mls are measured against the ARREST care bundle and the data reflects good compliance with risk assessment and treatment at the time of the PPH. (Ongoing)</p> <p>Weekly governance monitors and escalates any concerning cases to the orange panel for further review. (Ongoing)</p>	<p>Accountable to HoM/ADN</p>
<b>VTE</b>	<p>New 'cohort' methodology is awaiting sign off. Performance still being monitored on previous methodology. Actual performance is expected to be near target range with some improvement work still to be in certain areas.</p>	<p>Divisional VTE Risk Assessment performance is monitored as part of the PSQB and Performance meetings. On a day to day level surgical consultants are managing their alerts as they present on their task list. At present most of the non compliance is believed to be related to data validation. Now the cohorts have been agreed a process for non compliant cases to be review is being devised.</p> <p>A final view of the performance using new methodology is now in place and non compliant cases need reviewing to understand why they were not completed.</p>	<p>Sign off of new methodology expected in the previous month did not occur, however once that is a available and performance reviewed, a trajectory to be at 95% will be agreed upon if required.</p> <p>Accountable to Associate Medical Director</p>

## Safe -SPC Charts



## Safe - Key measures

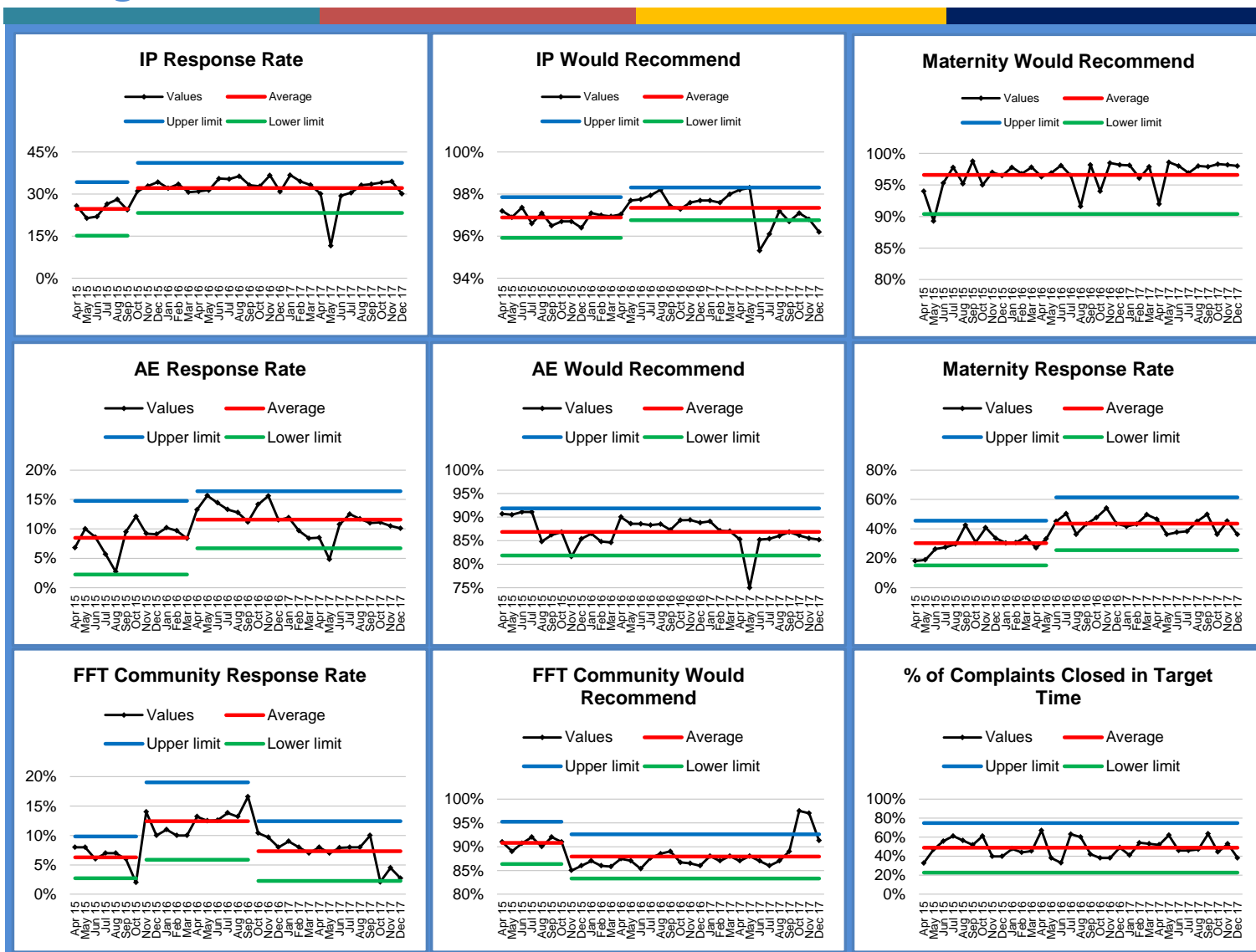
	16/17	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD	Annual Target	Monthly Target
<b>Falls / Incidents and Harm Free Care</b>																	
All Falls	1,989	163	147	151	161	165	149	134	150	150	135	138	144	162	1,327	Monitoring Trajectory	
Inpatient Falls with Serious Harm	42	1	0	1	11	4	5	6	1	4	1	2	1	2	26	Monitoring Trajectory	
Falls per 1000 bed days	7.9	7.7	6.7	7.7	7.7	7.9	6.9	6.2	7.0	7.0	6.3	6.4	6.9	7.8	6.9	Monitoring Trajectory	
% Harm Free Care	94.26%	95.17%	93.99%	94.06%	92.71%	94.51%	93.96%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	94.24%	>=95%	95.00%
Number of Serious Incidents	66	8	5	4	8	3	5	6	8	7	2	5	4	6	46	Monitoring Trajectory	
Number of Incidents with Harm	2,063	178	159	158	193	138	141	177	173	143	122	170	200	251	1,515	Monitoring Trajectory	
Percentage of Duty of Candour informed within 10 days of Incident	97.90%	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%	95.00%	95.00%
Never Events	2	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	36.66%	20.00%	none to report	none to report	7.69%	20.00%	28.60%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	37.53%	100%	100%
<b>Maternity</b>																	
Elective C-Section Rate	9.30%	9.50%	9.80%	7.40%	8.70%	10.10%	11.40%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.80%	<=10% Threshold	10.00%
Emergency C-Section Rate	13.99%	14.97%	13.60%	15.55%	14.86%	11.70%	13.00%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	13.40%	<=15.6% Threshold	15.60%
Total C-Section Rate	23.31%	24.49%	23.40%	22.97%	23.58%	21.81%	24.32%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	23.24%	<=26.2% Threshold	26.20%
% PPH ≥ 1500ml - all deliveries	3.30%	2.50%	2.90%	4.30%	5.00%	2.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	3.17%	<=3.0%	3.00%
<b>Pressure Ulcers</b>																	
Number of Trust Pressure Ulcers Acquired at CHFT	374	24	41	34	40	39	30	36	28	25	27	38	35	under validation	258	Monitoring Trajectory	
Pressure Ulcers per 1000 bed days	1.5	1.1	1.9	1.7	1.9	1.9	1.4	1.7	1.3	1.2	1.3	1.8	1.7	under validation	1.5	Monitoring Trajectory	
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	12	27	24	29	30	21	22	20	21	14	25	27	under validation	180	Monitoring Trajectory	
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	12	10	9	10	6	9	14	6	4	13	13	8	under validation	73	Monitoring Trajectory	
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	0	4	1	1	3	0	0	2	0	0	0	0	under validation	5	0	0
Percentage of Completed VTE Risk Assessments	95.11%	95.02%	95.03%	95.07%	95.86%	94.34%	88.97%	91.57%	93.66%	92.41%	92.70%	92.49%	92.25%	91.78%	92.32%	>=95%	95.00%
<b>Safeguarding</b>																	
Alert Safeguarding Referrals made by the Trust	155	9	10	11	13	19	25	13	8	12	12	16	12	12	129	Not applicable	
Alert Safeguarding Referrals made against the Trust	109	3	12	12	12	13	11	14	16	12	18	9	18	6	117	Not applicable	
Health & Safety Incidents	0					16	22	36	25	15	31	25	22	30	222	0	0
Health & Safety Incidents (RIDDOR)	15	1	0	1	0	2	3	0	1	0	2	0	1	0	9	0	0

## Caring - Key messages

Area	Reality	Response	Result
<b>Friends and Family Test Outpatients Survey - % would recommend</b>	Performance at 90% in December is the highest since pre-EPR levels.	<p>The team continues to work across divisions, especially with the Matron for FSS addressing how we can work together to improve response rate and address feedback.</p> <p>A review of Q3 comments is going to be undertaken in January with the performance lead and the division's patient experience lead to ensure that interventions are being targeted in the right place.</p>	<p>The impact of previous actions have not consistently improved performance through Q3. A review of the interventions in place will be taken to aim for noticeable improvement in Q4.</p> <p>Accountable : ADN for FSS , Matron OPD</p>
<b>Friends &amp; Family Test - AE % Response Rate + % would recommend</b>	<p>A&amp;E % response rate is still below the 13.3% national average at 10.1% in-month, indicating a slight decrease on last month.</p> <p>The % would recommend has slightly decreased from last month to 85.2%.</p>	Both the response rate and would recommend rate for the A&E survey have been challenging this month which is due to the unprecedented surge in demand we have seen in the month of December. It is hoped that moving the ACPs to the medical rota will reduce waiting times for patients out of hours which in turn should lead to an increase in patient satisfaction and the would recommend rate.	<p>Expected by February 2018 that ED will be delivering a comparable level of response and satisfaction compared to other ED departments locally.</p> <p>Accountable: Matron for ED/ADN Medicine.</p>
<b>Friends &amp; Family Test - IP Survey - % would recommend the Service</b>	96.2% of Friends & Family Test (IP Survey) would recommend the Service in December. This is a slight decrease on the last few months performance. Year to date performance remains green.	Review of FFT comments by Clinical managers and Matrons for areas .	<p>Review in-month decrease to understand areas for focus. Maintain the YTD performance</p> <p>By When: Review February 2018</p> <p>Accountable: Associate Directors of Nursing</p>
<b>Friends &amp; Family Test - Community % Response Rate + % would recommend</b>	<p>We have had a disappointing result in FFT in December in both response rate (2%) and result (91%)</p> <p>We have reviewed all of the comments received and there are no themes that emerge to help us to change services. We are therefore focussing on improving response rates through January and February with some targeted actions in the division.</p>	<p>We have set up a piece of focussed work to understand why staff are not engaging in completing the FFT with their patients. We are reviewing the methodology that we put in place (one focussed day a month)</p> <p>We are sending the comments to teams and have recognised services where good comments have been received.</p>	<p>We will continue to monitor the response rate and would recommend and drill down into comments so we can develop responses for improvement.</p> <p>By when: Review March 2018</p> <p>Accountable: Director of Operations</p>



## Caring - SPC Charts



## Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 79 complaints closed in December, 38% (30/79) of these were closed within target timeframe. The number of overdue complaints was 40 at the end of December; compared to 65 at the end of November (38% decrease). The overall percentage for complaints closed within target timeframe last year at (2016-17) recorded at the year end was 45%. The focus remains closing overdue complaints.	With complaint panels and aid from corporate staff aiming to close 15 complaints per week. With senior divisional support, this model will sustain an effective complaints procedure. Assurance provided from Divisions that contact is being made with complainants within 7 days.	Performance is expected to be back on track from Q4, 2017/18.
	In December SAS closed 25% (5/20) of their complaints within the agreed timescale, Medicine 29% (10/34), and FSS 75% (12/16).	Given recent pressures CHFT aims to have the backlog of complaints closed in February.	Accountable : Head of Risk and Governance and Divisional Leads

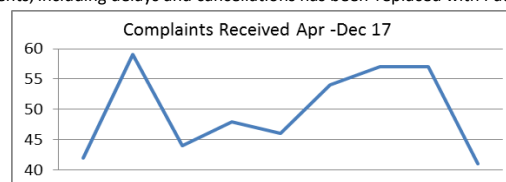
### Complaints Background

The Trust received 41 new complaints in December and re-opened 2 complaints, making a total number of 43 complaints received in December, which is a slight decrease from November.

The top 3 Complaints subjects have altered slightly from November, Appointments, including delays and cancellations has been replaced with Patient Care including Nutrition/Hydration :-

Clinical Treatment  
Communications  
Patient Care including Nutrition/Hydration

These form part of the discussions at the Patient Experience Group.



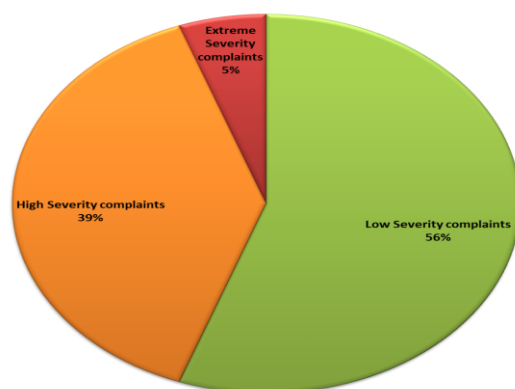
There has been a 62% (29/11) decrease seen in Appointments complaints from November to December. We believe this decrease shows the EPR issues relating to appointments are now resolving, as this was the reason for their increase.

Severity: The Trust received 2 new Red complaints in December, 1 assigned to Medicine, the other to FSS.

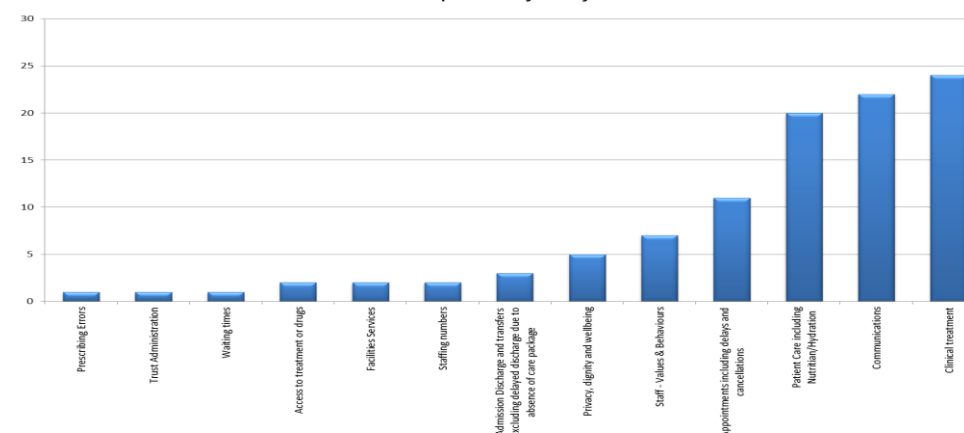
#### PHSO Cases:

We received 1 new Ombudsman / PHSO case in December. 1 case was closed in December which was not upheld. There were 10 active cases under investigation by the Ombudsman at the end of December.

Complaints - Severity



Complaints by Subject



## Caring - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	45.00%	49.00%	41.00%	54.00%	53.00%	52.00%	62.00%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	49.68%	95.00%	95.00%
Total Complaints received in the month	610	43	44	50	53	43	58	41	47	45	52	50	56	43	435	Monitoring Trajectory	
Complaints re-opened	78	7	9	4	6	5	9	4	2	8	4	6	3	2	43	Monitoring Trajectory	
Inpatient Complaints per 1000 bed days	2.10	2.10	1.80	2.30	2.40	1.80	2.40	1.80	2.10	1.70	2.40	2.50	2.40	1.90	2.11	Monitoring Trajectory	
No of Complaints closed within Timeframe	311	25	19	29	19	31	24	25	20	18	26	16	38	29	227	Monitoring Trajectory	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	34.00%	30.90%	36.80%	34.50%	33.30%	30.10%	11.60%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	30.50%	>=28.0% / >=25.9% from Jan 17	
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	97.70%	97.70%	97.60%	98.00%	98.20%	98.30%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	>=96.0% / >=96.3% from Jan 17	
Friends and Family Test Outpatient - Response Rate	12.00%	10.60%	11.50%	11.70%	10.60%	11.00%	3.80%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.00%	>=5.0% / >=5.3% from Jan 17	
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	91.40%	90.90%	90.90%	90.90%	91.20%	86.00%	89.50%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	89.20%	>=95% / >=95.7% from Jan 17	
Friends and Family Test A & E Survey - Response Rate	12.70%	11.50%	11.90%	9.70%	8.40%	8.50%	4.80%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.10%	>=14.0% / >=13.3% from Jan 17	
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	88.80%	89.10%	87.10%	87.00%	85.30%	75.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	85.10%	>=90.0% / >=86.5% from Jan 17	
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	43.40%	41.60%	43.20%	49.70%	46.60%	36.20%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	41.30%	>=22.0% / >=20.8% from Jan 17	
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	98.20%	98.10%	96.10%	97.90%	92.00%	98.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	97.20%	>=96.9% / >=97% from Jan 17	
Friends and Family Test Community - Response Rate	11.20%	8.00%	9.00%	8.00%	7.00%	9.46%	9.87%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	7.70%	>=3.4% / >=3.5% from Jan 17	
Friends and Family Test Community Survey - % would recommend the Service	87.30%	86.00%	88.00%	87.00%	88.00%	88.78%	88.51%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	89.30%	>=96.2% / >=96.6% from Jan 17	
Maternity																	
Proportion of Women who received Combined Harm Free Care	77.25%	83.87%	77.08%	86.36%	72.97%	78.33%	78.57%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.70%	76.03%	>=70.9%	70.9%
Caring																	
Number of Mixed Sex Accommodation Breaches	5	0	0	2	0	0	0	5	0	0	0	0	0	0	5	0	0

## Caring - What our patients are saying

### Some of the positive feedback we have received

**4C** - Credit due to the Nurses, who sorted it out as soon as they could. Excellent care given by all Doctors, Nurses, Cleaners and Houseman. Nobody could do enough for you. Respect given at all times. Staff bent over backwards to help out with everything. Thank you very, very much.

**H03** - My stay in hospital has been very pleasant. All the staff have been lovely, very friendly and caring. They have catered to all my needs and I will miss them all. My surgery went very well and the aftercare from the Nurses and care team was fantastic. A massive thank you to everyone.

**3 PAA** - Absolutely fabulous, day and night staff, made our stay a lot easier, very helpful and friendly. The ward is just like home from home. Thank you for all your help

**RAS6 HRI** - Very efficient. Nurse was lovely and explained everything. Really friendly environment.

**ANGI** - I was kept informed of what was happening. The Consultant explained everything clearly. The aftercare and staff were superb. Nothing too much bother. Thank you to everyone involved in my care.

**ENDO HRI** - The wonderful care from the staff. So refreshing to be introduced to the team and to have the procedure explained and my welfare actively sought. Many thanks.

### Where can we improve

Hard wooden seating in the waiting area. Comfortable seats would be a huge improvement, given the amount of time that patients have to wait.

Discharge service was a long process and delays in medication being handed out.

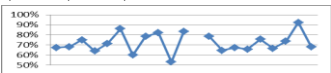
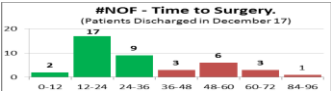
A non-slip cushion for the chair at the bedside to prevent soreness.

Sharing medical information between departments. The hospital was unaware that I was waiting for the operation that was discussed at

What could be better is blankets - more needed please.

Tea, coffee or any drink in the discharge area.

## Effectiveness - Key messages

Area	Reality	Response	Result
<b>Infection Control :</b> <b>Clostridium Difficile Cases -</b> <b>Trust assigned</b> <b>MSSA</b> <b>E.Coli</b>	<p>C.Diff: 4 Cases of C.diff, 1 of which was deemed preventable, (Ward 12) and three awaiting RCA.</p> <p>E.Coli: There were 6 cases reported in-month. 4 in the Medical division and 2 assigned to the Surgical division.</p> <p>MSSA: 2 cases noted.</p>	<p>The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future.</p> <p>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.</p> <p>MSSA infections are being monitored and perform with normal variation,</p>	<p>C.Diff: The preventable cases (those that are within the Trust's control) are still below tolerance and are expected to remain below throughout the rest of the year.</p> <p>E.Coli: continues within variation and known to be increasing nationally.</p> <p>MSSA: continues to perform within variation and expects to remain within current levels.</p> <p>Accountable Officer: ADN</p>
<b>Hospital Mortality Measures</b>	<p>ISRs are now being allocated to consultants and SAS doctors throughout the trust. There was a higher number of deaths in December however so far 27 have been completed. The LFD panel met for the first time in December and will review all deaths with a preventable score of 4 or below. In December the first quarterly report was submitted to the BoD detailing deaths reviewed in Q2. Only two cases were felt to have been probably avoidable.</p>	<p>A step by step guide is being developed to support consultants and SAS doctors to perform ISRs with face to face support where required. The process of allocating ISRs is also being refined to ensure that reviews are shared fairly. Structured Judgement reviewers are being supported to discuss avoidable scores of 3 (probable) or 4 (possible) with a peer with all scores of 2 or 1 being discussed at the LFD panel. Discussions are also taking in place on how best to feed back and disseminate learning from SJRs.</p>	<p>As HSMR and SHMI continue to improve the emphasis will remain on learning from deaths with regular quarterly reports to the BoD.</p> <p>Accountable: Plan agreed with DD's, Medical Director and Associate Medical Director</p>
<b>CHFT Research Recruitment Target</b>	<p>Overall our target recruitment for 2017-18 at the end of Dec was 78% showing us to be ahead of target. Our recruitment for December slipped due to a number of factors:- staff sickness, cancelled outpatient clinics due to annual leave by Consultant principal investigators, external trial office closures of up to 1 week due to the holiday period and staff holidays over the Christmas period.</p>	<p>We anticipate that the remaining target of 324 will be achievable by the end of March, however winter pressures and the cancellation of outpatient appointments during this time could affect the monthly rate of recruitment between now and then, but this is being closely monitored.</p>	<p>March 2018</p> <p>Accountable: R&amp;D Lead</p>
<b>Perinatal Deaths (0-7 days)</b>	<p>We had 2 stillbirths and 1 perinatal death in December. All were premature &lt; 30 weeks gestation.</p> <p>The stillbirth and perinatal rate remains down against the same period from last year and overall a continued reduction in stillbirths since 2011.</p>	<p>All stillbirths reviewed using the NPSA toolkit and presented at orange panel for review. Learning shared with the MDT through weekly governance, audit and newsletters. (Ongoing)</p>	<p>Continue to see a reduced stillbirth rate compared to previous years.</p> <p>Accountable - HOM/Divisional AND</p>
<b>% Sign and Symptom as a Primary Diagnosis</b>	<p>Improvement on previous month and lowest position since EPR go-live. Only 0.1 percentage point from target. There is significant variation at specialty level and only FSS are achieving the target.</p>	<p>The audit work continues within specialties and specific S&amp;S groups e.g. patients discharged with a sign/symptom primary diagnosis or patients with a sign/symptom as a primary diagnosis who die within 30 days of discharge.</p>	<p>Expectation is that this will continue to improve through addressing the areas that are not achieving the national upper quartile target.</p> <p>Accountable: Associate Medical Director and Clinical Coding Manager</p>
<b>Percentage Non-elective #NoF Patients With Admission to Procedure of &lt; 36 Hours - BPT based on discharge</b>	<p>Performance dropped significantly from 92.31% (36/39) in November 2017 to 68.3% (28/41) in December 2017 of fragility hip fracture patients operated on within 36 hours.</p>  <p>The 13 breaches were noted as being due to  Administrative/logistic - awaiting space on theatre list = 8  Administrative/logistic - cancelled due to list over-run = 3  Awaiting medical review/investigation or stabilisation = 2</p> 	<p>In order to enhance the management of all trauma patients, the team has worked with the COO to devise a clearer visual code to enable quicker identification of priority patients and schedule accordingly.</p>	<p>January is expected to perform below target (although higher than the current month) as a number of breached patients from December are anticipated to be discharged in January. The aim remains to consistently achieve over 85% of hip fracture patients getting to theatre within 36 hours by the end of Q4 17/18.</p> <p>Accountable : General Manager Orthopaedics</p>
<b>Readmissions</b>	<p>Readmissions data has been unreliable since the implementation of EPR and as such has not been presented on the Trust dashboards.</p>	<p>Work continues through the EPR operational board to prioritise any indicators which still need development. This has been noted as one such indicator.</p>	<p>Further update expected each month as to the availability of indicator.</p>



## Effectiveness - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
<b>Infection Control</b>																	
Number of MRSA Bacteraemias – Trust assigned	2	1	0	1	0	0	0	2	1	0	0	0	0	0	3	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	2	2	2	5	0	2	4	2	2	2	1	6	4	23	<=25	< = 2
Preventable number of Clostridium Difficile Cases	6	0	0	1	0	0	1	0	2	1	0	0	2	1	7	<=21	< = 2
Number of MSSA Bacteraemias - Post 48 Hours	11	2	1	1	0	2	5	2	1	2	3	1	0	2	18	<=12	1
Number of E.Coli - Post 48 Hours	47	4	7	2	6	0	2	5	5	1	4	6	2	6	31	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.09%	96.30%	95.70%	95.02%	93.60%	95.23%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	95.23%	>=95%	95%
<b>Mortality</b>																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.22%	0.47%	0.24%	0.00%	0.22%	0.00%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.29%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.00%	0.00%	0.24%	0.94%	0.43%	0.22%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.20%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.23%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.05%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	105.47	104.70	105.47	105.47	105.47	105.50	103.73	101.87	Next Publication due April 18						101.87	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	101.55	101.01	101.41	100.85	98.71	95.90	93.17	92.86	91.08	91.47	89.86	Next Publication due Feb 18		89.86	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	103.86	108.51	108.66	108.09	103.86	99.75	100.00	96.01	95.08	94.19	96.1	92.55			92.55	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	99.95	99.49	98.65	99.94	99.95	98.39	94.65	92.41	92.18	90.11	90.03	89.00			89.00	<=100	100
% of Initial Screening Reviews (Mortality)	40.06%	45.80%	45.79%	32.65%	25.66%	16.40%	1.50%	25.40%	21.70%	10.90%	25.20%	30.60%	23.90%	in arrears	17.60%	100%	100%
Crude Mortality Rate	1.39%	1.57%	1.89%	1.61%	1.48%	1.30%	1.54%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.33%	<=1.32%	1.32%
<b>Coding and submissions to SUS</b>																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.92%	99.92%	99.94%	99.94%	99.95%	99.87%	99.88%	99.96%	99.89%	99.91%	99.92%	99.92%	99.91%	99.91%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	98.82%	98.97%	99.27%	99.04%	99.19%	98.95%	99.03%	99.25%	99.07%	99.10%	99.04%	99.21%	99.17%	99.11%	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	8.60%	8.50%	9.10%	8.90%	9.00%	8.77%	11.21%	11.32%	11.60%	11.41%	10.13%	11.11%	9.85%	9.08%	10.50%	<=9.5% / <=9.0% from Jan 17	
Average co-morbidity score	4.1	4.23	4.39	4.31	4.54	4.85	6.53	6.73	6.73	6.31	5.95	5.95	5.84	6.22	6.12	>=4.4 / >=4.61 from Jan 17	
Average Diagnosis per Coded Episode	5.15	5.31	5.37	5.42	5.43	5.67	5.84	5.89	6.07	5.89	5.78	5.81	5.67	5.86	5.83	>=5.3/ >=5.5 from Jan 17	
CHFT Research Recruitment Target	2,630	147	57	38	335	100	136	150	158	112	137	140	131	86	1,150	>=1473	122
<b>Best Practice Guidance</b>																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	75.00%	52.20%	83.30%	83.30%	88.37%	66.67%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	73.70%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	75.91%	75.20%	75.10%	74.80%	79.25%	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	75.99%	>=70%	70%
<b>Readmissions</b>																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.61%	7.60%	6.69%	8.34%	8.10%	8.70%	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	7.88%	7.43%	8.58%	7.12%	7.80%	7.10%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=7.05%	7.05%
% of patients under the care of the community specialist matron who have been readmitted to hospital with the same LTC in less than 30 days	2.70%	3.54%	3.32%	5.05%	4.60%	3.80%	5.60%	4.60%	6.50%	8.20%	8.90%	5.90%	1.60%	in arrears	5.60%	<=10%	10%

# Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p>ECS - &lt; 4 hours performance reduction in month to 88.03%, with YTD position now at 91.5%.</p> <p>A&amp;E Ambulance Handovers 30-60 minutes (Validated) - 16 in-month which is an increase from November, although below YTD monthly average of 26.</p> <p>A&amp;E Ambulance 60+ minutes - 1 in month, very much in line with YTD monthly average.</p>	<p>The ECS recovery and sustainability Plan actions continue to be worked through and implemented. There has been an unprecedented surge in demand during December and therefore the GM and Operational Manager have remained in containment. The high level of poorly patients coupled with the limited flow out of the department contributed to a reduction in the ECS. There were also issues with doctor staffing specifically over the Christmas and New Year period. New processes have been brought in to reduce pressures on the department including nursing staff now turning patients round at the front door and if appropriate booking GP appointments during daytime hours. Significant actions implemented from 2nd January and will be detailed in the January IPR.</p> <p>The increase in 30-60 minute ambulance handovers was due to the very high number of patients in the department and winter pressures more generally. An RCA has been completed for the 60 minute breach and learning shared within the department. There are regular meetings with YAS to try to improve flow and handovers specifically around patient self-handovers.</p>	<p>Reduction in ECS performance for December. The Directorate is aiming for a monthly reduction in the number of patients waiting for more than 8 hours.</p> <p><b>Accountable: Director of Operations - Medicine</b></p>
	<p>% Stroke patients spending 90% of their stay on a stroke unit is showing a reduction in month to 84.62% from 92% in November.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 52.5 % in month with the YTD position at 59.31%. Last month's position was 60%.</p> <p>% Stroke patients Thrombolysed within 1 hour. 50% Stroke patients were thrombolysed within 1 hour of hospital arrival (1 out of 2 patients). This is below the target of 55% and was due to clinical reasons made by the Stroke Consultants who were present.</p> <p>% Stroke patients scanned within 1 hour of hospital arrival has reduced to 30% in month against the 48% target. This is a reduction on last month which was 37.25%.</p>	<p>An in-depth review of all breaches for all four stroke indicators during December has been undertaken in month. Some minor inconsistencies with coding were identified and these have now been rectified. The review has evidenced and quantified the possible improvement in performance through developing a stroke assessment area in A&amp;E as below; <u>90% stay on stroke unit</u> The denominator was 39, with 6 patients not spending 90% of their stay on the stroke unit. 4 of these were due to late diagnosis which the Consultant team feel would have been picked up quicker and correctly directed to the stroke unit if a stroke assessment area had been operational. <u>Admission to stroke unit within 4 hours</u> The denominator was 40, with 18 patients not admitted within 4 hours. Of these, 14 were due to late diagnosis, again it is felt that with a stroke assessment area this would be hugely improved. <u>Scanned within 1 hour of hospital arrival</u> 28 of the 29 breaches were due to late referral from A&amp;E. <u>Stroke Assessment Area</u> Investigation into performance suggests that the establishment of an assessment facility to allow the Stroke team to receive stroke and other neurological presentations would confirm strokes quickly and establish diagnostics and bed requirements early impacting on time to scan and time spent in a stroke bed. Work has commenced to identify an assessment location.</p>	<p>Develop a stroke assessment area within ED. Timescales dependent on closure of CDU.</p>

Responsive - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	94.20%	92.49%	92.19%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	91.48%	>=95%	95.00%
Emergency Care Standard 4 hours inc Type 2 & Type 3	0.00%											95.19%	92.20%	89.76%	91.96%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1,248	162	188	114	21	39	355	144	150	133	227	137	173	303	1,661	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	24	8	9	4	3	91	23	36	38	17	7	5	16	236	0	0
A&E Ambulance 60+ mins	7	1	2	1	0	0	4	1	1	0	0	1	0	1	8	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	20.91%	19.41%	20.42%	20.03%	19.99%	18.62%	12.92%	13.94%	14.07%	14.37%	14.56%	17.53%	16.37%	16.94%	15.48%	>=40%	40.00%
Delayed Transfers of Care	2.26%	1.36%	1.35%	1.44%	2.36%	2.33%	2.74%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.96%	<=3.5%	3.50%
Green Cross Patients (Snapshot at month end)	129	109	153	126	129	114	119	77	107	104	120	90	119	100	100	<=40	<=40
Number of Outliers (Bed Days)	9,733	779	1153	579	259	321	988	575	491	590	534	516	627	991	5,633	<=5,940	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	74.55%	80.33%	88.89%	94.55%	93.33%	87.93%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	87.01%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	45.45%	63.49%	64.81%	80.00%	75.56%	54.24%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	59.31%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	37.50%	75.00%	100.00%	66.67%	87.50%	75.00%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	50.00%	78.33%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	29.09%	44.44%	34.55%	37.50%	43.75%	40.98%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	39.67%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	90.88%	90.13%	90.43%	90.02%	90.77%	92.20%	91.00%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.55%	>90%	90.00%
Maternal smoking at delivery	9.68%	8.16%	10.07%	12.20%	9.20%	9.90%	11.40%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	12.40%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.65%	0.49%	0.49%	0.63%	0.80%	0.53%	0.93%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	0.80%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	98.36%	98.38%	98.53%	98.33%	98.19%	98.51%	not available	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	93.17%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	92.26%	91.41%	90.84%	91.09%	91.37%	not available	not available	not available	not available	not available	80.79%	79.59%	82.73%	83.35%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	95.64%	95.58%	95.33%	95.14%	94.97%	94.34%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	92.61%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	126	130	126	173	174	not available	not available	not available	not available	541	602	1350	695	695	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	99.25%	99.93%	99.48%	99.50%	94.73%	90.98%	99.33%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	97.42%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.61%	97.73%	95.66%	98.24%	98.34%	97.11%	84.04%	86.21%	92.30%	95.14%	94.40%	94.19%	97.87%	99.02%	93.18%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	95.87%	97.09%	94.70%	96.53%	93.46%	94.57%	89.25%	91.44%	91.53%	93.10%	93.29%	95.54%	96.82%	93.02%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	100.00%	100.00%	99.15%	100.00%	100.00%	100.00%	100.00%	99.47%	100.00%	99.25%	100.00%	100.00%	100.00%	99.85%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	100.00%	100.00%	96.15%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	99.01%	>=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	42.40%	38.10%	43.75%	60.00%	20.00%	36.36%	30.43%	29.17%	33.33%	56.52%	70.00%	50.00%	56.25%	55.56%	45.00%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	92.57%	89.53%	86.43%	90.40%	84.62%	91.49%	88.52%	83.41%	91.95%	93.15%	84.03%	88.76%	87.74%	88.11%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	100.00%	94.44%	57.14%	100.00%	91.67%	94.74%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	94.87%	>=90%	90%
104 Referral to Treatment	97.88%	97.30%	97.67%	98.57%	96.09%	94.87%	99.47%	97.81%	91.48%	98.85%	97.26%	95.83%	97.19%	99.35%	96.77%	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	16.14%	14.00%	15.15%	27.51%	28.06%	30.47%	6.44%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.80%	16.13%	<=5%	5.00%
Community Services Data Set (CSDS)																	
Community Care - Referral to Treatment Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Community Care - Referral Information Completeness	98.29%	98.60%	98.35%	98.50%	97.66%	99.60%	99.59%	99.65%	99.68%	99.65%	99.69%	99.66%	99.64%	99.61%	99.64%	>=50%	50.00%
Community Care - Activity Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Electronic Discharge																	
% Complete EDS	0									94.28%	95.00%	96.30%	96.60%	94.00%	95.43%	>=95%	95.00%

Area	Reality	Response	Result
Sickness Absence	Total sickness absence rate is currently 4.03% (YTD). This is an improved position from the same point in 2016 (4.37%), and is currently under performing to the target.	Monthly attendance management sessions supporting line managers are scheduled until March 2018. The sessions continue to be well attended. There are plans to extend these sessions beyond March.	Manage processes to ensure sickness absence rates achieve the 4% target.
	The in-month sickness absence rate of 4.65% is made up of 732 sickness absence occurrences. This is an increase from 708 occurrences in October.	HR Business Partners and HR Advisers continue to work with Divisions to improve the percentage of return to work interviews completed. All non-compliant areas are followed up by HR Advisers. Discussions are currently taking place to replace the return to work interview documentation to simplify the recording procedure.	Accountable : Executive Director of Workforce and OD.
	Long term sickness absence is 3.00% for November (2.63% YTD) against a target of 2.70%. This is a worsening position from 2.72% in October, and is underperforming to target. This is a worsening position compared with 2.79% at the same point in November 2016.	The Trust's Health and Wellbeing booklet is given to colleagues at appropriate sickness absence meetings to encourage them to take a proactive approach to their own health. Various sources of support are discussed with staff both informally and formally as part of the absence management process including the mindfulness sessions, fast-track physiotherapy and Occupational Health.	
	Short term sickness absence is currently 1.65% for November (1.40% YTD) against a target of 1.30%. This is a worsening position from 1.45% in October, but an improved position compared with 1.84% at the same point in November 2016.	<u>Divisional</u>	
	Divisional total sickness absence rate comparison:-	In Surgery & Anaesthetics line managers are then contacted by the HR Business Partner and HR Adviser to prompt them to complete the return to work interview and stress the importance for the supportive and robust management of sickness absence.	
		In Medicine both short term and long term sickness absence has increased in month. Sickness hotspot areas have been identified and a review is currently taking place of all cases to ensure that appropriate actions are interventions are being made. The Division is keen to work collaboratively with Occupational Health on proactive management of sickness absence and how the Division could improve the quality of its management referrals. Monthly Return to Work Interview reports are being run and the HR Adviser is contacting line managers who are failing to record RTW's to understanding the reasons why and to offer support and guidance as appropriate.	
		In FSS, all cases of LTS have a management plan in place and these are reviewed on an ongoing basis with line managers. Monthly attendance management support sessions continue to be delivered and have received positive feedback from managers. The sessions are now fully booked until March 2018. Return to Work Interview completion has decreased in November, areas with low completion are contacted individually by the HR Adviser to address the issues and offer support in attaining 100% compliance.	
		In Community, support continues to be provided by the HR Adviser to manage absence. The percentage of return to work interviews completed has decreased and attention is focussed on those areas that are not 100% compliant.	
		In Estates & Facilities, sickness absence has increased considerably in November. The HR Adviser continues to work with line managers and supervisors across all areas and is based in the Division once a week providing additional support and advice for complex cases.	

Recruitment

The number of vacancies increased in December to 359.05 FTE from 318.08 FTE in November.

The Trust has 168.23 FTE qualified staff nurse vacancies.

The Healthcare Scientists staff group has the highest vacancy rate at 18.11% with 24.25 FTE vacancies from an establishment of 1332.89 FTE. This is a decrease from 21.19% in November.

The Trust's 12 month rolling turnover is 13.05% for December, an increase from 12.81% in November.

In-month turnover rate is 1.01%, up from 0.61% in November.

As at 1st January 2018, 3 Departments with 10 or more FTE and the highest number of vacancies are :-

Ward 15 Elderly HRI (33.10%)	17.00
Ward 2AB CRH SSU (30.89%)	14.33
Ward 2CD MAU CRH (22.46%)	12.09

3 nurses from the nursing recruitment trip to the Philippines started with the Trust 4th December. A further 2 nurses will start with the Trust 5th February 2018.

The split generic advertising approach for staff nurses, 1 for Medical division and the other 1 for Surgical division has continued following the success of applications received in previous months. The current adverts are due to close 22nd January and have so far attracted 7 applicants.

A further Physician Associates (PAs) vacancy for 2 additional PAs in Medicine is currently at offer stage with 2 candidates completing pre-employment checks.

The Trust has now issued work schedules for all those doctors in training who are due to start with CHFT in February 2018. The work schedules provide the trainee with their template rota along with the details of Rota Coordinators, The Guardian of Safe Working Hours, Educational and Clinical Supervisors and links to Trust policies. This information is extremely useful for new doctors and can be found in one simple reference document. The intention is that this ensures new starters into the organisation have an awareness of the Trust prior to commencing in post and therefore enhancing their induction and experience.

Consultant recruitment has continued with successful appointments made in Respiratory Medicine and Anaesthesia. An AAC took place 11th January and a new Consultant Microbiologist has been appointed.

Following the successful open evening to promote Certificate of Eligibility for Specialist Registration (CESR) and the development of our current SAS doctors, Health Education England have confirmed that they are happy to progress us as a Pilot site for CESR development. They have requested baseline data which will inform the support available. Due to national shortages in Consultant level in numerous specialties the CESR programme gives the Trust an opportunity to develop Consultants of the future.

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 is at 95.61% as at 1st January. This is below the planned position of 100%.	<u>Appraisal</u>	Appraisal compliance is back in line with the planned position from completed appraisal profilers and 100% compliance is achieved by 31st October 2017.
	Divisional appraisal compliance as at 1st January is:	As at 17th January 227 colleagues remained non-compliant for appraisals. The top 3 reasons for non-compliance are:-	Mandatory Training compliance is 95% by 31st March 2017.
	Community 96.89%	1. An appraisal was planned but appraiser or appraisee was absent due to sickness.	<b>Accountable : Executive Director of Workforce and OD</b>
	Corporate 92.35%	2. An internal transfer meaning the employee was on a probationary period.	
	Estates & Facilities 99.45%	3. Colleagues taking accrued annual leave following maternity leave.	
	FSS 96.68%	Plans are in place for the 227 colleagues to have an appraisal by 28th February 2018.	
	Health Informatics 100.00%	<u>Mandatory Training</u>	
	Medical 92.11%	Divisions, led by the HR Business Partners have developed action plans to improve mandatory training compliance by March 2018. This includes standing items at Divisional Board and Directorate PRMs, promotion of open learning sessions, FAQ guidance issued to all line managers and compliance lists sent to all line managers.	
	PMU 100.00%	A weekly paper is being presented at Executive Board giving an update on mandatory training compliance.	
	Surgery & Anaesthetics 96.39%	Colleagues that are non-compliant with all 5 of the mandatory training elements in focus during 2017/2018 have been contacted individually to advise them of the requirement to complete their learning, identify any issues and provide resolutions. In addition contact has also been made with colleagues who are non-compliant or due to be non-compliant in one of more of the elements. Colleagues have been provided with time to undertake their required elements. For staff who have connectivity issues accommodation with increased wifi has been provided.	
Data Security Awareness compliance has increased from 81.37% in November to 81.87% in December.	HR Business Partners are working closely with Medical colleagues within their respective Divisions to improve compliance within this staff group. Meetings will take place in February 2018 for colleagues who still have low compliance.		
Infection Control compliance has increased from 83.19% in November to 84.01% in December.	Additional training sessions have been organised for Safeguarding Adults and Childrens and Mental Capacity Act/Deprivation of Liberty Safeguards. Dates of these have been disseminated in Divisions. Further dates for PREVENT training are being arranged.		
Fire Safety compliance has increased from to 83.89% in November to 85.56% in December.	Open learning sessions continue to run at HRI and CRH every Wednesday where staff are supported to complete their mandatory training and assisted in navigating the ESR and e-learning platforms to ensure successful completion.		
Manual Handling compliance has increased from 64.55% in November to 66.51% in December. This is the first increase in compliance following 7 consecutive months of decreasing compliance.			
As at the end of October Manual Handling training moved from a single competency for all staff to three separate targeted competencies (Level 1, Inanimate Load, People Handlers). As such compliance reporting has changed to reflect the new target audiences. This has seen compliance levels drop as some colleagues now need to undertake additional training to regain their compliance. A further 133 colleagues' training is due to expire in January.			
All non-patient facing employees are no longer required to attend face to face PREVENT training. This will now be covered as part of the Safeguarding e-learning tool. Patient facing employees will still be required to attend a face to face training session.			
151 colleagues have not completed any of the 5 mandatory training elements in focus during 2017/2018. 86 of these are from the Medical and Dental staff group.			
Compliance in the Medical & Dental staff group is below 67%			



Workforce Information - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Sickness YTD																	
Sickness Absence rate (%)	4.32%	4.41%	4.42%	4.38%	4.32%	3.66%	3.77%	3.84%	3.85%	3.84%	3.87%	3.90%	4.03%	*	4.03%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	2.74%	2.86%	2.83%	2.79%	2.74%	2.42%	2.44%	2.52%	2.54%	2.54%	2.52%	2.54%	2.63%	*	2.63%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	1.58%	1.55%	1.58%	1.60%	1.58%	1.24%	1.33%	1.32%	1.31%	1.30%	1.36%	1.37%	1.40%	*	1.40%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Monthly																	
Sickness Absence rate (%)	-	4.71%	4.52%	4.02%	3.71%	3.67%	3.90%	4.00%	3.91%	3.82%	4.09%	4.17%	4.65%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	-	2.95%	2.62%	2.28%	2.29%	2.44%	2.48%	2.68%	2.64%	2.59%	2.46%	2.72%	3.00%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	-	1.76%	1.90%	1.73%	1.41%	1.24%	1.41%	1.32%	1.27%	1.23%	1.63%	1.45%	1.65%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Attendance Management KPIs																	
Return to work Interviews (%)	66.28%	78.80%	69.08%	76.37%	71.06%	45.52%	45.13%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	*	-	100.00%	90% Green 65%-89% Amber <65% Red
Number of cases progressing/not progressing from short term absence to long term absence	-	97/763	119/773	77/678	88/603	97/514	106/524	118/512	104/548	86/545	90/664	100/686	109/727	*	-	-	
Staff in Post																	
Staff in Post Headcount	6096	6007	6060	6065	6096	6066	6068	6083	5981	5969	6009	6031	6048	6016	-	-	
Staff in Post (FTE)	5305.80	5233.90	5281.40	5281.10	5305.80	5274.40	5278.92	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	-	-	
Staff Movements																	
Turnover rate (%)	-	0.88%	0.72%	0.73%	0.96%	1.15%	0.89%	2.24%	1.14%	1.04%	0.82%	1.05%	0.61%	1.01%	-		
Executive Turnover (%)	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	-		
Turnover rate (%) (Rolling 12m)	11.58%	12.35%	11.90%	11.95%	11.58%	11.89%	12.00%	12.97%	13.13%	13.16%	12.75%	12.95%	12.81%	13.05%	-	-	
Vacancies																	
Establishment (Position FTE)**	5603.00	5598.85	5589.78	5587.99	5603.00	5738.96	5681.65	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	-	-	
Vacancies (FTE)**	305.58	355.20	299.59	292.53	305.58	434.53	393.09	380.54	374.98	400.11	341.47	333.55	318.08	359.05	-	-	
Vacancies (%)**	5.45%	6.34%	5.36%	5.24%	5.45%	7.57%	6.92%	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	-	-	
Proportion of Temporary (Agency) Staff	-	3.14%	3.69%	3.54%	4.34%	3.10%	3.97%	3.05%	3.79%	4.26%	3.98%	3.24%	3.31%	*	-	-	
Agency Spend*	£23.44M	£1.55M	£1.95M	£1.68M	£1.85M	£1.36M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M		-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	-	85.77%	85.65%	84.68%	82.22%	85.31%	88.82%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	-	100.00%	
Hard Truths Summary - Day Care Staff	-	104.00%	103.32%	105.10%	106.89%	106.35%	105.91%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	-	90.93%	91.92%	90.45%	88.25%	91.90%	95.96%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	-	100.00%	
Hard Truths Summary - Night Care Staff	-	123.36%	125.59%	133.04%	132.45%	116.05%	115.04%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	-	100.00%	
FFT Staff																	
FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)	-	*	87% (Q4)			81% (Q1)			79% (Q2)			*			-	-	
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)	-	*	63% (Q4)			63% (Q1)			57% (Q2)			*			-	-	
Mandatory Training (12m rolling)																	
Fire Safety (1 Year Refresher)	73.07%	70.99%	68.52%	73.07%	74.66%	78.06%	79.13%	80.63%	80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	-	87.69%	95% planned position (95% at 31 March 2018)
Information Governance/Data Security Awareness (1 Year Refresher)	71.84%	64.86%	60.29%	71.84%	74.57%	76.61%	77.24%	78.84%	78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	-	87.28%	95% planned position (95% at 31 March 2018)
Infection Control (1 Year Refresher)	73.28%	68.94%	66.23%	73.28%	75.41%	77.19%	76.03%	76.14%	76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	-	87.76%	95% planned position (95% at 31 March 2018)
Manual Handling (2 Year Refresher)	91.00%	88.49%	88.77%	89.25%	89.80%	91.00%	91.47%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	-	93.67%	95% planned position (95% at 31 March 2018)
Safeguarding (3 Year Refresher)	84.68%	80.73%	81.44%	82.07%	83.05%	84.68%	85.51%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	-	91.56%	95% planned position (95% at 31 March 2018)
Appraisal																	
Appraisal (1 Year Refresher) (Year To Date)	96.57%	71.49%	77.15%	82.94%	96.57%	0.81%	2.77%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	-	100.00%	(100% at 31 October 2017)
Appraisal (1 Year Refresher) (Rolling)	96.57%	77.23%	80.34%	83.91%	96.57%	92.17%	87.62%	82.28%	78.97%	79.10%	85.20%	97.43%	96.96%	96.10%	-	95.00%	

\*

Data one month behind

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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.

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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
<b>Registered Staff Day Time</b>	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	86.89% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 8a/b 69.0%	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 to ensure safe staffing against patient acuity and dependency is achieved. The low fill rates reported in December on ward 8a/b is due to the flexible staffing model in place to support the "variable" bed base
<b>Registered Staff Night Time</b>	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	89.88% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - ward 12 72% 8a/b 61.3% 8D 69.4% ward 10 66.7% ward 11 72.3%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to teams supporting additional capacity beds, a level of vacancy, a level of sickness and embedding new WFM to support re-configuration of medical services.
<b>Clinical Support Worker Day Time</b>	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	96.41% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% ward 15 68.3% 8a/d 61.5% LDRP 71.5% NICU 44.5% ward 18 72.2%	The low HCA fill rates in December are attributed to fluctuating bed capacity, support of additional capacity ward, a level of HCA vacancy within the FSS division and re-configuration of medical services. This is managed on a daily basis against the acuity of the workload. 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
<b>Clinical Support Worker Night Time</b>	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	108.78% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	There have been no shifts with fill rates below 75% recorded in December on either site. Fill rate in excess of 100% can be attributed to supporting 1-1 requirements and support of reduced RN fill.

Hard Truths: Safe Staffing Levels (2)



Staffing Levels - Nursing & Clinical Support Workers

	DAY						NIGHT						Care Hours Per Patient Day							
Ward	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		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
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	2802	2455.1	2343	1874.5	87.6%	80.0%	2288	2211	1716	1529	96.6%	89.1%	14.7	14.5	1		2	18	9.55	6.83
HRI MAU	1980	1762	2070	1775	89.0%	85.7%	1705	1574.5	1364	1375	92.3%	100.8%	12.5	12.3			1	12	0	0
HRI Ward 5 (previously ward 4)	1674	1501.5	1209	1242.9	89.7%	102.8%	1023	1023	1023	1273.5	100.0%	124.5%	5.7	6.2			1	10	2	0
WARD 15	2046	1586.45	2046	1396.5	77.5%	68.3%	1364	1172	1364	1079	85.9%	79.1%	6.3	6.2			1	4	11.74	4
WARD 5C	1069.5	1021	837	801	95.5%	95.7%	682	682	341	341	100.0%	100.0%	5.6	5.5			1	3	3.28	0
WARD 6	1674	1637.5	1209	1254	97.8%	103.7%	1023	1078	682	828	105.4%	121.4%	7.0	6.8				4	2.4	2.3
WARD 6BC	1674	1628.5	1209	1193	97.3%	98.7%	1364	1342	682	737	98.4%	108.1%	5.0	5.0			1	5	0	0
WARD 5B	2076	1567.5	1099.5	1134	75.5%	103.1%	1320	1001	660	638	75.8%	96.7%	5.5	6.0				2	4.74	0
WARD 6A	976.5	806.5	976.5	918	82.6%	94.0%	682	682	341	429	100.0%	125.8%	6.0	5.2				5	2.2	1
WARD CCU	1674	1359	372	396	81.2%	106.5%	1023	1020	0	55	99.7%	-	18.1	18.0					0	0
WARD 7AD	1674	1340.5	1581	1787	80.1%	113.0%	1023	1012	1023	1012	98.9%	98.9%	7.3	7.2			1	10	2.99	0
WARD 7B	837	925.5	837	1140	110.6%	136.2%	682	682	341	385	100.0%	112.9%	7.5	8.8				2	4.92	0
WARD 7C	1674	1313	837	924	78.4%	110.4%	1364	1111	341	597.5	81.5%	175.2%	11.7	10.7			2	1	3.04	0
WARD 8	1441.5	1223.9	1209	1996	84.9%	165.1%	1023	979	1023	1607	95.7%	157.1%	5.6	6.9			2	16	7.11	1
WARD 12	1674	1282.5	837	1013	76.6%	121.0%	1023	737	341	627	72.0%	183.9%	6.4	6.3				2	2.88	2
WARD 17	2046	1575	1209	1180	77.0%	97.6%	1023	1027	682	671	100.4%	98.4%	5.9	5.3			1	6	1.19	0
WARD 8C	837	810.8	837	1092.5	96.9%	130.5%	682	682	341	693	100.0%	203.2%	8.5	8.5			2	3	5.57	1
WARD 20	2046	1553	2046	1752	75.9%	85.6%	1364	1364.5	1364	1355.5	100.0%	99.4%	6.0	5.6			1	16	0	0
WARD 21	1534.5	1450	1534.5	1482.9	94.5%	96.6%	1069.5	1000.5	1069.5	1046.5	93.5%	97.8%	9.8	9.3			3	3	7.15	4
ICU	4030	3385.5	821.5	656	84.0%	79.9%	4278	3367	0	46	78.7%	-	47.0	39.7			3		3.41	0
WARD 3	945.5	946	746.5	732.5	100.1%	98.1%	713	713	356.5	356.5	100.0%	100.0%	6.6	6.6				6	0.46	2.59
WARD 8AB	954.5	659	862	530	69.0%	61.5%	862.5	529	218.5	241.5	61.3%	110.5%	9.2	7.6				1	2.57	0
WARD 8D	821.5	777	821.5	697	94.6%	84.8%	713	494.5	0	218.5	69.4%	-	8.2	7.9					1.87	0
WARD 10	1302	1080.5	746.5	899	83.0%	120.4%	1069.5	713	356.5	713	66.7%	200.0%	6.6	6.6				2	7.81	0
WARD 11	1551	1204	1152	1016.5	77.6%	88.2%	1146	828	837.5	638	72.3%	76.2%	5.7	6.0	1		1	1	2.66	0
WARD 19	1643	1465	1178	1511.5	89.2%	128.3%	1069.5	1035	1069.5	1146	96.8%	107.2%	7.5	7.7			1	5	0.93	0
WARD 22	1178	1152.05	1178	1165	97.8%	98.9%	713	759	713	761	106.5%	106.7%	5.9	5.6			1		1.55	2
SAU HRI	1891	1574.8	954.5	994	83.3%	104.1%	1426	1386	356.5	345	97.2%	96.8%	9.2	8.2				1	4.36	0
WARD LDRP	4278	3694	945.5	676.5	86.3%	71.5%	4278	3452.5	713	644.5	80.7%	90.4%	19.1	15.9					0	5.48
WARD NICU	2247.5	1919	930	414	85.4%	44.5%	2139	1810.5	713	621	84.6%	87.1%	11.2	9.2					0.86	1.42
WARD 1D	1227	1123.5	356.5	364	91.6%	102.1%	713	693	356.5	333.5	97.2%	93.5%	4.4	4.4					1.72	0
WARD 3ABCD	3103	2964	1215.5	1040	95.5%	85.6%	2495.5	2656.5	356.5	404	106.5%	113.3%	7.2	7.1			1		0	2.33
WARD 4C	713	701.5	465	380	98.4%	81.7%	713	701.5	356.5	299.5	98.4%	84.0%	7.2	7.0				1	3	3.46
WARD 9	1069.5	980.9	356.5	310.5	91.7%	87.1%	713	713	356.5	333.5	100.0%	93.5%	5.1	4.9					2.14	0.57
WARD 18	786.5	701.5	126	91	89.2%	72.2%	713	633	0	23	88.8%	-	19.1	18.0				1	0	0
Trust	59151	51127.5	37154	35829.8	86.44%	96.44%	45482.5	40865	21458.5	23403.5	89.85%	109.06%	7.9	7.6						

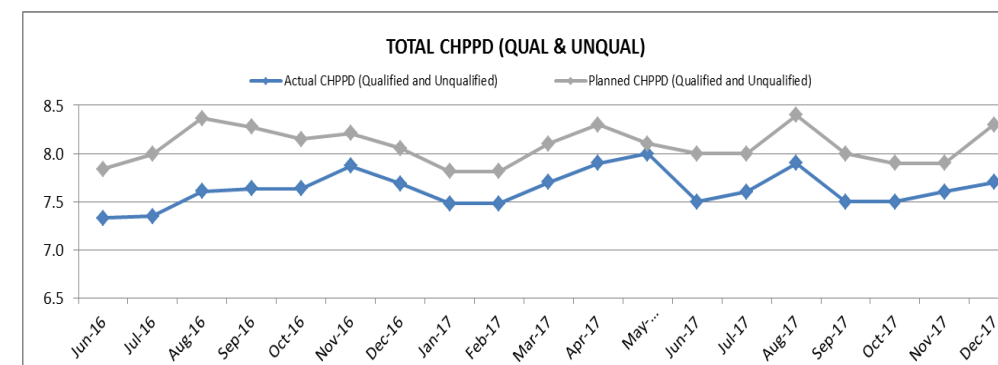
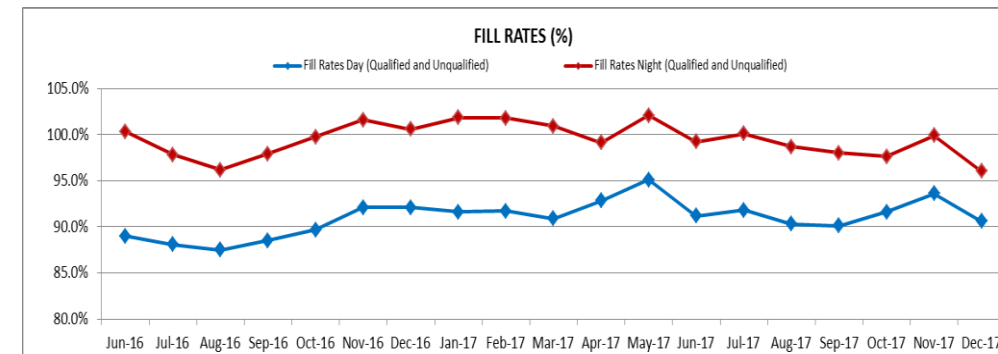
## Hard Truths: Safe Staffing Levels (3)

### Care Hours per Patient Day

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

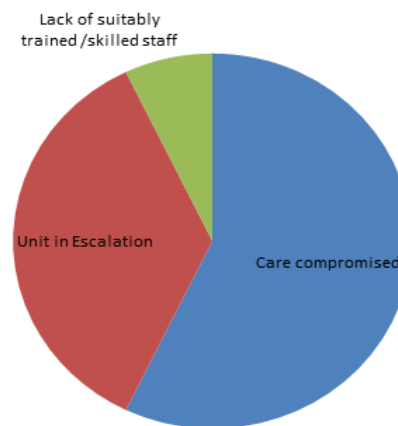
	Oct-17	Nov-17	Dec-17
Fill Rates Day (Qualified and Unqualified)	91.60%	93.60%	90.61%
Fill Rates Night (Qualified and Unqualified)	97.60%	99.90%	96.04%
Planned CHPPD (Qualified and Unqualified)	7.9	7.9	8.3
Actual CHPPD (Qualified and Unqualified)	7.5	7.6	7.7

A review of December CHPPD data indicates that the combined (RN and carer staff) metric resulted in 25 clinical areas of the 37 reviewed had CHPPD less than planned. 5 areas reported CHPPD as planned. 7 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.



#### RED FLAG INCIDENTS

##### Incidents By Adverse Event December 2017



##### Incidents by Dept/Ward December 2017



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 **14 Trust Wide Red shifts** declared in **December**. The 8 reported within the medical division were concentrated to ward 20HRI. The incidents have been recorded as "compromised care". This area has a lower than planned CHPPD level for the reported period. The low staffing level have been compounded by additional bed capacity open to support winter pressures, the deployment of the nursing workforce to manage this and the re-configuration of medical services.

To support the unit whilst the new model of working are embedded and to review the quality impact - weekly touch point with the senior corporate and divisional nursing teams have been facilitated. HCA Posts generated as a result of reconfiguration of services have now been recruited to and going forward the staffing position should improve.

There have been 4 level 1, unit in escalation datex reports raised in the reporting period from the FSS division. These have been managed through the escalation process with no impact on care delivery reported.

## 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 March 2018.
3. Applications from international recruitment projects are progressing well and the first 3 nurses have arrived in Trust, with a further 9 planned for deployment in January 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. The Trust is to work with the recruitment agent to transfer current candidates onto this assessment process with the aim being to expedite deployment to the UK.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has been developed to up-scale the project in line with the national and regional workforce plans. It is hoped that a second cohort could be in training by Spring 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 is being further enhanced by the development of a year long 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 safecare is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity.



## EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Dec 2017 - Month 9

## KEY METRICS

	M9				YTD (DEC 2017)				Forecast 17/18				
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var		
	£m	£m	£m		£m	£m	£m		£m	£m	£m		
I&E: Surplus / (Deficit) Control Total basis	(£2.80)	(£4.57)	(£1.77)		(£16.87)	(£22.42)	(£5.55)		1	(£15.94)	(£23.95)	(£8.00)	
Agency Expenditure	(£1.38)	(£1.45)	(£0.08)		(£12.78)	(£11.80)	£0.98		1	(£16.86)	(£15.69)	£1.17	
Capital	£0.40	£0.93	(£0.54)		£12.95	£8.32	£4.63		1	£14.39	£15.58	(£1.20)	
Cash	£1.91	£3.34	£1.43		£1.91	£3.34	£1.43		2	£1.91	£1.90	(£0.01)	
Borrowing (Cumulative)	£87.33	£100.21	£12.88		£87.33	£100.21	£12.88		1	£87.62	£106.87	£19.25	
CIP	£1.86	£1.57	(£0.29)		£11.83	£11.96	£0.13		1	£20.00	£18.03	(£1.97)	
Use of Resource Metric	3	4			3	3			1	3	3		

- Reported year to date deficit position of £26.34m,
- On a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £22.42m an adverse variance of £5.55m compared with the control total of £16.87m;
- Delivery of CIP is above the planned level at £11.96m against a planned level of £11.83m;
- Capital expenditure is £4.63m below plan due to revised timescales;
- Cash position is £3.34m, above the planned level;
- A Use of Resources score of level 3, in line with the plan.

## INCOME AND EXPENDITURE SUMMARY

	M9			YTD (DEC 2017)			Forecast 17/18		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Forecast £m	Var £m
<b>Total Income</b>	<b>£29.62</b>	<b>£27.58</b>	<b>(£2.03)</b>	<b>£279.24</b>	<b>£267.25</b>	<b>(£11.98)</b>	<b>£374.74</b>	<b>£356.95</b>	<b>(£17.79)</b>
Pay	(£19.78)	(£20.56)	(£0.78)	(£181.95)	(£183.18)	(£1.22)	(£241.10)	(£242.61)	(£1.51)
Non Pay	(£10.51)	(£10.48)	£0.03	(£95.30)	(£91.41)	£3.89	(£124.55)	(£120.51)	£4.04
<b>Total Expenditure</b>	<b>(£30.29)</b>	<b>(£31.04)</b>	<b>(£0.76)</b>	<b>(£277.26)</b>	<b>(£274.59)</b>	<b>£2.67</b>	<b>(£365.65)</b>	<b>(£363.12)</b>	<b>£2.53</b>
<b>EBITDA</b>	<b>(£0.67)</b>	<b>(£3.46)</b>	<b>(£2.79)</b>	<b>£1.98</b>	<b>(£7.34)</b>	<b>(£9.32)</b>	<b>£9.09</b>	<b>(£6.17)</b>	<b>(£15.26)</b>
Non Operating Expenditure	(£2.12)	(£2.13)	(£0.01)	(£32.78)	(£19.00)	£13.78	(£38.93)	(£39.08)	(£0.15)
<b>Surplus / (Deficit)</b>	<b>(£2.793)</b>	<b>(£5.59)</b>	<b>(£2.79)</b>	<b>(£30.80)</b>	<b>(£26.34)</b>	<b>£4.46</b>	<b>(£29.84)</b>	<b>(£45.25)</b>	<b>(£15.41)</b>
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	£13.93	£0.05	(£13.87)	£13.90	£13.91	£0.01
Less: Loss of STF funding	£0.00	£1.01	£1.01	£0.00	£3.86	£3.86	£0.00	£7.40	£7.40
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£2.80)</b>	<b>(£4.57)</b>	<b>(£1.77)</b>	<b>(£16.87)</b>	<b>(£22.42)</b>	<b>(£5.55)</b>	<b>(£15.94)</b>	<b>(£23.95)</b>	<b>(£8.00)</b>

As at Month 9 the gap to our control total is £5.55m. This is the level of financial improvement that the Trust required in order to be eligible for Q3 STF funding. £3.86m of STF funding has been lost based on Q1 & 2 A&E performance and financial performance in Q3. This is driving a total variance from control total of £9.41m, (excluding technical items excluded for control total purposes). However, the reported position includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £15.1m excluding the impact of STF and is summarised as follows:

## Year to Date Challenges:

Clinical Contract Income shortfall:	(£6.4m)	(Includes £4.7m linked to EPR productivity).
Other Income:	(£3.4m)	(Includes Estates and Apprentice Levy income).
Pay pressures:	(£3.3m)	(Includes EPR costs of c. £1.0m).
Non-Pay Pressures:	(£2.0m)	(Includes EPR costs of c.£0.3m).
<b>Total underlying variance from plan:</b>	<b>(£15.1m)</b>	
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits in YTD position:	£7.5m	
<b>Month 9 position to report:</b>	<b>(£5.6m)</b>	

The Trust is reporting a forecast deficit of £45.25m, an adverse variance to plan of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap compares favourably with the forecast position of £8.60m discussed with NHS Improvement at Month 8, however this belies an underlying worsening of £2.4m of which £2.0m relates to additional operational pressure relating to dealing with winter, net of the anticipated receipt of £0.9m central winter funding. Further benefits to offset these new pressures are anticipated to come from: £1m further winter funding, £1m revenue to capital transfer (both of which are supported by NHSI) and £1.0m commissioner income.

## CLINICAL ACTIVITY

	M9			YTD (DEC 2017)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	516	456	(60)	5,927	4,592	(1,335)	7,958	5,669	(2,289)
Non-Elective	4,465	4,843	378	38,133	41,744	3,611	50,873	57,209	6,336
Daycase	2,469	2,638	169	28,410	26,610	(1,800)	38,132	35,151	(2,981)
Outpatient	23,306	23,076	(231)	267,834	242,121	(25,713)	359,602	324,451	(35,151)
A&E	12,625	12,653	28	116,110	113,358	(2,752)	155,414	151,730	(3,684)
Other NHS Non-Tariff	114,889	111,161	(3,728)	1,197,606	1,238,377	40,771	1,622,193	1,678,745	56,553
Other NHS Tariff	9,326	8,979	(347)	99,098	91,910	(7,188)	133,242	123,499	(9,743)
<b>Total</b>	<b>167,596</b>	<b>163,806</b>	<b>(3,790)</b>	<b>1,753,117</b>	<b>1,758,712</b>	<b>5,594</b>	<b>2,367,414</b>	<b>2,376,455</b>	<b>9,041</b>

## Trust Financial Overview as at 31st Dec 2017 - Month 9

## INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

## YEAR TO DATE POSITION: M9

## CLINICAL ACTIVITY

	M9 Plan	M9 Actual	Var	
Elective	5,927	4,592	(1,335)	●
Non-Elective	38,133	41,744	3,611	●
Daycase	28,410	26,610	(1,800)	●
Outpatient	267,834	242,121	(25,713)	●
A&E	116,110	113,358	(2,752)	●
Other NHS Non-Tariff	1,197,606	1,238,377	40,771	●
Other NHS Tariff	99,098	91,910	(7,188)	●
<b>Total</b>	<b>1,753,117</b>	<b>1,758,712</b>	<b>5,594</b>	

## TRUST: INCOME AND EXPENDITURE

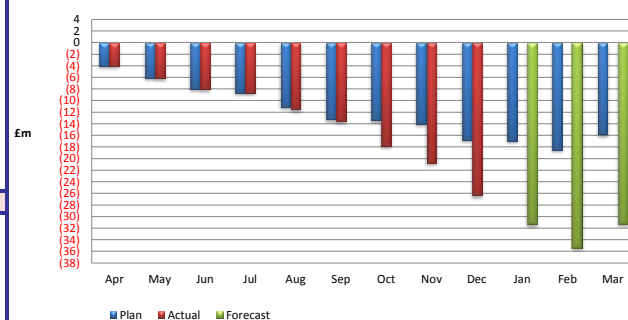
	M9 Plan	M9 Actual	Var	
	£m	£m	£m	
Elective	£16.65	£14.00	(£2.66)	●
Non Elective	£71.63	£74.39	£2.75	●
Daycase	£19.75	£19.17	(£0.58)	●
Outpatients	£31.16	£28.30	(£2.86)	●
A & E	£14.37	£13.64	(£0.73)	●
Other-NHS Clinical	£90.12	£81.41	(£8.71)	●
CQUIN	£5.24	£5.02	(£0.22)	●
Other Income	£30.31	£31.33	£1.02	●
<b>Total Income</b>	<b>£279.24</b>	<b>£267.25</b>	<b>(£11.98)</b>	●
Pay	(£181.95)	(£183.18)	(£1.22)	●
Drug Costs	(£26.25)	(£26.17)	£0.07	●
Clinical Support	(£24.55)	(£21.79)	£2.76	●
Other Costs	(£35.36)	(£34.31)	£1.06	●
PFI Costs	(£9.14)	(£9.14)	£0.00	●
<b>Total Expenditure</b>	<b>(£277.26)</b>	<b>(£274.59)</b>	<b>£2.67</b>	●
<b>EBITDA</b>	<b>£1.98</b>	<b>(£7.34)</b>	<b>(£9.32)</b>	●
Non Operating Expenditure	(£32.78)	(£19.00)	£13.78	●
<b>Surplus / (Deficit)</b>	<b>(£30.80)</b>	<b>(£26.34)</b>	<b>£4.46</b>	●
Less: Items excluded from Control Total	£13.93	£0.05	(£13.87)	
Less: Loss of STF funding	£0.00	£3.86	£3.86	
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£16.87)</b>	<b>(£22.42)</b>	<b>(£5.55)</b>	●

## DIVISIONS: INCOME AND EXPENDITURE

	M9 Plan	M9 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£15.17	£8.16	(£7.02)	●
Medical	£21.19	£18.90	(£2.29)	●
Families & Specialist Services	(£1.00)	(£3.91)	(£2.91)	●
Community	£1.76	£2.06	£0.30	●
Estates & Facilities	(£19.31)	(£19.83)	(£0.52)	●
Corporate	(£22.66)	(£22.31)	£0.35	●
THIS	£0.04	(£0.41)	(£0.45)	●
PMU	£2.04	£2.12	£0.08	●
Central Inc/Technical Accounts	(£26.83)	(£11.13)	£15.70	●
Reserves	(£2.00)	£0.00	£2.00	●
Unallocated CIP	£0.80	£0.00	(£0.80)	●
<b>Surplus / (Deficit)</b>	<b>(£30.80)</b>	<b>(£26.34)</b>	<b>£4.46</b>	●

## TRUST SURPLUS / (DEFICIT)

## Cumulative Surplus / (Deficit) excl. Impairments

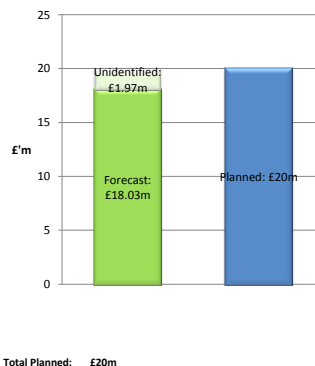


## KEY METRICS

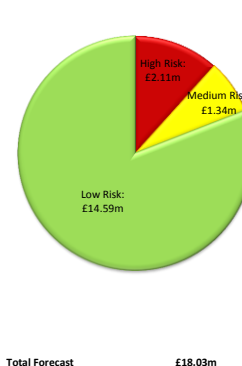
	Year To Date			Year End: Forecast			
	M9 Plan	M9 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£16.87)	(£22.42)	(£5.55)	(£15.94)	(£23.95)	(£8.00)	●
Capital	£12.95	£8.32	£4.63	£14.39	£15.58	(£1.20)	●
Cash	£1.91	£3.34	£1.43	£1.91	£1.90	(£0.01)	●
Loans	£87.33	£100.21	£12.88	£87.62	£106.87	£19.25	●
CIP	£11.83	£11.96	£0.13	£20.00	£18.03	(£1.97)	●
Use of Resource Metric	Plan 3	Actual 3		Plan 3	Forecast 3		●

## COST IMPROVEMENT PROGRAMME (CIP)

## CIP - Forecast Position



## CIP - Risk



## YEAR END 2017/18

## CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	7,958	5,669	(2,289)	●
Non-Elective	50,873	57,209	6,336	●
Daycase	38,132	35,151	(2,981)	●
Outpatient	359,602	324,451	(35,151)	●
A&E	155,414	151,730	(3,684)	●
Other NHS Non-Tariff	1,622,193	1,678,745	56,553	●
Other NHS Tariff	133,242	123,499	(9,743)	●
<b>Total</b>	<b>2,367,414</b>	<b>2,376,455</b>	<b>9,041</b>	

## TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£22.36	£16.92	(£5.44)	●
Non Elective	£95.53	£100.59	£5.07	●
Daycase	£26.51	£25.48	(£1.04)	●
Outpatients	£41.84	£37.66	(£4.18)	●
A & E	£19.24	£18.19	(£1.04)	●
Other-NHS Clinical	£122.22	£110.07	(£12.15)	●
CQUIN	£6.99	£6.68	(£0.31)	●
Other Income	£40.05	£41.35	£1.30	●
<b>Total Income</b>	<b>£374.74</b>	<b>£356.95</b>	<b>(£17.79)</b>	●
Pay	(£241.10)	(£242.61)	(£1.51)	●
Drug Costs	(£35.34)	(£35.38)	(£0.05)	●
Clinical Support	(£32.76)	(£28.50)	£4.25	●
Other Costs	(£44.27)	(£48.43)	(£4.16)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
<b>Total Expenditure</b>	<b>(£365.65)</b>	<b>(£363.12)</b>	<b>£2.53</b>	●
<b>EBITDA</b>	<b>£9.09</b>	<b>(£6.17)</b>	<b>(£15.26)</b>	●
Non Operating Expenditure	(£38.93)	(£39.08)	(£0.15)	●
<b>Surplus / (Deficit)</b>	<b>(£29.84)</b>	<b>(£45.25)</b>	<b>(£15.41)</b>	●
Less: Items excluded from Control Total	£13.90	£13.91	£0.01	
Less: Loss of STF funding	£0.00	£7.40	£7.40	
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£15.94)</b>	<b>(£23.95)</b>	<b>(£8.00)</b>	●

## DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£21.14	£9.31	(£11.83)	●
Medical	£28.66	£26.48	(£2.18)	●
Families & Specialist Services	(£0.66)	(£4.97)	(£4.31)	●
Community	£2.36	£2.42	£0.07	●
Estates & Facilities	(£25.65)	(£26.24)	(£0.59)	●
Corporate	(£30.16)	(£30.42)	(£0.27)	●
THIS	£0.03	(£0.67)	(£0.70)	●
PMU	£2.75	£2.75	£0.00	●
Central Inc/Technical Accounts	(£29.60)	(£25.23)	£4.37	●
Reserves	(£2.00)	£1.34	£3.34	●
Unallocated CIP	£3.30	£0.00	(£3.30)	●
<b>Surplus / (Deficit)</b>	<b>(£29.84)</b>	<b>(£45.25)</b>	<b>(£15.41)</b>	●

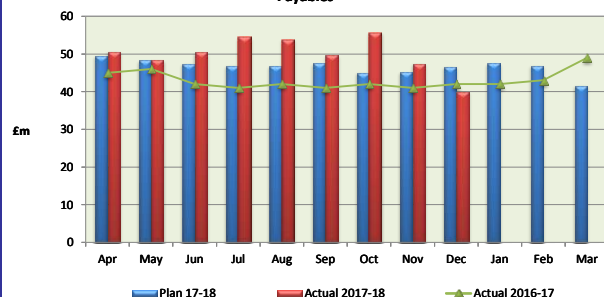
## Trust Financial Overview as at 31st Dec 2017 - Month 9

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

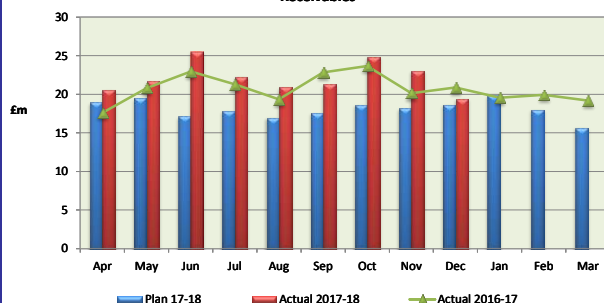
## WORKING CAPITAL

	M9 Plan £m	M9 Actual £m	Var £m	M9
Payables	(£46.56)	(£40.03)	(£6.53)	●
Receivables	£18.66	£19.44	(£0.78)	●

## Payables

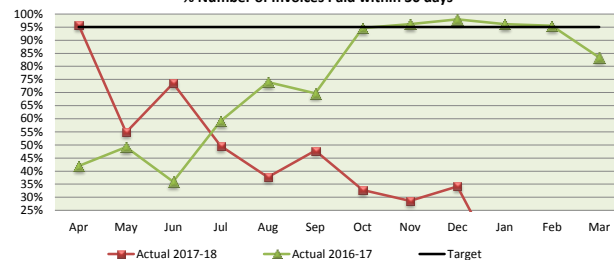


## Receivables



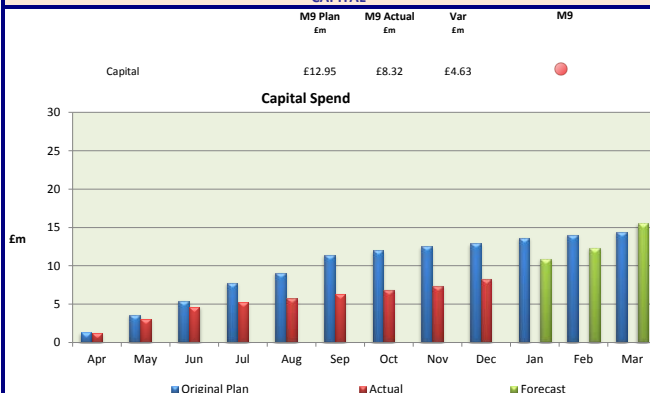
## BETTER PAYMENT PRACTICE CODE

## % Number of Invoices Paid within 30 days



At the end of October £6.951m of invoices approved for payment had not been paid, which relates to 6,766 invoices.  
For invoices paid in October the average numbers of days taken to pay was 60 days (54 day Sept 17)

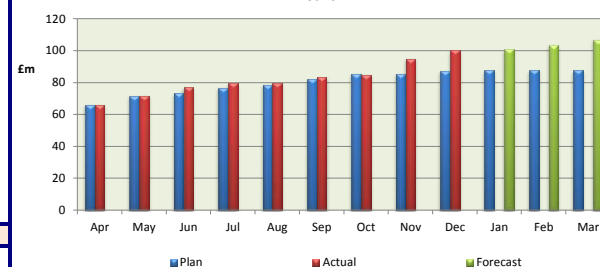
## CAPITAL



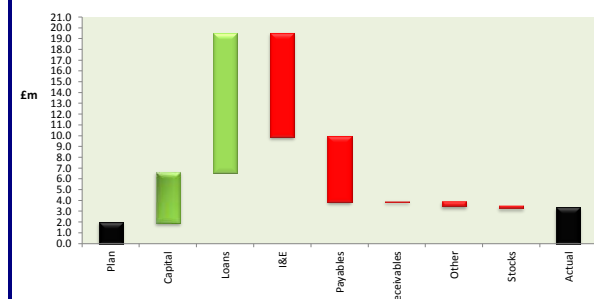
## CASH

	M9 Plan £m	M9 Actual £m	Var £m	M9
Cash	£1.91	£3.34	£1.43	●
Loans (Cumulative)	£87.33	£100.21	£12.88	●

## Loans



## CASH FLOW VARIANCE



## SUMMARY YEAR TO DATE

- The year to date deficit is £26.34m versus a planned deficit of £30.80m. This £4.46m favourable variance includes £3.86m loss of STF funding linked to A&E and financial performance, offset by a £13.87m net benefit excluded for Control Total purposes: delayed £14m planned impairment and the I&E impact of Donated Assets (£0.13m).
- The year to date position assumes receipt of Sustainability and Transformation Funding (STF) of £2.71m, £3.86m less than the planned £6.57m, due to A&E performance against the 4 hour target being below trajectory (£0.83m) and failure to achieve the control total in Quarter 3 (£3.03m).
- Activity continues to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. This underperformance has been offset to some extent by higher than planned non-elective activity, although this comes with associated unplanned costs due to the resulting pressure on capacity.
- Capital expenditure year to date is behind plan at £8.32m against a planned £12.95m.
- Cash balance is £3.34m, above the planned level of £1.91m.
- Trust borrowing is above the planned level. Year to date the Trust has borrowed £33.40m to support the deficit, working capital and delayed STF.
- CIP schemes have delivered £11.96m, £0.13m above the year to date target of £11.83m. This includes the rebadging of a £3.5m non recurrent benefit already within the financial position. The year to date plan includes £1m of the £3m stretch target required to bridge from £17m and £20m CIP.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 4 (planned as 1).

## NOTES

- The total forecast deficit including the impact of STF funding and impairments is £45.25m, a variance of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m.
- On a control total basis the forecast deficit is £23.95m, a variance of £8.00m compared to the planned year end Control Total deficit of £15.94m. This excludes loss of STF Funding of £7.40m, a planned £14m impairment and the I&E impact of Donated Assets which are excluded from the deficit for Control Total purposes and therefore have no impact on the financial performance element of the STF allocation.
- The forecast assumes receipt of £2.7m STF Funding, £7.4m less than the planned value of £10.1m due to the loss of funding for Quarter 1 & 2 based on A&E Delivery Board four hour performance and the loss of all STF funding planned for Q3 & 4 due to financial performance.
- The forecast assumes that recovery plans of £2.4m are delivered in full by year end and winter funding of £1.9m is secured.
- The forecast assumes the delivery of £18.03m of the full £20m CIP target, of which £2.11m is currently flagged as high risk. Any further slippage on CIP will need to be mitigated in order to achieve the forecast deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £45.6m in this financial year to support Capital and Revenue, plans; £31.9m deficit funding, £5.7m working capital funding and £8m Capital loan. The total loan balance by year end is forecast to be £104.4m, £16.8m higher than planned.
- Capital expenditure is forecast at £15.58m, £1.2m higher than the planned level of £14.39m due to estimated Donated Assets and an agreed £1m additional capital to support revenue. Capital expenditure is supported by the final £8m instalment of an existing Capital Loan facility.

RAG KEY:



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)	23	55	80	168	33	359
Staff in post (WTE)	669	1,385	531	1,614	1,055	5,254
% Vacancies	3%	4%	13%	9%	3%	6%

## Vacancies

At the end of Month 9 the Trust was carrying 359 vacancies, 6% of the total establishment. This is an increase of 41 vacancies compared to Month 8. Medical vacancies have increased slightly to 13%. Qualified Nursing are similar to last month and remain at 9% of establishment.

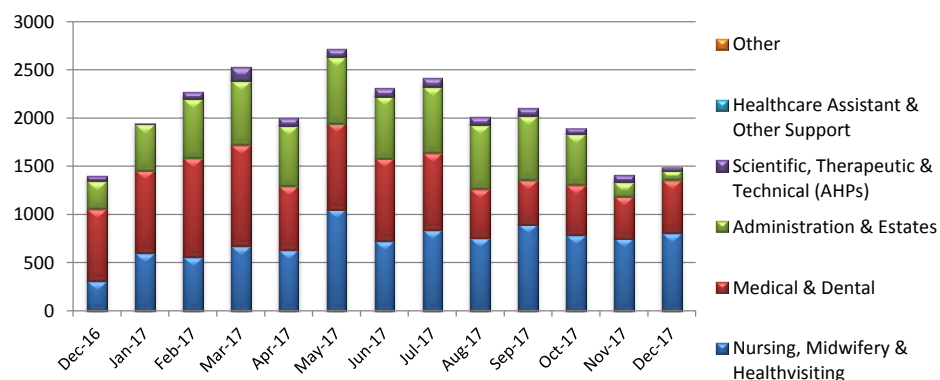
## Agency rate cap

Overall Cap breaches increased compared to the level reported in Month 8, but remain at a lower level than those reported between January and October. This reduction is largely linked to reduced Admin and Clerical agency usage in Health Informatics previously required for EPR implementation. Trends show that Nursing breaches have remained consistently high over the last 6 months and whilst Medical Breaches increased in month they remain at a much lower level than that seen in 16/17.

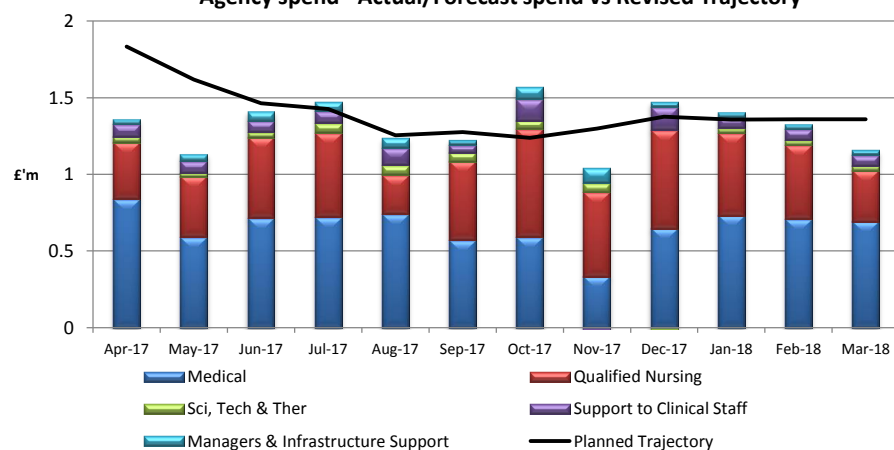
## Agency ceiling

Total reported agency spend in month was £1.45m; £0.08m higher than the planned value and the NHS Improvement Agency Ceiling. However, the in-month position reflects a correction to Nursing agency of £0.16m that relates to previous months, without which agency expenditure would have been below the planned level. Year to date Agency expenditure is £0.98m lower than the ceiling, although this underspend includes total non-recurrent benefits of £0.82m relating to 16/17 agency costs. The underlying variance of £0.16m is therefore much closer to the planned level. There has been some reduction in the underlying level of Agency expenditure compared to 16/17 levels linked to staff moving onto payroll and the filling of vacancies and Divisions are forecasting to achieve the £16.86m ceiling for the year.

Number of Shifts that breached Agency Cap (Monthly)

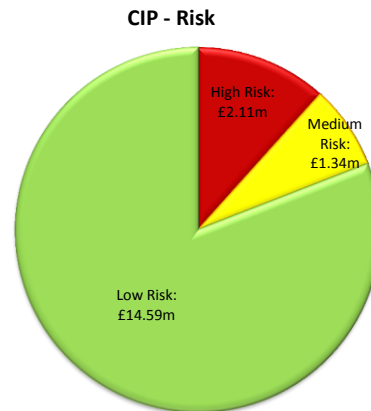


Agency spend - Actual/Forecast spend vs Revised Trajectory



## COST IMPROVEMENT PROGRAMME

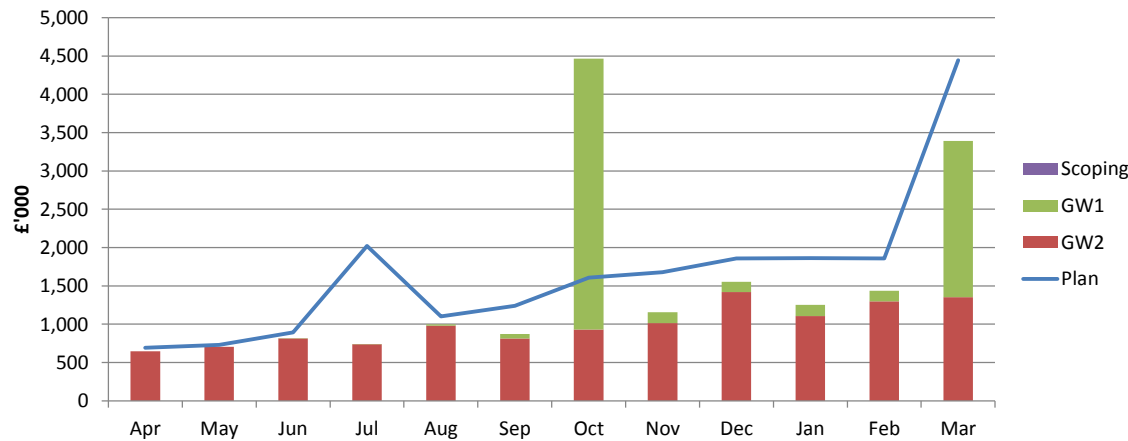
17/18 CIP					
Division	Plan	Forecast			
	Total	Rec	Non Rec	Total	FYE
	£'m	£'m	£'m	£'m	£'m
Corporate Services	0.79	0.45	0.32	0.77	0.54
Health Informatics	0.55	0.36	0.19	0.55	0.72
Medicine	4.35	2.48	1.51	3.99	3.47
PMU	0.30	0.30	0.00	0.30	0.68
Surgery & Anaesthetics	4.88	2.70	0.25	2.95	3.46
Families & Specialist Services	4.36	2.08	1.29	3.37	2.43
Community	0.31	0.16	0.03	0.19	0.23
Estates & Facilities	1.16	0.69	0.20	0.89	0.75
Unallocated	3.30	-0.13	5.15	5.02	0.16
<b>Grand Total</b>	<b>20.00</b>	<b>9.10</b>	<b>8.94</b>	<b>18.03</b>	<b>12.45</b>



£11.96m of CIP has been delivered in the year to date against a plan of £11.83m, an over performance of £0.13m. This position includes non-recurrent CIP of £3.5m relating to the refund of PFI facilities management. Earlier in the year this refund was not included as CIP and the change in accounting treatment is masking the underlying under-delivery of savings of £3.37m. The Trust is now forecasting delivery of £18.03m of savings, but this forecast includes both the £3.5m credit described above and £1.9m savings relating to the Estates Special Purpose Vehicle (SPV), both of which are non-recurrent benefits. Full delivery of this forecast saving remains challenging with some schemes still flagged as high risk including the SPV scheme and some elements of the Safer programme of bed closures. Should these high risk schemes fail to deliver; further mitigation of will have to be found.

Of the £20m CIP target, only £9.10m of the identified savings 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 £12.45m, (£9.10m in 17/18 and the remaining £3.35m in 18/19). This £12.45m recurrent value has reduced from previous months and further discussion and challenge is taking place to ensure this is realistic and for alternatives to be identified. Non-Recurrent savings for 17/18 are £8.94m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into 18/19. The gap between our planned £20m CIP for 17/18 and the full year effect of £7.55m will be added to the planning gap for next year and this gap is significantly higher than that previously reported.

CIP Profile by Month



CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	693	732	894	2,021	1,104	1,242	1,610	1,679	1,858	1,862	1,860	4,446	20,000
GW2	645	704	812	737	982	812	932	1,015	1,420	1,107	1,297	1,351	11,814
GW1	-	-	4	2	14	60	3,534	142	133	147	142	2,042	6,219
Scoping	-	-	-	-	-	-	-	-	-	-	-	-	-
Unidentified	-	-	-	-	-	-	-	-	13	704	626	626	1,968
<b>Total Forecast</b>	<b>645</b>	<b>704</b>	<b>816</b>	<b>739</b>	<b>996</b>	<b>872</b>	<b>4,465</b>	<b>1,157</b>	<b>1,566</b>	<b>1,958</b>	<b>2,064</b>	<b>4,019</b>	<b>20,000</b>

## FORECAST

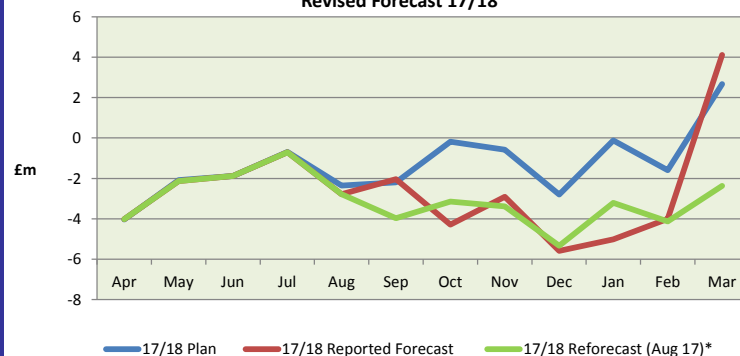
## YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£22.36	£16.92	(£5.44)	●
Non Elective	£95.53	£100.59	£5.07	●
Daycase	£26.51	£25.48	(£1.04)	●
Outpatients	£41.84	£37.66	(£4.18)	●
A & E	£19.24	£18.19	(£1.04)	●
Other-NHS Clinical	£122.22	£110.07	(£12.15)	●
CQUIN	£6.99	£6.68	(£0.31)	●
Other Income	£40.05	£41.35	£1.30	●
<b>Total Income</b>	<b>£374.74</b>	<b>£356.95</b>	<b>(£17.79)</b>	●
Pay	(£241.10)	(£242.61)	(£1.51)	●
Drug Costs	(£35.34)	(£35.38)	(£0.05)	●
Clinical Support	(£32.76)	(£28.50)	£4.25	●
Other Costs	(£44.27)	(£48.43)	(£4.16)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
<b>Total Expenditure</b>	<b>(£365.65)</b>	<b>(£363.12)</b>	<b>£2.53</b>	●
<b>EBITDA</b>	<b>£9.09</b>	<b>(£6.17)</b>	<b>(£15.26)</b>	●
Non Operating Expenditure	(£38.93)	(£39.08)	(£0.15)	●
<b>Surplus / (Deficit)</b>	<b>(£29.84)</b>	<b>(£45.25)</b>	<b>(£15.41)</b>	●
Less: Items excluded from Control Total	£13.90	£13.91	£0.01	
Less: Loss of STF funding	£0.00	£7.40	£7.40	
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£15.94)</b>	<b>(£23.95)</b>	<b>(£8.00)</b>	●

Note: The Control Total excludes: Impairments, Donated Asset Income and Donated Asset Depreciation.  
For the purposes of the STF calculation, loss of STF funding is also excluded.

## Revised Forecast

## Revised Forecast 17/18



\*comparator is the Month 5 Divisional forecast refresh

The reported forecast assumes that the Trust will end the year with a deficit of £31.34m (excluding £13.91m technical adjustments that are excluded from Control Total) an adverse variance of £15.40m. This variance incorporates two elements: the gap to control total which is forecast to be £8.00m and the loss of Sustainability and Transformation Funding (STF) of £7.40m. The £8.00m gap compares favourably with the forecast position of £8.60m discussed with NHS Improvement at Month 8, however:

- The movement belies an underlying worsening which can be attributed to £0.4m relating to an agreed change in job plans for surgical consultants and £2.0m relating to additional operational pressure relating to dealing with winter.
- The £2.0m winter pressure is net of anticipated receipt of £0.9m central winter funding. The total £2.9m is made up of £1.3m income loss and £1.6m additional costs.
- Further benefits to offset these new pressures are anticipated to come from £1m further winter funding, £1m additional capital in support of revenue, both of which are supported by NHSI and £1.0m commissioner income.
- The forecast assumes delivery of recovery plans previously identified and shown below. A number of recovery plans have been identified, although the majority are non-recurrent in nature and do not therefore address the underlying deficit position that will be carried forward into the next financial year.

The current forecast compared with both plan and the Month 5 Reforecast is illustrated in the graph below.

The reported forecast includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £20.8m excluding the impact of STF and is summarised as follows:

## Forecast Challenges:

Clinical Contract Income shortfall:	(£10.8m)	(Includes c. £6.7m linked to EPR productivity).
Other Income:	(£2.7m)	(Includes winter funding of £1.9m).
Pay pressures:	(£3.3m)	(Includes undelivered CIP of £1.0m & EPR costs of £1.5m).
Non-Pay Pressures:	(£4.0m)	(Includes undelivered CIP of 2.7m* & EPR costs of £0.4m).
<b>Total underlying variance from plan:</b>	<b>(£20.8m)</b>	(Excludes loss of STF funding of £7.4m)
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits / recovery actions:	£10.8m	
<b>Forecast variance from Plan:</b>	<b>(£8.0m)</b>	(Excludes loss of STF funding of £7.4m)

\*£3.5m PFI refund included on CIP Tracker but excluded from this calculation as it is incorporated within the Non-Recurrent benefits as reported in previous months.

## Risks:

A number of residual forecast risks remain:

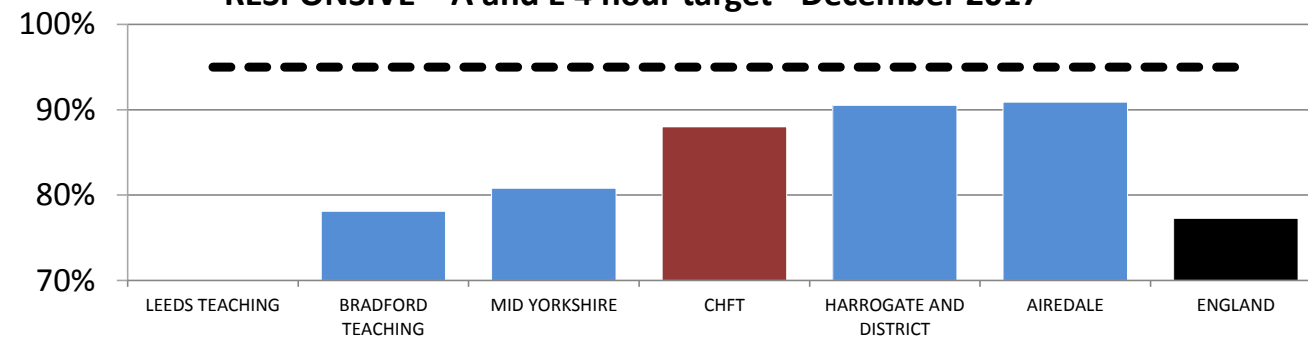
- Securing winter funding and additional commissioner income
- Delivery of benefits relating to the SPV and PFI refund

Recovery Actions	Assumed in forecast £'000
<b>Recovery Actions previously discussed with NHS I</b>	
Enhanced Vacancy Control	250
Discretionary Spend: Hospitality etc (£75k included in forecast position)	25
Course Fees outside of Apprenticeship Levy (£75k included in forecast position)	75
Multi-professional staffing model review	40
<b>Sub Total:</b>	<b>390</b>
<b>Further recovery Actions</b>	
Supplier Discounts	150
Depreciation reduced due to SPV / asset lives	500
PDC reduced due to SPV	200
Further in year benefit from ISS	700
CCG Funding property rent increases (Yr2)	202
<b>Sub Total:</b>	<b>1,752</b>
<b>Technical accounting recovery opportunities</b>	
<b>Sub Total:</b>	<b>300</b>
<b>Grand Total: Recovery actions</b>	<b>2,442</b>

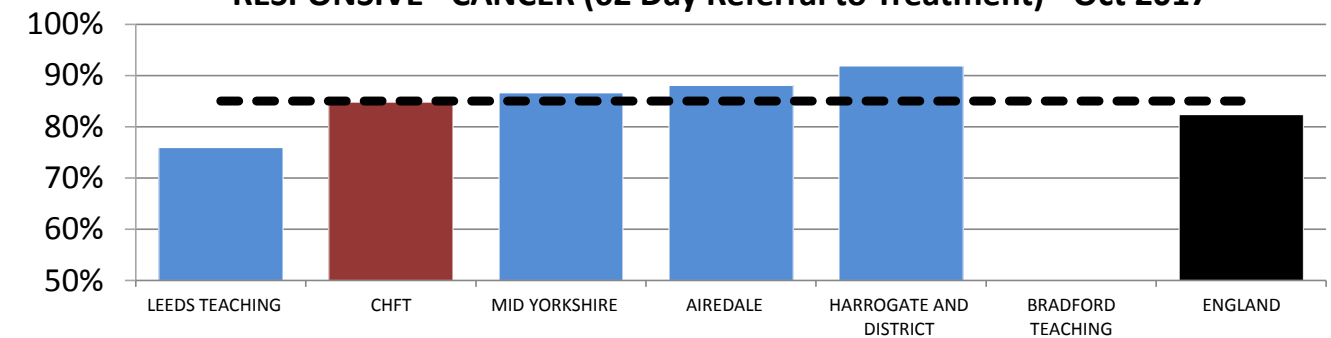


## Benchmarking - Selected Measures

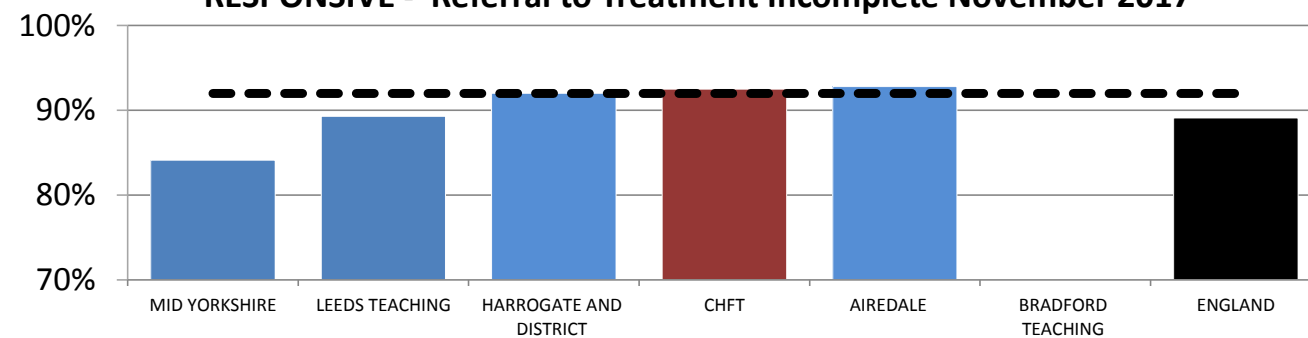
**RESPONSIVE - A and E 4 hour target - December 2017**



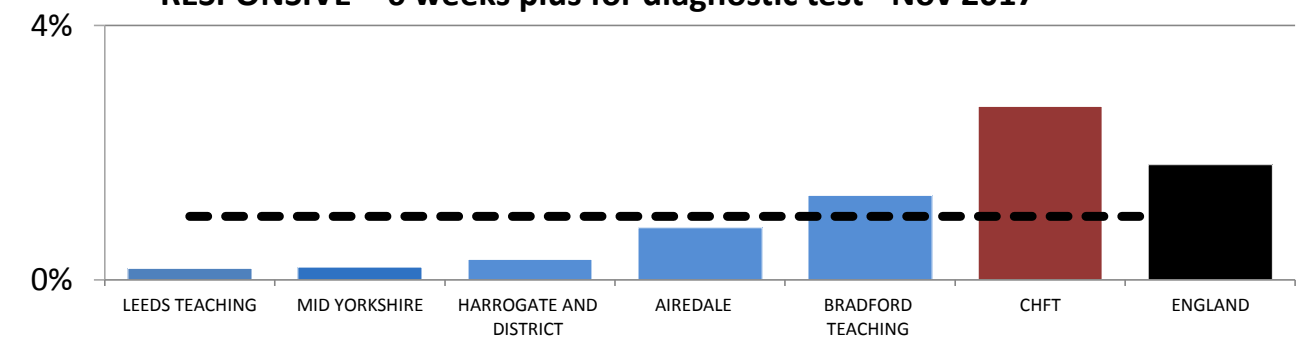
**RESPONSIVE - CANCER (62 Day Referral to Treatment) - Oct 2017**



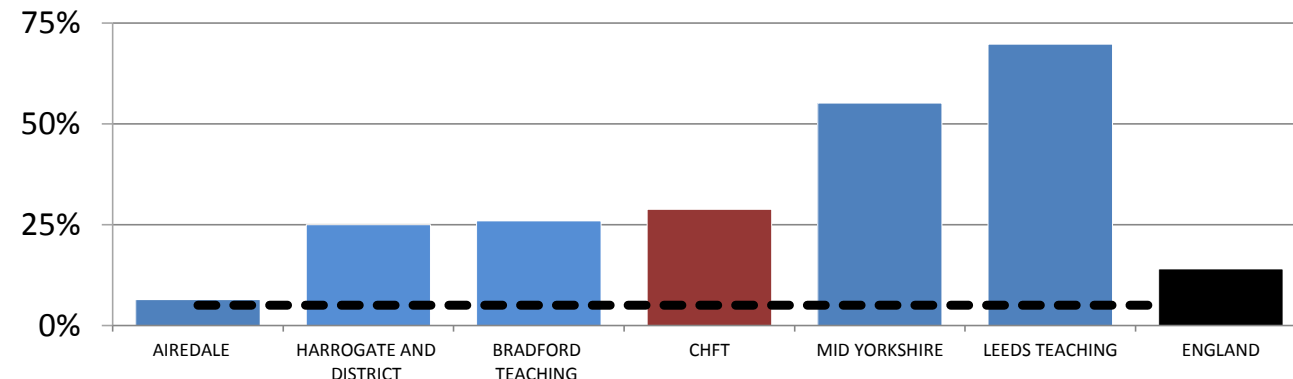
**RESPONSIVE - Referral to Treatment Incomplete November 2017**



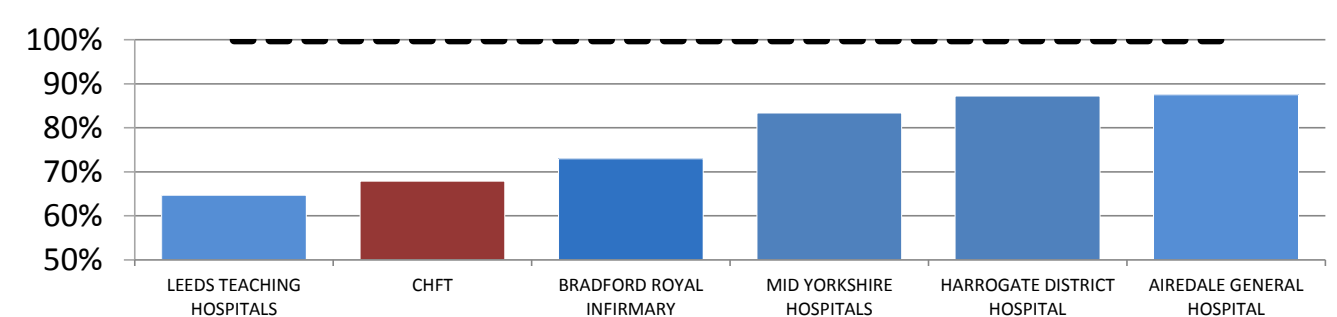
**RESPONSIVE - 6 weeks plus for diagnostic test - Nov 2017**



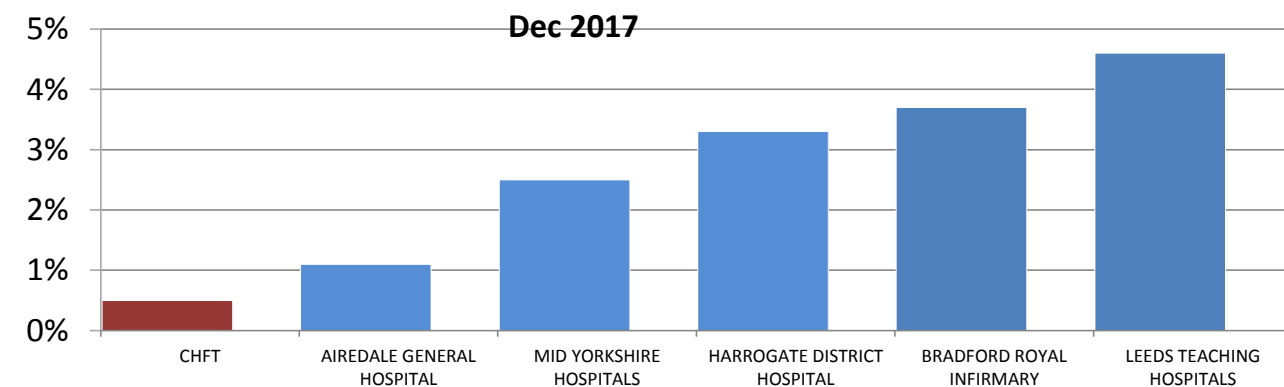
**RESPONSIVE - ASIs on Choose & Book - December 2017**



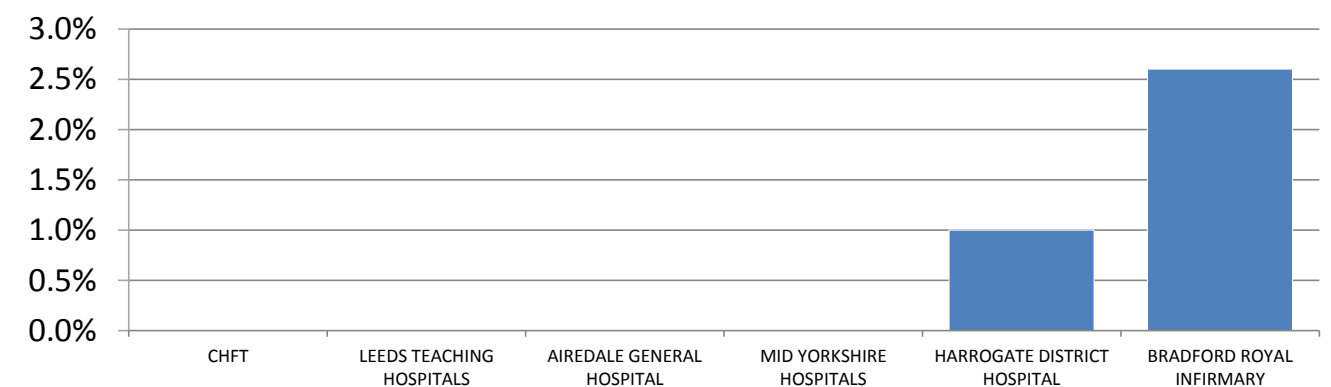
**RESPONSIVE - YAS Ambulance handovers within 15 minutes Dec 2017**



**RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes Dec 2017**

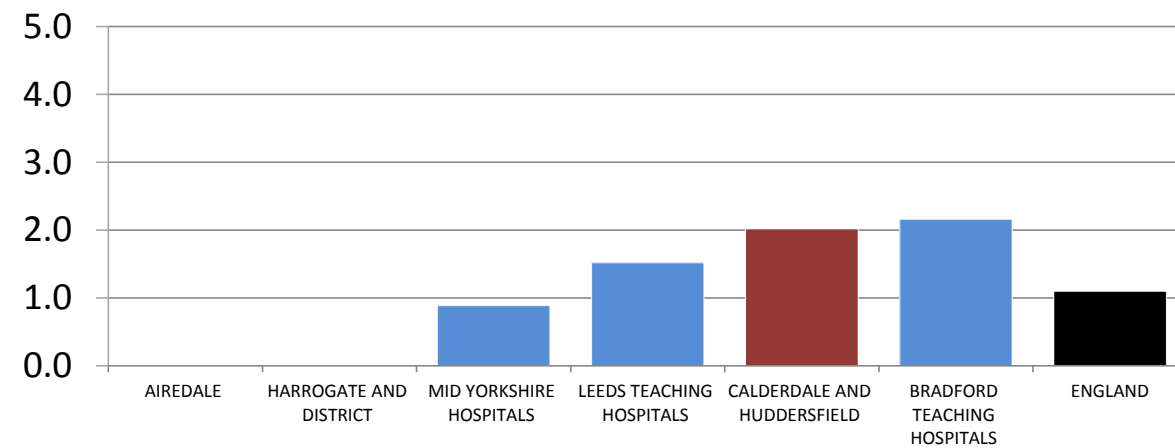


**RESPONSIVE - YAS Ambulance handovers > 60 minutes - Dec 2017**

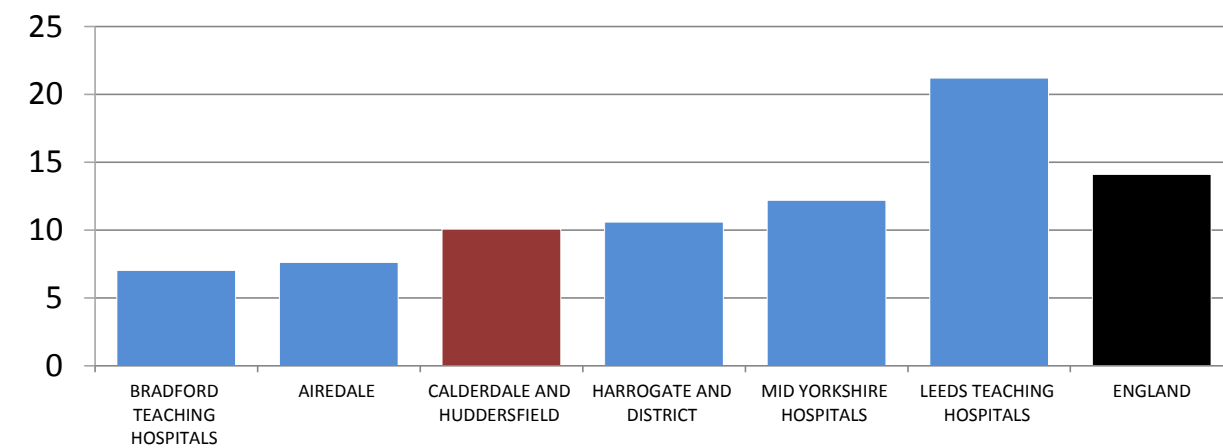


## Benchmarking - Selected Measures

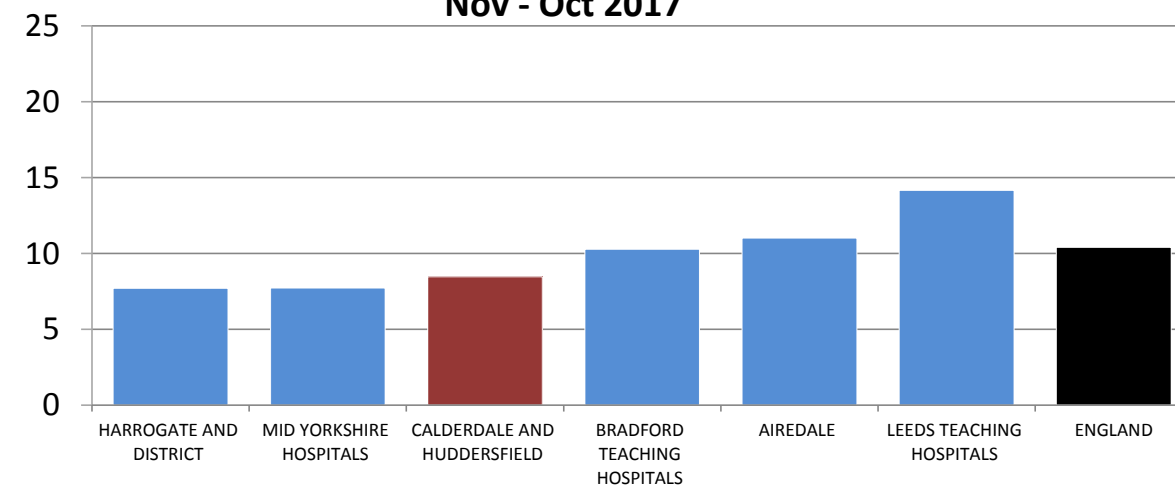
**EFFECTIVE - MRSA per 100,000 days  
Nov - Oct 2017**



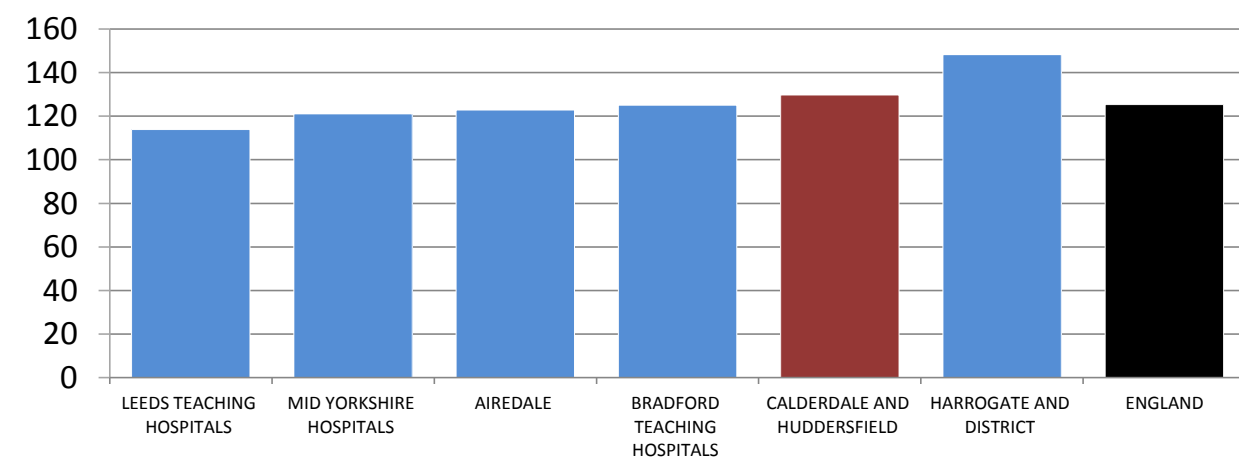
**EFFECTIVE - C.Diff per 100,000 days  
Nov - Oct 2017**



**EFFECTIVE - MSSA per 100,000 days -  
Nov - Oct 2017**

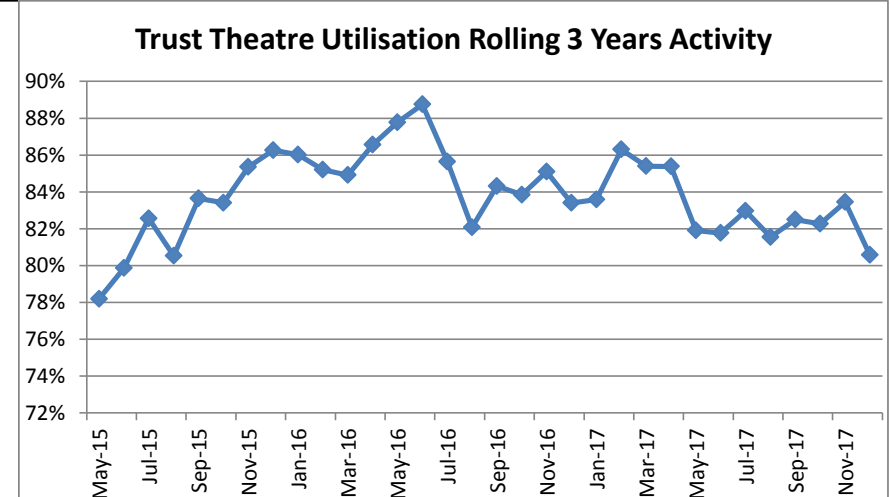
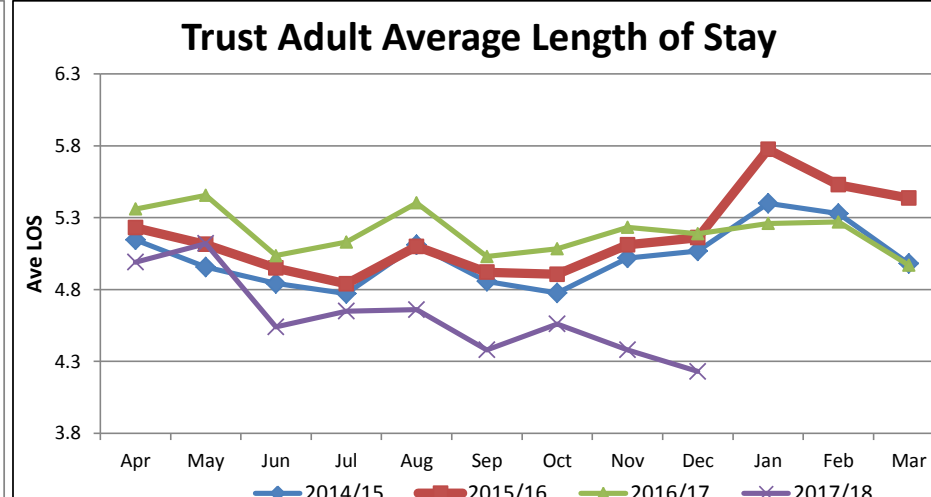
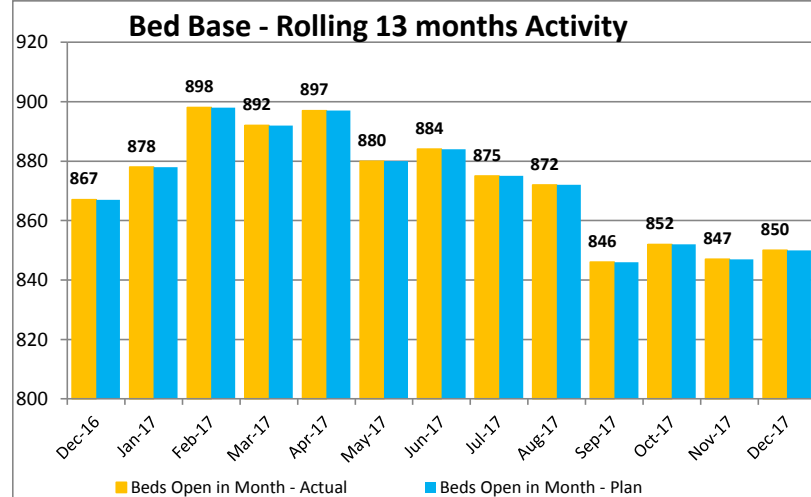


**EFFECTIVE - E.coli per 100,000 days -  
Nov - Oct 2017**



## Efficiency & Finance - Key measures

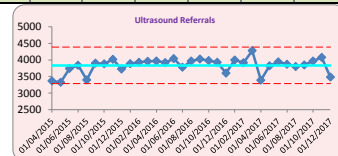
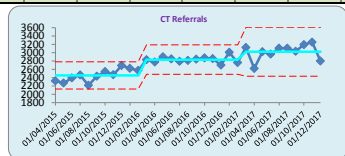
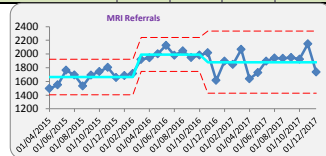
		16/17	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17		YTD	Target	Threshold/M onthly
Did Not Attend Rates																			
First DNA	6.33%	6.70%	6.45%	5.91%	5.94%	6.83%	9.97%	8.99%	7.99%	7.86%	7.93%	7.69%	6.98%	7.50%	7.94%	<=7%	7.00%		
Follow up DNA	6.49%	6.38%	6.10%	6.04%	5.94%	5.98%	11.56%	7.97%	6.92%	7.00%	6.39%	6.20%	5.53%	6.67%	7.14%	<=8%	8.00%		
Average length of stay																			
Average Length of Stay - Overall	5.19	5.19	5.26	5.27	4.99	5.12	4.54	4.65	4.66	4.38	4.56	4.38	4.23	4.47	4.54	<=5.17	5.17		
Average Length of Stay - Elective	2.55	2.57	2.32	2.38	2.53	2.57	2.95	2.90	2.90	3.07	2.77	2.85	2.55	2.91	2.82	<=2.85	2.85		
Average Length of Stay - Non Elective	5.74	5.65	5.84	5.90	5.54	5.59	4.75	4.89	4.92	4.56	4.80	4.57	4.48	4.64	4.77	<=5.63	5.63		
Day Cases																			
Day Case Rate	86.87%	87.54%	87.00%	85.79%	85.58%	86.53%	86.53%	86.54%	86.16%	87.66%	88.58%	88.64%	87.20%	88.17%	87.35%	>=85%	85.00%		
Failed Day Cases	1,462	99	130	104	128	105	118	135	182	208	192	176	228	194	1,537	120	1,440		
Elective Inpatients with zero LOS	1,579	116	137	153	193	96	78	94	75	91	85	83	84	63	749	136	1,632		
Beds																			
Beds Open in Month - Plan	875	875	882	875	875	824	824	824	803	803	803	818	818	818	818	Not applicable			
Beds Open in Month - Actual	897	878	898	892	897	880	884	875	872	846	852	847	850	851	851	Not applicable			
Hospital Bed Days per 1000 population - Adults	52.52	52.55	56.36	50.38	53.55	49.91	49.97	53.57	54.10	50.87	50.45	51.20	50.59	51.72	51.72	16/17 Baseline			
Emergency Hospital Admissions per 1000 population - Adults	0.083	0.085	0.089	0.078	0.086	0.080	0.095	0.098	0.099	0.098	0.096	0.101	0.101	0.104	0.104	16/17 Baseline			
Theatre Utilisation																			
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	84.72%	82.33%	86.15%	85.48%	82.97%	82.30%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	82.62%	>=90%	90.00%		
Theatre Utilisation (TT) - Main Theatre -HRI	92.40%	91.18%	92.61%	97.86%	94.03%	96.06%	93.76%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	92.05%	>=90%	90.00%		
Theatre Utilisation (TT) - HRI DSU	78.20%	73.34%	75.62%	79.83%	80.67%	82.24%	69.47%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	74.18%	>=88%	88.00%		
Theatre Utilisation (TT) - HRI SPU	80.98%	81.10%	77.71%	77.76%	81.66%	77.64%	71.58%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	73.25%	>=85%	85.00%		
Theatre Utilisation (TT) - Trust	84.50%	83.40%	83.59%	86.30%	85.40%	85.38%	81.91%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	82.50%	>=90%	90.00%		



Safe	Effective	Caring	Responsive	Workforce	Efficiency/Finance	Activity	CQUIN
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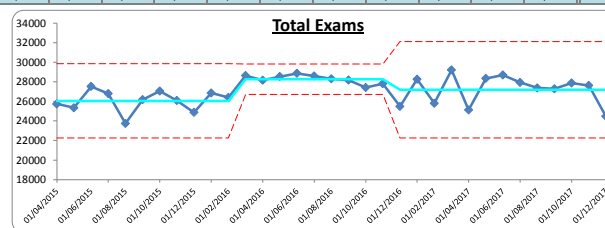
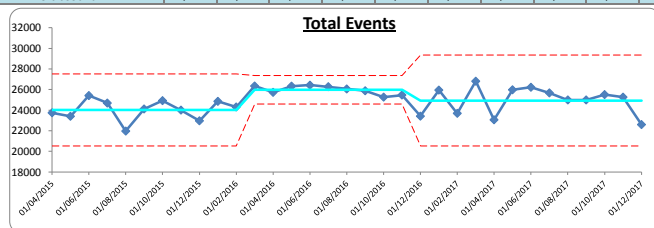
## Radiology Summary of Activity of Key Modalities - December 2017

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	YTD 17/18	YTD 16/17	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	1924	2147	1737	16896	17672	-776	-4%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	3192	3034	3191	3253	2800	27188	25406	1782	7%
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2383	2588	2170	2476	2481	2340	2459	2401	2466	2520	2188		21501	21554	-53	0%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	16944	17282	17181	16863	15448	150987	156324	-5337	-3%
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	3801	3847	3967	4077	3480	34184	35193	-1009	-3%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	28333	28512	28729	28860	25653	250756	256149	-5393	-2%



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%

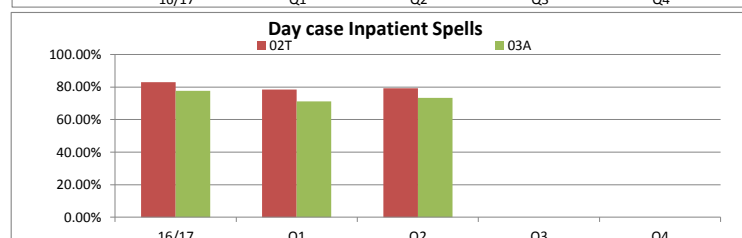
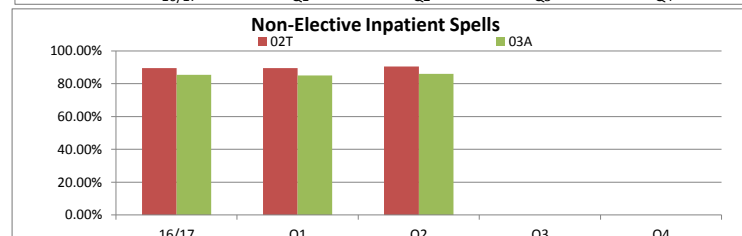
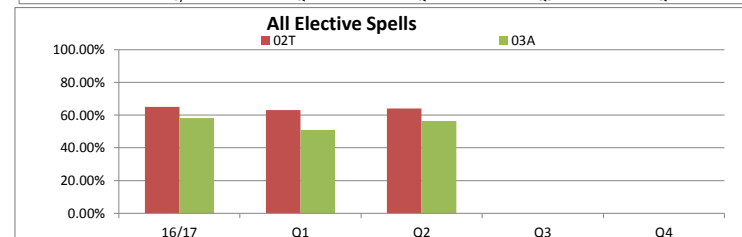
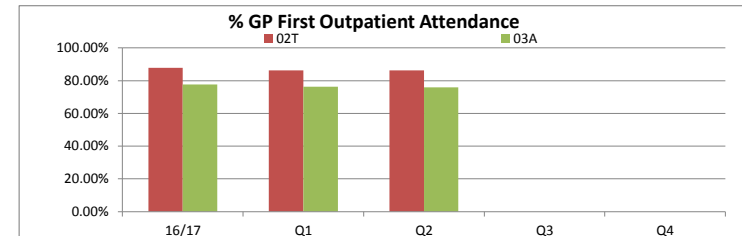
Activity																										
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD 17/18	YTD 16/17	Increase	%	
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	26,223	25,674	24,989	24,986	25,501	25,263	22,592	224,255	230,807	-6,552	-3%	
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	1,639	15,355	15,048	15,434	-386	-3%	
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	620	649	649	615	570	5572	5691	-119	-2%	
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	483	474	503	450	409	4196	5034	-838	-17%	
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3534	-3534	-100%	
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	582	599	576	562	547	5182	1086	4096	-	-
CT	2,611	2,565	2,622	2,695	2,640	2,467	2,520	2,527	2,486	2,601	2,438	2,746	2,308	2,605	2,587	2,779	2,722	2,589	2,651	2,796	2,470	23,507	23,133	374	2%	
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	136,209	141,992	-5,783	-4%	
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	20,199	20,527	-328	-2%	
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	29,292	29,721	-429	-1%	
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	244,743	251,360	-6,617	-3%	
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	1,740	1,616	15,864	16,162	-298	-2%	
HRI - MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	674	695	671	687	693	649	603	5928	6140	-212	-3%	
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	504	488	524	470	426	4375	5355	-980	-18%	
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3419	-3419	-100%	
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	607	609	577	5454	1156	4298	-	-
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	34,614	34,028	586	2%	
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	141,689	147,846	-6,157	-4%	
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	20,237	20,595	-358	-2%	
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	32,339	32,729	-390	-1%	



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	YTD 17/18	YTD 16/17	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	3000			
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	2000			
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	0			
<div><div></div><div></div><div></div></div>																									
Number of Exams reported																									
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	18554	20116	21015	19793	21046	23066	19640	180285	169482	10803	6%
Insourced (Extras)	680	1001	1221	1145	813	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	15	0	15	8102	8691	-589	-7%
Locum Radiologist/Sonographer	2390	2394	1598	1345	1197	1047	935	1030	635	602	573	728	233	315	299	96	41	85	89	85	74	1317	12571	-11254	-90%
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	2675	2767	2234	23363	27177	-3814	-14%
Outsourced	3305	2287	2512	2871	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	2775	2584	3017	2868	2553	29839	26613	3226	12%
Total	28208	27705	27372	26152	27564	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	31598	26088	26842	28786	24516	242906	244534	-1628	-1%
% Outsourced	12%	8%	9%	11%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	11%	10%	10%	12%	11%		1%
% Insourced/Outsourced	14%	12%	14%	15%	11%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	24%	14%	11%	10%	10%	16%	14%		1%

## Activity - Key measures (Market Share)

16/17		Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
<b>GP First Outpatient Attendance</b>								
% Market Share - 02T Calderdale	87.80%	<b>86.24%</b>	86.22%			<b>85.89%</b>	87.80%	-1.91%
% Market Share - 03A Greater Huddersfield	77.75%	<b>76.20%</b>	75.87%			<b>75.75%</b>	77.75%	-2.00%
% Market Share - Other Contracted CCG's	1.47%	<b>1.33%</b>	1.32%			<b>1.29%</b>	1.47%	-0.18%
Market Size - 02T Calderdale	45081	<b>9947</b>	10057			<b>20004</b>	45081	
Market Size - 03A Greater Huddersfield	43244	<b>9506</b>	10007			<b>19513</b>	43244	
Market Size - Other Contracted CCG's	456702	<b>110984</b>	116018			<b>227002</b>	456702	
<b>All Elective Spells</b>								
% Market Share - 02T Calderdale	64.98%	<b>63.13%</b>	63.98%			<b>63.57%</b>	64.98%	-1.41%
% Market Share - 03A Greater Huddersfield	58.26%	<b>50.93%</b>	56.48%			<b>53.77%</b>	58.26%	-4.49%
% Market Share - Other Contracted CCG's	0.91%	<b>0.83%</b>	0.84%			<b>0.83%</b>	0.91%	-0.08%
Market Size - 02T Calderdale	6041	<b>1253</b>	1202			<b>2455</b>	6041	
Market Size - 03A Greater Huddersfield	6220	<b>1286</b>	1250			<b>2536</b>	6220	
Market Size - Other Contracted CCG's	57991	<b>14402</b>	14123			<b>28525</b>	57991	
<b>Non-Elective Inpatient Spells</b>								
% Market Share - 02T Calderdale	89.58%	<b>89.54%</b>	90.50%			<b>90.10%</b>	89.58%	0.52%
% Market Share - 03A Greater Huddersfield	85.51%	<b>85.13%</b>	86.13%			<b>85.72%</b>	85.51%	0.21%
% Market Share - Other Contracted CCG's	0.74%	<b>0.76%</b>	0.94%			<b>0.85%</b>	0.74%	0.12%
Market Size - 02T Calderdale	23269	<b>5939</b>	6622			<b>12561</b>	23269	
Market Size - 03A Greater Huddersfield	23129	<b>5911</b>	6389			<b>12300</b>	23129	
Market Size - Other Contracted CCG's	251957	<b>63346</b>	62553			<b>125899</b>	251957	
<b>Daycase Spells</b>								
% Market Share - 02T Calderdale	82.91%	<b>78.43%</b>	79.26%			<b>79.06%</b>	82.91%	-3.85%
% Market Share - 03A Greater Huddersfield	77.74%	<b>71.11%</b>	73.36%			<b>72.67%</b>	77.74%	-5.07%
% Market Share - Other Contracted CCG's	0.90%	<b>0.66%</b>	0.79%			<b>0.73%</b>	0.90%	-0.17%
Market Size - 02T Calderdale	30987	<b>5976</b>	6745			<b>12721</b>	30987	
Market Size - 03A Greater Huddersfield	31895	<b>6449</b>	6936			<b>13385</b>	31895	
Market Size - Other Contracted CCG's	285313	<b>69432</b>	71319			<b>140751</b>	285313	



### 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 July November 2017.

Comparing Quarter 1 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.

Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the non elective and day case activity than it did in 16/17.

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 1 with 16/17 baseline

Activity - Key measures

16/17		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		YTD	YTD % Change
GP referrals to all outpatients																	
02T - NHS CALDERDALE CCG	44,807	3,308	3,897	3,517	4,115	2,579	4,601	4,121	4,353	4,706	4,636	4,873	4,485	4,028	38,382	15.3%	
03A - NHS GREATER HUDDERSFIELD CCG	38,428	2,878	3,056	3,079	3,528	2,119	3,746	3,324	3,108	3,317	3,174	3,051	3,119	2,738	27,696	-3.7%	
03J - NHS NORTH KIRKLEES CCG	3,625	264	312	261	301	223	401	379	272	287	318	320	326	248	2,774	0.8%	
02R - NHS BRADFORD DISTRICTS CCG	2,765	176	215	183	223	125	297	242	227	198	199	228	219	175	1,910	-10.9%	
03R - NHS WAKEFIELD CCG	711	69	57	47	69	48	102	79	84	86	125	132	110	78	844	56.9%	
02W - NHS BRADFORD CITY CCG	357	28	24	22	24	19	32	33	31	38	38	48	45	50	334	16.4%	
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	413	16	38	14	29	15	18	21	29	17	10	11	9	3	133	-59.9%	
03C - NHS LEEDS WEST CCG	116	8	11	11	9	9	19	19	6	9	8	15	10	7	102	20.0%	
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	45	4	3	3	3	4	5	9	2	5	6	8	1	6	46	27.8%	
03G - NHS LEEDS SOUTH AND EAST CCG	27	3	2	2	4	2	1	8	2	5	5	10	9	6	48	152.6%	
02V - NHS LEEDS NORTH CCG	25	3	1	0	3	1	1	0	2	2	3	2	1	1	13	-38.1%	
Other	961	53	61	55	60	36	166	161	167	134	170	114	0	0	948	20.8%	
Trust	92,157	6,810	7,677	7,194	8,368	5,180	9,389	8,396	8,283	8,804	8,692	8,812	8,334	7,340	73,230	6.7%	
% Change on Previous year	0.00%	0.00%	0.00%	0.00%	0.00%	-34.01%	20.26%	0.80%	11.58%	16.46%	11.88%	16.03%	9.18%	9.49%	6.65%		
Activity																	
% of spells with > 5 ward movements (No Target)	0.09%	0.12%	0.10%	0.13%	0.11%	0.10%	0.21%	0.38%	0.43%	0.42%	0.41%	0.62%	0.34%	0.00%	0.48%	0.4%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	616	221	36	-14	66	-153	-507	-529	-255	-148	-326	-69	169	-1751	
% Day Case Variance against Contract	4.9%	24.7%	7.2%	1.2%	-0.4%	2.4%	-4.7%	-14.9%	-16.4%	-1.3%	-4.6%	-9.6%	-2.0%	6.8%	-6.3%	
Elective Variance against Contract	-937	-6	-64	-56	-65	-10	-108	-221	-190	-156	-215	-224	-121	-81	-1333	
% Elective Variance against Contract	-10.7%	-0.9%	-8.6%	-7.9%	-8.0%	-1.8%	-16.0%	-31.2%	-28.4%	-29.2%	-31.9%	-31.6%	-17.7%	-11.6%	-22.5%	
Non-elective Variance against Contract	-205	-95	53	53	101	74	312	430	244	591	566	174	655	378	3415	
% Non-elective Variance against Contract	-0.3%	-2.1%	0.6%	1.1%	2.2%	1.2%	6.2%	12.3%	6.5%	1.0%	15.4%	3.9%	15.8%	8.5%	9.5%	
Outpatient Variance against Contract	13612	2656	2064	397	334	80	-2901	-5410	-823	-3715	-2851	-2471	-777	340	-18528	
% Outpatient Variance against Contract	4.0%	11.6%	7.3%	1.5%	1.1%	0.1%	-12.5%	-20.2%	-6.3%	-6.5%	-12.4%	-10.6%	-4.0%	-1.0%	-9.6%	
Accident and Emergency Variance against Contract	2778	553	-96	-633	-256	82	-494	-572	-286	-226	-590	-210	-374	28	-2643	
% Accident and Emergency Variance against Contract	1.9%	4.5%	-0.8%	-5.3%	-1.9%	0.7%	-3.6%	-4.4%	-2.1%	-1.8%	-4.5%	-1.6%	-3.0%	0.2%	-2.4%	

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



# CQUINS - Key messages

Area	Reality	Response	Result
Sepsis	The Trust continues to perform below the 90% target level on the two sepsis indicators: Screening and Treatment with Antibiotics within an hour.	There is a newly established Sepsis Improvement Group in the Trust and divisions are receiving weekly updates to enable targeted work to be undertaken.	Improvements from Q4 2017/18.  Accountable: ADNs and CDs
	EPR screening prompts are currently causing some confusion as to the correct way to document a screen but it appears from monthly audit work that they are being recognised and then treated appropriately however the evidence is not being captured in the correct part of EPR.	A clinical working group will be discussing the EPR algorithm and will come back with some decisions on the correct processes to follow at the November Sepsis Group. Further decisions are still to be made after December's meeting.	
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. This can be done gradually over the 2 years of the CQUIN and the formal trajectory for this needs to be agreed.	The data needs to be better understood in terms of the distribution of the response, looking to bring all responses initially into 3 days' timescale and then in year 2 of the CQUIN hit the 80% of A&G requests responded to within 2 days.	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.
	The Trust is improving in terms of overall response rate but the 2 days remains a challenge. Divisions are aware of the need to improve response rates and directorates have been putting plans in place to address those poor performing areas.	A trajectory has been agreed with the CCG to deliver 3 days response in the first instance moving to 75% responses within 2 working days by Q4 18/19.	Accountable: GMs

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets			
						Q1	Q2	Q3	Q4
1. Improving staff health and wellbeing									
1a.1	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	24	N/A	N/A	N/A	29
1a.2				% Experienced MSK in the last 12 months as a result of work activities	26	N/A	N/A	N/A	21
1a.3				% Felt unwell in the last 12 months as a result of work related stress	42	N/A	N/A	N/A	37
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 16-17 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	76%	N/A	N/A	70%	70%
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)									
2a.1	Acute	£95,887	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	88.7%	90%	90%	90%	90%
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	28.7%	90%	90%	90%	90%
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	76.9%	90%	90%	90%
2b.2				% Patients with severe red flag/ septic shock that received iv antibiotics < 1hr in Inpatients (LOS >0)	67.8%	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	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	1% reduction (from 16/17 position) in all antibiotics	4250.70	Submit to PHE	Submit to PHE	Submit to PHE	4208.19
2d.2				1% reduction (from 16/17 position) in Carbapenem	60.60	Submit to PHE	Submit to PHE	Submit to PHE	59.99
2d.3				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	179.40	Submit to PHE	Submit to PHE	Submit to PHE	177.61
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	545	109 (Cumulative)	218 (Cumulative)	327 (Cumulative)	436 (20% overall reduction)
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)
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%
8. Supporting proactive and safe discharge									
8a.1	Acute	£447,472	Supporting proactive and safe discharge	Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
8a.2				Emergency Care Dataset (ECDS) usage	-	Demonstrate credible planning	N/A	Returning weekly data	N/A
8a.3 & 8b.2	Acute & Community	£447,472		% Non Elective patients discharged to usual place of residence within 7 days of admission (Pts >65, LOS >2)	38.0%	N/A	N/A	41%	
8b.1	Community			Medical Surgical	-	N/A	Written report for evidence	N/A	N/A
9. Preventing ill health by risky behaviours – alcohol and tobacco									
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	No data required until 2018-19			
9b		£31,962		% Smokers given brief advice					
9c		£39,953		% Smokers referred and/or offered medication					
9d		£39,953		% Patients screened for Alcohol usage					
9e		£39,953		% Alcohol users given brief advice					
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	Submit Baseline			
9b		£63,925		% Smokers given brief advice	100.0%	Submit Baseline			
9c		£79,906		% Smokers referred and/or offered medication	0.0%	Submit Baseline			
9d		£79,906		% Patients screened for Alcohol usage	4.0%	Submit Baseline			
9e		£79,906		% Alcohol users given brief advice or medication	0.0%	Submit Baseline			
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

ACTUAL PERFORMANCE															
Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4
Apr-17	May-17	Jun-17		Jul-17	Aug-17	Sep-17		Oct-17	Nov-17	Dec-17		Jan-18	Feb-18	Mar-18	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	N/A	N/A	N/A				
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	47.3%	57.7%	62.1%	62.1%			
84.0%	14.0%	28.0%	42.0%	16.0%	22.0%	24.0%	20.7%	92.0%	In arrears	In arrears	92.0%				
34.0%	20.0%	28.0%	27.3%	6.0%	32.0%	18.0%	18.7%	80.0%	In arrears	In arrears	80.0%				
75.0%	85.7%	83.3%	82.5%	80.0%	84.6%	44.4%	63.6%	61.5%	In arrears	In arrears	61.5%				
55.6%	75.0%	84.6%	73.3%	85.7%	93.3%	55.0%	73.8%	44.4%	In arrears	In arrears	44.4%				
Quarter Position Only			89%	Quarter Position Only			TBC	Quarter Position Only			TBC				
Rolling 4 Quarter Position Only			4,209				TBC				TBC				
Rolling 4 Quarter Position Only			58	Quarter Position Only - Published until Early Jan 2018			TBC	Quarter Position Only - Published until Early April 2018			TBC	Quarter Position Only - Published until Early July 2018			
Rolling 4 Quarter Position Only			143.3				TBC				TBC				
17 (Cumulative)	42 (Cumulative)	64 (Cumulative)	64	85 (Cumulative)	113 (Cumulative)	130 (Cumulative)	130	147 (Cumulative)	167 (Cumulative)	177 (Cumulative)	177				
48.6%	49.4%	41.0%	46.0%	47.0%	47.8%	50.4%	48.3%	47.9%	40.8%	53.0%	46.8%				
Quarter Position Only			N/A	Quarter Position Only			87.0%	Quarter Position Only			71.3%				
30.5%	6.4%	11.9%	16.3%	16.4%	14.2%	13.0%	14.6%	16.2%	26.7%	TBC	16.1%				
N/A	N/A	N/A	N/A	Y			Y	N/A			N/A				
Y			Y	N/A			N/A	Quarter Position Only			TBC				
39.1%	36.4%	36.0%	37.1%	37.8%	37.3%	38.8%	38.0%	38.5%	39.6%	40.5%	39.5%				
38.5%	36.5%	36.4%	37.1%	37.5%	37.9%	39.7%	38.4%	37.6%	40.8%	42.1%	40.2%				
41.4%	35.7%	34.5%	37.1%	38.6%	35.4%	35.7%	36.6%	42.0%	35.1%	33.8%	37.3%				
N/A	N/A	N/A	N/A	Y			Y	N/A			N/A				
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Y			Y	Quarter Position Only			70.2%	Quarter Position Only			68.5%				
Y			Y	Quarter Position Only			60.6%	Quarter Position Only			89.8%				
Y			Y	Quarter Position Only			2.9%	Quarter Position Only			2.0%				
Y			Y	Quarter Position Only			3.3%	Quarter Position Only			2.6%				
Y			Y	Quarter Position Only			33.3%	Quarter Position Only			23.5%				
N/A	N/A	N/A	N/A	Quarter Position Only			34.1%	Quarter Position Only			TBC				
N/A	N/A	N/A	N/A	Y			Y	Quarter Position Only			TBC				



# Appendices

## Appendix - Appointment Slot Issues

### ASIs

As at 18th January there were 1,781 referrals awaiting appointments of which 811 were e-Referrals.

We would expect the % of ASIs that are e-referrals to increase from 1st January due to the reduction we have seen in paper referrals.

This is a reduction of 774 since w/c 20 December following a significant increase in the first 3 weeks of December.

The top specialties for ASIs backlog are:  
General Surgery (over 45% of total ASI list)

with smaller backlogs also in :

Gastroenterology

Urology

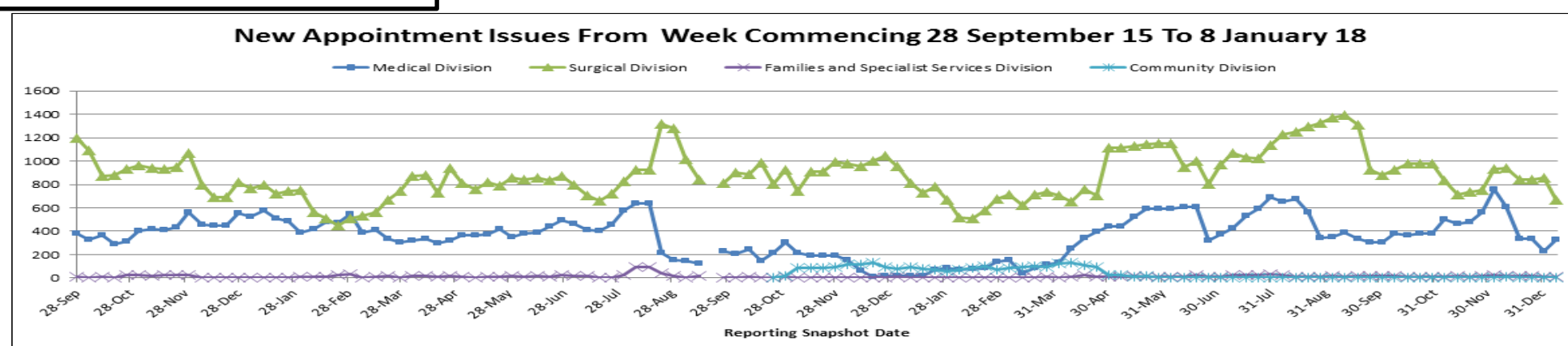
Colorectal Surgery

We continue to see a much improved position in Ophthalmology and Dermatology (reduction of 400 in month)

86 Patients have been waiting over 6 months, all in General Surgery (this was previously 8 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
<b>Medicine</b>	<b>43</b>	<b>42</b>	<b>58</b>	<b>33</b>	<b>3</b>		<b>5</b>		<b>1</b>	<b>1</b>	<b>1</b>				<b>187</b>
Dermatology	12	5	24	12			3				1				57
<b>Surgery</b>	<b>35</b>	<b>41</b>	<b>101</b>	<b>65</b>	<b>73</b>	<b>60</b>	<b>56</b>	<b>39</b>	<b>22</b>	<b>110</b>	<b>94</b>	<b>58</b>	<b>38</b>	<b>6</b>	<b>798</b>
ENT									1						1
General Surgery	11	12	34	24	26	19	26	19	17	100	87	52	32	6	465
Ophthalmology	1	1	2	3	1	1	2	3		1					15
Plastics		1	2	3	5		1								12
Urology	6	3	12	5	17	16	6	4	3	8	2	3	2		87
<b>FSS</b>	<b>4</b>	<b>2</b>	<b>5</b>		<b>2</b>	<b>2</b>	<b>1</b>			<b>1</b>				<b>1</b>	<b>18</b>
<b>Totals</b>	<b>82</b>	<b>85</b>	<b>164</b>	<b>98</b>	<b>79</b>	<b>62</b>	<b>62</b>	<b>39</b>	<b>23</b>	<b>113</b>	<b>95</b>	<b>59</b>	<b>40</b>	<b>6</b>	<b>1,007</b>

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



# Appendix - Referrals

GP Referrals up 9.5% in December compared with December 2016.

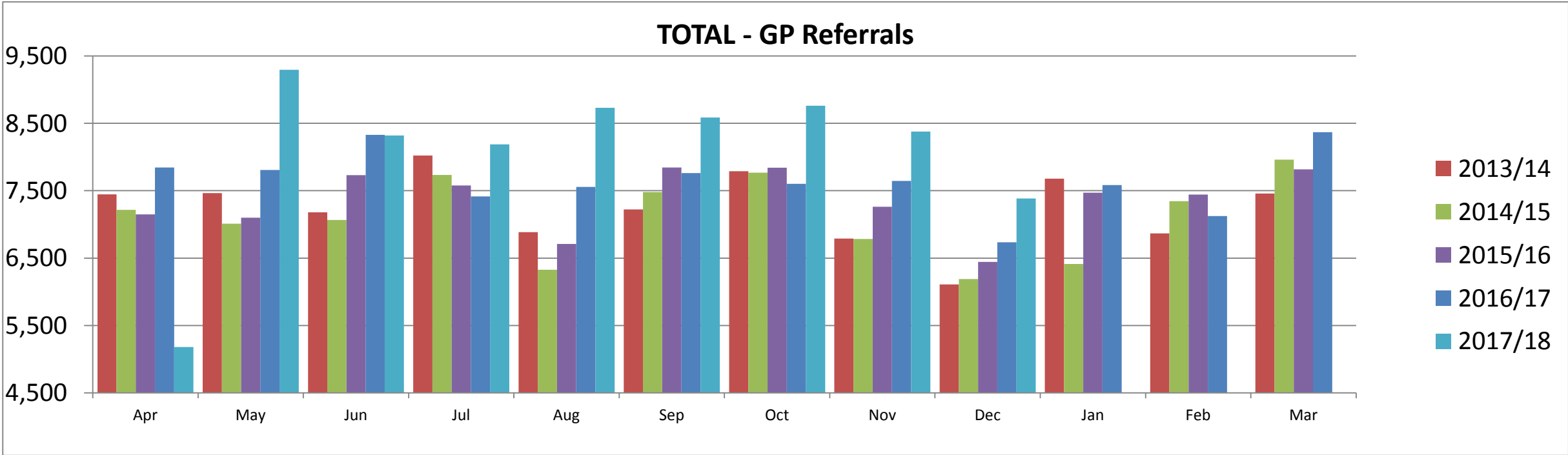
- In December there were 19 working days, whereas in December 2016 there were 20. This could point to an expected decrease in referrals of 5%.
- The YTD position for GP Referrals growth is now 6.7% up on the same period last year. As there have been 3 less working days in comparison a decrease of 1.6% could be expected.
- NHS Calderdale GP referrals have seen an increase of 15.4% (5,131) for the year to date principally due to referrals captured under Orthopaedics 62% (3,865) and Physiotherapy (1,281 referrals) specialties.

The increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the 5,178 referrals triaged YTD (triage commenced June 2017) sees a revised Calderdale GP referral position and a decrease in referrals of 0.1% (47).

- When triaged referrals are excluded the overall Orthopaedic / MSK service referral demand has decreased 0.5% (32 referrals)
- Total referrals (non triage) into the Calderdale MSK service have increased 7.3% (261 referrals) YTD
- Total Calderdale CCG referrals into the Orthopaedic service alone look to have decreased 11.0% (293 referrals). For the second month in a row this is implying something of a shift in that more referrals into consultant led T and O now appear to be occurring. The picture in the information available has yet to be confirmed within the Orthopaedic service.
- NHS Greater Huddersfield GP referrals have seen a decrease of 3.3% (946) for the year to date principally due to Orthopaedics 40.6% (1,020) and Pain Management 54% (153). This is a direct result of the Locala MSK service.

There is no significant movement in GP referrals volumes into consultant led T and O returning for Greater Huddersfield CCG into T and O.

- General Medicine has decreased also but reduction is counterbalanced by referral increases captured against medical sub-specialties.
- For 2017/18 YTD there has been a GP referral increase for NHS Wakefield (58%, 311 referrals - Gynaecology 449 referrals up and Neurology referrals 117 down) and Leeds West (17%, 15 referrals).
- NHS Heywood , Middleton and Rochdale CCG have seen a large decrease of 56% (196 referrals, Paediatrics and ENT main specialties of notable with reductions).

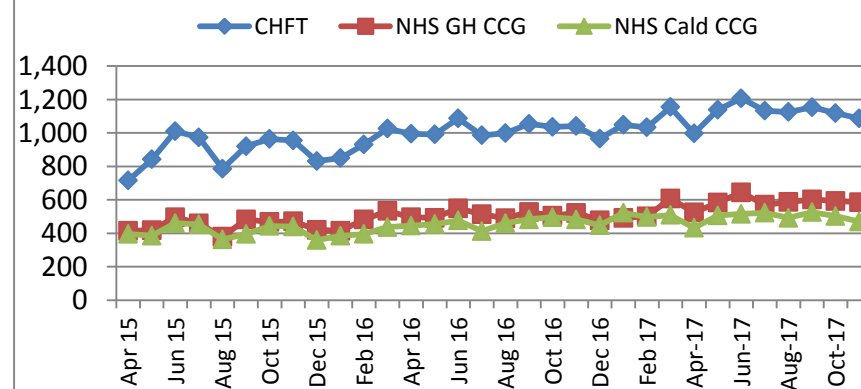


## Activity - Key measures

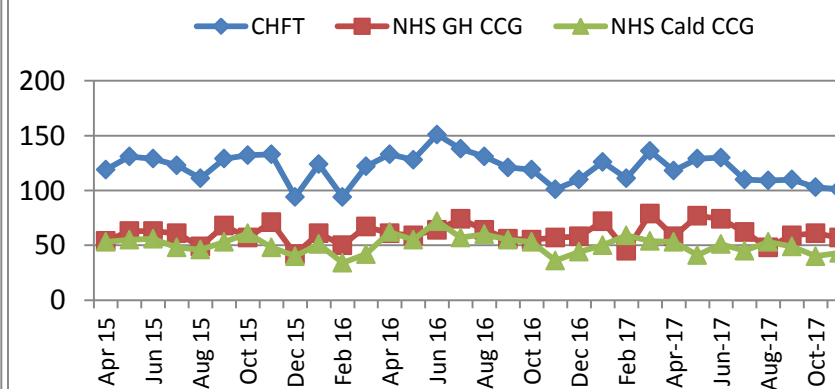
	16/17	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	YTD	YTD % Change
<b>Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)</b>																
NHS CALDERDALE CCG Referrals	5,730	483	447	522	497	509	432	506	516	522	492	526	502	<b>470</b>	<b>3,966</b>	6.9%
NHS CALDERDALE CCG Conversions	658	36	44	50	59	54	53	41	51	45	53	49	40	<b>43</b>	<b>375</b>	
NHS CALDERDALE CCG Conversion Rate	11.7%	7.5%	9.8%	9.6%	11.9%	10.6%	12.3%	8.1%	9.9%	8.6%	10.8%	9.3%	8.0%	<b>9.1%</b>	<b>9.5%</b>	
NHS GREATER HUDDERSFIELD CCG Referrals	6,214	521	477	492	501	608	524	583	644	570	587	602	592	<b>586</b>	<b>4,688</b>	14.6%
NHS GREATER HUDDERSFIELD CCG Conversions	748	57	58	72	45	79	58	77	74	62	48	59	61	<b>57</b>	<b>496</b>	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	10.9%	12.2%	14.6%	9.0%	13.0%	11.1%	13.2%	11.5%	10.9%	8.2%	9.8%	10.3%	<b>9.7%</b>	<b>10.6%</b>	
Other CCG Referrals	446	37	41	35	35	37	40	49	46	40	46	25	24	<b>30</b>	<b>300</b>	-22.3%
Other CCG Conversions	81	8	8	4	7	3	7	11	5	3	8	2	2	<b>1</b>	<b>39</b>	
Other CCG Conversion Rate	18.2%	21.6%	19.5%	11.4%	20.0%	8.1%	17.5%	22.4%	10.9%	7.5%	17.4%	8.0%	8.3%	<b>3.3%</b>	<b>13.0%</b>	
CHFT Fast Track Referrals	12,390	1,041	965	1,049	1,033	1,154	996	1,138	1,206	1,132	1,125	1,153	1,118	<b>1,086</b>	<b>8,954</b>	9.4%
CHFT Fast Track Conversions	1,487	101	110	126	111	136	118	129	130	110	109	110	103	<b>101</b>	<b>910</b>	
CHFT Fast Track Conversion Rate	12.1%	9.7%	11.4%	12.0%	10.7%	11.8%	11.8%	11.3%	10.8%	9.7%	9.7%	9.5%	9.2%	<b>9.3%</b>	<b>10.2%</b>	
% Change on Previous year																

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

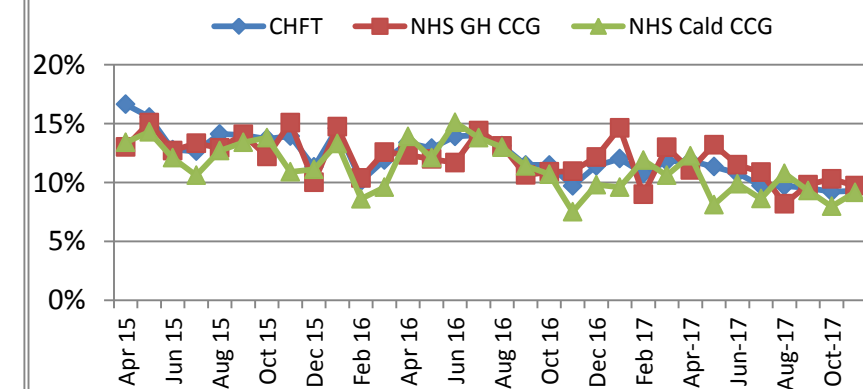
### Fast Track Cancer Referrals



### Fast Track Conversions



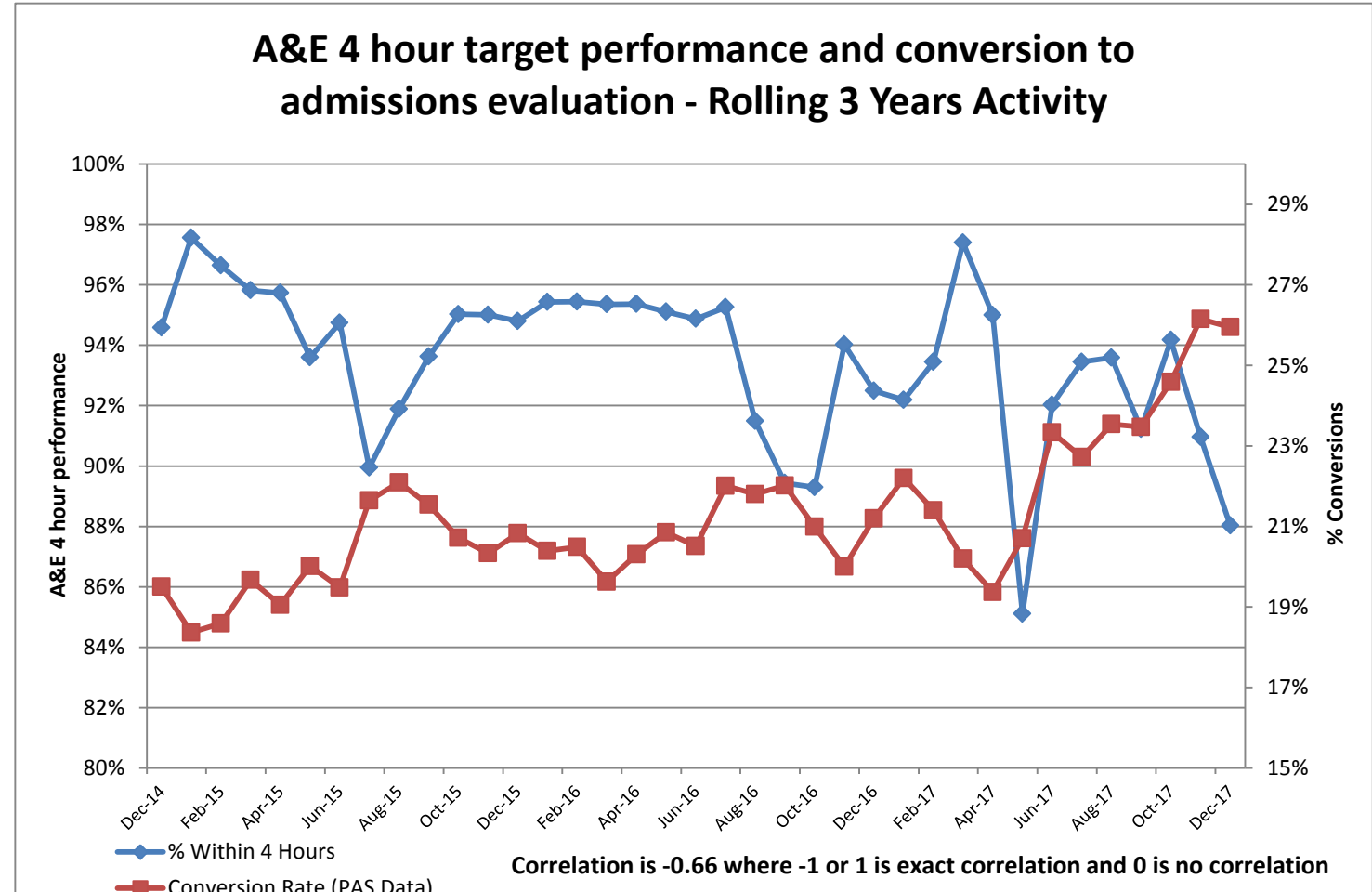
### Fast Track Conversion Rate





# Appendix - A and E Conversion rates and Delayed Transfers

16/17		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	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	151,354	12,735	12,385	11,252	12,967	12,396	13,267	12,361	13,170	12,155	12,732	13,058	12,097	12,653	113,889	-0.8%
A and E 4 hour Breaches	8,524	957	697	737	337	620	1,975	985	863	779	1,118	761	1,094	1,514	9,709	43.77%
Emergency Care Standard 4 hours	94.2%	92.49%	92.19%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	91.48%	-1.1%
Admissions via Accident and Emergency	30,922	2,701	2,746	2,411	2,625	2,431	2,746	2,884	2,992	2,861	2,990	3,211	3,163	3,284	26,562	14.8%
% A and E Attendances that convert to admissions	20.45%	21.20%	22.20%	21.40%	20.20%	19.37%	20.70%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	23.32%	10.0%



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 16th November 2017	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	39	58	1	98
Awaiting Completion of Assessment	32	42	1	75
Awaiting Care package in own home	3	5	0	8
Awaiting Residential home placement	2	1	0	3
Awaiting public funding	0	1	0	1
Awaiting further non-acute NHS Care	1	5	0	6
Awaiting community equipment and adaptations	0	2	0	2
Awaiting nursing home placement	1	2	0	3
Patient or Family choice	0	0	0	0

Appendix - Cancer - By Tumour Group

16/17		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	YTD	Target	Threshold/Monthly
62 Day Gap Referral to Treatment																	
Breast	99.24%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	98.60%	>=85%	85.00%
Gynaecology	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	83.33%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	87.10%	>=85%	85.00%
Haematology	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	86.67%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	92.31%	80.51%	>=85%	85.00%
Head & Neck	74.03%	100.00%	100.00%	50.00%	100.00%	80.00%	75.00%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	none to report	78.18%	>=85%	85.00%
Lower GI	80.95%	90.00%	66.67%	44.44%	90.91%	80.00%	75.00%	95.45%	69.23%	75.00%	87.50%	81.25%	88.89%	72.22%	81.56%	>=85%	85.00%
Lung	91.52%	95.83%	92.31%	92.31%	84.62%	66.67%	80.95%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	84.81%	>=85%	85.00%
Sarcoma	85.71%	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	71.43%	>=85%	85.00%
Skin	96.52%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	96.97%	>=85%	85.00%
Upper GI	79.72%	88.89%	82.35%	86.67%	50.00%	50.00%	86.67%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	76.00%	>=85%	85.00%
Urology	0.00%	0.00%	0.00%	0.00%	0.00%	89.58%	95.65%	86.27%	80.00%	88.68%	85.29%	81.82%	85.71%	92.86%	87.41%	>=85%	85.00%
Others	79.31%	none to report	50.00%	none to report	50.00%	66.67%	none to report	50.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	85.19%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	98.29%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	88.89%	>=93%	93.00%
Breast	98.75%	99.44%	100.00%	99.30%	98.78%	96.15%	93.68%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.38%	95.08%	>=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	0.00%	0.00%	0.00%	0.00%	0.00%	98.77%	75.49%	65.18%	91.09%	92.50%	92.31%	96.85%	96.26%	100.00%	89.35%	>=93%	93.00%
Haematology	0.00%	0.00%	0.00%	0.00%	0.00%	90.91%	65.22%	81.82%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	90.63%	>=93%	93.00%
Head & Neck	94.54%	98.80%	88.04%	97.06%	100.00%	91.92%	74.65%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	92.93%	>=93%	93.00%
Lower GI	97.93%	98.49%	99.29%	97.46%	98.27%	97.31%	97.01%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.57%	94.89%	>=93%	93.00%
Lung	96.63%	93.75%	94.59%	97.44%	100.00%	100.00%	97.78%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	95.65%	>=93%	93.00%
Sarcoma	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	96.10%	>=93%	93.00%
Skin	97.08%	96.15%	97.50%	98.18%	96.86%	97.73%	75.09%	90.84%	90.65%	96.44%	96.70%	96.23%	98.71%	99.42%	92.57%	>=93%	93.00%
Testicular	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	97.75%	>=93%	93.00%
Upper GI	96.94%	94.40%	91.09%	97.22%	96.58%	97.06%	82.57%	78.30%	89.08%	81.75%	92.78%	90.00%	91.74%	100.00%	88.69%	>=93%	93.00%
Urology	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	93.86%	92.79%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	95.68%	>=93%	93.00%

## 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

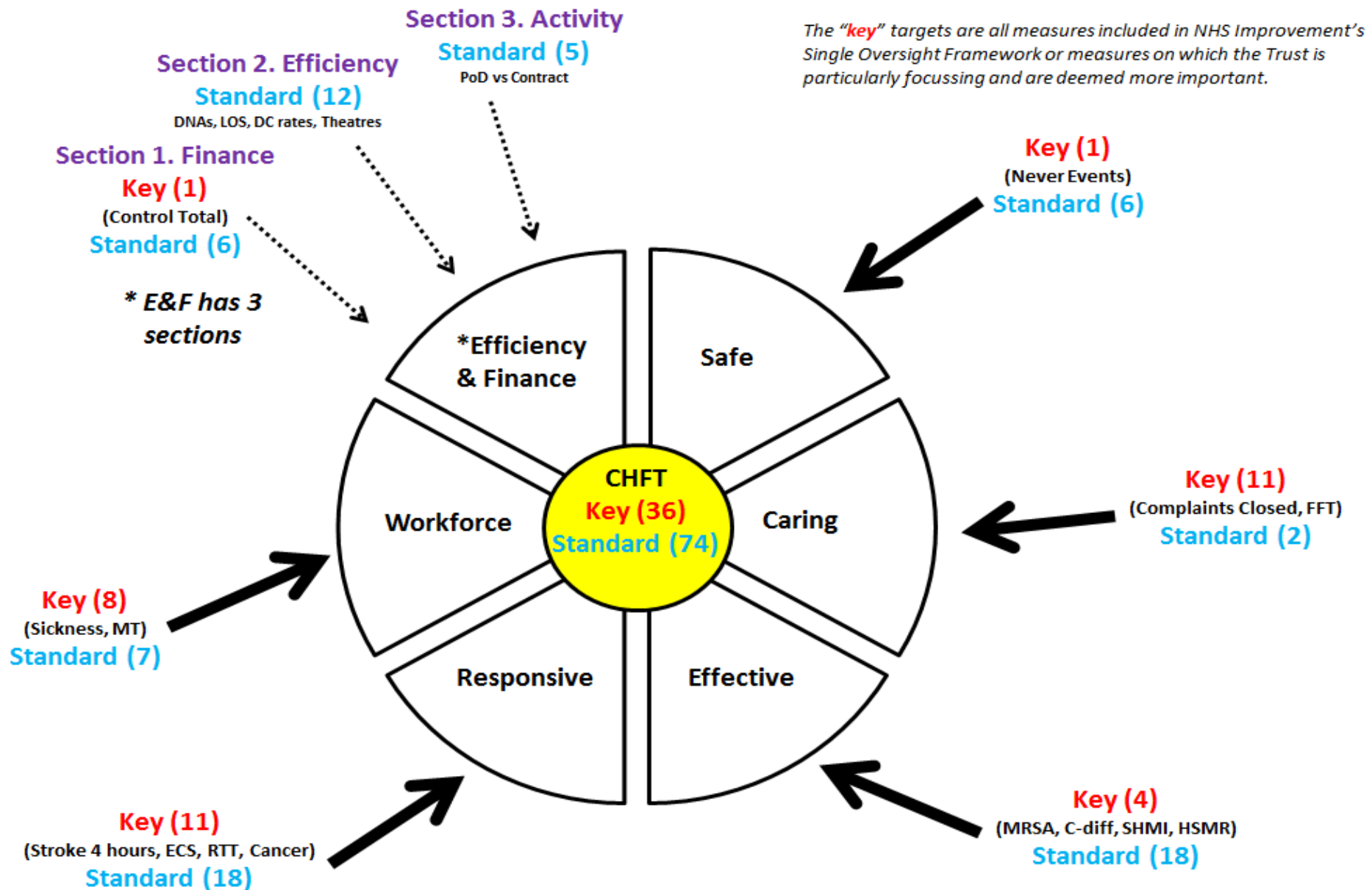
### Calculating Domain Scores

- 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



## 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