

# Quality and Performance Report

May 2018

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<b>RAG Key</b>	
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.

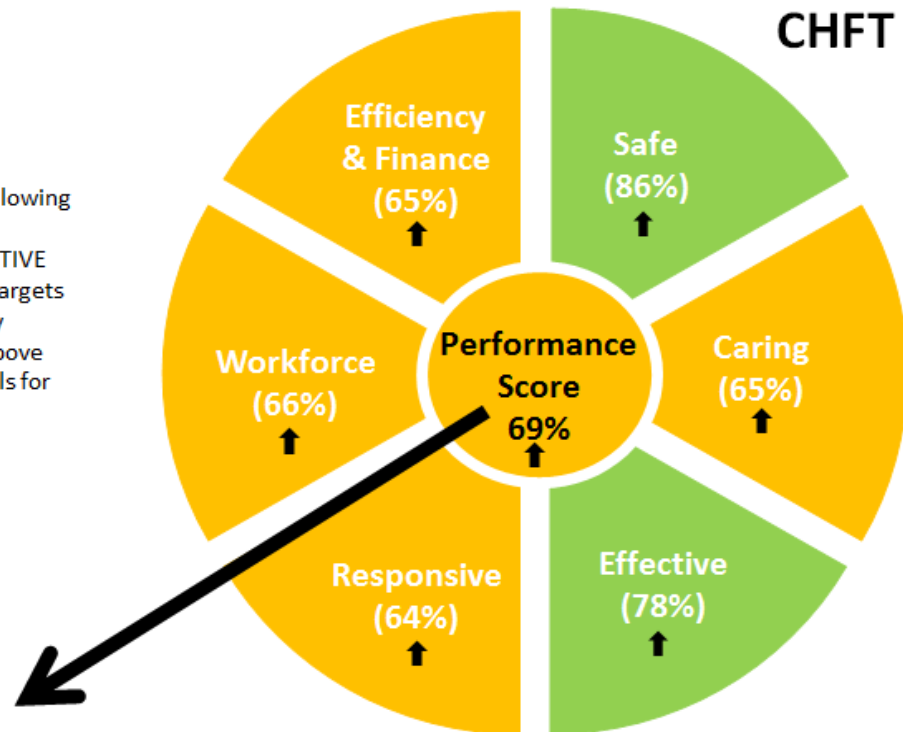
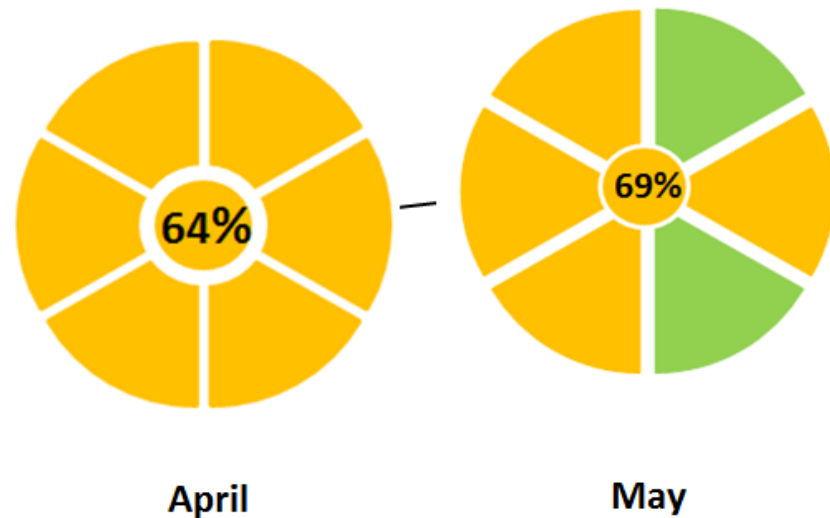
We have now included monthly sickness/absence rates and return to work interviews which were excluded in last month's performance summary. This has resulted in April's performance improving from 62% to 64% due to good performance in month for long term sickness.

## Performance Summary

### May

#### RAG Movement

May's Performance Score has improved to 69%. The SAFE domain is now green following improvements in Harm Free Care including pressure ulcers. CARING domain has improved in FFT (Outpatients and A&E). Small improvement in #NoF means EFFECTIVE domain is now green. The RESPONSIVE domain has improved with all key Cancer targets back on track although Diagnostics 6 weeks missed target again due to Cystoscopy performance. All FINANCE indicators maintained April's performance. Activity is above target for Day Cases, Non-elective and Outpatient levels. In WORKFORCE appraisals for Medical staff achieved target and sickness/absence performance has improved.



#### SINGLE OVERSIGHT FRAMEWORK

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

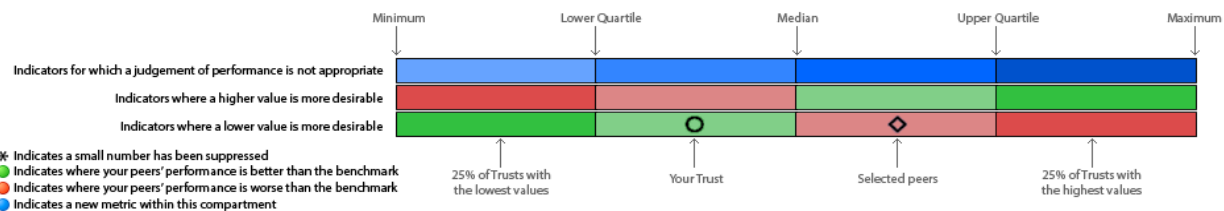
RESPONSIVE	Diagnostics 6 weeks
RTT Incomplete Pathways	ECS 4 hours
Cancer 62 day Screening to Treatment	Cancer 62 day Referral to Treatment
FINANCE	
Variance from Plan	Use of Resources
WORKFORCE	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover

## Model Hospital

Performance	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
A&E performance	May 2018	93.23%	88.73%	95.00%			
RTT - max 18 weeks incomplete wait	Apr 2018	93.77%	89.16%	92.00%			
Diagnostics - max 6 weeks wait	Apr 2018	98.80%	99.02%	99.00%			
Cancer - 62-day wait from urgent GP referral	Mar 2018	90.32%	87.62%	85.00%			
Cancer 62-day waits - NHS cancer screening service referral	Mar 2018	88.89%	92.50%	90.00%			
Safe	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Clostridium Difficile - variance from plan	May 2018	3.0	0.0	0.0			
Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Summary Hospital Mortality Indicator (SHMI)	31/07/2017	1.01	-	0.00			
Temporary staff	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Temporary Staff	Feb 2018	6.65%	5.73%	4.97%			
Staff sickness	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff sickness	Feb 2018	4.45%	4.35%	4.38%			
Staff turnover	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff turnover	Apr 2018	0.59%	1.06%	1.02%			

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

Friends and Family Test scores	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff Friends and Family Test % Recommended - Care	Q4 2017/18	79.4%	-	-		No variation available	
A&E Scores from Friends and Family Test - % positive	Apr 2018	84.7%	87.6%	88.0%			
Inpatient Scores from Friends and Family Test - % positive	Apr 2018	96.8%	96.3%	96.3%			
Community Scores from Friends and Family Test - % positive	Apr 2018	93.9%	95.7%	96.5%			
Maternity Scores from Friends and Family Test - question 2 Birth % positive	Apr 2018	98.3%	98.4%	98.4%			
Organisational health	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
CQC Inpatient Survey	Sep 2015/16	9	-	-		No variation available	No trendline available
Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Written Complaints Rate	31/03/2018	30.76	27.73	24.93			
Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Never events	31/03/2018	1	2	1			
Emergency c-section rate	Mar 2018	13.65%	16.24%	16.17%			
VTE Risk Assessment	Q4 2017/18	96.94%	95.70%	95.71%			
Clostridium Difficile - infection rate	To May 2018	19.58	13.47	12.92			
MRSA bacteraemias	To Mar 2018	2.11	0.88	0.63			
Potential under-reporting of patient safety incidents	31/01/2018	43.88	43.39	-		No variation available	No trendline available
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	May 2018	143	136	127			
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	May 2018	7	9	9			



## Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
<p>% Harm Free Care - Performance has improved significantly to 94.41%, just below the 95% target.</p> <p>Long Term Sickness Absence rate (%) - in month - best performance at 2.37% in over 12 months.</p>	<p>Friends and Family Test Community Survey - % would recommend the Service results for May show that 92.6% of respondents would recommend our services.</p> <p>38 Day Referral to Tertiary - at 31% lowest performance since July last year.</p>	<p>When analysed, the decrease in 'would recommend %' relates to intermediate care and community therapies. The division are investigating the reasons.</p> <p>Targeted work to commence with H&amp;N services to improve pathway performance. In particular need to improve initial diagnostic tests to ensure that earlier results achieved to enable more timely discussion at Specialist MDT. Improving capacity for Lower GI patients to be seen within 7 days. For Urology pathway capacity at Tertiary centre means that the numbers of patients treated within 62 days is reducing. Escalation has occurred and Cancer Alliance aware of challenges. The Red2Green methodology in Urology, Head and Neck and Lower GI pathways will now commence in Q2.</p>
<p>% Last Minute Cancellations to Elective Surgery has maintained its lowest 2 months in 2 years.</p>	<p>% PPH <math>\geq</math> 1500ml - all deliveries Performance is at worst level in over 12 months.</p>	<p>Analysis to be done of all 25 PPH cases in-month. Early Analysis shows that a significant number of women who had a PPH had several risk factors with 72% of PPH being either Forceps/Caesarean Sections in Month. Caesarean Section review under way which will be fed back in July (Correlation between high caesarean section rate and high PPH rate).</p>

## Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> <li>• <b>% Harm Free Care</b> - Performance has improved significantly to 94.41%, just below the 95% target. The Medicine division has carried out focussed work on auditing standards specifically related to UTIs with catheter, VTE and falls, and ensuring senior nursing staff are involved in safety thermometer audits.</li> <li>• <b>% PPH <math>\geq</math> 1500ml - all deliveries</b> - Performance is at worst level in over 12 months. Analysis to be done of all 25 PPH cases in-month. Early Analysis shows that a significant number of women who had a PPH had several risk factors with 72% of PPH being either Forceps/Caesarean Sections in Month. Caesarean Section review under way which will be fed back in July (Correlatetion between high caesarean section rate and high PPH rate).</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Complaints closed within timeframe</b> - Of the 63 complaints closed in May, 48% were closed within target timeframe. The backlog of breaching complaints was still 27 at the end of May with plans to clear in June. A deep-dive was presented at WEB identifying further improvements that can be made. Escalation of backlog of complaints to Quality Committee.</li> <li>• <b>Friends and Family Test Outpatients Survey - % would recommend the Service</b> - Performance at 90.7% still below 95.7% target. General Manager Outpatients has completed a 12 month review of trends from April 2017 and comments. Main themes both positive and negative in relation to staff attitude and waiting. Positive feedback from families in OPD received in recent Healthwatch OPD survey in March and associated action plan in progress. Positive feedback re. OPD services from CHKS accreditation visit in April.</li> </ul>
Caring	<ul style="list-style-type: none"> <li>• <b>Friends and Family Test A &amp; E Survey</b> - Response Rate has fallen to lowest position (9.6%) since May last year whereas % would recommend is only just below target. The negative comments from FFT have been shared on the public "you said, we did" board. A band 7 member of staff has been employed with the specific aims of leading on patient experience including concerns, compliments and FFT. On analysing the FFT forms some tick boxes have been left blank and upon investigation these omissions score negatively against the</li> <li>• <b>Friends and Family Test Community</b> - results for May show that 92.6% of respondents would recommend our services. When analysed, the decrease in 'would recommend %' relates to intermediate care and community therapies. The division are investigating the reasons.</li> <li>• <b>% Dementia patients following emergency admission aged 75 and over</b> - current performance at 31% is showing some improvement but still some distance from 90% target. Improvement focus within weekly performance meetings.</li> </ul>
Effective	<ul style="list-style-type: none"> <li>• <b>E.Coli - Post 48 Hours</b> - There were 4 cases in May. E.Coli reduction is being addressed as a health economy issue with the majority of cases admitted septic from the community. A Trust action plan is in development with the aim to reduce the incidence associated with the urinary tract.</li> <li>• <b>Mortality Reviews</b> - 18.5% again is the lowest performance since July 2017. Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel.</li> <li>• <b>% Sign and Symptom as a Primary Diagnosis</b> - Performance has improved in month and is almost at target. The audit work continues within specialties and S&amp;S cohorts. The new 3wte trainee coders will all be in post by mid-July. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding. This will be finalised in July and progress monitored via Clinical Coding Improvement Steering Group.</li> <li>• <b>Percentage Non-elective #NoF Patients With Admission to Procedure of &lt; 36 Hours</b> - Performance has improved and is just below the 85% target. Expect performance to be back on track by July following the Trauma surge in May.</li> </ul>

### Background Context

Weekly performance meetings have been reviewed and a revised, Divisionally focused forum is now in place. Several Data Quality issues have been identified in the weekly information which led to weekly over-reporting of concerns and is currently under review.

Elective care data quality has been self-assessed using the NHSI toolkit and the Trust is awaiting feedback from the regulators on any required actions.

We have seen a further significant improvement in the ECS which is now at 93.23%, 8 percentage points above the March position of 85.29%.

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

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

This has allowed teams to redistribute the workforce and retract the use of 2 locum consultants. The medical day case unit continues to amalgamate into ambulatory care at HRI and as a result e-prescribing has become easier and systems are now working well.

Maternity has had an increased complexity in casemix with higher volumes of greater risk deliveries. There is a high number of Midwifery staff on maternity leave leading to high levels of escalation for staffing during the month with mitigations enacted.

An IPC action plan has been implemented with Divisonal specific plans also in place monitored through a re-launched Infection Control Committee.

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

## Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none"> <li><b>Emergency Care Standard 4 hours</b> 93.23% in May, (94.3% all types) - an improvement of 8 percentage points since the March position. The improvement is partly due to the revision of LCD streaming criteria. The ED team continues to turn around the patients that can be seen in a GP setting. ED co-ordinator training is scheduled for July for all band 7 and band 6 qualified nurses. The team is working with the Acute Directorate to review how admission avoidance is implemented on the HRI site. ED is also working with the frailty team to review the current pathway and impact on CDU and ED.</li> <li><b>Stroke</b> - we have seen a deterioration in patients spending 90% of their stay on the stroke unit and patients admitted to the stroke unit within 4 hours. Analysis of the four hour breaches shows that a significant proportion of these are due to delays in diagnosis. The directorate has continued to work with the ED team to agree a solution for the stroke assessment beds.</li> <li><b>Breach of Patient Charter (rebooked within 28 days of cancellation)</b> - Patient scheduled for a joint procedure involving Consultant Urologist and Interventional Radiologist 30th April. For this date and subsequent date 1 of the 2 clinicians was unavailable due to unforeseen circumstances. In addition limited Radiologist availability means that only 2 sessions per month are accessible for these procedures. The patient finally had successful procedure 5th June completed jointly by the 2 specialities. Reviewing this situation and limited Radiology support, the specialty, in future will consider exploring options external to the Trust to minimise impact on patients.</li> <li><b>% Diagnostic Waiting List Within 6 Weeks</b> - just missed target at 98.81% due to a small volume of Cystoscopy patients who had not been included in the month's waiting list for the Unit. This has been rectified and a wider review conducted with no further issues highlighted .</li> <li><b>38 Day Referral to Tertiary</b> - 31% for May. Targeted work to commence with H&amp;N services to improve pathway performance. In particular need to improve initial diagnostic tests to ensure that earlier results achieved to enable more timely discussion at Specialist MDT. Improving capacity for Lower GI patients to be seen within 7 days. For Urology pathway capacity at Tertiary centre means that the numbers of patients treated within 62 days is reducing. Escalation has occurred and Cancer Alliance aware of challenges. The Red2Green methodology in Urology, Head and Neck and Lower GI pathways will now commence in Q2. Within the Medical division teams are continuing to focus on reducing the time to diagnosis and a traffic light system will be in place from 1st July to reduce the time waiting for MDT discussion.</li> <li><b>Appointment Slot Issues on Choose &amp; Book</b> - deteriorated to 38%. Worsening position over recent months in part driven by two key themes: Significant pressure in a small number of challenged specialities (e.g. Dermatology, Cardiology and Gastro), 2WW pathways (where patients go straight to test). The development of a referral management sytem for 2WW straight to test pathways (to prevent deferral to provider) will improve performance over the coming months. National Line now directs ASIs to provider, Single point of contact in place for GP queries.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Overall Sickness absence/Return to Work Interviews</b> - Sickness has improved further in-month however Return to Work Interviews have fallen in the same period. Only Community deteriorated from the 4 clinical divisions. An attendance management session has been arranged for 11th July in the division.</li> <li><b>Essential Safety Training</b> compliance has fallen slightly and is now amber. Following discussions with the Executive Team, analysis has been undertaken to understand the number of colleagues whose training is due to expire in Q4 2018/2019 and review the possibility of encouraging colleagues to complete this before Q4 due to the winter pressures that will impact the availability of colleagues.</li> </ul>
Workforce	
Finance	<ul style="list-style-type: none"> <li><b>Finance: Year to Date Summary</b> The year to date deficit is £9.24m, in line with the plan submitted to NHSI. <ul style="list-style-type: none"> <li>Clinical contract income is above plan by £0.02m. In month activity increased slightly so that the Aligned Incentive Contract is now only protecting the income position by £0.01m.</li> <li>There remains an underlying adverse variance from plan which has had to be mitigated by the release of £0.51m (a quarter) of the Trust's £2m full year reserves of which £1m was earmarked for winter.</li> <li>CIP achieved in the year to date is £1.54m against a plan of £1.67m, a £0.13m shortfall.</li> <li>Agency expenditure was beneath the agency trajectory set by NHSI.</li> </ul> </li> <li><b>Key Variances</b> <ul style="list-style-type: none"> <li>Medical pay expenditure is showing an adverse variance to plan of £0.48m year to date. This is in part due to slippage on CIP schemes which have resulted in an adverse variance of £0.13m and there are prior year costs of £0.04m relating to back pay, the remaining £0.31m is due to operational pressures particularly in Obs &amp; Gynae, Urology, ENT, Medical Specialities and A&amp;E.</li> <li>Nursing pay expenditure reduced in Month 2, but remained above plan with a year to date adverse variance of £0.15m. However, Nursing agency costs reduced by £0.15m compared to the previous month with no further increase in bank expenditure.</li> <li>The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio . These schemes are forecast to be delivered in full by year end.</li> <li>These adverse variances have been offset by the release of contingency reserves of £0.50m.</li> </ul> </li> <li><b>Forecast</b> <ul style="list-style-type: none"> <li>The Trust has not accepted the 18/19 NHS Improvement Control Total of a £23.2m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).</li> <li>The control total value has been adjusted by £0.61m (increased deficit) compared to the value reported in Month 1. This is to reflect the control total flexibility that was originally described by NHS Improvement as only being accessible to Trusts that achieved their 17/18 control total, but has now been agreed for all Trusts in our region. This reduces the gap to control total from £20.5m to £19.9m.</li> <li>At this early stage the forecast is to achieve the £43.1m deficit, £19.9m adverse variance from control total as planned.</li> </ul> </li> </ul>

### Background Context

Thornbury agency reductions started in-month and the bank uplift for qualified staff has been continued. Weekly nurse staffing meetings are in place in addition to confirm and challenge meetings at Divisional level.

Twice daily matron reports provide assurance around safe satffing levels

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

The proposal for the stroke assessment bed in ED received sign-off at DMB on 25th May and the pilot is due to commence on Monday 25th June.

Within Community services the management team is focusing on the response to the CQC report and establishing priorities for the next two years.

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

There is weekly focus on Mandatory training and appraisal activity

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



## Safe - Key messages

Area	Reality	Response	Result
<b>% Harm Free Care</b>	% Harm Free Care has preformed slightly below the 95% target at 94.41%. The reduced performance is being driven by the number of pressure ulcers (old and new).	The Medicine division has carried out focussed work on auditing standards specifically related to UTIs with catheter, VTE and falls, and ensuring senior nursing staff are involved in safety thermometer audits.	The 95% target is currently under review and may change at the end of Q1.  Accountable: Chief Nurse
<b>% PPH ≥ 1500ml - all deliveries</b>	Our PPH Rate was at 5.8% in May (4.5%) which is our highest in month rate in the last 2 years.  We had 25 cases of PPH > 1500 mls in May.	Analysis to be done of all 25 PPH cases in month. Early analysis shows that a significant number of women who had a PPH had several risk Factors with 72% of PPH being either Forceps/Caesarean Sections in month. (Completed)  A Caesarean Section review is under way which will be fed back in July (Correlatetion between high caesarean section rate and high PPH rate).	To continue to monitor rates and remain on track for PPH at a 6 monthly and 12 monthly level.  Accountable to HoM/CD
<b>Number of Trust Pressure Ulcers Acquired at CHFT (Month Behind)</b>	The total number of CHT hospital acquired pressure ulcers has decreased from 59 in March to 37 in April.	The Pressure Ulcer Collaborative continues to meet fortnightly and is chaired by the lead TVN. Engagement and attendance has been variable from some divisional representatives and this is being addressed with ADNS in each division. Support has been provided from the Quality Directorate Quality Improvement Lead to revisit the improvement action plan. Ward walk arounds are also being carried out by matrons and the TVN team to highlight good and bad practice with regards to prevention, detection and management of PUs. Learning from hospital acquired pressure ulcers is shared with the teams and investigations are undertaken by the teams involved so that immediate learning is taken on board.	We expect to see a sustained reduction in the number of hospital acquired pressure ulcers and as part of developing a robust and long term improvement plan a trajectory will be developed.  Accountable: ADNQ
<b>Patient Incidents with Harm</b>	The total number of incidents with harm increased this month to 256. The highest number of incidents that resulted in harm were slips, trips and falls and pressure sores.	Full analysis of incidents is taken monthly to the Patient Safety Group and discussed with divisions.	The total numbers of overall incidents will continue to be monitored by the risk team.
<b>Patient Incidents</b>	There has been an increase in reporting this month. (729 incidents in April to 766 incidents in May). The number of incidents reported this month is in line with previous months.	The Risk Team will work with divisions over the next year to promote incident reporting, through training with new starters and encouraging the use of locally developed 'trigger' lists of suggested incidents.	Anticipating an increase in 2018/19 over 2017/18 figures.
<b>Serious Incidents</b>	7 serious incidents were sent to the CCG in May. 1 of these was within timescales, Medical Acute which was 9 days under. 1 report (Medical Speciality) was sent 17 days over, with another report (Maternity) sent 25 days over. 4 other serious incident reports were over by an average of 55.75 days.	Work continues to manage the flow, focusing on targeting delays sooner to try to prevent intractable lengthy delays while encouraging those which can be completed in time to do so. The quality of investigation reports has improved significantly and there are fewer requests for further information from the CCG following investigation reports. The Investigations Pack has been published and is now made available to the investigation teams. The issue of low numbers of trained clinical investigators remains.	Continue to work towards an average of less than 20 days over and no more than 3 extensions on any single report

## Safe - Key measures

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Annual Target	Monthly Target
<b>Falls / Incidents and Harm Free Care</b>																	
All Falls	1,790	149	134	150	150	135	138	144	163	138	149	175	151	140	291	Refer to SPC charts	
Inpatient Falls with Serious Harm	30	5	3	1	4	0	2	1	3	1	3	3	2	1	3	Refer to SPC charts	
Falls per 1000 bed days	7.00	6.92	6.20	6.96	7.03	6.29	6.44	6.91	7.80	6.30	7.50	7.80	7.28	6.64	6.96	Refer to SPC charts	
% Harm Free Care	93.66%	93.96%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.57%	94.41%	92.83%	>=95%	95%
Number of Serious Incidents	62	5	6	8	7	3	5	5	6	4	6	4	9	5	14	Refer to SPC charts	
Number of Incidents with Harm	2,101	142	177	172	141	122	163	187	212	209	179	259	220	256	476	Refer to SPC charts	
Percentage of Duty of Candour informed within 10 days of Incident	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95%	95%
Never Events	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	28.60%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	14.00%	31.00%	>=50%	50%
<b>Maternity</b>																	
Elective C-Section Rate	10.00%	11.40%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	10.30%	10.20%	10.00%	<=10% Threshold	10%
Emergency C-Section Rate	13.90%	13.00%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.50%	15.10%	17.54%	<=15.6% Threshold	15.6%
Total C-Section Rate	23.92%	24.32%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.77%	25.29%	27.53%	<=26.2% Threshold	26.2%
Proportion of Women who received Combined Harm Free Care	76.17%	78.57%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	81.67%	in arrears	81.67%	>=70.9%	70.9%
% PPH ≥ 1500ml - all deliveries	3.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	5.80%	4.50%	<=3.0%	3.0%
Antenatal Assessments < 13 weeks	91.44%	91.00%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	93.03%	92.10%	>90%	90%
Maternal smoking at delivery	12.50%	11.40%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	10.90%	13.90%	<=11.9%	11.90%
<b>Pressure Ulcers</b>																	
Number of Trust Pressure Ulcers Acquired at CHFT	427	30	36	26	25	26	36	32	48	42	28	59	37	under validation	37	Refer to SPC charts	
Pressure Ulcers per 1000 bed days	1.67	1.39	1.67	1.21	1.17	1.21	1.68	1.53	2.3	1.92	1.41	2.67	1.78	under validation	1.78	Refer to SPC charts	
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	21	22	18	21	14	26	23	38	31	17	51	30	under validation	30	Refer to SPC charts	
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	9	14	6	4	12	10	9	10	10	10	6	7	under validation	7	Refer to SPC charts	
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	0	0	2	0	0	0	0	0	1	1	1	0	under validation	0	0	0
Number of Deep Tissue Injury Pressure Ulcers Acquired at CHFT		UNDER DEVELOPMENT AND TIMELINE - May IPR															
Number of Unstageable Pressure Ulcers Acquired at CHFT		UNDER DEVELOPMENT AND TIMELINE - May IPR															
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	93.80%	93.80%	91.70%	97.70%	100.00%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	93.62%	91.55%	>=90%	90%
Percentage of Completed VTE Risk Assessments	94.68%	88.97%	91.57%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.10%	97.22%	>=95%	95%
<b>Safeguarding</b>																	
Alert Safeguarding Referrals made by the Trust	168	25	13	8	12	12	16	12	12	9	15	15	24	26	50	Not applicable	
Alert Safeguarding Referrals made against the Trust	170	11	14	16	12	18	9	18	6	23	16	14	6	17	23	Not applicable	
Community Medication Incidents	41	2	3	4	4	2	5	4	7	2	2	1	3	1	4	0	0
Health & Safety Incidents	274	22	36	25	15	31	25	22	30	18	13	21	21	14	35	0	0
Health & Safety Incidents (RIDDOR)	10	3	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0
<b>Electronic Discharge</b>																	
% Complete EDS	96.03%				95.76%	96.07%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%	96.50%	94.80%	95.72%	>=95%	95%

## Caring - Key messages

Area	Reality	Response	Result
<b>Friends and Family Test Outpatients Survey - % Would Recommend</b>	Performance has remained static at just over 91.0% in May.	General Manager for Outpatients has completed a 12 month review of trends from April 2017 and comments. Main themes both positive and negative in relation to staff attitude and waiting.  Positive feedback from families in OPD received in recent Healthwatch Opd survey in March and associated action plan in progress. Positive feedback re: OPD services from CHKS accreditation visit in April. (Completed)	Sustained and improved performance over forthcoming months. Monitoring of CHFT performance in line with national benchmarking on a quarterly basis  Accountable: Clinical Managers and Matron for Outpatients
<b>Friends &amp; Family Test - AE % Response Rate &amp; Would Recommend</b>	Friends and Family Test A & E Survey - Response Rate decreased slightly to 9.6% in month.  Friends and Family Test A & E Survey - % would recommend the service increased to 86.3% in month.	We have seen a slight decrease in the ED response rate but an increase in would recommend which is now just below target. The negative comments from FFT have been shared on the public "you said, we did" board. A band 7 member of staff has been employed with the specific aims of leading on patient experience including concerns, compliments and FFT.	Expected that by the end of Q1 that ED will be in line or above the national average.  Accountable: Matron for ED/ADN Medicine.
<b>Friends &amp; Family Test - Community % Response Rate &amp; Would Recommend</b>	Our FFT results for May show that 92.6% of respondents would recommend our services compared to 93.9% in April. When analysed, the decrease in 'would recommend %' relates to intermediate care and community therapies. We are investigating the reasons for this within the division. The response rate for FFT was 6.3% in May which is a 2.7 percentage point increase compared to April.	The divisional PSQB and the Trust Performance and Improvement Meeting agreed to change the FFT sub-categories to be in line with our directorate structure and UNIFY reporting. This will maintain useful service line reporting information and make collecting FFT data much easier for staff.	We will continue to monitor the response rate and process of collecting and reporting data .  By when: Review June 2018 Accountable: Director of Operations

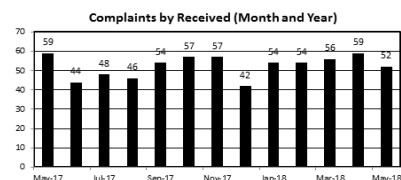
## Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 63 complaints closed in May, 44% (28/63) were closed within target timeframe. The number of overdue complaints was 27 at the end of May compared to 45 at the end of April which is a 40% decrease. Ongoing work with the Divisions ensures that the focus remains on closing overdue complaints.	Continue to work with the Divisions to improve the complaints handling process.	With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of June 2018.
	In May SAS closed 55% (12/22) of their complaints within the agreed timescale, Medicine 35% (9/26), and FSS 46% (6/13).	Complaints are monitored on a weekly basis, each complaint that is breaching, is then highlighted to the complaint leads for that Division. The reason for any delay can then be investigated and resolved, or if necessary, escalated to the Divisional triumvirate.  Divisional panels are held weekly to discuss and review draft responses prior to signature.  A deep-dive was presented at WEB identifying further improvements that can be made.	Accountable : Head of Risk and Governance and Divisional Leads

### Complaints Background

The Trust received 43 new complaints in May and re-opened 9 complaints, making a total number of 52 complaints received in May, which is a slight increase of 5 new complaints on those received in April. The top 3 Complaints subjects for May are;

Clinical Treatment  
Communications  
Patient Care (including Nutrition and Hydration)

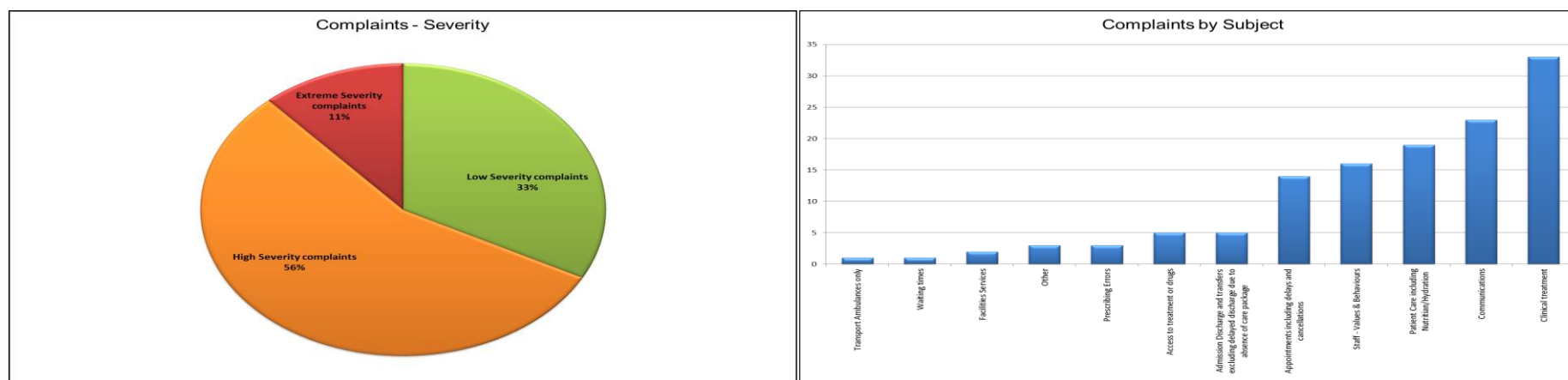


The complaints subjects have remained the same since April. Complaint subjects and trends form part of the Complaints Quarterly Report which is then discussed at the Patient Experience Groups.

Severity: The Trust received 6 new Red complaints in May, 3 assigned to Medicine and 3 assigned to SAS Division.

#### PHSO Cases:

We received 0 new Ombudsman / PHSO cases in May, 1 case was closed and was not upheld. There were 6 active cases under investigation by the Ombudsman at the end of May.



## Caring - Key measures

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	48.70%	62.00%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	37.00%	44.00%	41.00%		95%	95%
Total Complaints received in the month	593	58	41	47	45	52	50	56	43	53	53	52	57	51	108		Refer to SPC charts in Appendix	
Complaints re-opened	68	9	4	2	8	4	6	3	2	10	10	5	4	9	13		Refer to SPC charts in Appendix	
Inpatient Complaints per 1000 bed days	2.18	2.4	1.8	2.1	1.8	2.4	2.5	2.4	1.9	2.3	2.6	2.2	2.8	2.5	2.65		Refer to SPC charts in Appendix	
No of Complaints closed within Timeframe	293	24	25	20	18	26	16	38	29	28	14	24	18	27	45		Refer to SPC charts in Appendix	
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	31.40%	11.60%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	40.00%	39.00%	39.50%		>=25.9%	25.9%
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	98.30%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.80%	98.00%	97.40%		>=96.3%	96.3%
Friends and Family Test Outpatient - Response Rate	10.10%	3.80%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	11.30%	10.50%	10.90%		>=5.3%	5.3%
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	86.00%	89.50%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	90.70%	91.00%	90.80%		>=95.7%	95.7%
Friends and Family Test A & E Survey - Response Rate	10.20%	4.80%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.70%	9.60%	10.10%		>=13.3%	13.3%
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	75.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	84.70%	86.30%	85.50%		>=86.5%	86.5%
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	36.20%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	33.20%	34.80%	34.10%		>=20.8%	20.8%
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	98.00%	98.90%	98.50%		>=97%	97%
Friends and Family Test Community - Response Rate	6.50%	9.87%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	3.60%	6.30%	5.00%		>=3.5%	3.5%
Friends and Family Test Community Survey - % would recommend the Service	90.00%	88.51%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	93.90%	92.60%	93.10%		>=96.6%	96.6%
Caring																		
Number of Mixed Sex Accommodation Breaches	5	0	5	0	0	0	0	0	0	0	0	0	0	0	0		0	0
% Dementia patients following emergency admission aged 75 and over	23.19%	18.74%	27.23%	29.92%	27.75%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	24.95%	30.73%	27.94%		>=90%	90%

## Caring - What our patients are saying

### Some of the positive feedback we have received

**A&E HRI-** Fast, efficient with caring staff - great job! I was very impressed as I feared it could take a long time and staff would be too rushed to help. Thank you for your services, they are very much appreciated!

**H10-** All the staff, from the Sisters right through to the cleaning staff, were wonderful, polite and always helpful. I would always recommend Huddersfield hospital, every time. Once my pain was under control, everyone helped to continue to keep me pain-free and comfortable, until I was ready to leave.

**8AB-** All care has been excellent. A very competent Surgeon with caring and competent staff, very patient and hardworking. Thank you for all your care.

**3PAA-** What has been a very anxious time for us, the team have made us feel safe and confident in what they do, through their attention to detail, friendliness to our son, support for us and control over the whole process, from start to finish. Thank you for everything.

**H18-** Our visit was made easy by good, well organised, friendly and efficient staff. I understood at all stages what was going to happen and what to expect. Super care! Thank you.

**2CD-** I am absolutely in complete appreciation for the care and professionalism of all involved in my care. The attention to detail with regards to my deafness and also diagnosing my condition.

### You Said...

Keep us informed about when each step will taken place.

Support, understanding and positive encouragement of breastfeeding was lacking across all levels of staff. Poor understanding of on demand feeding. Feeding schedules don't work for breastfed babies.

Reduce the noise at night. Some of it is unavoidable, but others disturbs the other 3 patients

Difficult when seeing a different Doctor every day to form a relationship.

### We did...

The team are pushing the ED safety checklist incorporating intentional rounding which is part of keeping patients informed about their plan of care.

There is a programme of staff training for infant feeding. There is access to Baby Cafe and we can arrange for a visit from a midwife or Infant feeding advisor upon request.

The ward has now put up a sign stating "Promoting A Good Night's Sleep; No TV, radio or Electronic devices to be used after 23.00hrs"

We have a team of Childrens doctors who work closely together and share the same handover in relation to plans of care for children. Wherever possible we try to ensure the same doctor sees your child on a daily basis.

## 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>Total Number of Clostridium Difficile Cases - 9</p> <p>Number of E.Coli - Post 48 Hours – 10</p> <p>Number of MSSA bacteraemia - 1</p>	<p>The Trust is currently reviewing antimicrobial guidelines. A deep cleaning programme for ward areas is being explored. Weekly meetings have been established with IPC and the Medical division.</p> <p>E.Coli reduction is being addressed as a health economy issue with the majority of cases admitted septic from the community. A Trust action plan is in development with the aim to reduce the incidence associated with the urinary tract.</p>	<p>C.Diff: The preventable cases (those that are within the Trust's control) are within tolerance.</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: Matron for Infection Control and Lead Consultant</p>
<b>Hospital Mortality Measures</b>	<p>Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Trust.</p>	<p>Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel.</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>Perinatal Deaths (0-7 days)</b>	<p>Our Stillbirth level has reduced again year to date with 1 stillbirth in the first 2 months of the year.</p> <p>We have had 1 perinatal death in both April and May meaning our rate is 0.23%.</p>	<p>All stillbirth are reviewed using the Perinatal mortality review tool (PMRT) national recommendation whose aim is to have systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death. (June)</p>	<p>Continue to see a reduced still birth rate compared to previous years.</p> <p>Accountable - HOM/Divisional ADN</p>
<b>% Sign and Symptom as a Primary Diagnosis</b>	<p>Slight improvement on previous month. There is a large variation in performance at specialty level and only FSS is achieving the target.</p>	<p>The audit work continues within specialties and S&amp;S cohorts. The new 3wte trainee coders will all be in post by mid-July. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding. This will be finalised in July and progress monitored via Clinical Coding Improvement Steering Group.</p>	<p>Expectation is that this will improve through resolving documentation and data quality issues in 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>82.86% of patient had their surgical procedure within the 36 hours target.</p> <p>This is much improved from last month but falls short of the 85% standard.</p>	<p>Improved performance being seen for those patients being admitted in June.</p> <p>Trauma list being optimised.</p>	<p>June performance may be affected by those patients who breached using the Trauma surge in May and have yet to be discharged. July's performance is expected to be back on track.</p> <p>Accountable: Director of Operations</p>



## Effectiveness - Key measures

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Target	Threshold/Monthly
<b>Infection Control</b>																	
Number of MRSA Bacteraemias – Trust assigned	5	0	2	1	0	0	0	0	0	0	2	0	0	0	0	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	40	2	4	2	2	2	1	6	4	7	3	7	4	4	8	No target	
Preventable number of Clostridium Difficile Cases	8	1	0	2	1	0	0	2	2	0	0	0	3	1	4	<=20	<= 2
C-diff per 100,000 bed days		UNDER DEVELOPMENT AND TIMELINE - May IPR															
Number of MSSA Bacteraemias - Post 48 Hours	22	5	2	1	2	3	1	0	2	2	0	2	0	1	1	<=12	1
Number of E.Coli - Post 48 Hours	48	2	5	5	1	4	6	2	6	7	6	4	6	4	10	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.06%	95.48%	not reported	not reported	not reported	not reported	not reported	not reported	88.30%	92.20%	95.50%	95.70%	in arrears	in arrears	in arrears	>=95%	95%
<b>Mortality</b>																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.00%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.25%	0.00%	0.12%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.17%	0.22%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.25%	0.23%	0.24%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	100.81	101.87			100.81			Next Public				Next Publication due June 18				<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47	95.9	93.17	92.86	91.08	91.47	89.86	87.79	86.16	85.19	83.91	82.47	Next Publication due June 18			<=100	100
% of Initial Screening Reviews (Mortality)	24.90%	1.50%	29.40%	23.20%	11.80%	25.60%	31.40%	25.40%	38.00%	29.00%	33.10%	24.10%	18.50%	in arrears	18.50%	Q1 50% / Q2 65% / Q3 80% / Q4 90%	
Crude Mortality Rate	1.50%	1.54%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.40%	1.17%	1.28%	No target	
<b>Coding and submissions to SUS</b>																	
% Sign and Symptom as a Primary Diagnosis	10.38%	11.20%	11.32%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.43%	9.92%	10.06%	<=9.0%	9.0%
Average co-morbidity score	6.11	6.52	6.73	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.01	5.87	5.65	5.5	5.57	>=4.61	4.61
Average Diagnosis per Coded Episode	5.86	5.84	5.9	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.91	5.8	5.7	5.75	>=5.5	5.5
CHFT Research Recruitment Target	1,485	0	154	164	112	138	144	133	98	173	140	129	139	185	324	>=1,473	122
<b>Best Practice Guidance</b>																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	66.67%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	75.68%	82.86%	79.17%	>=85%	85%
IPMR - Breastfeeding Initiated rates	75.90%	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	77.38%	77.20%	77.29%	>=70%	70%
<b>Readmissions</b>																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	10.21%	10.89%	11.10%	10.86%	9.48%	9.64%	9.66%	9.90%	10.44%	10.90%	10.34%	9.63%	9.10%	in arrears	in arrears	<=9.8%	9.80%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	10.08%	11.17%	11.09%	10.05%	9.29%	9.82%	10.53%	9.44%	9.80%	10.54%	11.10%	10.28%	10.10%	in arrears	in arrears	<=8.03%	8.03%
<b>Community</b>																	
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	8.50%	10.10%	11.50%	4.90%	5.40%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	1.60%	10.90%	6.30%	0%	0%
Hospital admissions avoided by Community Nursing Services	1,389	112	105	81	161	129	122	74	63	130	151	172	158	178	336	>=116	116
Community - No Access Visits	0.93%	0.99%	1.00%	0.89%	0.94%	0.92%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	0.84%	0.93%	0.88%	0%	0%



## Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p>ECS &lt;4 hours performance increase in month to 93.23%,</p> <p>A&amp;E Ambulance Handovers 30-60 mins (Validated) - 10 in month which is an increase of 4 from last month.</p> <p>A&amp;E Ambulance 60+ mins - 0 in month</p>	<p>ECS &lt;4 hours performance - A marked improvement in the ECS performance has been seen in month partly due to the revision of LCD streaming criteria. The team continues to work with the acute directorate to review how admission avoidance is implemented on the HRI site and is also working with the frailty team to review the current pathway and impact on CDU and ED. The ED team continues to turn around the patients that can be seen in a GP setting. ED co-ordinator training is scheduled for July for all band 7 and band 6 qualified nurses.</p> <p>A&amp;E Ambulance Handovers 30-60 mins (validated) - Root cause analysis has been carried out on all breaches and all staff within ED have been emailed by the matron underlining their responsibilities regarding ambulance breaches. The unexpectedly high patient numbers during the two bank holidays in May were contributing factors to the increase in breaches. Weekly meetings have been set up with GMs across the division to discuss breaches.</p> <p>YAS have been asked to provide a presence in department and this is expected to reduce the number of breaches.</p>	<p>ECS - Continue to improve the ECS performance. <i>This was achieved in May 2018</i></p> <p>30-60 mins breaches - We are aiming to maintain the improvement seen with 10 or less 30-60 minute breaches in month. <i>This was achieved in May 2018</i></p> <p>60+ mins ambulance handover breaches - Continue to have no 60 minute breaches. <i>This was achieved in May 2018</i></p> <p>Accountable: Director of Operations - Medicine</p>
	<p>% Stroke patients spending 90% of their stay on a stroke unit decreased in month to 85.71% - from 91.84% in April and is below 90% target.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 53.49% in month. This is a decrease on last month which was 58%.</p> <p>% Stroke patients Thrombolysed within 1 hour. 100% of Stroke patients who were thrombolysed within 1 hour of hospital arrival.</p> <p>% Stroke patients scanned within 1 hour of hospital arrival is 40.43% in month against 48% target.</p>	<p>A significant improvement has been seen in month for the patients thrombolysed within 1 hour and a slight improvement in the patients scanned within 1 hour. However we have seen a deterioration in patients spending 90% of their stay on the stroke unit and patients admitted to the stroke unit within 4 hours. Analysis of the four hour breaches shows that a significant proportion of these are due to delays in diagnosis.</p> <p>The directorate has continued to work with the ED team to agree a solution for the stroke assessment beds. The proposal received sign-off from DMB on 25th May and the start date for the trial has been agreed for Monday 25th June.</p> <p>The stroke assessment beds pilot will aim to show that when patients are seen by the correct clinician earlier and receive a correct diagnosis earlier, performance should improve across all 4 indicators.</p>	<p>Development of a stroke assessment area within ED has been agreed with pilot expected to commence June 2018.</p> <p>Accountable: Divisional Director Medicine</p>
Cancer	<p>Within the Surgical division, Cancer performance has performed in excess of target for all areas except for those highlighted below.</p> <p>38 Day Referral to Tertiary, dropped to poorest performance for a while at 12.5%.</p> <p>104 Referral to Treatment: There was one patient, treated at a tertiary centre who breached the 104 target.</p> <p>The Medical division has again achieved all cancer targets for the month of May with the exception of the 38 day referral to tertiary. The performance for 38 day Referral to Tertiary was 50% in month which was an increase from last month's 25%.</p>	<p>Within the Surgical Division the Red2Green methodology in Urology, Head and Neck and Lower GI pathways is still delayed and will now commence in Q2.</p> <p>Regarding screening, there is a WYAAT wide approach to target setting, recognising the small numbers involved and the impact that one breach can have on achieving or failing the targets.</p> <p>Within the Medical division teams are continuing to focus on reducing the time to diagnosis and a traffic light system will be in place from 1st July to reduce the time waiting for MDT discussion.</p>	<p>Divisions are aiming to achieve the 38 day referral to tertiary target by end of Q1.</p> <p>Accountable: General Managers of relevant Tumour Sites</p>

## Responsive - Key measures

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Target	Threshold/M onthly
Accident & Emergency																	
Emergency Care Standard 4 hours	90.61%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	92.43%	>=95%	95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	91.28%						95.19%	92.20%	89.76%	92.17%	88.68%	86.67%	92.90%	94.27%	93.62%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10218	893	927	955	815	992	972	758	872	747	764	828	653	640	1293	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	91	23	36	38	17	7	5	16	26	10	15	6	10	16	0	0
A&E Ambulance 60+ mins	12	4	1	1	0	0	1	0	1	4	0	0	0	0	0	0	0
A&E Trolley Waits (From decision to admission)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
Delayed Transfers of Care	2.80%	2.74%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.24%	4.06%	3.65%	<=3.5%	3.5%
Coronary Care Delayed Discharges		UNDER DEVELOPMENT AND TIMELINE - June IPR															
Green Cross Patients (Snapshot at month end)	108	119	77	107	104	120	90	119	100	117	124	108	119	119	119	<=40	<=40
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	87.93%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	85.71%	89.01%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	54.24%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	53.49%	55.91%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	75.00%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	100.00%	92.31%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	40.98%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	40.43%	40.00%	>=48%	48%
Stroke new indicator to add	UNDER DEVELOPMENT AND TIMELINE - June IPR																
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.84%	0.93%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.41%	0.34%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	0	0	0	0	0	1	0	5	1	0	0	1	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	93.03%	not available	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	92.48%	92.02%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	not available	not available	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	83.02%	82.12%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	94.34%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.32%	93.32%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	not available	not available	not available	not available	541	602	1350	695	606	585	549	486	501	501	0	0
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Diagnostic Waiting List Within 6 Weeks	99.59%	99.33%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.74%	98.74%	>=99%	99%
Cancer																	
Two Week Wait From Referral to Date First Seen	94.09%	84.04%	86.21%	92.30%	95.14%	94.40%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	98.78%	97.33%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	94.57%	89.25%	91.44%	91.53%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	95.28%	95.37%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	100.00%	99.47%	100.00%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	99.32%	99.65%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	95.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
38 Day Referral to Tertiary	45.49%	30.43%	29.17%	33.33%	56.52%	70.00%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	42.11%	31.25%	37.14%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	91.49%	88.52%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	91.16%	92.90%	92.00%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	94.74%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	90.00%	85.71%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	0.5	2	9.5	1	2	3	3.5	0.5	1	2.5	1	2.5	0.5	3	0	0
Elective Access																	
Appointment Slot Issues on Choose & Book	21.45%	6.44%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	38.43%	36.67%	<=5%	5%
Holding List > 12 Weeks	3,967	2,025	3,205	4,874	7,432	9,821	9,232	7,624	7,163	6,199	4,750	3,967	3,175	2,707	2,707	0	0

Area	Reality	Response	Result																											
Sickness Absence	Total sickness absence rate is currently 4.10% (Rolling). This is an improved position from the same point in 2017 (4.21%), but is currently not performing to the target (4.00%).	Whilst the in-month sickness absence rate is improving, the rolling 12 month rate is increasing. In response to this, HR Advisers continue to hold drop-in sessions, cross-site, for managers to discuss attendance management. In addition dedicated attendance management training sessions are held monthly to a wider group and have been well attended. These sessions will continue to be held until the end of the year.	Manage processes to ensure rolling 12 month sickness absence rates achieve the 4% target.																											
	The in-month sickness absence rate of 3.58% is made up of 848 sickness absence occurrences, accounting for 5735.54 FTE days lost. This is a decrease from 899 occurrences in March 2018.	The Occupational Health Team have been engaging with colleagues who are volunteering to act as local wellbeing support contacts in the Trust. There are currently 66 colleagues keen to develop in the role to provide local support for their peers	<b>Accountable: Executive Director of Workforce and OD.</b>																											
	The in-month long term sickness absence is 2.22% for April 2018 (2.54% Rolling) against a target of 2.70%. This is an improved position from 2.37% in March 2018.	<b>Divisional</b> In Surgery & Anaesthetics, the HR Adviser has regular meetings with managers to discuss ongoing absence, patterns of absence and promoting health and wellbeing. The HR Business Partner and HR Adviser are promoting usage of the stress risk assessment for colleagues showing signs of stress to ensure a proactive approach to avoid absence. The top 3 areas for sickness absence have been identified and meetings are being held with line managers to check the quality of return to work interviews, identify patterns of sickness absence and assess all cases for Occupational Health input.																												
	The in-month short term sickness absence rate is currently 1.36% for April 2018 (1.56% Rolling) against a target of 1.30%. This is an improved position from 1.53% in March 2018 but a worsening position compared with 1.23% at the same point in April 2017.	In Medicine, a number of actions are being taken to improve the level of sickness absence including regular confirm and challenge meetings, cross site drop in sessions and regular review of sickness absence cases by the HR Business Partner and HR Adviser to ensure tailored management plans are in place.																												
	Divisional total sickness absence rate in March 2018 and April 2018 is	In FSS, detailed reviews have taken place within the Womens, Childrens and Outpatients Directorates for all sickness absence, and plans have been updated where needed. Further detailed absence reviews are scheduled for Pathology and Radiology during July 2018 and August 2018. The HR Business Partner and HR Adviser will be attending future confirm and challenge meetings with a focus on attendance management.																												
	<table><tr><td></td><td>Mar 18</td><td>Apr 18</td></tr><tr><td>Community</td><td>3.53%</td><td>2.92%</td></tr><tr><td>Corporate</td><td>4.10%</td><td>3.42%</td></tr><tr><td>Estates &amp; Facilities</td><td>6.50%</td><td>6.18%</td></tr><tr><td>FSS</td><td>4.03%</td><td>3.50%</td></tr><tr><td>Health Informatics</td><td>3.62%</td><td>3.07%</td></tr><tr><td>Medical</td><td>3.96%</td><td>3.76%</td></tr><tr><td>HPS</td><td>2.23%</td><td>2.02%</td></tr><tr><td>Surgery &amp; Anaesthetics</td><td>3.30%</td><td>3.29%</td></tr></table>		Mar 18	Apr 18	Community	3.53%	2.92%	Corporate	4.10%	3.42%	Estates & Facilities	6.50%	6.18%	FSS	4.03%	3.50%	Health Informatics	3.62%	3.07%	Medical	3.96%	3.76%	HPS	2.23%	2.02%	Surgery & Anaesthetics	3.30%	3.29%	In Community, an attendance management session has been arranged for 11 July 2018. Colleagues from the Division are being encouraged to attend.	
	Mar 18	Apr 18																												
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	RTW interview compliance has decreased to 60.38% from 65.11% in March 2018. Divisional performance for March and April 2018 is :-	In Estates & Facilities, meetings are being held with managers in all areas to examine and challenge staff on patterns of short term sickness and to check the specific detail of long term cases in order to facilitate a quicker return to work. In addition, listening sessions are being held between Heads of Service and the HR Business Partner to identify any workplace issues that may potentially contribute to future sickness. The sessions have been well attended and issues raised are being acted on by management.																												
	<table><tr><td></td><td>Mar 18</td><td>Apr 18</td></tr><tr><td>Community</td><td>50.00%</td><td>45.28%</td></tr><tr><td>Corporate</td><td>47.83%</td><td>49.15%</td></tr><tr><td>Estates &amp; Facilities</td><td>60.94%</td><td>60.61%</td></tr><tr><td>FSS</td><td>63.83%</td><td>66.36%</td></tr><tr><td>Health Informatics</td><td>63.16%</td><td>44.44%</td></tr><tr><td>Medical</td><td>51.50%</td><td>62.95%</td></tr><tr><td>HPS</td><td>100.00%</td><td>80.00%</td></tr><tr><td>Surgery &amp; Anaesthetics</td><td>52.90%</td><td>57.89%</td></tr></table>		Mar 18	Apr 18	Community	50.00%	45.28%	Corporate	47.83%	49.15%	Estates & Facilities	60.94%	60.61%	FSS	63.83%	66.36%	Health Informatics	63.16%	44.44%	Medical	51.50%	62.95%	HPS	100.00%	80.00%	Surgery & Anaesthetics	52.90%	57.89%		
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	Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in April 2018 with 1511.70 FTE days lost from a total for all sickness absence of 5735.54FTE days lost. This is most prevalent in the Nursing & Midwifery and Administrative and Clerical staff groups where it accounts for 30.54% and 32.54% of sickness absence respectively.																													

Safe

Caring

Effective

Responsive

Workforce

Efficiency/Finance

CQUIN

Activity

Area	Reality	Response	Result
<b>Recruitment &amp; Retention</b>	<p>The number of vacancies decreased in May 2018 to 278.74 FTE from 371.38 FTE in April 2018.</p> <p>This is due to data quality issues with the financial ledger. The budgeted establishment for April 2018 was incorrect. Work has been undertaken by Finance colleagues to address this. There is still work to undertake on the granular detail.</p> <p>The Trust's 12 month rolling turnover is 10.87% for May 2018, an improvement from 10.90% in April 2018. Junior doctors and employee transfers to other organisations are not included in turnover figures to ensure the data is not skewed in months where junior doctors leave or employee transfers occur. This will enable the Trust to compare figures month on month.</p> <p>In-month turnover rate is 0.73%, up from 0.59% in April 2018.</p>	<p><b>Recruitment</b> Applicants from the International recruitment trip to the Philippines are progressing (119 offers were made in country, since March 2017, with on-going training and tests underway), 10 Nurses have started with the Trust in 2018. A further 71 nurses are still in the recruitment process with 7 due to start before the end of July 2018. The remaining 38 have withdrawn from the process.</p> <p>43 Student Nurses are currently engaged and under offer ahead of their qualification in September 2018. Advertising is continuing to encourage final year university students to apply and the Trust provides additional information around the support offered to newly qualified nurses at the Trust. Interviews will take place in July 2018.</p> <p><b>Medical Recruitment</b> Medical HR and Medical Education have continued working together to ensure a smooth transition for GP Trainees and GP Trainers to the Trust as lead employer. Presentations have been arranged for GP Practice Managers and GP Educational Supervisors to summarise the 2016 Contract. A regular meeting with GP Training Programme Directors has been scheduled so that issues can be dealt with as they arise. The GP Trainees will be invited to attend the Trust induction on the 28 August 2018. Health Education England have confirmed that trainees who are due to leave the programme within three months of August 2018 induction date will remain with their current employer. Anyone who is expected to be in the GP Training scheme after the end of October 2018 will be employed by CHFT.</p> <p>A new working group has been set up to focus on the Recruitment and Retention of the medical workforce. The group will monitor a number of performance indicators and are working to confirm with Divisions to agreed the budgeted establishment for the medical workforce. Input from the HR Business Partners, Divisional Finance colleagues and the Business Intelligence Team will enable better monitoring of the recruitment activity that has been ongoing in the last year.</p> <p><b>Retention</b> To support the retention of the Nursing workforce, the Trust offers a comprehensive induction and all new starters are enrolled on a year long graduate programme which is supported by the preceptorship programme.</p>	<p>To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust.</p> <p>Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.</p> <p><b>Accountable:</b></p> <p><b>Medical Director</b> <b>Director of Nursing</b> <b>Chief Operating Officer</b> <b>Executive Director of Workforce and OD</b></p>

## Workforce - Monitor Key messages

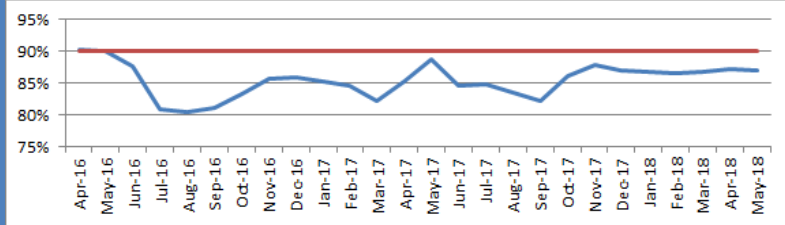
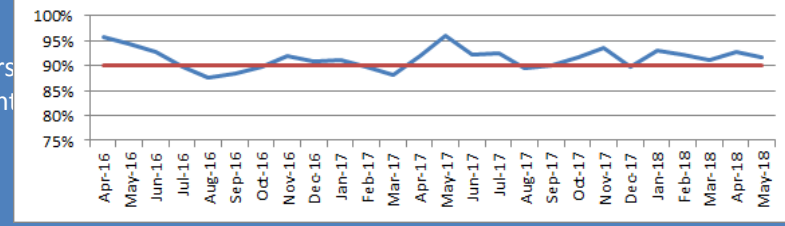
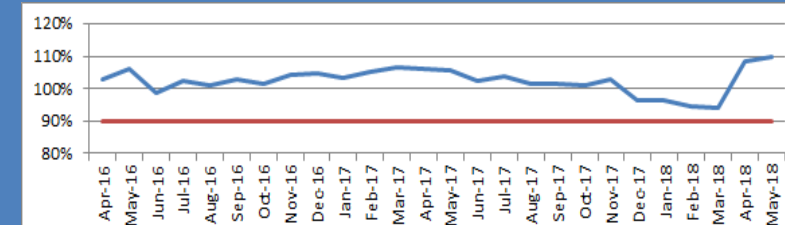
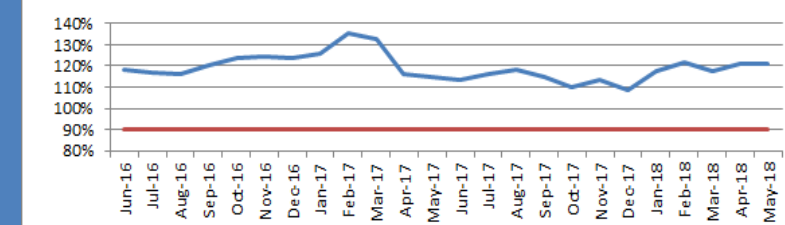
Area	Reality	Response	Result
<b>Appraisal and Essential Safety Training</b>	Appraisal compliance for non-medical colleagues is at 62.67% as at 31 May 2018. Compliance at the end of the appraisal season on 31 October 2017 was 96.28%	<b>Appraisal</b> The appraisal season runs from 1 April 2018 to 30 June 2018 for non-medical staff.	Appraisal compliance for non-medical colleagues is 95% by 30 June 2018.
	Divisional appraisal compliance as at 31 May 2018 is:	A 'roll of honour page' has been included on the intranet giving details of the Departments with 100% compliance.	Appraisal compliance for medical colleagues is consistently above 95%.
	Community 57.48%	An appraisal report will be taken to Executive Board on 28 June 2018 providing an update on appraisal compliance.	Essential safety training compliance is consistently above 95%.
	Corporate 39.38%	The 2017 NHS staff survey results showed a score of 2.99 out of 5 for the quality of appraisals. This is lower than the national average for acute trusts which is 3.11. A paper was presented at Executive Board on 21 June 2018 on the response to these results and how the Trust is improving the quality of appraisals.	<b>Accountable: Executive Director of Workforce and OD</b>
	Estates & Facilities 76.57%		
	FSS 65.22%		
	Health Informatics 28.80%		
	Medical 67.67%		
	HPU 50.85%		
	Surgery & Anaesthetics 67.63%		
	Appraisal compliance for medical colleagues is at 99.7% as at 31 May 2018.	<b>Essential Safety Training</b> Mandatory Training has now been rebranded as Essential Safety Training following sign off from Executive Board on 19 April 2018.	
	Overall essential safety training compliance has reduced to 94.40% in May 2018 from 95.00% in April 2018.	HR Business Partners will work with Divisions to target the colleagues with 0 completed Essential Safety Training elements to ensure they achieve compliance.	
	20 colleagues have not completed any of the 9 essential safety training elements. 11 of these are from the Medical & Dental staff group.	Following discussions with the Executive Team, analysis has been undertaken to understand the number of colleagues due to expire in Q4 2018/2019, and review the possibility of encouraging colleagues to complete Essential Safety Training before Q4 due to the winter pressures that will impact the availability of colleagues. A paper will be presented to Executive Board recommending that colleagues look to spread their Essential Safety Training throughout the year from 2019/2020 to avoid large number of colleagues expiring during winter pressure months.	

## Workforce - Key Metrics

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Target	Threshold/Monthly
<b>Staff in Post</b>																	
Staff in Post Headcount	6064	6068	6083	5981	5969	6009	6031	6048	6016	6044	6045	6036	6019	6023	-	-	
Staff in Post (FTE)	5298.48	5278.92	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5262.28	5268.71	-	-	
<b>Vacancies</b>																	
Establishment (Position FTE)**	5600.16	5681.65	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5633.65	5547.45	-	-	
Vacancies (FTE)**	292.88	393.09	380.54	374.98	400.11	341.47	333.55	318.08	359.05	329.82	331.07	362.39	371.38	278.74	-	-	
Vacancy Rate (%)**	0.05	6.92%	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	6.59%	5.02%	-	-	
<b>Staff Movements</b>																	
Turnover rate (%) - in month	1.06%	0.87%	1.04%	1.30%	1.11%	0.93%	1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.59%	0.73%	-	-	
Executive Turnover (%)	11.11%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) - Rolling 12m	13.01%	11.12%	11.38%	11.53%	11.53%	11.22%	11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.90%	10.87%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%)	83.09%	89.10%	89.43%	88.06%	88.12%	88.55%	88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	87.48%	87.44%	-	-	
<b>Sickness Absence - Rolling 12 month</b>																	
Sickness Absence rate (%) - Rolling	4.10%	4.18%	4.13%	4.09%	4.05%	4.06%	4.04%	4.04%	4.01%	4.04%	4.07%	4.09%	4.10%	*	-	4.00%	=< 4.0% - Green 4.01%-4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) -Rolling	2.55%	2.64%	2.61%	2.58%	2.56%	2.54%	2.54%	2.55%	2.52%	2.52%	2.53%	2.54%	2.54%	*	-	2.70%	=< 2.7% Green 2.71%-3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) -Rolling	1.55%	1.54%	1.52%	1.50%	1.49%	1.52%	1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	1.56%	*	-	1.30%	<= 1.3% - Green 1.31%-1.5% Amber >1.5% Red
<b>Sickness Absence - Monthly</b>																	
Sickness Absence rate (%) - in month	-	3.87%	3.97%	3.88%	3.76%	4.02%	4.07%	4.55%	4.26%	4.75%	4.41%	3.91%	3.58%	*	-	4.00%	
Long Term Sickness Absence rate (%) - in month	-	2.46%	2.66%	2.61%	2.55%	2.41%	2.64%	2.81%	2.55%	2.53%	2.48%	2.37%	2.22%	*	-	2.70%	
Short Term Sickness Absence rate (%) - in month	-	1.41%	1.31%	1.27%	1.22%	1.60%	1.43%	1.74%	1.72%	2.22%	1.93%	1.53%	1.36%	*	-	1.30%	
<b>Attendance Management</b>																	
Sickness Absence FTE Days Lost	-	6361.12	6321.72	6293.44	6158.46	6387.79	6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	5662.79	*	-	-	
Average days lost per FTE -Rolling	-	15.26	15.06	14.91	14.79	14.81	14.76	14.76	14.65	14.76	14.87	14.94	15.03	*	-	-	
Sickness Absence Estimated Cost (£)	£6.38M	£0.51M	£0.50M	£0.50M	£0.48M	£0.52M	£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	£0.46M	*	-	-	
Return to work Interviews (%)	67.65%	45.13%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	60.38%	*	-	90.00%	
<b>Spend</b>																	
Substantive Spend (£)	£221.61M	£18.56M	£18.20M	£18.58M	£18.51M	£18.28M	£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.55M	£18.52M	-	-	
Bank Spend (£)	£6.64M	£0.45M	£0.46M	£0.50M	£0.48M	£0.46M	£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	£1.05M	-	-	
Agency Spend (£)	£16.86M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	£1.34M	-	-	
Proportion of Temporary (Agency) Staff	9.41%	5.64%	7.03%	7.17%	6.11%	6.12%	7.56%	4.60%	7.06%	7.65%	7.42%	9.41%	6.41%	6.41%	-	-	
<b>Hard Truths</b>																	
Hard Truths Summary - Nurses/Midwives	87.07%	88.82%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	87.06%	-	100.00%	
Hard Truths Summary - Day Care Staff	94.05%	105.91%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	109.75%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	91.01%	95.96%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	111.60%	-	100.00%	
Hard Truths Summary - Night Care Staff	118.98%	115.04%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	121.21%	-	100.00%	
<b>Essential Safety (12m rolling)</b>																	
Overall Essential Safety Compliance													95.00%	94.40%		95.00%	>=95% Green >=90<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)													95.80%	95.67%		95.00%	>=95% Green >=90<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)	92.89%	77.24%	78.84%	78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	93.68%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
Dementia Awareness (No Renewal)													96.43%	96.52%		95.00%	>=95% Green >=90<95% Amber <90% Red
Equality and Diversity (3 Year Refresher)													97.73%	97.29%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
Fire Safety (1 Year Refresher)	94.18%	79.13%	80.63%	80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	90.93%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
Health and Safety (3 Year Refresher)													96.98%	96.76%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
Infection Control (1 Year Refresher)	93.75%	76.03%	76.14%	76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	93.81%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
Manual Handling (2 Year Refresher)	91.48%	91.47%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	93.85%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
Safeguarding (3 Year Refresher)	91.74%	85.51%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	92.09%	-	95.00%	>=95% Green >=90<95% Amber <90% Red
<b>Appraisal</b>																	
Appraisal (1 Year Refresher) - Non-Medical Staff	93.50%	2.77%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	62.67%	-	95.00%	(95% at 30 June 2018)
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%													99.70%	-	95.00%	>=95% Green >=90<95% Amber <90% Red

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

## Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
<b>Registered Staff Day Time</b>	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	87.06% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 8c 43.3%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates reported on 8c are due to the unit closing mid-month.
<b>Registered Staff Night Time</b>	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	91.76% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - 7b/c 69% - 8c 53.2% - ward 10 63.4%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to a level of vacancy and ward closure.
<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.	109.75% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 64.9% - NICU 53.4% - LDRP 74.7% - ward 3 65.8%	The low HCA fill rates in May are attributed to fluctuating bed capacity and a level of HCA vacancy within the FSS division. This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
<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.	121.22% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	No HCA shifts during in May 2018 had fill rates less than 75%



Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	DAY						NIGHT						Care Hours Per Patient Day								
	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	Ward Assurance
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual											
CRH ACUTE FLOOR	3,099.00	2,999.42	1,935.83	2,161.42	96.8%	111.7%	2,711.50	2,501.00	1,705.00	1,922.50	92.2%	112.8%	9.1	9.2			1	1	11.9	0.42	84.4%
HRI MAU	2,009.27	1,951.23	1,801.00	2,003.83	97.1%	111.3%	1,584.00	1,559.92	1,363.52	1,324.25	98.5%	97.1%	8.1	8.2			2	16	3.8	2.95	91.3%
HRI Ward 5 (previously ward 4)	1,563.67	1,325.83	1,139.75	1,510.42	84.8%	132.5%	1023	1,021.75	1023	1,297.83	99.9%	126.9%	5.8	6.2			0	7	4.35	0	95.6%
WARD 15	1,729.33	1,471.50	1,480.17	2,043.43	85.1%	138.1%	1,364.00	1,286.25	1,364.00	1,719.00	94.3%	126.0%	6.8	7.5			1	11	7.03	0	95.4%
WARD 5C	1037	970.7	810	1,167.67	93.6%	144.2%	682	671.00	341	705	98.4%	206.7%	5.2	6.4			0	2	3.4	0	92.0%
WARD 6	1,598.30	1,498.97	889.4167	1,250.67	93.8%	140.6%	1023	1001	682	806.5	97.8%	118.3%	7.8	8.5			1	3	2.13	0.72	79.0%
WARD 6BC	1,649.42	1,548.25	1,586.58	1,485.58	93.9%	93.6%	1,364.00	1,298.00	682	766.5	95.2%	112.4%	5.0	4.8			4	4	5.19	3.23	94.3%
WARD 5B	1,017.67	1,317.83	825	882.5	129.5%	107.0%	1,364.00	1,056.00	341	660	77.4%	193.5%	6.4	7.0			1	0	0	0	94.8%
WARD 6A	973.00	791.5	750.5333	811.5	81.3%	108.1%	682	649.00	682	572.00	95.2%	83.9%	5.5	5.1			0	2	3.66	0	95.4%
WARD CCU	1,697.33	1,278.42	387	361.5	75.3%	93.4%	1023	1023	0	22	100.0%	-	10.8	9.3			0	0	2.14	0.77	96.8%
WARD 7AD	1,691.33	1,306.17	1,672.50	2,165.33	77.2%	129.5%	1023	1001	1023	1,177.00	97.8%	115.1%	6.9	7.2			0	4	1.54	2.19	88.8%
WARD 7BC	1,076.92	969.08	957.25	1,124.83	90.0%	117.5%	1,133.00	781.5	385	584	69.0%	151.7%	5.4	5.2			0	8	3.89	0	95.8%
WARD 8	1,390.17	1,155.17	1,277.33	1,574.67	83.1%	123.3%	1023	893.00	1012	1,267.50	87.3%	125.2%	6.7	7.0			2	4	4.17	1.63	81.7%
WARD 12	1,566.50	1,335.50	802.75	1,041.83	85.3%	129.8%	979	737	385	858	75.3%	222.9%	5.5	5.9			3	6	2.32	3.36	93.2%
WARD 17	1,963.17	1,524.00	1,136.00	1,241.00	77.6%	109.2%	1023	1,001.00	682	898.50	97.8%	131.7%	6.0	5.9			1	3	3.26	0	96.9%
WARD 8C	868.8333	376.83333	387.6667	432.5	43.4%	111.6%	682	363.00	341	364.50	53.2%	106.9%	18.2	12.3			1	1	2	0.92	93.6%
WARD 20	1,799.18	1,523.00	1,756.75	2,248.75	84.6%	128.0%	1,362.75	1,319.25	1,364.00	1,650.50		121.0%	6.3	6.8			2	7	8.47	1.32	88.4%
WARD 21	1,545.00	1,180.50	1,498.17	1,507.00	76.4%	100.6%	1,057.50	989	1,069.50	1,071.50	93.5%	100.2%	8.5	7.8			2	7	5.73	0	89.1%
ICU	4,070.08	3,519.58	778.5	505.5	86.5%	64.9%	4,278.00	3,509.50	0	11.5	82.0%	-	54.0	44.7			0	1	0.43	0	97.9%
WARD 3	953.1667	923.33333	761.5	766.3333	96.9%	100.6%	711.5	711.5	356.5	380.8333	100.0%	106.8%	6.9	6.9			0	2	0.14	0.37	92.9%
WARD 8AB	951.3333	780.53333	388.5	658	82.0%	169.4%	713	632.5	356.5	575	88.7%	161.3%	8.0	8.8			0	3	1.52	0	97.8%
WARD 8D	807.65	819.98333	819	718.3333	101.5%	87.7%	690	736.00	0	287.5	106.7%	-	6.3	6.9			0	1	1.87	0.23	91.1%
WARD 10	1,367.08	1,125.08	833	1026.417	82.3%	123.2%	1,069.50	678.50	713	1,054.00	63.4%	147.8%	7.6	7.4			0	1	7.07	1.5	90.0%
WARD 11	1,542.95	1,522.20	1,214.92	1,290.42	98.7%	106.2%	1,068.50	1,056.75	690	805	98.9%	116.7%	6.2	6.4			0	2	1.07	2.16	95.1%
WARD 19	1,696.47	1,344.13	1,224.58	1,503.65	79.2%	122.8%	1,069.50	1,068.50	1,069.50	1,362.17	99.9%	127.4%	7.4	7.7			7	10	0.13	0	96.8%
WARD 22	1,161.50	1,154.08	1,172.50	1,224.58	99.4%	104.4%	713	703.50	713	837.75	98.7%	117.5%	5.4	5.6	1		0	3	0.03	1.12	85.1%
SAU HRI	1,828.25	1,704.25	1011.5	1074.3	93.2%	106.2%	1,426.00	1,426.00	356.5	380	100.0%	106.6%	11.1	11.0			0	0	6.85	0	87.7%
WARD LDRP	4,699.93	3,754.48	1001.5	748.1667	79.9%	74.7%	4,278.00	3,509.67	713	692.1667	82.0%	97.1%	20.6	16.8			0	0	0	5.08	94.4%
WARD NICU	2,620.83	2,100.18	818.1667	436.6667	80.1%	53.4%	2,139.00	1,925.50	713	576	90.0%	80.8%	12.1	9.7			0	0	0.15	2.06	99.3%
WARD 1D	1,323.00	1,204.50	359.5	344.5	91.0%	95.8%	713	694.6667	356	379.5	97.4%	106.6%	4.9	4.6			0	0	0	0.19	99.2%
WARD 3ABCD	3,767.17	3,329.33	1,531.50	1008	88.4%	65.8%	2,495.00	3,047.50	356	414	122.1%	116.3%	10.3	9.8			0	2	0	2.61	94.6%
WARD 4C	1,268.00	1,159.42	366.5	374.3333	91.4%	102.1%	713	713	356	345	100.0%	96.9%	9.1	8.7			0	1	0	2.21	85.7%
WARD 9	717.4167	703.41667	367	337	98.0%	91.8%	713	713	356	356.5	100.0%	100.1%	4.7	4.6			0	0	0.67	2.71	97.9%
Trust	57049.92	49668.42	33741.87	37030.6	87.06%	109.75%	43893.75	40277.8	21550.02	26124	91.76%	121.22%	7.80	7.70							



## Hard Truths: Safe Staffing Levels (3)

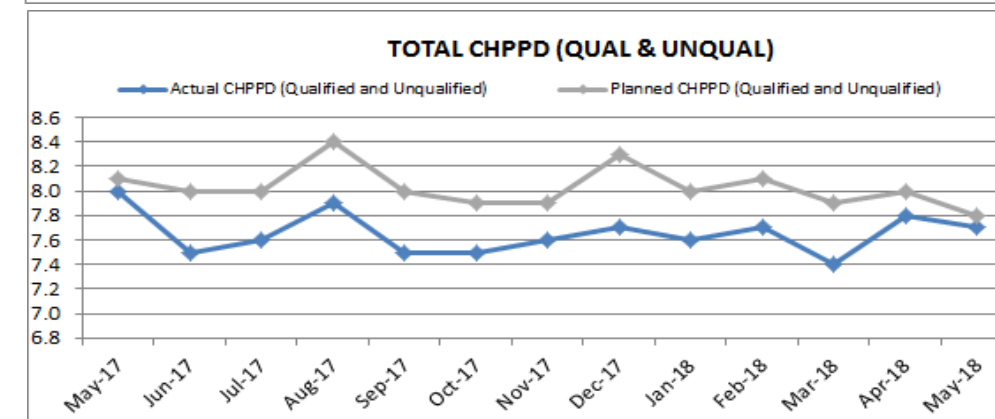
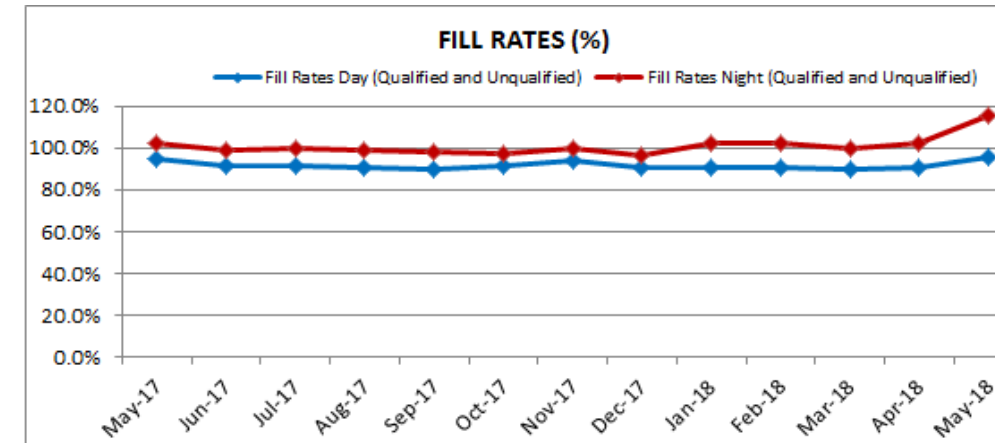
### Care Hours per Patient Day

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

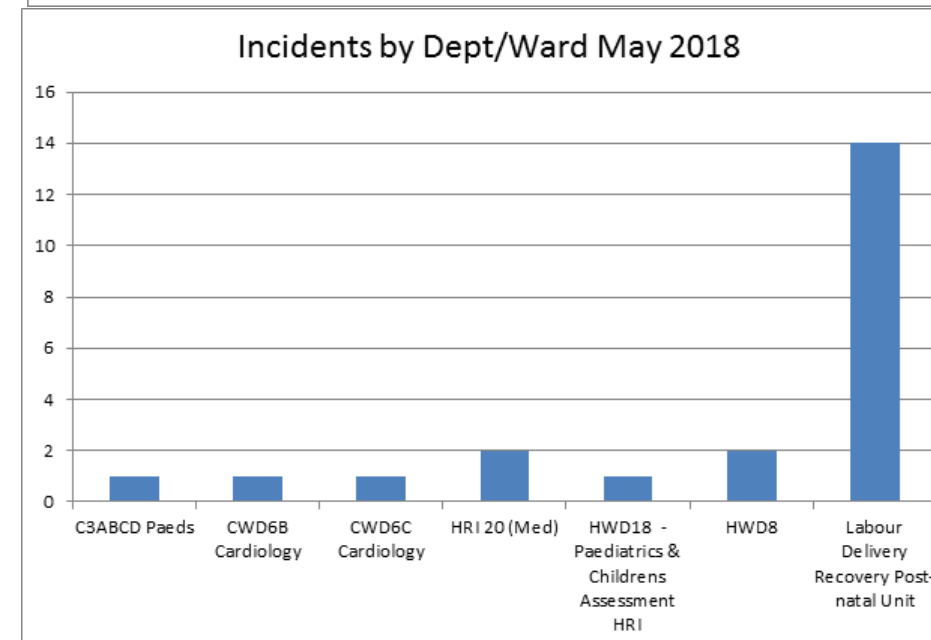
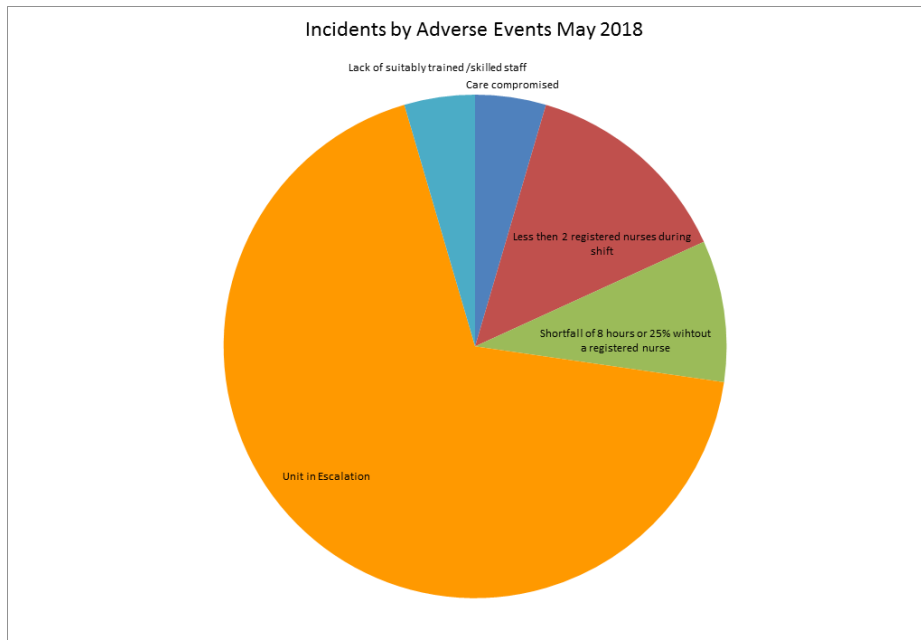
	Mar-18	Apr-18	May-18
Fill Rates Day (Qualified and Unqualified)	89.70%	91.00%	95.49%
Fill Rates Night (Qualified and Unqualified)	99.70%	102.20%	115.19%

Planned CHPPD (Qualified and Unqualified)	7.9	8.0	7.8
Actual CHPPD (Qualified and Unqualified)	7.4	7.8	7.7

A review of May CHPPD data indicates that the combined (RN and carer staff) metric resulted in 16 clinical areas of the 33 reviewed having CHPPD less than planned. 15 areas reported CHPPD slightly in excess of those planned and 2 areas having CHPPD as planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.



#### RED FLAG INCIDENTS



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 reviewed monthly through the Nursing workforce strategy group.

There were **22 Trust Wide Red shifts** declared in **May**.

As illustrated above the most frequently recorded red flagged incident is related to "unit in escalation".

No datix's reported in May 2018 have resulted in patient harm.

# Hard Truths: Safe Staffing Levels (4)



## Conclusions and Recommendations

Conclusions

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

**On-going activity:**

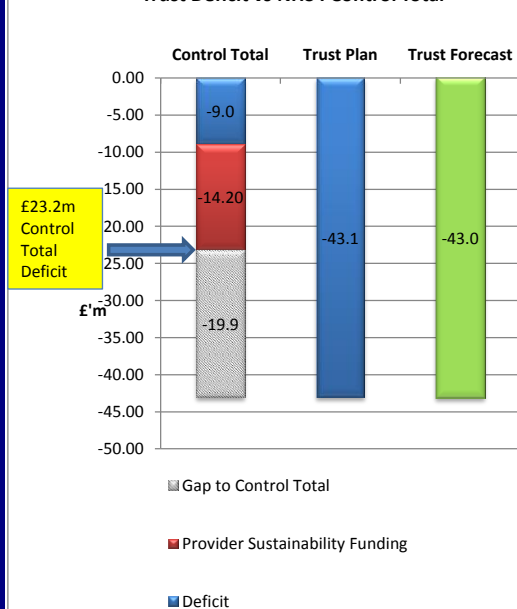
1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for September 2018.
3. Applications from international recruitment projects are progressing well and the first 8 nurses have arrived in Trust, with a further 8 planned for deployment in June/July 2018
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. 57 candidates have now been transferred onto the OET programme.
5. The Trust is working with the recruitment agent to appraise its potential to recruit ILETS/OET compliant nurses. This work stream is progressing well with x2 nurses identified for deployment in July 2018.
6. 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 being developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees commenced training on 4th June.
7. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce. This has been further enhanced by the development of a new module of E roster called safe care. This 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 May 2018 - Month 2

## KEY METRICS

		M2				YTD (MAY 2018)					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)	(£4.02)	(£4.02)	(£0.00)	🟢	1	(£9.24)	(£9.24)	£0.01	🟢	1	(£43.05)	(£43.04)	£0.01	🟢	1
Agency Expenditure	(£1.39)	(£1.34)	£0.06	🟢	1	(£2.80)	(£2.68)	£0.13	🟢		(£14.63)	(£14.63)	£0.00	🟢	
Capital	£0.67	£0.28	£0.39	🔴	1	£0.90	£0.56	£0.34	🔴		£9.14	£8.96	£0.18	🟢	
Cash	£1.91	£2.35	£0.44	🟢	1	£1.91	£2.35	£0.44	🟢		£1.91	£1.90	(£0.01)	🟡	
Borrowing (Cumulative)	£113.26	£113.26	£0.00	🟢	1	£113.26	£113.26	£0.00	🟢		£144.83	£144.83	£0.00	🟢	
CIP	£0.79	£0.68	(£0.11)	🔴	1	£1.67	£1.54	(£0.13)	🔴		£18.00	£16.85	(£1.15)	🔴	
Use of Resource Metric	3	3		🟡	1	3	3		🟡		3	3		🟡	

Trust Deficit vs NHS I Control Total



## Year to Date Summary

The year to date deficit is £9.24m, in line with the plan submitted to NHSI.

- Clinical income is just above plan by £0.02m. In month activity increased slightly so that the Aligned Incentive Contract is now only protecting the income position by £0.01m.
- There remains an underlying adverse variance from plan which has had to be mitigated by the release of £0.51m (a quarter) of the Trust's £2m full year reserves of which £1m is earmarked for winter.
- CIP achieved in the year to date is £1.54m against a plan of £1.67m, a £0.13m shortfall.
- Agency expenditure was beneath the agency trajectory set by NHSI.

## Key Variances

- Medical pay expenditure is showing an adverse variance to plan of £0.48m year to date. This is in part due to slippage on CIP schemes which have resulted in an adverse variance of £0.13m and there are prior year costs of £0.04m relating to back pay, the remaining £0.31m is due to operational pressures particularly in Obs & Gynae, Urology, ENT, Medical Specialties and A&E.
- Nursing pay expenditure reduced in Month 2, but remained above plan with a year to date adverse variance of £0.15m. However, Nursing agency costs reduced by £0.15m compared to the previous month with no further increase in bank expenditure.
- The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio. These schemes are forecast to be delivered in full by year end.
- These adverse variances have been offset by the release of contingency reserves of £0.50m.

## Forecast

- The Trust has not accepted the 18/19 NHS Improvement Control Total of a £23.2m deficit and is therefore not eligible to receive any of the £14.2m Provider Sustainability Funding allocated for this financial year, (previously Sustainability and Transformation Funding).
- The control total value has been adjusted by £0.61m (increased deficit) compared to the value reported in Month 1. This is to reflect the control total flexibility that was originally described by NHS Improvement as only being accessible to Trusts that achieved their 17/18 control total, but has now been agreed for all Trusts in our region. This reduces the gap to control total from £20.5m to £19.9m.
- At this early stage the forecast is to achieve the £43.1m deficit, £19.9m adverse variance from control total as planned.

## Trust Financial Overview as at 31st May 2018 - Month 2

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

## YEAR TO DATE POSITION: M2

## CLINICAL ACTIVITY

	M2 Plan	M2 Actual	Var	
Elective	1,000	911	(89)	●
Non-Elective	9,333	9,595	262	●
Daycase	5,929	5,900	(29)	●
Outpatient	59,509	62,500	2,991	●
A&E	26,098	25,322	(776)	●
Other NHS Non-Tariff	274,540	288,552	14,011	●
Other NHS Tariff	21,015	21,264	249	●
<b>Total</b>	<b>397,424</b>	<b>414,043</b>	<b>16,619</b>	

## TRUST: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Elective	£3.17	£2.83	(£0.34)	●
Non Elective	£16.70	£16.72	£0.02	●
Daycase	£4.26	£4.33	£0.07	●
Outpatients	£6.12	£6.32	£0.20	●
A & E	£3.16	£3.18	£0.02	●
Other-NHS Clinical	£17.44	£17.35	(£0.09)	●
CQUIN	£1.13	£1.13	(£0.00)	●
Other Income	£6.77	£7.09	£0.33	●
<b>Total Income</b>	<b>£58.75</b>	<b>£58.95</b>	<b>£0.20</b>	●
Pay	(£42.23)	(£42.01)	£0.22	●
Drug Costs	(£5.86)	(£6.16)	(£0.30)	●
Clinical Support	(£5.00)	(£4.99)	£0.01	●
Other Costs	(£8.56)	(£8.74)	(£0.18)	●
PFI Costs	(£2.14)	(£2.14)	£0.00	●
<b>Total Expenditure</b>	<b>(£63.79)</b>	<b>(£64.04)</b>	<b>(£0.25)</b>	●
<b>EBITDA</b>	<b>(£5.04)</b>	<b>(£5.09)</b>	<b>(£0.05)</b>	●
Non Operating Expenditure	(£4.20)	(£4.15)	£0.05	●
<b>Surplus / (Deficit)*</b>	<b>(£9.24)</b>	<b>(£9.24)</b>	<b>£0.01</b>	●

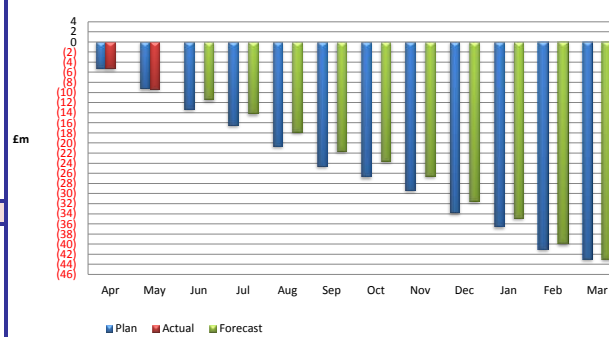
\* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

## DIVISIONS: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£1.73	£1.62	(£0.11)	●
Medical	£4.24	£3.83	(£0.40)	●
Families & Specialist Services	(£0.81)	(£0.89)	(£0.08)	●
Community	£0.52	£0.54	£0.02	●
Estates & Facilities	(£4.60)	(£4.58)	£0.01	●
Corporate	(£5.29)	(£5.34)	(£0.05)	●
THIS	£0.02	(£0.11)	(£0.12)	●
PMU	£0.46	£0.42	(£0.04)	●
Central Inc/Technical Accounts	(£4.83)	(£4.72)	£0.12	●
Reserves	(£0.67)	(£0.00)	£0.67	●
Unallocated CIP	£0.00	£0.00	(£0.00)	●
<b>Surplus / (Deficit)</b>	<b>(£9.24)</b>	<b>(£9.24)</b>	<b>£0.01</b>	●

## TRUST SURPLUS / (DEFICIT)

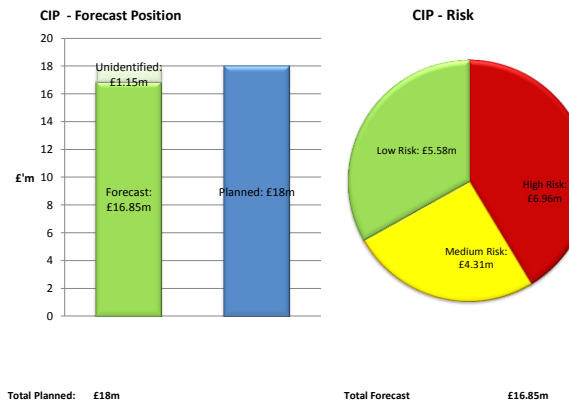
## Cumulative Surplus / (Deficit) excl. Impairments



## KEY METRICS

	Year To Date			Year End: Forecast			
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£9.24)	(£9.24)	£0.01	(£43.05)	(£43.04)	£0.01	●
Capital	£0.90	£0.56	£0.34	£9.14	£8.96	£0.18	●
Cash	£1.91	£2.35	£0.44	£1.91	£1.90	(£0.01)	●
Loans	£113.26	£113.26	£0.00	£144.83	£144.83	£0.00	●
CIP	£1.67	£1.54	(£0.13)	£18.00	£16.85	(£1.15)	●
Use of Resource Metric	Plan 3	Actual 3		Plan 3	Forecast 3		●

## COST IMPROVEMENT PROGRAMME (CIP)



## YEAR END 2018/19

## CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,724	(439)	●
Non-Elective	56,753	58,608	1,855	●
Daycase	36,488	36,527	39	●
Outpatient	365,497	377,661	12,165	●
A&E	153,339	148,778	(4,561)	●
Other NHS Non-Tariff	1,721,594	1,804,544	82,950	●
Other NHS Tariff	127,242	128,421	1,179	●
<b>Total</b>	<b>2,467,076</b>	<b>2,560,264</b>	<b>93,187</b>	

## TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£18.11	(£1.40)	●
Non Elective	£101.38	£102.24	£0.85	●
Daycase	£26.27	£26.49	£0.22	●
Outpatients	£37.57	£38.29	£0.73	●
A & E	£18.58	£18.70	£0.13	●
Other-NHS Clinical	£106.72	£106.18	(£0.54)	●
CQUIN	£6.85	£6.84	(£0.01)	●
Other Income	£40.73	£41.97	£1.24	●
<b>Total Income</b>	<b>£357.60</b>	<b>£358.81</b>	<b>£1.22</b>	●
Pay	(£247.81)	(£248.26)	(£0.45)	●
Drug Costs	(£36.10)	(£37.33)	(£1.23)	●
Clinical Support	(£28.67)	(£29.02)	(£0.36)	●
Other Costs	(£49.33)	(£48.90)	£0.43	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
<b>Total Expenditure</b>	<b>(£374.75)</b>	<b>(£376.34)</b>	<b>(£1.59)</b>	●
<b>EBITDA</b>	<b>(£17.16)</b>	<b>(£17.53)</b>	<b>(£0.37)</b>	●
Non Operating Expenditure	(£25.89)	(£25.51)	£0.38	●
<b>Surplus / (Deficit)*</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>	●

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

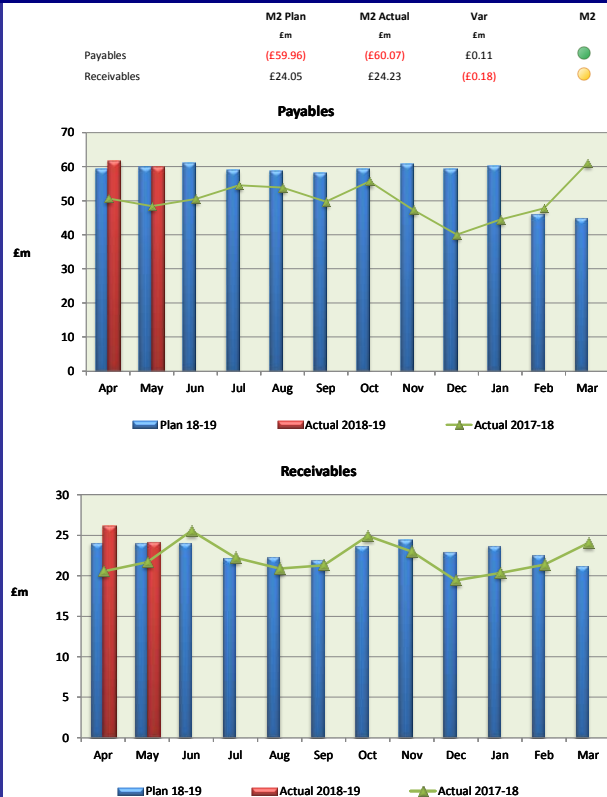
## DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£13.29	£13.29	(£0.00)	●
Medical	£28.98	£28.99	£0.00	●
Families & Specialist Services	(£3.12)	(£3.12)	£0.00	●
Community	£3.22	£3.22	£0.00	●
Estates & Facilities	(£26.89)	(£26.86)	£0.04	●
Corporate	(£31.49)	(£31.49)	(£0.00)	●
THIS	£0.35	£0.35	(£0.00)	●
PMU	£2.81	£2.81	(£0.00)	●
Central Inc/Technical Accounts	(£29.50)	(£29.10)	£0.40	●
Reserves	(£2.02)	(£1.13)	£0.89	●
Unallocated CIP	£1.31	£0.00	(£1.31)	●
<b>Surplus / (Deficit)</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>	●

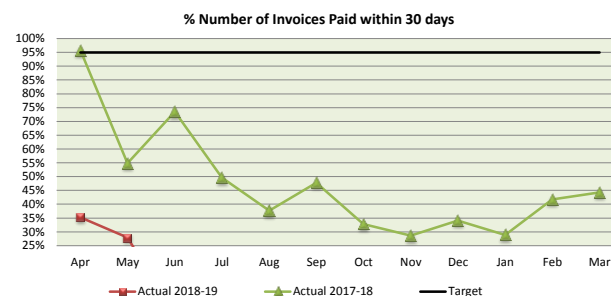
## Trust Financial Overview as at 31st May 2018 - Month 2

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

## WORKING CAPITAL



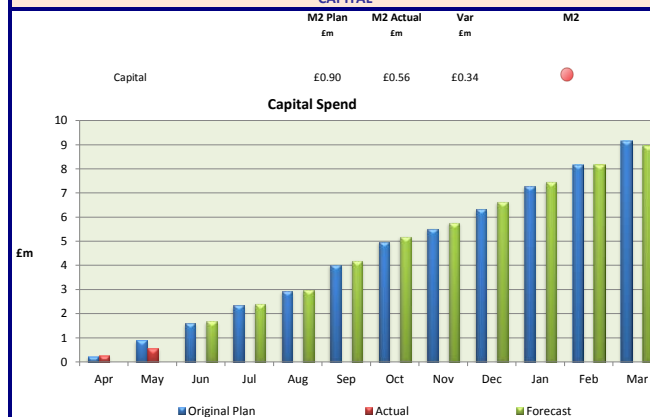
## BETTER PAYMENT PRACTICE CODE



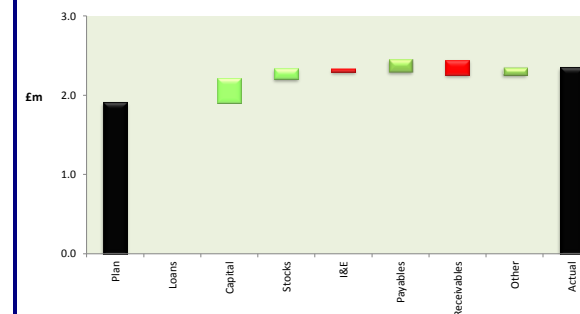
## CASH



## CAPITAL



## CASH FLOW VARIANCE



## SUMMARY YEAR TO DATE

- The year to date deficit is £9.24m as planned. This position excludes the I&E impact of donated assets (£0.03m adverse variance) which are excluded for control total purposes.
- The Trust has not accepted the 18/19 Control Total and is therefore not eligible to receive any Provider Sustainability Funding, (previously known as Sustainability and Transformation Funding).
- Activity is above plan year to date, with increased Outpatient and Non-Elective activity. This over performance has been offset to some extent by lower than planned Elective, Daycase and A&E activity.
- Capital expenditure year to date is lower than planned at £0.56m against a planned £0.90m.
- Cash balance is £2.35m, above the planned level of £1.91m.
- Year to date the Trust has borrowed £10.5m to support the deficit as planned.
- CIP schemes have delivered £1.54m, £0.13m below the year to date target of £1.67m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

## NOTES

- The total forecast deficit is £43.04m, just within plan.
- The forecast assumes that current activity trends will continue, but that overall activity will be delivered as planned.
- The forecast assumes expenditure will be within budgeted levels.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £1.15m is unidentified. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. The total loan balance by year end is forecast to be £144.8m,
- Capital expenditure is forecast at £8.96m, £0.18m lower than planned. This reduction is due to a forecast reduction in internally generated funds; depreciation is forecast to reduce by £0.18m which reduces the availability of capital funds.

## RAG KEY:

(Excl: UOR)



Actual / Forecast is on plan or an improvement on plan



Actual / Forecast is worse than planned by &lt;2%



Actual / Forecast is worse than planned by &gt;2%

NB. In addition to the above rules, if Capital expenditure &lt;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



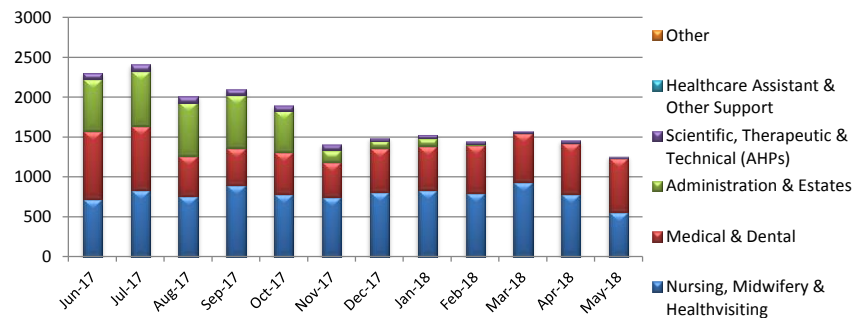
Overall UOR worse than planned

## WORKFORCE

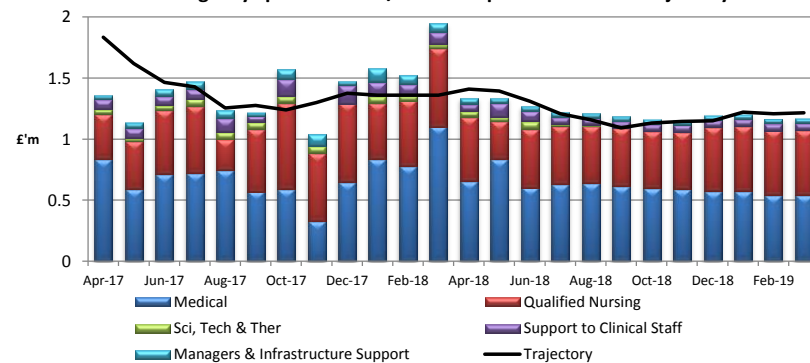
## Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	36	63	81	141	43	365
Staff in post (WTE)	654	1,385	540	1,607	1,084	5,270
% Vacancies	5%	4%	13%	8%	4%	6%

## Number of Shifts that breached Agency Cap (Monthly)



## Agency spend - Actual/Forecast spend vs Revised Trajectory



Cumulative Agency Spend	Plan	Actual	Var	
	£'m	£'m	£'m	
Year to Date	(£2.80)	(£2.68)	£0.13	●
Forecast	(£14.63)	(£14.63)	£0.00	●

## Vacancies

At the end of Month 2 the Trust was carrying 365 vacancies, 6% of the total establishment. This is an increase of 34 vacancies compared to Month 1. Medical vacancies remain at 13%. Qualified Nursing vacancies also remain static at 8% of establishment.

## Agency rate cap

Overall Cap breaches have continued to reduce compared to the levels reported in Month 12 and are at the lowest level for over 12 months. There was a significant reduction in Nursing breaches compared to the previous 12 months, while Medical Breaches remain consistently high. There were no Admin and Clerical breaches this month.

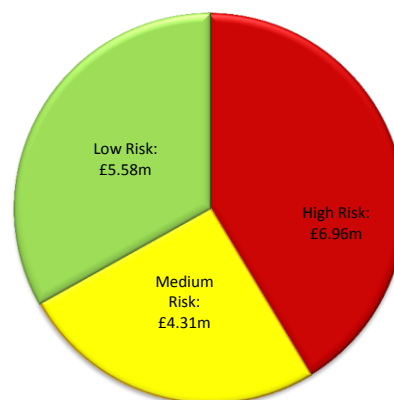
## Agency ceiling

Total reported agency year to date is £2.68m; £0.13m below the planned value and the NHS Improvement Agency Ceiling. There was a significant reduction in Nursing agency expenditure of £0.15m in month reflecting both the impact of reducing the use of the highest cost agencies, improved controls and the closure of the additional capacity that was open at the beginning of April. However, achieving the target agency expenditure is likely to become more challenging in future months as the plan becomes more reliant on the delivery of Cost Improvement Programmes that are targeting reductions in both Nursing and Medical agency expenditure, some of which have not yet been fully identified.

## COST IMPROVEMENT PROGRAMME

18/19 CIP						
Division	Plan	Forecast				
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	0.49	0.28	0.13	0.42	0.28	6.35
Health Informatics	0.44	0.44	0.00	0.44	0.44	4.00
Medicine	5.84	5.27	0.57	5.84	5.35	66.65
PMU	0.02	0.00	0.02	0.02	0.00	0.00
Surgery & Anaesthetics	3.89	3.56	0.10	3.66	4.01	23.94
Families & Specialist Services	3.36	3.04	0.25	3.29	3.06	11.58
Community	0.57	0.45	0.14	0.59	0.45	4.25
Estates & Facilities	1.09	1.09	0.00	1.09	1.09	2.00
Technical Accounting	1.00	1.00	0.00	1.00	1.00	0.00
Unallocated	1.31	0.50	0.00	0.50	0.50	0.00
<b>Grand Total</b>	<b>18.00</b>	<b>15.63</b>	<b>1.21</b>	<b>16.85</b>	<b>16.19</b>	<b>118.77</b>

CIP - Risk



£1.54m of CIP has been delivered in the year to date against a plan of £1.67m, an under performance of £0.13m. The majority of this underperformance is linked to slippage in the Medical Staffing Portfolio which is a timing difference and is forecast to be recovered in full by year end.

Target CIP for 18/19 is £18m. Whilst £17.2m of savings were identified in the plan submission, at the end of Month 2 £16.85m is forecast to deliver, leaving a gap of £1.15m to be identified. Of these forecast savings £15.63m are forecast to be recurrent savings. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 18/19 is £16.19m, (£15.63m in 18/19 and the remaining £0.56m in 19/20). Non-Recurrent savings for 18/19 are forecast at £1.21m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

£12.61m of schemes are currently at Gateway 2, with detailed plans for delivery, but a significant proportion of the identified CIP remains high risk (£6.96m).

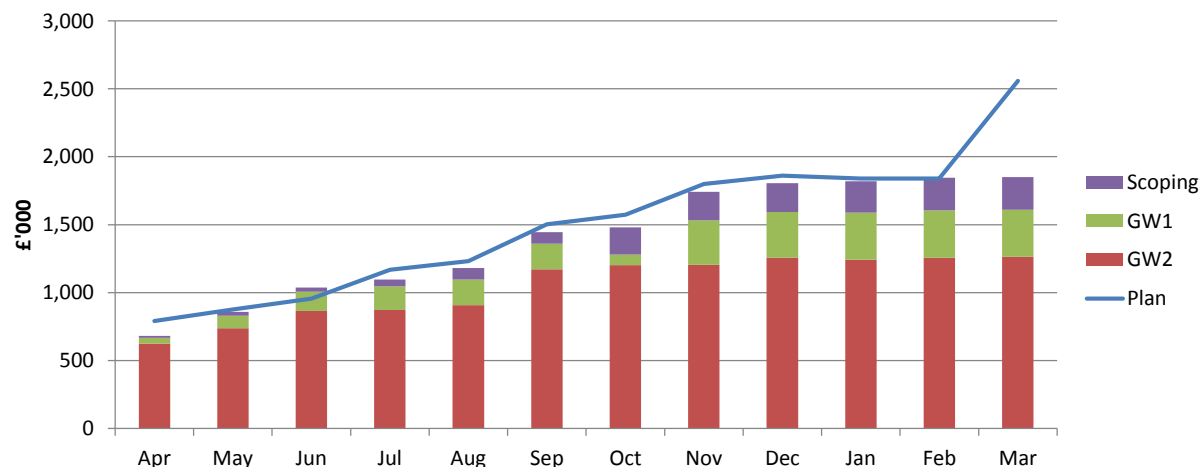
**Aligned Incentive Contract (AIC)**

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

**System Recovery Group (SRG)**

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

CIP Profile by Month



CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	791	877	956	1,168	1,232	1,503	1,575	1,801	1,860	1,840	1,840	2,558	18,000
GW2	625	737	865	873	909	1,173	1,201	1,204	1,257	1,243	1,257	1,264	12,608
GW1	43	93	141	174	187	187	79	327	337	347	347	346	2,608
Scoping	15	27	31	50	86	86	201	211	231	231	241	241	1,629
<b>Total Forecast</b>	<b>683</b>	<b>857</b>	<b>1,038</b>	<b>1,097</b>	<b>1,181</b>	<b>1,446</b>	<b>1,481</b>	<b>1,742</b>	<b>1,805</b>	<b>1,820</b>	<b>1,845</b>	<b>1,850</b>	<b>16,845</b>



## FORECAST

## YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£18.11	(£1.40)	●
Non Elective	£101.38	£102.24	£0.85	●
Daycase	£26.27	£26.49	£0.22	●
Outpatients	£37.57	£38.29	£0.73	●
A & E	£18.58	£18.70	£0.13	●
Other-NHS Clinical	£106.72	£106.18	(£0.54)	●
CQUIN	£6.85	£6.84	(£0.01)	●
Other Income	£40.73	£41.97	£1.24	●
<b>Total Income</b>	<b>£357.60</b>	<b>£358.81</b>	<b>£1.22</b>	●
Pay	(£247.81)	(£248.26)	(£0.45)	●
Drug Costs	(£36.10)	(£37.33)	(£1.23)	●
Clinical Support	(£28.67)	(£29.02)	(£0.36)	●
Other Costs	(£49.33)	(£48.90)	£0.43	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
<b>Total Expenditure</b>	<b>(£374.75)</b>	<b>(£376.34)</b>	<b>(£1.59)</b>	●
<b>EBITDA</b>	<b>(£17.16)</b>	<b>(£17.53)</b>	<b>(£0.37)</b>	●
Non Operating Expenditure	(£25.89)	(£25.51)	£0.38	●
<b>Surplus / (Deficit)*</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>	●

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

Month 2 forecast is to deliver the planned deficit of £43.05m.

## Key Assumptions:

- £23.17m Control Total not accepted. The Trust will not be eligible for the £14.20m available Provider Sustainability Funding (PSF).
- Efficiency challenge is £18m CIP, £16.7m already allocated to Divisions, £0.5m identified but not yet allocated plus a further £0.8m planning gap (held as negative reserve)
- Aligned Incentive Contract with two main commissioners reduces risk of income loss, but for all other commissioners contracts remain on a payment by results basis and are therefore subject to variability based on actual activity levels.
- Contingency Reserves of £2m held, including £1m allocated as a Winter Reserve, of which £0.50m has been released year to date.
- Forecast is based on planned Pay awards of 1% as advised by national guidance pending a decision regarding funding of additional pay awards.

## Variances:

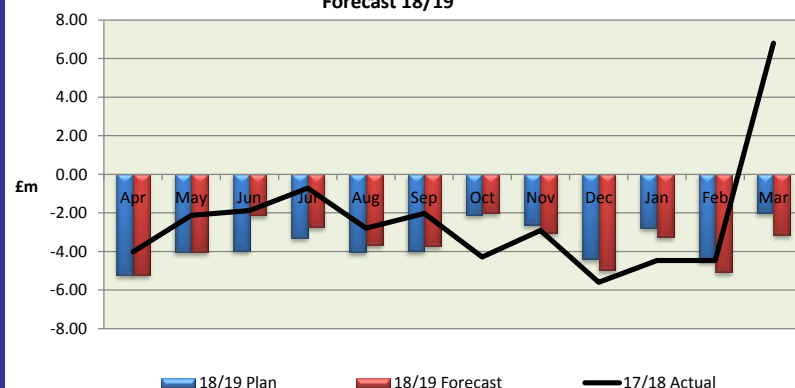
- Clinical income is forecast slightly below plan.
- The favourable variance on Other Income of £1.24m is largely due to increased turnover within the Pharmacy Manufacturing Unit and is offset by additional drugs costs.
- Pay is forecast as an adverse variance due to currently unidentified CIP and the year to date pressure on Medical and Nursing Staffing, offset in part by the assumed release of contingency reserves.
- The forecast for Non Operating expenditure is a favourable variance of £0.38m, £0.18m relates to lower than planned depreciation and the remainder is due to lower than expected inflationary pressures on PFI financing costs.

## Risks and Opportunities:

- £1.15m of the £18m CIP target is yet to be identified and of the £16.85m that is identified, £6.96m remains high risk.
- Continuing difficulty in recruiting clinical staff, both medical and nursing is putting pressure on pay expenditure budgets.
- Aligned Incentive Contract does impact on some income generation CIP schemes which will need to be revised or replaced. However, the contract also provides opportunities to further reduce costs without subsequent loss of income and will allow the Trust to take a share of any system savings that are not already included within the existing CIP programme.
- There is a risk that the Trust will lose out of area clinical income, in particular for Oral Surgery. This cannot be compensated by increasing activity with local commissioners due to the Aligned Incentive Contract.
- The costs associated with additional winter pressures have been included within the plan, but delivering these within the Agency ceiling will be challenging.

## Forecast

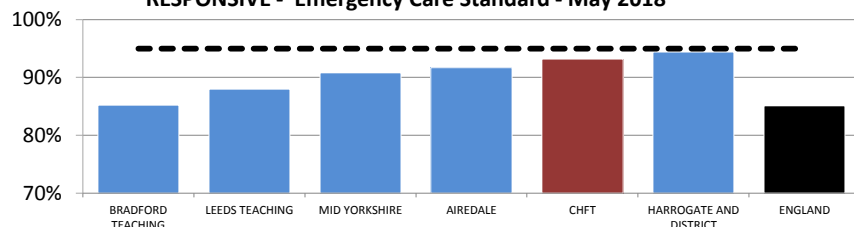
## Forecast 18/19



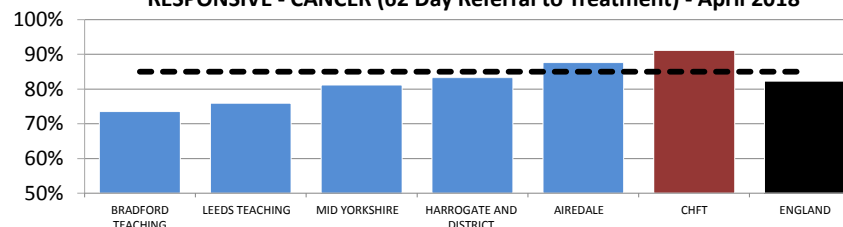


## Benchmarking - Selected Measures

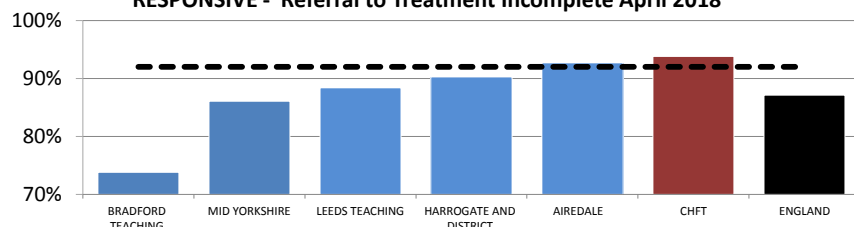
**RESPONSIVE - Emergency Care Standard - May 2018**



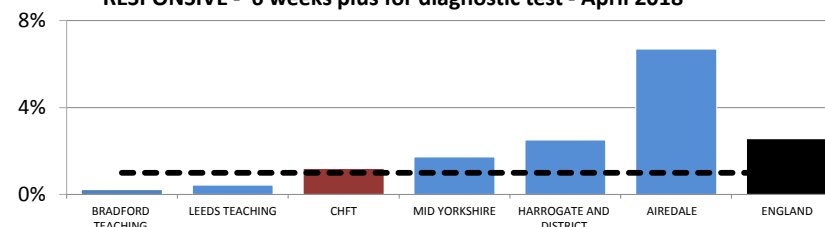
**RESPONSIVE - CANCER (62 Day Referral to Treatment) - April 2018**



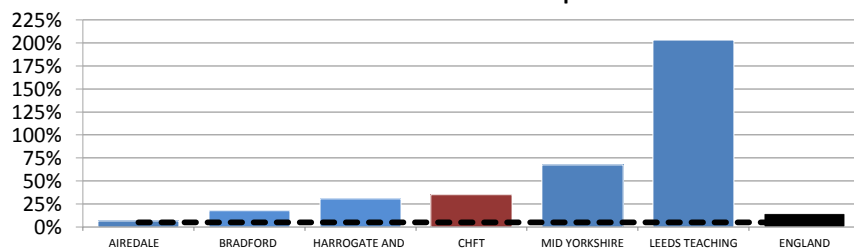
**RESPONSIVE - Referral to Treatment Incomplete April 2018**



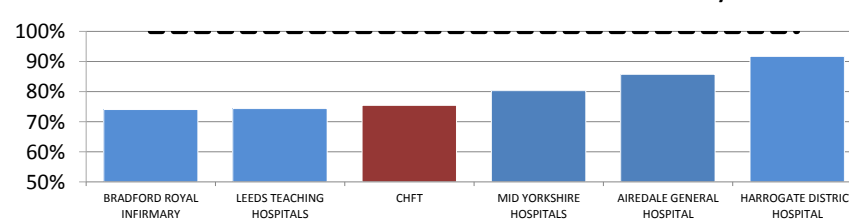
**RESPONSIVE - 6 weeks plus for diagnostic test - April 2018**



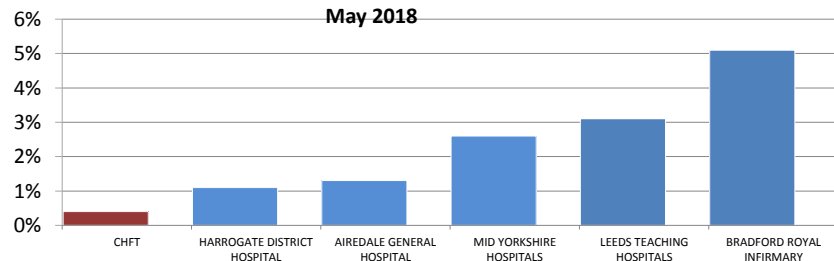
**RESPONSIVE - ASIs on Choose & Book - April 2018**



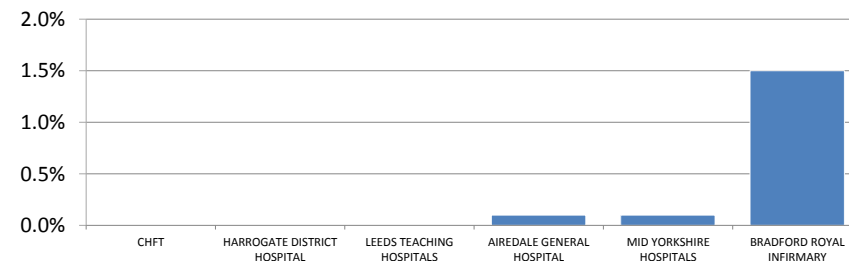
**RESPONSIVE - YAS Ambulance handovers within 15 minutes May 2018**



**RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes May 2018**

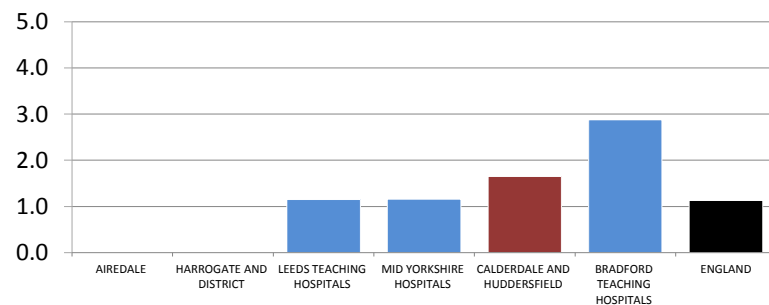


**RESPONSIVE - YAS Ambulance handovers > 60 minutes - May 2018**

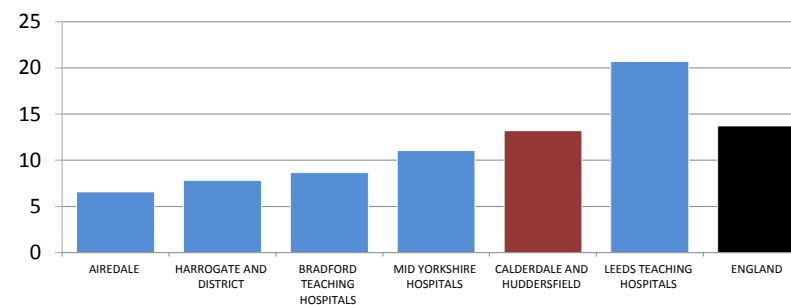


## Benchmarking - Selected Measures

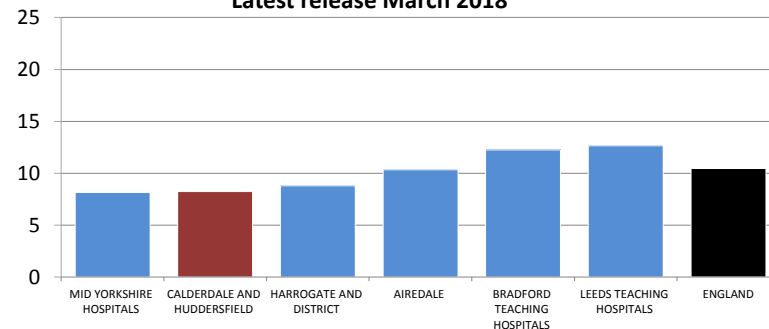
**EFFECTIVE - MRSA per 100,000 days**  
Latest release March 2018



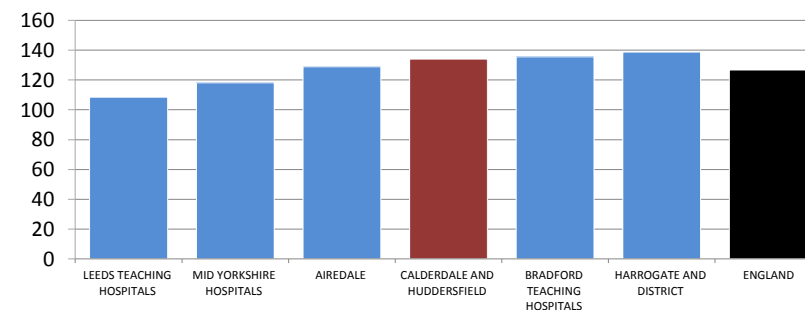
**EFFECTIVE - C.Diff per 100,000 days**  
Latest release March 2018



**EFFECTIVE - MSSA per 100,000 days -**  
Latest release March 2018

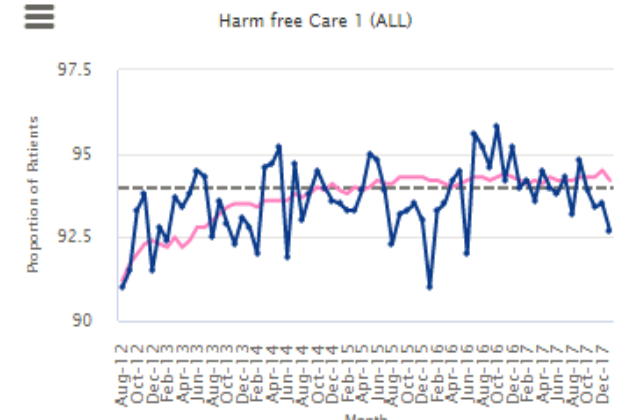
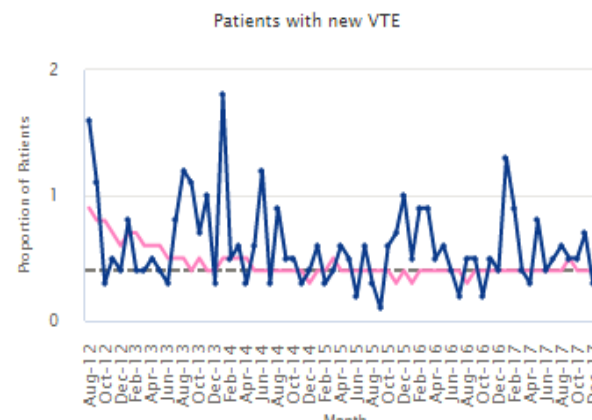
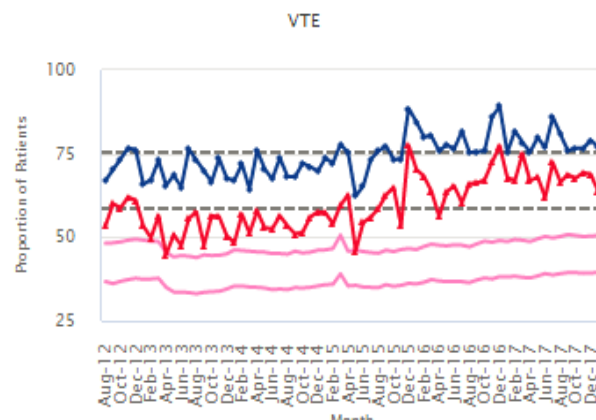
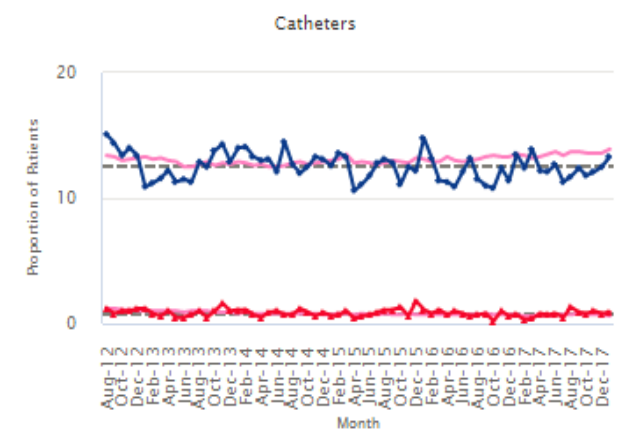
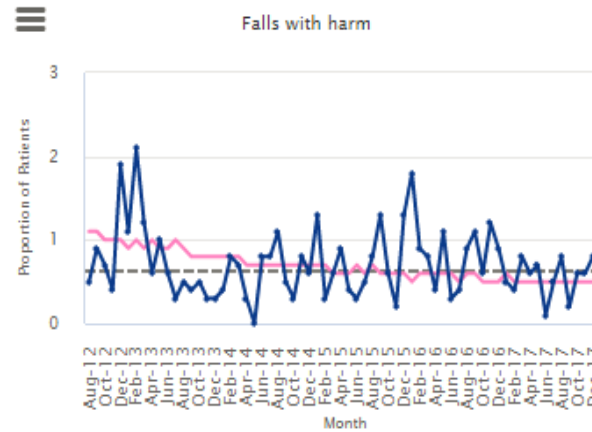
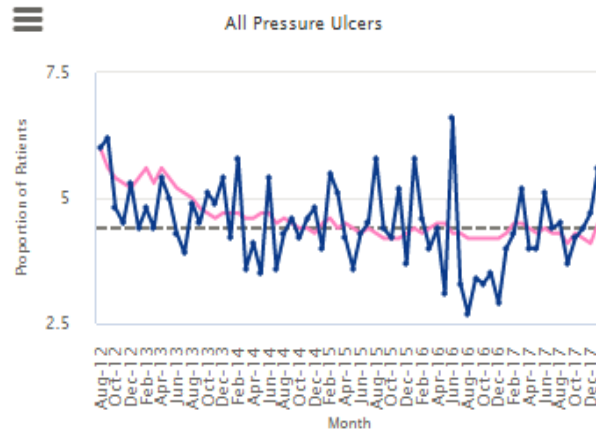


**EFFECTIVE - E.coli per 100,000 days -**  
Latest release March 2018



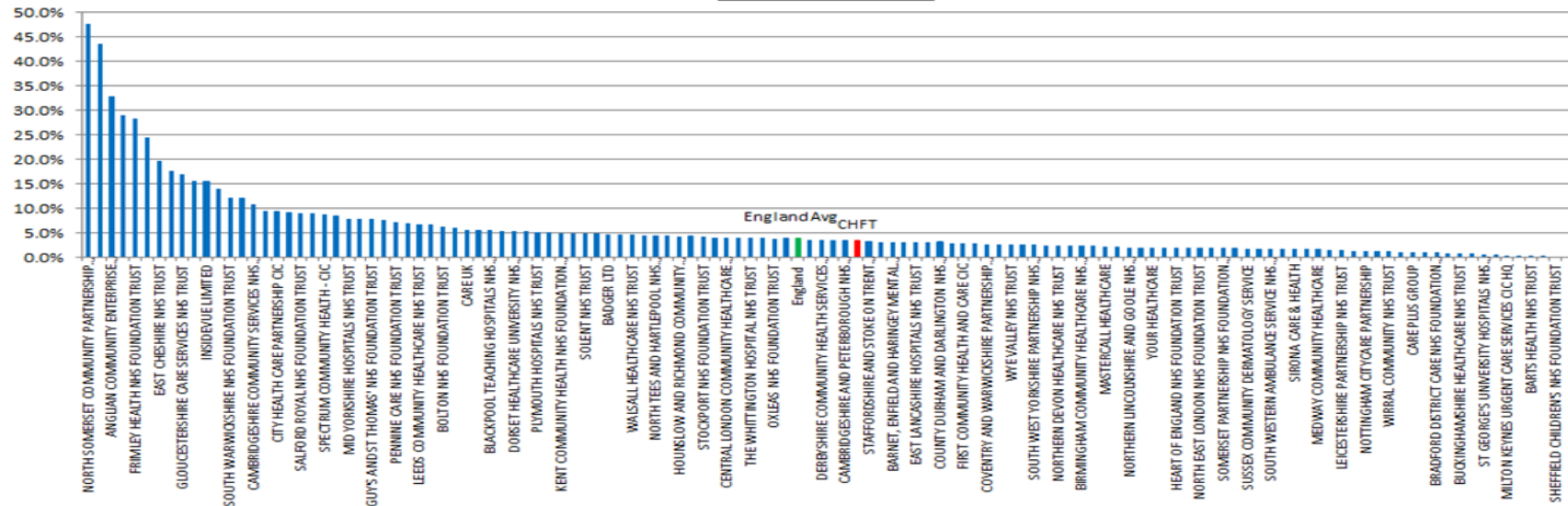
## Benchmarking - Safety Thermometer

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

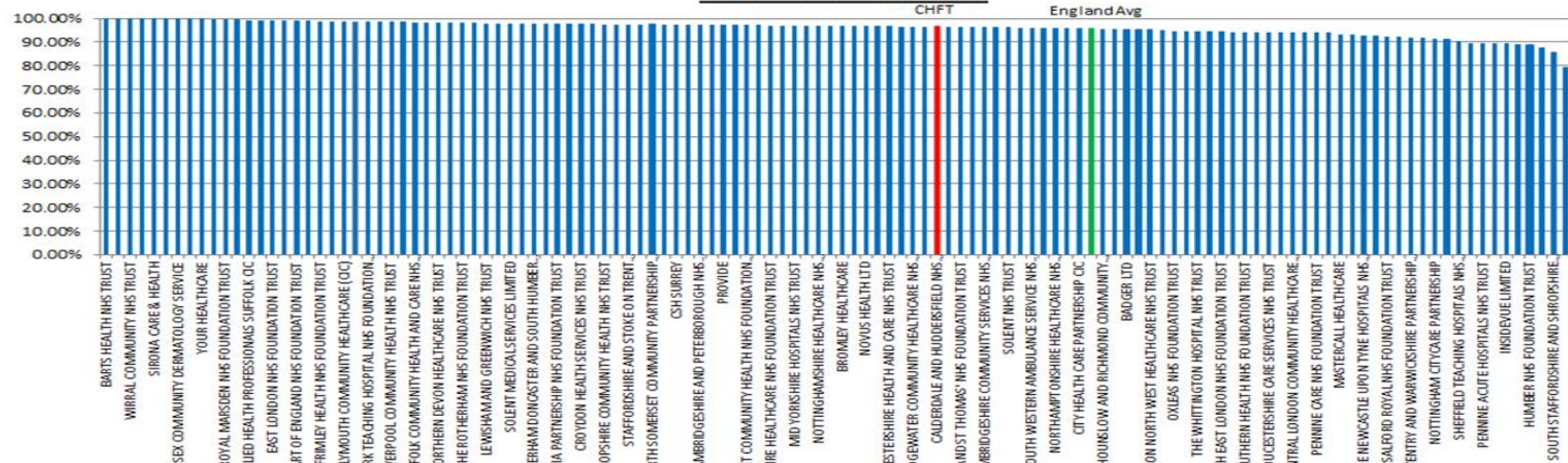


## Benchmarking - Friends and Family Test

**FFT Community National Results Feb 2018**  
**(Response Rate)**

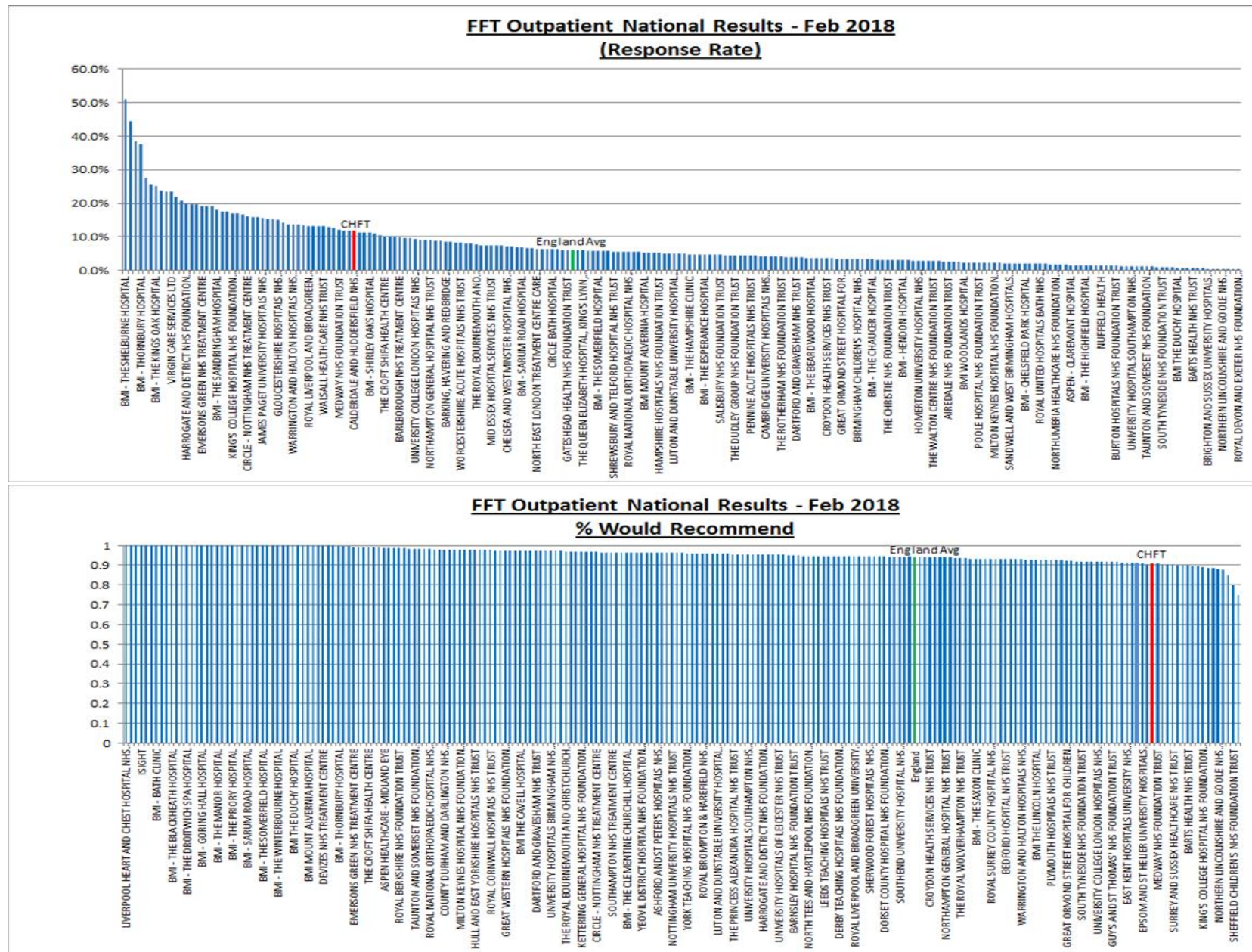


**FFT Community National Results - Feb 2018**  
**% Would Recommend**



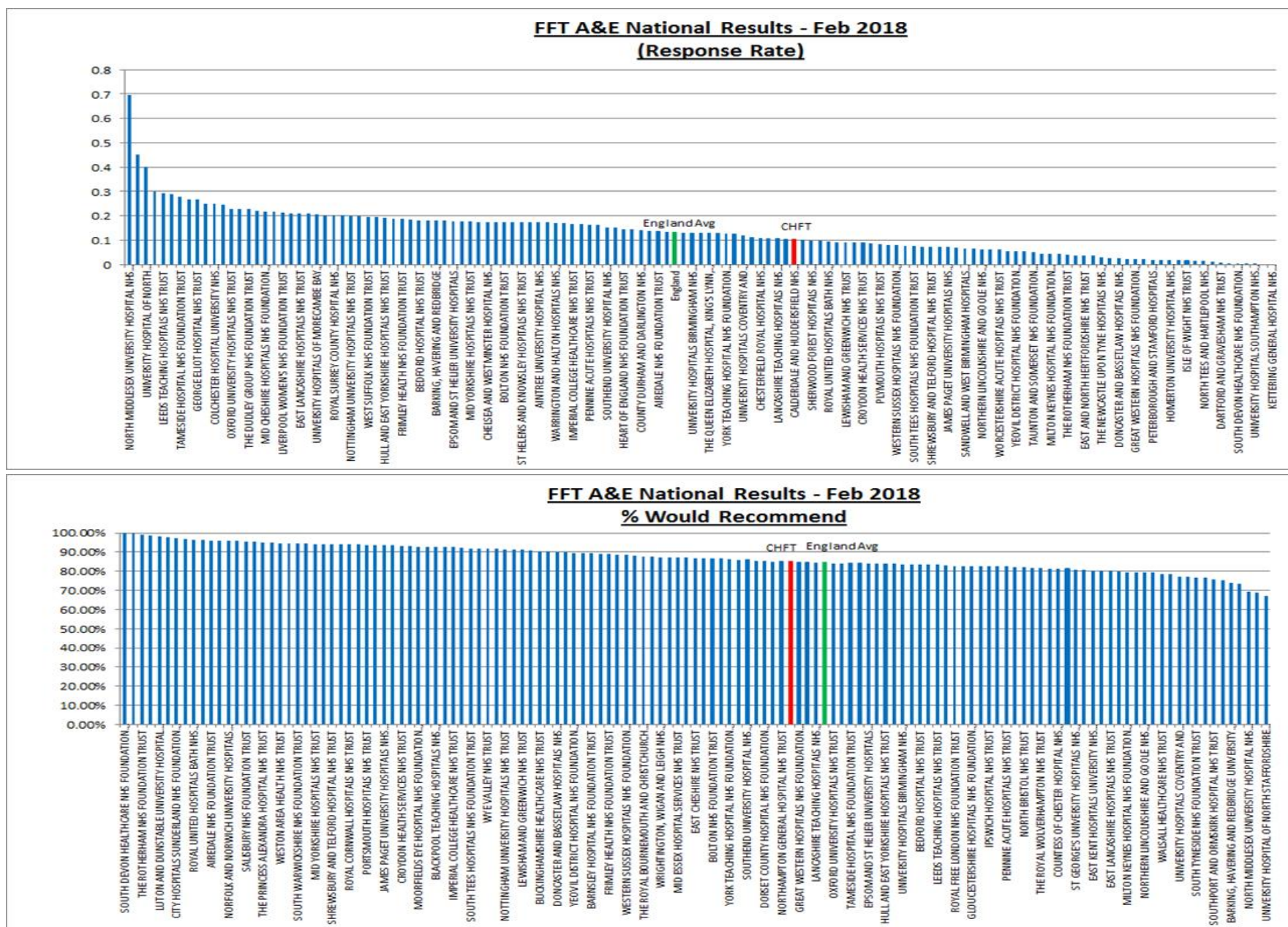


## Benchmarking - Friends and Family Test



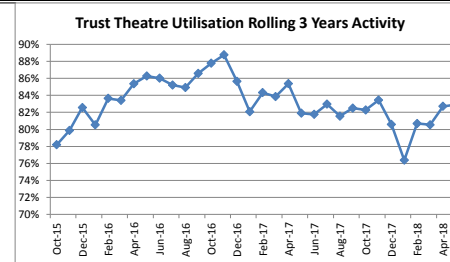
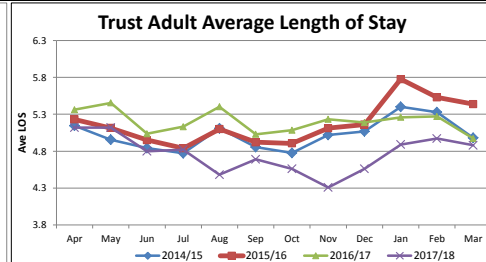
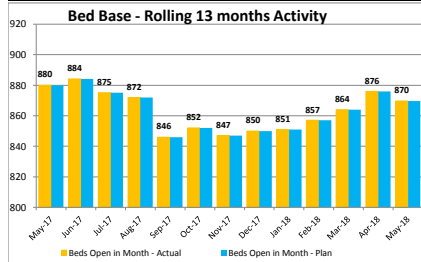


## Benchmarking - Friends and Family Test



## Efficiency & Finance - Key measures

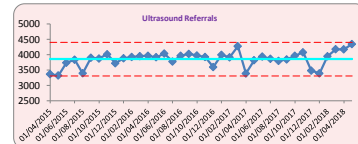
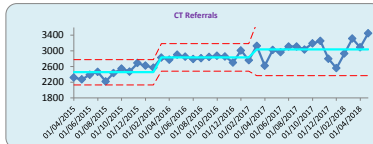
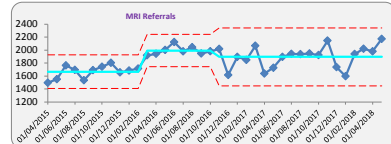
	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Target	Threshold/ onthly	
Did Not Attend Rates																		
First DNA	7.88%	10.01%	9.03%	8.04%	7.97%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.10%	7.88%	<=7%	7.00%	
Follow up DNA	7.05%	11.56%	8.01%	7.08%	7.15%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.70%	6.50%	<=8%	8.00%	
Average length of stay																		
Average Length of Stay - Overall	4.72	5.12	4.8	4.82	4.48	4.69	4.56	4.31	4.56	4.89	4.97	4.88	4.84	4.69	4.76	<=5.17	5.17	
Average Length of Stay - Elective	2.51	2.7	2.6	2.5	2.58	2.43	2.54	2.22	2.31	2.42	2.8	2.66	2.97	2.48	2.71	<=2.85	2.85	
Average Length of Stay - Non Elective	5	4.9	5.11	5.18	4.75	4.99	4.81	4.65	4.82	5.06	5.18	5.13	5.06	4.96	5.01	<=5.63	5.63	
pre Op Length of Stay													0.03	0.06	0.00			
Non Elective with zero LOS (not ambulatory)	9487	725	841	886	762	791	947	825	841	746	689	678	699	807	1506	Not applicable		
Elective Inpatients with zero LOS	903	78	94	75	91	85	83	84	63	62	37	55	39	52	91	136	1,632	
Day Cases																		
Day Case Rate	88.34%	86.74%	86.89%	86.51%	87.88%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	90.00%	89.00%	89.00%	>=85%	85.00%	
Failed Day Cases	1944	111	120	169	198	183	173	229	194	120	148	193	167	196	363	120	1,440	
Beds																		
Beds Open in Month - Plan	818	824	824	803	803	803	818	818	818	818	818	818	859	859	859	Not applicable		
Beds Open in Month - Actual	876	884	875	872	846	852	847	850	851	857	864	876	870	838	838	Not applicable		
Hospital Bed Days per 1000 population - Adults	56.16	49.5	52.66	53.04	49.79	49.7	50.48	49.59	50.38	53.82	49.52	56.16	51.7	54.2	54.16	16/17 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	10.05%	9.45%	9.78%	9.92%	9.80%	9.59%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	9.40%	10.10%	10.10%	16/17 Baseline		
Occupied Bed Days	UNDER DEVELOPMENT AND TIMELINE - June IPR																	
Cancellations																		
Clinical Cancellations after pre-Op	UNDER DEVELOPMENT AND TIMELINE - June IPR																	
Clinic utilisation	UNDER DEVELOPMENT AND TIMELINE - June IPR																	
Endoscopy Utilisations	UNDER DEVELOPMENT AND TIMELINE - July IPR																	
Hospital Cancellations within 6 Weeks	29824	1445	2970	2409	2004	2414	3073	2729	2066	2448	2530	3090	1165	1094	2506	0	0	
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	82.30%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	83.73%	83.53%	83.71%	>=90%	90.00%	
Theatre Utilisation (TT) - Main Theatre -HRI	91.03%	93.76%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	91.18%	90.66%	90.91%	>=90%	90.00%	
Theatre Utilisation (TT) - HRI DSU	73.53%	69.47%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	73.16%	76.91%	76.60%	>=88%	88.00%	
Theatre Utilisation (TT) - HRI SPU	72.56%	71.58%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.74%	68.50%	68.62%	>=85%	85.00%	
Theatre Utilisation (TT) - Trust	81.79%	81.91%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	82.71%	82.92%	82.82%	>=90%	90.00%	
% Theatre Scheduled Late Starts > 15 mins - Trust													0.3779	0.3124	0.3433			
Total Follow lists - Trust													98	54	152			
Theatre Cases per Elective list (Average) - Trust													2.54	2.59	2.56			
No. of Ambulatory patients														929	1806	0	0	
Stranded 7 Days	47.00%	UNDER DEVELOPMENT AND TIMELINE - June IPR																
Super Stranded 21 Days		UNDER DEVELOPMENT AND TIMELINE - June IPR																
Frailty		UNDER DEVELOPMENT AND TIMELINE - June IPR																
Average time to start of reablement (days)	0.10	0.13	0.10	0.11	0.12	0.13	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.05	0.06	<=10.2 days	10.2	
Catheter Lab													89	85	87			



Safe	Caring	Effective	Responsive	Workforce	Efficiency/Finance	Activity	QUIN
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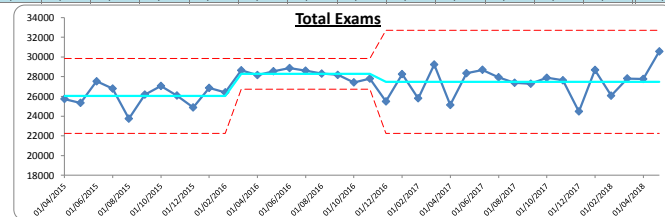
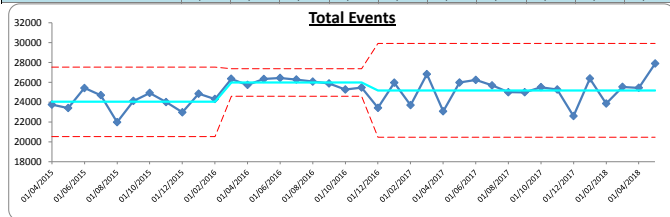
## Radiology Summary of Activity of Key Modalities - May 2018

Referrals into Service																														
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD 18/19	YTD 17/18	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	1940	2022	1981	2173	4154	3366	788	23%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	3010	3023	2966	3108	3192	3034	3191	3253	2800	2560	2931	3313	3089	3447	3447	6536	5644	892	16%	
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	2481	2340	2459	2401	2466	2520	2188	2092	2232	2408	2408	4816	4646	170	4%	
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	16944	17282	17181	16863	15448	15044	15853	17430	17208	18772	35980	32747	3233	10%	
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	3801	3847	3967	4077	3480	3390	3950	4179	4174	4349	8523	7207	1316	18%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28533	28512	28729	28860	25653	24683	26906	29352	28860	31149	60009	53610	6399	12%	



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

	Activity																													
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD 18/19	YTD 17/18	Increase	%
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	26,223	25,674	24,989	24,986	25,501	25,263	22,592	26,372	23,853	25,521	25,437	27,885	53,322	49,027	4295	9%
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	1,535	1,664	1,608	1,684	1,677	1,616	3,293	3,291	2	0%
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	605	592	625	652	620	649	649	615	570	622	577	599	608	596	1,204	1,192	12	1%
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	483	474	503	450	409	432	428	473	496	469	965	940	25	3%
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	582	599	576	562	547	602	572	583	567	549	1,116	1,137	-21	-2%
Unknown	10	11	6	15	15	4	8	8	12	6	8	12	13	9	10	12	10	12	11	12	9	8	31	29	6	2	8	22	-14	-64%
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	2,637	2,538	2,760	2,708	2,989	5,697	4,913	784	16%	
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	15,142	15,516	15,692	15,230	13,911	16,295	14,481	15,833	15,518	17,341	32,859	29,763	3,096	10%	
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	2,326	2,199	2,314	2,273	2,319	2,329	2,078	2,358	2,059	2,228	2,166	2,278	4,444	4,361	83	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	3,418	3,167	3,016	3,368	3,661	7,029	6,699	330	5%
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	27,937	27,377	27,284	27,882	27,625	24,471	28,679	26,075	27,808	27,766	30,556	58,322	53,473	4,849	9%
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	1,751	1,702	1,778	1,748	1,710	3,458	3,442	16	0%
HRI - MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	674	695	671	687	693	649	603	657	609	637	633	641	1,274	1,256	18	1%
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	504	488	524	470	426	452	455	497	516	487	1,003	981	22	2%
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	607	609	577	634	606	614	592	578	1,170	1,178	-8	-1%
Unknown	10	11	7	15	16	4	9	8	12	5	8	12	15	12	11	12	10	12	10	8	32	30	7	4	11	27	-16	-59%		
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	4,109	3,532	3,891	3,670	4,023	4,006	4,424	8,430	7,290	1,140	16%
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	16,026	15,797	16,176	16,401	15,835	14,349	16,902	15,106	16,407	16,110	18,095	34,205	30,951	3,254	11%	
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	2,330	2,201	2,320	2,276	2,325	2,335	2,083	2,363	2,063	2,234	2,171	2,283	4,454	4,367	87	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	3,772	3,534	3,366	3,731	4,044	7,775	7,423	352	5%



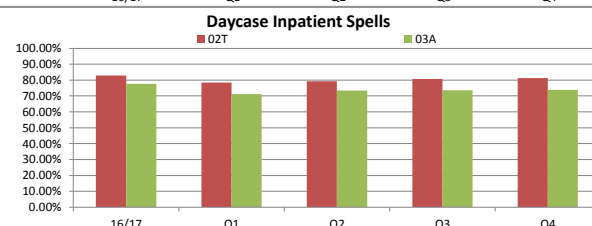
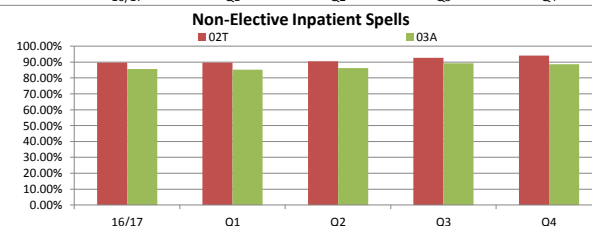
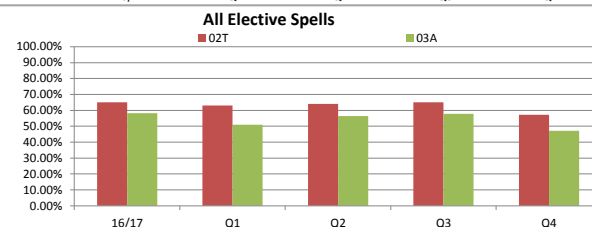
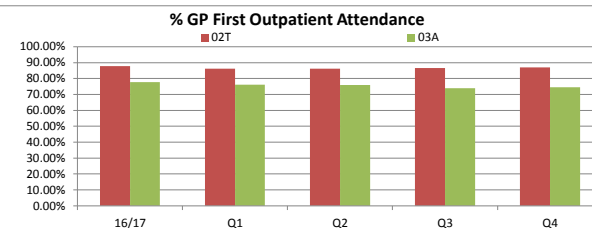
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD 18/19	YTD 17/18	Increase	%
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872	819	850	831	824	787	1016	972	988	1087	1109	1131	1384	3000	2000	1000	50%
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928	842	853	858	823	902	924	783	828	845	934	945	933	2000	1000	1000	100%
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539	1540	1259	1321	1617	1808	1906	2126	2130	2280	2713	2706	2670	3000	2000	1000	50%

	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	22396	19959	20199	20918	21509	42427	37055	5372	14%	
Insourced (Extras)	680	1001	1221	1145	659	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	15	0	15	6	0	0	0	0	0	1044	-1044	-100%	
Locum Radiologist/Sonographer	2390	2394	1598	1598	1047	935	1030	635	602	573	728	233	315	299	96	41	85	89	85	74	88	76	91	45	68	113	548	-435	-79%		
Auto Reported	2750	2865	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	2904	3040	3657	3407	7064	4980	2084	42%	
Outsourced	2287	2287	2287	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	2775	2584	3071	2868	2553	2494	2965	2485	3165	3968	7133	7997	-864	-11%		
Total	27190	27705	27147	25821	27811	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	31598	26088	26842	28786	24516	27905	25904	25815	27785	28952	56737	51624	5113	10%	
% Outsourced	8%	8%	8%	9%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	11%	10%	10%	9%	11%	10%	11%	14%	13%	15%	-3%		
% Insourced/Outsourced	11%	12%	13%	13%	10%	16%	17%	15%	16%	18%	16%	18%	17%	16%	18%	18%	16%	17%	16%	17%	16%	15%	16%	17%	16%	17%	16%	18%	15%	-5%	



## 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%	86.24%	86.22%	86.60%	<b>86.93%</b>	<b>86.45%</b>	87.80%	-1.35%
% Market Share - 03A Greater Huddersfield	77.75%	76.20%	75.87%	73.86%	<b>74.59%</b>	<b>75.02%</b>	77.75%	-2.73%
% Market Share - Other Contracted CCG's	1.47%	1.33%	1.32%	1.20%	<b>1.16%</b>	<b>1.24%</b>	1.47%	-0.23%
Market Size - 02T Calderdale	45081	9947	10057	10255	<b>10157</b>	<b>40416</b>	45081	
Market Size - 03A Greater Huddersfield	43244	9506	10007	10142	<b>9710</b>	<b>39365</b>	43244	
Market Size - Other Contracted CCG's	456702	110984	116018	113897	<b>103337</b>	<b>444236</b>	456702	
<b>All Elective Spells</b>								
% Market Share - 02T Calderdale	64.98%	63.13%	63.98%	65.08%	<b>57.31%</b>	<b>62.38%</b>	64.98%	-2.60%
% Market Share - 03A Greater Huddersfield	58.26%	50.93%	56.48%	57.76%	<b>47.20%</b>	<b>52.99%</b>	58.26%	-5.27%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%	0.87%	<b>0.68%</b>	<b>0.81%</b>	0.91%	-0.10%
Market Size - 02T Calderdale	6041	1253	1202	1137	<b>951</b>	<b>4543</b>	6041	
Market Size - 03A Greater Huddersfield	6220	1286	1250	1205	<b>1017</b>	<b>4758</b>	6220	
Market Size - Other Contracted CCG's	57991	14402	14123	12398	<b>10499</b>	<b>51422</b>	57991	
<b>Non-Elective Inpatient Spells</b>								
% Market Share - 02T Calderdale	89.58%	89.54%	90.50%	92.68%	<b>94.04%</b>	<b>91.92%</b>	89.58%	2.34%
% Market Share - 03A Greater Huddersfield	85.51%	85.13%	86.13%	89.33%	<b>88.59%</b>	<b>87.39%</b>	85.51%	1.88%
% Market Share - Other Contracted CCG's	0.74%	0.76%	0.94%	1.38%	<b>1.46%</b>	<b>1.13%</b>	0.74%	0.40%
Market Size - 02T Calderdale	23269	5939	6622	6881	<b>6763</b>	<b>26205</b>	23269	
Market Size - 03A Greater Huddersfield	23129	5911	6389	6698	<b>6451</b>	<b>25449</b>	23129	
Market Size - Other Contracted CCG's	251957	63346	62553	55181	<b>49156</b>	<b>230236</b>	251957	
<b>Daycase Spells</b>								
% Market Share - 02T Calderdale	82.91%	78.43%	79.26%	80.74%	<b>81.27%</b>	<b>80.09%</b>	82.91%	-2.82%
% Market Share - 03A Greater Huddersfield	77.74%	71.11%	73.36%	73.61%	<b>73.85%</b>	<b>73.17%</b>	77.74%	-4.57%
% Market Share - Other Contracted CCG's	0.90%	0.66%	0.79%	0.93%	<b>0.82%</b>	<b>0.80%</b>	0.90%	-0.10%
Market Size - 02T Calderdale	30987	5976	6745	6651	<b>6455</b>	<b>25827</b>	30987	
Market Size - 03A Greater Huddersfield	31895	6449	6936	7278	<b>7110</b>	<b>27773</b>	31895	
Market Size - Other Contracted CCG's	285313	69432	71319	60907	<b>58083</b>	<b>259741</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 June 2018.

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

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

## Activity - Key measures

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	YTD % Change
<b>GP referrals to all outpatients</b>																
02T - NHS CALDERDALE CCG	52515	4673	4175	4419	4767	4693	4937	4540	4105	4794	4276	4557	4542	4743	9285	21.5%
03A - NHS GREATER HUDDERSFIELD CCG	37450	3802	3370	3167	3348	3205	3085	3187	2837	3275	2922	3133	3267	3211	6478	0.5%
03J - NHS NORTH KIRKLEES CCG	3683	409	391	278	289	327	327	336	252	322	279	250	253	216	469	-22.6%
02R - NHS BRADFORD DISTRICTS CCG	248	200	0	300	400	600	600	400	500	300	3600	5400	228	237	465	-8.5%
03R - NHS WAKEFIELD CCG	1145	109	81	89	88	129	139	114	83	108	73	84	72	83	155	26.0%
02W - NHS BRADFORD CITY CCG	481	30	34	30	39	39	52	47	50	55	33	53	42	40	82	39.0%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	20	22	29	18	10	10	9	3	10	5	8	15	4	19	-76.3%
03C - NHS LEEDS WEST CCG	146	20	19	9	8	8	13	10	8	14	11	17	5	0	5	-61.5%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	66	5	9	2	5	6	8	1	6	8	9	3	6	7	13	0.0%
03G - NHS LEEDS SOUTH AND EAST CCG	102	3	9	2	5	5	11	11	7	19	15	13	2	2	4	-20.0%
02V - NHS LEEDS NORTH CCG	17	1	0	2	1	3	2	1	1	2	1	2	0	0	0	-100.0%
Other	948	166	161	167	134	170	114	0	0	0	0	0	0	0	0	-100.0%
Trust		9,438	8,271	8,494	9,102	9,195	9,298	8,656	7,852	8,907	11,224	13,520	8,432	8,543	16,975	17.8%
Trust - % Change on Previous year	7.88%	21.46%	1.84%	12.76%	17.29%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	65.10%	-8.00%	17.80%	

<b>ACTIVITY VARIANCE AGAINST CONTRACT</b>																
Day Case Variance against Contract	-3096.49	-152.52	-506.53	-529.25	-255.24	-147.54	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	3.01	-29.06	
% Day Case Variance against Contract	-8.25%	-4.70%	-14.92%	-16.43%	-1.32%	-4.56%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	0.10%	-0.0049	
Elective Variance against Contract	-2259.24	-108.1	-221.34	-190.62	-156.57	-215.29	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-30.32	-88.93	
% Elective Variance against Contract	-28.39%	-15.97%	-31.20%	-28.39%	-29.15%	-31.86%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-5.80%	-0.0889	
Non-elective Variance against Contract	4988.26	311.61	429.99	243.99	591.41	565.55	174.32	655.25	378.13	842.44	286.24	444.82	56.56	228.51	262.07	
% Non-elective Variance against Contract	10.42%	6.23%	12.32%	6.54%	1.03%	15.38%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	4.83%	0.0281	
Outpatient Variance against Contract	-29795.82	-2901.41	-5410.44	-822.64	-3714.84	-2851.11	-2470.69	-776.99	340.09	-3925.58	-2711.71	-4630.65	1075.35	2035.08	3264.43	
% Outpatient Variance against Contract	-11.11%	-12.50%	-20.17%	-6.25%	-6.54%	-12.37%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	7.45%	0.0618	
Accident and Emergency Variance against Contract	-6917.9	-494	-572	-286	-226	-590.36	-210.41	-374.49	28.14	-1270.3	-1094.93	-1909.56	-699.13	-76.16	-776.29	
% Accident and Emergency Variance against Contract	-4.52%	-3.60%	-4.40%	-2.10%	-1.80%	-4.51%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.56%	-0.0297	

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

## Quality & Performance Report

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	25	N/A	N/A	N/A	30	
1a.2				% Experienced MSK in the last 12 months as a result of work activities	25	N/A	N/A	N/A	20	
1a.3				% Felt unwell in the last 12 months as a result of work related stress	37	N/A	N/A	N/A	32	
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				Improve the changes made in 2017-18	-	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	71%	N/A	N/A
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	100.0%	90%	90%	90%	90%	
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	100.0%	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	92.9%	90%	90%	90%	90%	
2b.2				% Patients with severe red flag/ septic shock that received iv antibiotics < 1hr in Inpatients (LOS>0)	78.7%	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%	
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										
4a	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - Maintain attendance level of cohort 1 patients	TBC	TBC	TBC	TBC	TBC	
4b				Number of ED attendances - Reduce the number of attendances by 20% of cohort 2 patients	TBC	TBC	TBC	TBC	TBC	
4c				To improve the level of data quality for the fields: - Chief Complaint - Diagnosis - Injury Intent	TBC	TBC	TBC	TBC	TBC	
6. Offering advice and guidance										
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (COQIN Target)	
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	-	Create Training Plan		100%		
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		£15,981		% Patients screened for Tobacco usage						73.0%
9b	Community	£63,925	Preventing ill health by risky behaviours - alcohol and tobacco	% Smokers given brief advice	100.0%		100%			
9c		£79,906		% Smokers referred and/or offered medication	0.0%					
9d		£79,906		% Patients screened for Alcohol usage	4.0%					
9e		£79,906		% Alcohol users given brief advice or medication	0.0%					
10. Improving the assessment of wounds										
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	50.0%	50% (Internal Target)	60%	70% (Internal Target)	80%	
11. Personalised care and support planning										
11a	Community	£319,623	Personalised care and support planning	Cohort 1 patients having evidence of care and support planning	-	N/A	N/A	N/A	75%	
11b				Cohort 2 patients improvements in patient activation assessments	-	N/A	N/A	N/A	50%	

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## Appendices



# Appendices

## Appendix - Appointment Slot Issues

### ASIs

As at 5th June, there were 1,591 referrals awaiting appointments

The top specialties for ASIs backlog are:

Dermatology (310)

Cardiology (313)

Gastroenterology (262)

with smaller backlogs also in :

General Surg (128)

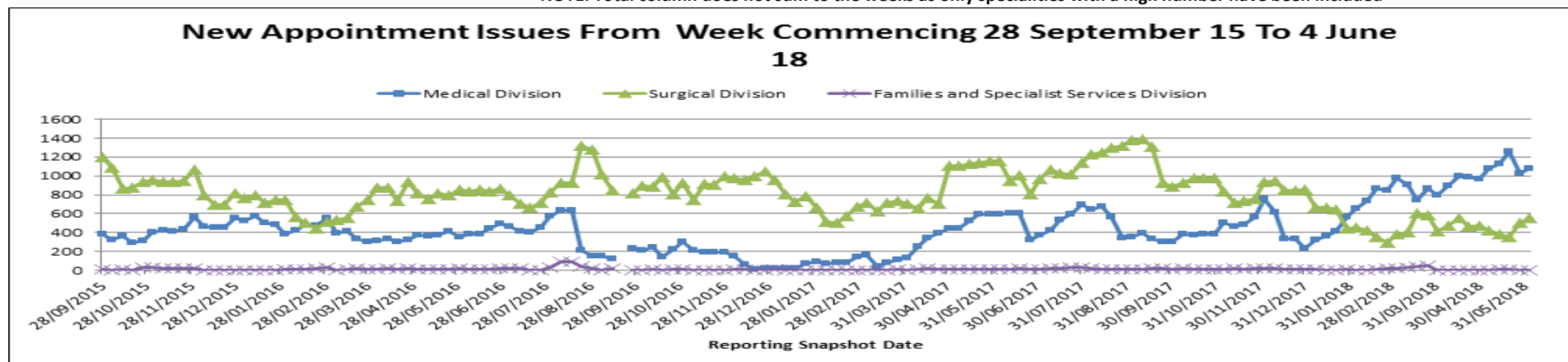
Ophthalmology (120)

Respiratory (92)

1 Patient has been waiting over 6 months, (there were 2 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>	119	127	151	137	96	91	98	79	52	97	5	3			1055
Cardiology	28	30	46	34	29	24	25	30	13	50	3	1			313
Dermatology	21	31	33	34	27	35	38	27	31	31	1	1			310
Gastroenterology	36	44	37	48	19	15	18	20	8	15	1	1			262
Respiratory Medicine	15	11	14	11	13	11	15	1		1					92
<b>Surgery</b>	152	148	73	49	21	6	12	12	9	22	3	2		1	510
ENT	45	19	1	1	1		2	5	1			1		1	77
General Surgery	18	23	15	22	12	3	6	6	7	15	1				128
Urology	13	23	15	9	2	2	2			2					68
Ophthalmology	40	53	21	6											120
Colorectal	18	26	13	1				1							59
<b>FSS</b>	15	2	4	3					2						26
<b>Totals</b>	286	277	228	189	117	97	110	91	63	119	8	5	0	1	1,591

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

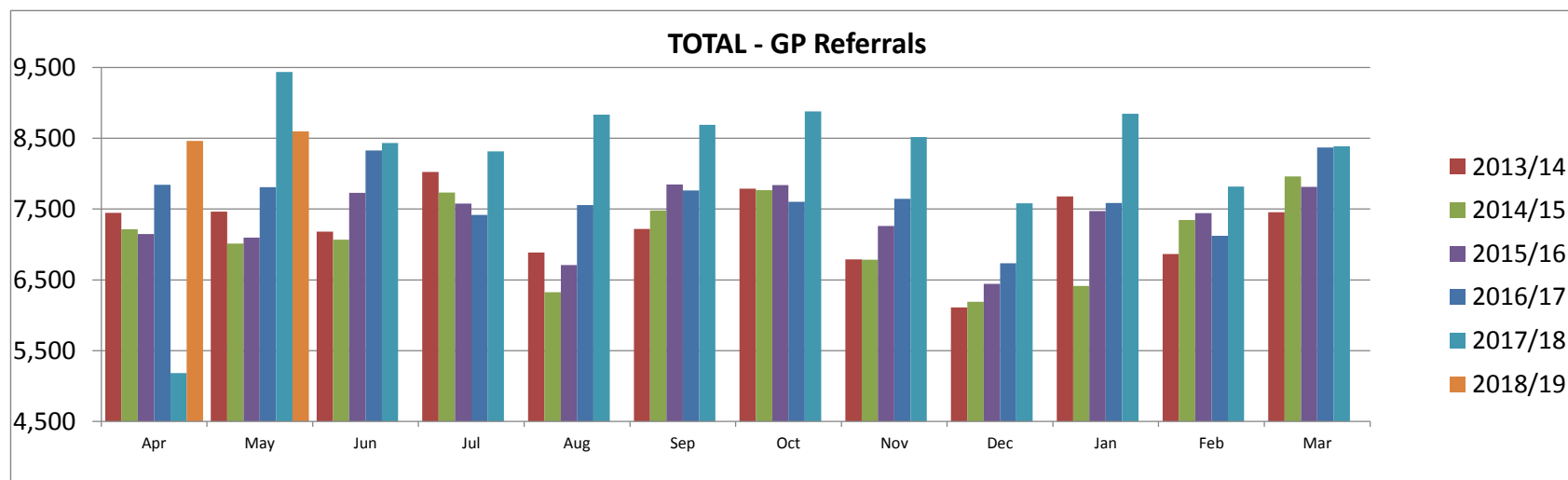


## Appendix - Referrals

### Referrals

GP Referrals up 17.8% financial YTD May compared with May 2017.

- In April and May 2018, there were 41 working days, compared with 39 for the corresponding period 2017.
- These 2 extra working days could indicate an anticipated increase of GP referrals of 5.1%.
- NHS Calderdale GP referrals have seen an increase of 28% (2,035) for the year to date principally due to Orthopaedics 177% (1,899). The Orthopaedics increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the 1,832 referrals triaged YTD sees the overall Calderdale GP referral position seeing an increase in referrals of 2.8% (203 referrals)
- When these triaged referrals are excluded the overall Orthopaedic / MSK service referral demand has increased 11.4% (154 referrals)
- Total referrals (non-triage) into the Calderdale MSK service have increased 34.9% (282 referrals)
- Total Calderdale CCG referrals into the Orthopaedic service alone look to have decreased 25.4% (131 referrals)
- NHS Greater Huddersfield GP referrals have seen an increase of 9.4% (557) for the year to date principally due to Surgical Specialties (General Surgery, Breast Surgery, Colorectal Surgery and Vascular Surgery combined 24% (263), Orthopaedics 47% (133), Urology 32% (105), Paediatrics 33% (82) and Gynaecology 30% (137).
- For 2018/19 YTD there has been a GP referral decrease for NHS North Kirklees (26%, 164 referrals, ENT, Neurology and Rheumatology) and NHS Bradford District (21%, 62 referrals, ENT)



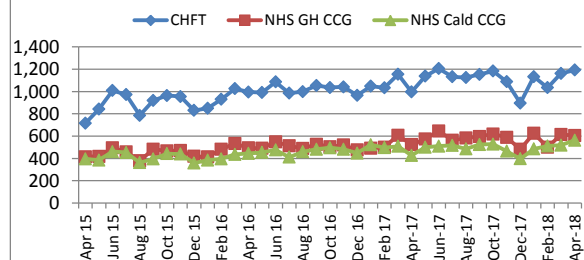


## Activity - Key measures

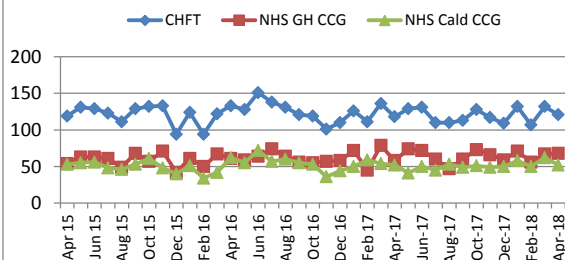
17/18		May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5,685	428	501	510	518	486	525	529	466	397	486	511	519	563	519	21.3%
NHS CALDERDALE CCG Conversions	657	52	41	50	45	53	49	51	49	50	58	50	62	52	62	
NHS CALDERDALE CCG Conversion Rate	11.6%	12.1%	8.2%	9.8%	8.7%	10.9%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	9.2%	11.9%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	524	575	646	563	583	596	619	589	482	625	500	615	606	615	17.4%
NHS GREATER HUDDERSFIELD CCG Conversions	802	58	74	72	60	47	60	73	66	59	71	56	67	68	67	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	11.1%	12.9%	11.1%	10.7%	8.1%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.2%	10.9%	
Other CCG Referrals	534	44	62	50	51	56	32	36	33	16	22	24	29	24	29	-34.1%
Other CCG Conversions	104	8	14	9	5	10	3	3	2	0	3	1	3	1	3	
Other CCG Conversion Rate	19.5%	18.2%	22.6%	18.0%	9.8%	17.9%	9.4%	8.3%	6.1%	0.0%	13.6%	4.2%	10.3%	4.2%	10.3%	
CHFT Fast Track Referrals	12,388	996	1,138	1,206	1,132	1,125	1,153	1,184	1,088	895	1,133	1,035	1,163	1,193	1,163	16.8%
CHFT Fast Track Conversions	1,563	118	129	131	110	110	112	127	117	109	132	107	132	121	132	
CHFT Fast Track Conversion Rate	12.6%	11.8%	11.3%	10.9%	9.7%	9.8%	9.7%	10.7%	10.8%	12.2%	11.7%	10.3%	11.3%	10.1%	11.3%	
% Change on Previous year																

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

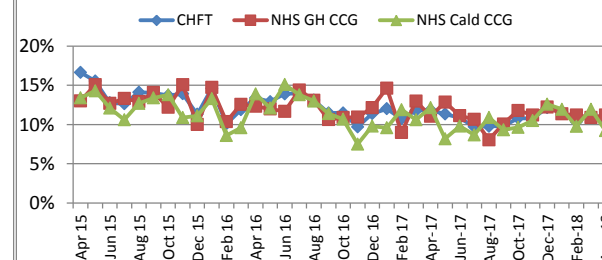
### Fast Track Cancer Referrals



### Fast Track Conversions



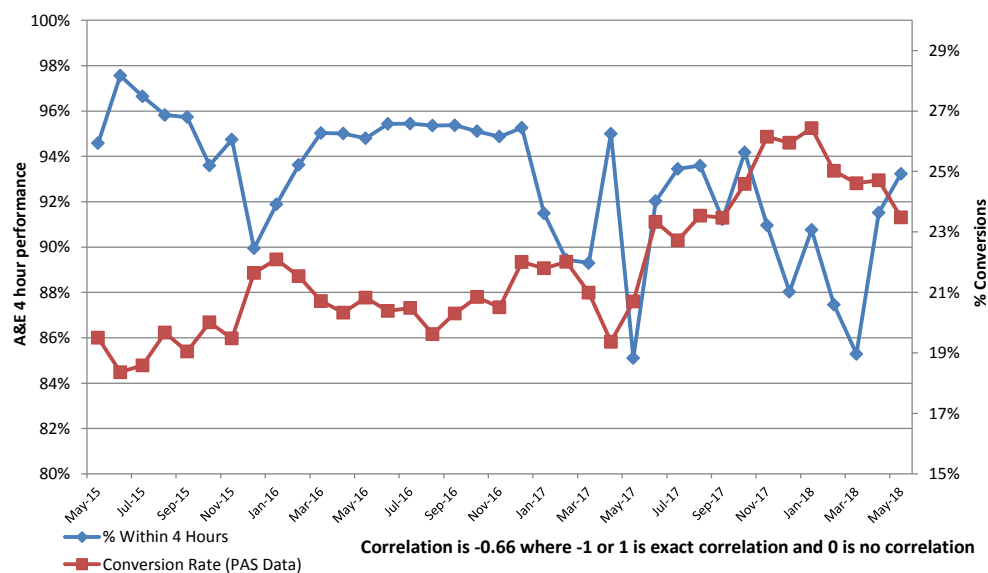
### Fast Track Conversion Rate



## Appendix - A and E Conversion rates and Delayed Transfers

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	YTD % Change
<b>Analysis of A and E activity including conversions to admission</b>																
A and E Attendances	148,929	13,267	12,361	13,170	12,155	12,732	13,058	12,097	12,653	11,735	11,191	12,114	11,892	13,433	25,325	-1.3%
A and E 4 hour Breaches	13,978	1,975	985	863	779	1,118	761	1,094	1,514	1,084	1,403	1,782	1,009	909	1,918	-26.1%
Emergency Care Standard 4 hours	90.61%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	92.43%	8.6%
Admissions via Accident and Emergency	35,445	2,746	2,884	2,992	2,861	2,990	3,211	3,163	3,284	3,102	2,800	2,981	2,939	3,154	6,093	17.7%
% A and E Attendances that convert to admissions	23.80%	20.70%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	24.71%	23.48%	24.71%	19.4%

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

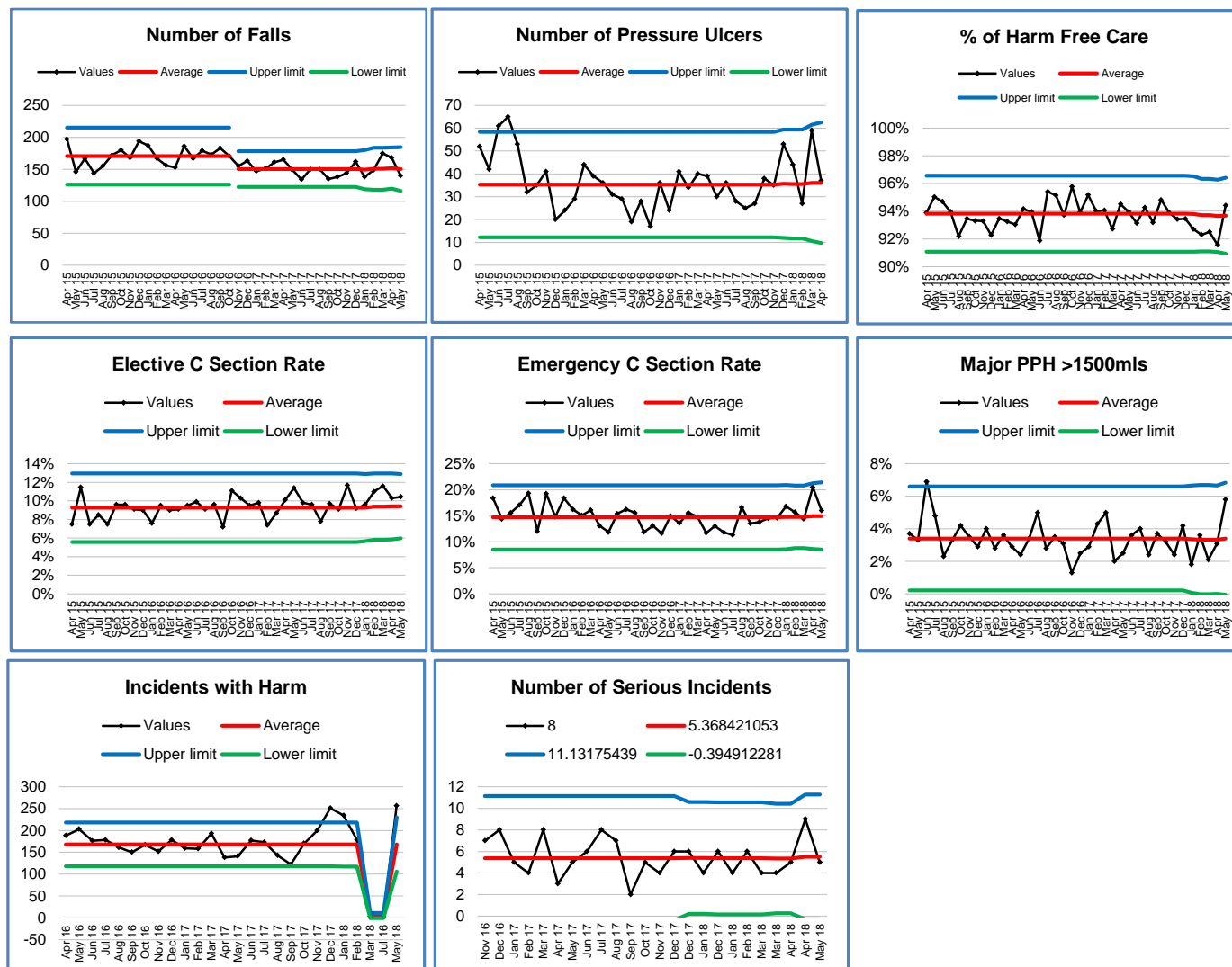


Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 14th June 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	51	57	4	112
Awaiting Completion of Assessment	39	35	3	77
Awaiting Care package in own home	7	11	0	18
Awaiting Residential home placement	2	3	0	5
Awaiting public funding	0	2	0	2
Awaiting further non-acute NHS Care	0	1	0	1
Awaiting community equipment and adaptations	1	1	0	2
Awaiting nursing home placement	1	3	0	4
Disputes	1		0	1
Patient or Family choice	0	1	1	2

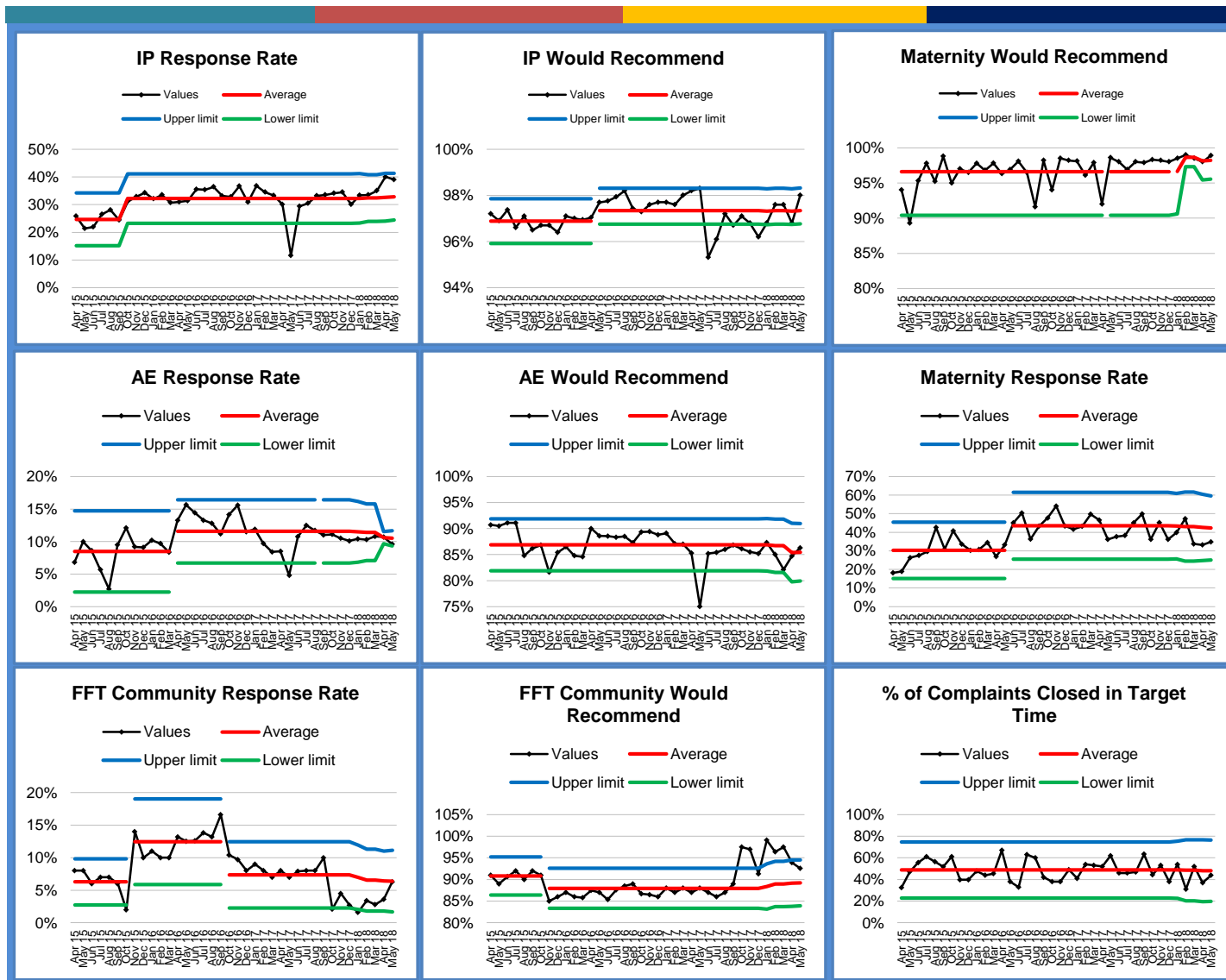
## Appendix - Cancer - By Tumour Group

	17/18	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	YTD	Target	Threshold/Monthly
<b>62 Day Gp Referral to Treatment</b>																	
Breast	99.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Gynaecology	86.67%	100.00%	83.33%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Haematology	81.01%	86.67%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	80.00%	>=85%	85.00%
Head & Neck	78.48%	75.00%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	87.50%	50.00%	66.67%	none to report	66.67%	>=85%	85.00%
Lower GI	83.51%	75.00%	95.45%	69.23%	75.00%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	80.00%	90.00%	>=85%	85.00%
Lung	86.06%	80.95%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	0.00%	76.92%	>=85%	85.00%
Sarcoma	63.64%	none to report	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	0.00%	none to report	100.00%	none to report	100.00%	>=85%	85.00%
Skin	97.40%	100.00%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	90.91%	91.30%	>=85%	85.00%
Upper GI	74.44%	86.67%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	100.00%	90.48%	>=85%	85.00%
Urology	87.67%	95.65%	85.11%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	92.86%	93.08%	>=85%	85.00%
Others	84.62%	none to report	50.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
<b>Two Week Wait From Referral to Date First Seen</b>																	
Brain	91.15%	50.00%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	93.68%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.82%	99.05%	98.95%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Gynaecology	91.39%	75.49%	65.18%	91.09%	92.50%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	96.97%	95.24%	>=93%	93.00%
Haematology	92.65%	65.22%	81.82%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Head & Neck	94.11%	74.65%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	81.97%	100.00%	90.98%	>=93%	93.00%
Lower GI	95.27%	97.01%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	96.57%	98.92%	97.85%	>=93%	93.00%
Lung	94.83%	97.78%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	86.96%	0.00%	86.96%	>=93%	93.00%
Sarcoma	96.15%	92.31%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	86.67%	87.50%	86.96%	>=93%	93.00%
Skin	93.50%	75.09%	90.84%	90.65%	96.44%	96.70%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.31%	99.62%	99.10%	>=93%	93.00%
Testicular	98.18%	100.00%	100.00%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	89.98%	82.57%	78.30%	89.08%	81.75%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	97.25%	96.12%	96.70%	>=93%	93.00%
Urology	96.26%	93.86%	92.79%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	100.00%	99.32%	99.67%	>=93%	93.00%

## Safe -SPC Charts



## Caring - SPC Charts



Safe

Caring

Effective

Responsive

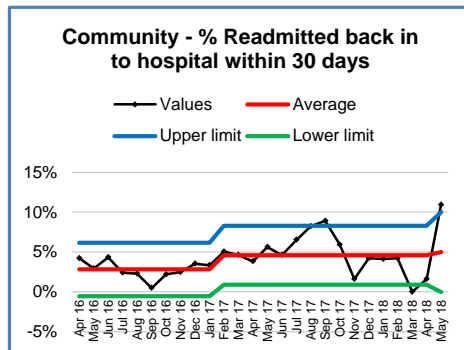
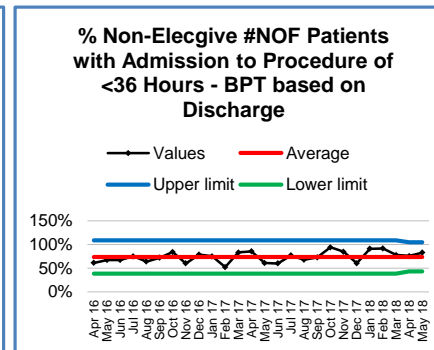
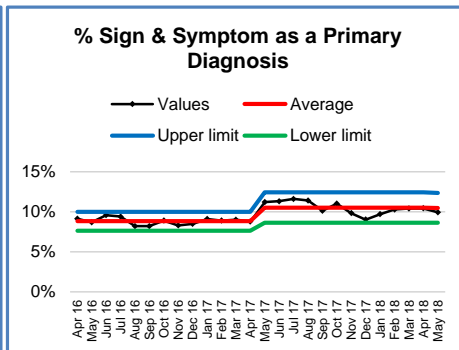
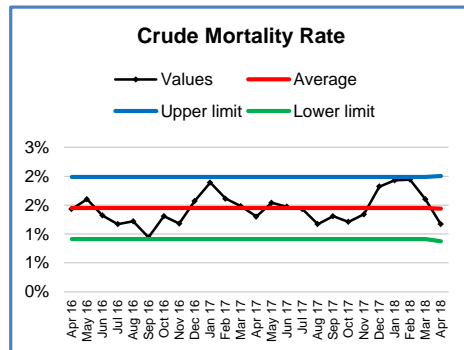
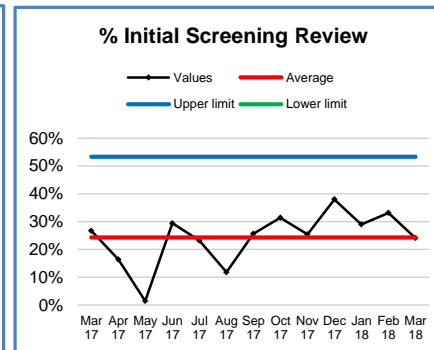
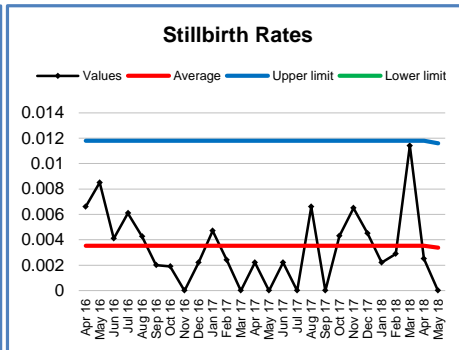
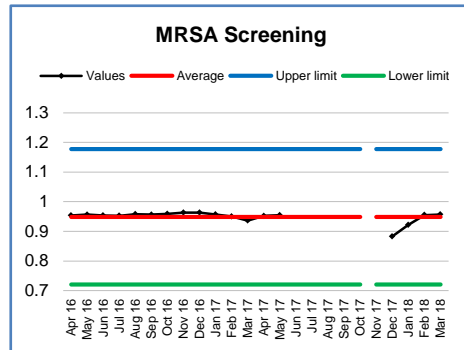
Workforce

Efficiency/  
Finance

Activity

CQUIN

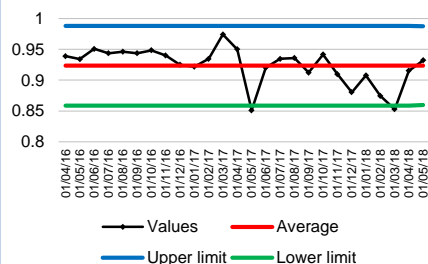
## Effective -SPC Charts



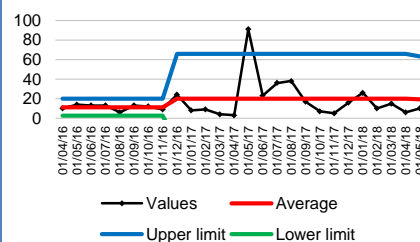


## Responsive -SPC Charts

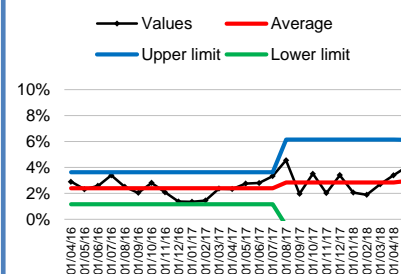
**Emergency Care Standard 4 Hours**



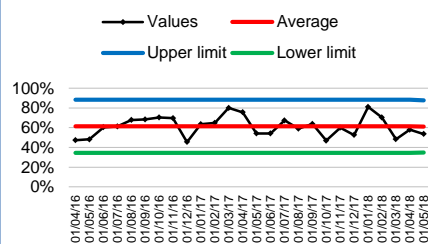
**A&E Ambulance Handover 30-60 mins**



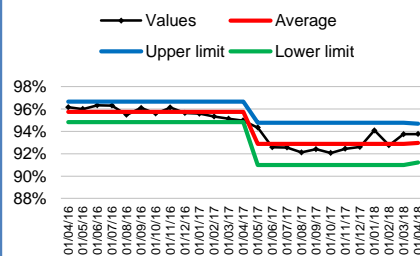
**Delayed Transfer of Care**



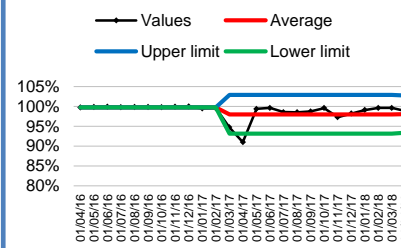
**% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival**



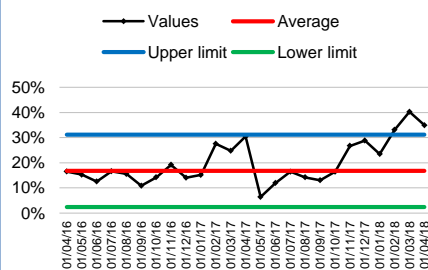
**% Incomplete Pathways <18 Weeks**



**% Diagnostic Waiting List Within 6 Weeks**



**Appointment Slot Issues on Choose & Book**



## Predictions June/September 2018 - Safe

### SAFE

	Sep Likely	Jun Likely	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
<b>Falls / Incidents and Harm Free Care</b>																	
% Harm Free Care	2	0	2	0													4
Percentage of Duty of Candour informed within 10 days of Incident	4	4	4	4													4
Never Events	12	12	12	12													12
<b>Maternity</b>																	
Proportion of Women who received Combined 'Harm Free' Care	4	4	4	4													4
% PPH ≥ 1500ml - all deliveries	4	4	0	2													4
Antenatal Assessments < 13 weeks	4	4	4	4													4
Maternal smoking at delivery	4	0	4	0													4
<b>Pressure Ulcers</b>																	
Number of Category 4 Pressure Ulcers Acquired at CHFT	4	0	4	0													4
% of leg ulcers healed within 12 weeks from diagnosis	4	2	4	2													4
Percentage of Completed VTE Risk Assessments	4	4	4	4													4
<b>Safeguarding</b>																	
Health & Safety Incidents (RIDDOR)	4	4	4	4													4
<b>Electronic Discharge</b>																	
% Complete EDS	4	4	2	4													4

Score Achieved  
SAFE PERFORMANCE SCORE

54 42  
96% 75%

#### Colour Coding

- Key Indicator NOT Achieved
- Key Indicator Almost Achieved
- Key Indicator Achieved
- Standard Indicator NOT Achieved
- Standard Indicator Almost Achieved
- Standard Indicator Achieved

Score Available 56

#### ALL DOMAINS

Score Achieved 516 486 474 440  
Score Available 696 696 692 692  
CHFT PERFORMANCE SCORE 74.1% 69.8% 68.5% 63.6%

## Predictions June/September 2018 - Caring

### CARING

	Sep Likely	Jun Likely	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
<b>Complaints</b>																	
% Complaints closed within target timeframe	0	0	0	0													12
<b>Friends &amp; Family Test</b>																	
Friends & Family Test (IP Survey) - Response Rate	12	12	12	12													12
Friends & Family Test (IP Survey) - % would recommend the Service	12	12	12	12													12
Friends and Family Test Outpatient - Response Rate	12	12	12	12													12
Friends and Family Test Outpatients Survey - % would recommend the Service	0	0	6	0													12
Friends and Family Test A & E Survey - Response Rate	0	0	0	0													12
Friends and Family Test A & E Survey - % would recommend the Service	6	6	6	0													12
Friends & Family Test (Maternity Survey) - Response Rate	12	12	12	12													12
Friends & Family Test (Maternity) - % would recommend the Service	12	12	12	12													12
Friends and Family Test Community - Response Rate	12	12	12	12													12
Friends and Family Test Community Survey - % would recommend the Service	12	6	0	6													12
<b>Caring</b>																	
Number of Mixed Sex Accommodation Breaches	4	4	4	4													4
Score Achieved	94	88	88	82													
CARING PERFORMANCE SCORE	69%	65%	65%	60%													
Score Available																	136

#### Colour Coding

	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

## Predictions June/September 2018 - Effective

### EFFECTIVE

	Sep Likely	Jun Likely	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
<b>Infection Control</b>																	
Number of MRSA Bacteraemias – Trust assigned	12	12	12	12													12
Preventable number of Clostridium Difficile Cases	12	12	12	12													12
Number of MSSA Bacteraemias - Post 48 Hours	4	2	4	4													4
Number of E.Coli - Post 48 Hours	0	0	0	0													4
MRSA Screening - Percentage of Inpatients Matched	4	4	4	4													4
<b>Mortality</b>																	
Stillbirths Rate (including intrapartum & Other)	4	4	4	4													4
Perinatal Deaths (0-7 days)	4	2	0	0													4
Neonatal Deaths (8-28 days)	4	4	4	4													4
Local SHMI - Relative Risk (1yr Rolling Data )	12	12	6	6													12
Hospital Standardised Mortality Rate (Month on Month)	12	12	12	12													12
% of Initial Screening Reviews (Mortality)	0	0	0	0													4
<b>Coding and submissions to SUS</b>																	
% Sign and Symptom as a Primary Diagnosis	0	0	2	0													4
Average co-morbidity score	4	4	4	4													4
Average Diagnosis per Coded Episode	4	4	4	4													4
CHFT Research Recruitment Target	4	4	4	4													4
<b>Best Practice Guidance</b>																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	4	4	2	0													4
IPMR - Breastfeeding Initiated rates	4	4	4	4													4
<b>Score Achieved</b>	88	84	78	74													
<b>EFFECTIVE PERFORMANCE SCORE</b>	88%	84%	78%	74%													

#### Colour Coding

- Key Indicator NOT Achieved
- Key Indicator Almost Achieved
- Key Indicator Achieved
- Standard Indicator NOT Achieved
- Standard Indicator Almost Achieved
- Standard Indicator Achieved

Score Available

100

## Predictions June/September 2018 - Responsive

### RESPONSIVE

	Sep	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
	Likely	Likely															
<b>Accident &amp; Emergency</b>																	
Emergency Care Standard 4 hours	0	0	0	0													12
<b>Patient Flow</b>																	
Delayed Transfers of Care	4	4	2	4													4
Green Cross Patients (Snapshot at month)	0	0	0	0													4
<b>Stroke</b>																	
% Stroke patients spending 90% of their stay on a stroke unit	4	4	2	4													4
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	0	0	0	0													12
% Stroke patients Thrombolysed within 1 hour	4	4	4	4													4
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	2	2	0	0													4
<b>Cancellations</b>																	
% Last Minute Cancellations to Elective	4	4	4	4													4
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	4	4	0	4													4
No of Urgent Operations cancelled for a second time	4	4	4	4													4
<b>18 week Pathways (RTT)</b>																	
% Incomplete Pathways <18 Weeks	12	12	12	12													12
18 weeks Pathways >=26 weeks open	0	0	0	0													4
RTT Waits over 52 weeks Threshold > zero	4	4	4	4													4
% Diagnostic Waiting List Within 6 Weeks	4	4	0	0													4
<b>Cancer</b>																	
Two Week Wait From Referral to Date First Seen: Breast Symptoms	12	12	12	12													12
31 Days From Diagnosis to First Treatment	12	12	12	12													12
31 Day Subsequent Surgery Treatment	12	12	12	12													12
31 day wait for second or subsequent treatment drug treatments	12	12	12	12													12
62 Day GP Referral to Treatment	12	12	12	12													12
62 Day Referral From Screening to Treatment	12	12	12	0													12
38 Day Referral to Tertiary	0	0	0	0													12
<b>Data Completeness</b>																	
Appointment Slot Issues on Choose & Book	0	0	0	0													4
<b>Score Achieved</b>	130	130	116	112													
<b>RESPONSIVE PERFORMANCE SCORE</b>	72%	72%	64%	62%													
<b>Score Available</b>																	180

#### Colour Coding

Key Indicator NOT Achieved
Key Indicator Almost Achieved
Key Indicator Achieved
Standard Indicator NOT Achieved
Standard Indicator Almost Achieved
Standard Indicator Achieved

## WORKFORCE

WORKFORCE		Sep	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target		
		Likely	Likely																	
Staff Movements																				
Turnover rate (%) - Rolling 12m		4	4	4	4															4
Sickness 12 month rolling total																				
Sickness Absence rate (%) Target date - 31 Dec 2016		6	6	6	6															12
Long Term Sickness Absence rate (%) Target date - 31 Dec 2016		12	12	12	12															12
Short Term Sickness Absence rate (%) Target date - 31 Dec 2016		0	0	0	0															12
Sickness Monthly																				
Sickness Absence rate (%)		4	4	4	4													4		
Long Term Sickness Absence rate (%)		4	4	4	4													4		
Short Term Sickness Absence rate (%)		2	2	0	0													4		
Attendance Management KPIs																				
Return to work Interviews (%) Target date - 31 Dec 2016		2	0	2	2													4		
Mandatory Training																				
Overall Essential Safety Compliance		12	12	6	12															12
Conflict Resolution (3 Year Refresher)		4	4	4	4															4
Data Security Awareness (1 Year Refresher)		2	2	2	2													4		
Dementia Awareness (No Renewal)		4	4	4	4															4
Equality and Diversity (3 Year Refresher)		4	4	4	4															4
Fire Safety		2	2	2	2													4		
Health & Safety		4	4	4	4															4
Infection Control		2	2	2	2													4		
Manual Handling		2	2	2	2													4		
Safeguarding		2	2	2	2													4		
Appraisal																				
Appraisal (1 Year Refresher) - Non-Medical		4	4																4	
Appraisal (1 Year Refresher) - Medical Staff - rolling 12m		0	0	12	0															12
Score Achieved		76	74	76	70									Score Available		120				
WORKFORCE PERFORMANCE SCORE		63%	62%	66%	60%															

Colour Coding

- Key Indicator NOT Achieved
- Key Indicator Almost Achieved
- Key Indicator Achieved
- Standard Indicator NOT Achieved



## Predictions June/September 2018 - Finance

### FINANCE

	Sep Likely	Jun Likely	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
I&E: Surplus / (Deficit) Control Total Basis	12	12	12	12													12
Agency Expenditure	4	4	4	4													4
Capital	4	4	0	0													4
Cash	4	4	4	4													4
Borrowing	4	4	4	4													4
CIP	0	0	0	0													4
Use of Resource Metric	2	2	2	2													4
Score Achieved	30	30	26	26													
FINANCE PERFORMANCE SCORE	83%	83%	72%	72%													
E&F Score Achieved	74	68	68	62													
E&F Score Available	104	104	104	104													
EFFICIENCY & FINANCE PERFORMANCE SCORE	71%	65%	65%	60%													

Score Available **36**

#### Colour Coding

	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

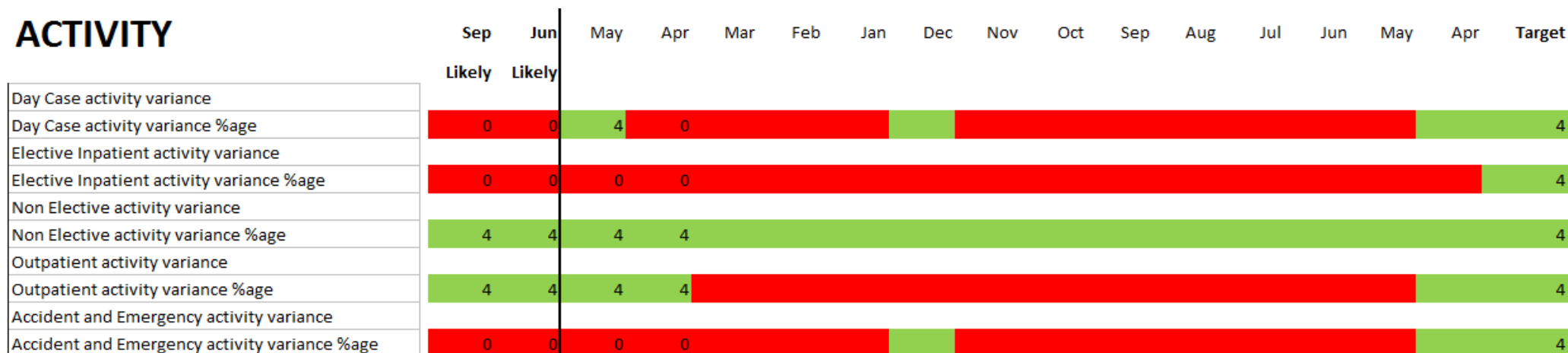
## Predictions June/September 2018 - Efficiency

### EFFICIENCY

	Sep Likely	Jun Likely	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
<b>Did Not Attend Rates</b>																	
First DNA	2	2	2	2													4
Follow up DNA	4	4	4	4													4
<b>Average length of stay</b>																	
Average Length of Stay - Overall	4	4	4	4													4
Average Length of Stay - Elective	4	4	4	2													4
Average Length of Stay - Non Elective	4	4	4	4													4
<b>Day Cases</b>																	
Day Case Rate	4	4	4	4													4
Failed Day Cases	2	0	0	0													4
Elective Inpatients with zero LOS	4	4	4	4													4
<b>Theatre Utilisation</b>																	
Theatre Utilisation (TT) - Main Theatre - CRH	2	0	0	0													4
Theatre Utilisation (TT) - Main Theatre -HRI	4	4	4	4													4
Theatre Utilisation (TT) - HRI DSU	2	0	0	0													4
Theatre Utilisation (TT) - HRI SPU	0	0	0	0													4
<b>Score Achieved</b>																	
<b>EFFICIENCY PERFORMANCE SCORE</b>																	
	36	30	30	28													
	75%	63%	63%	58%													
<b>Colour Coding</b>																	
Key Indicator NOT Achieved																	
Key Indicator Almost Achieved																	
Key Indicator Achieved																	
Standard Indicator NOT Achieved																	
Standard Indicator Almost Achieved																	
Standard Indicator Achieved																	
<b>Score Available</b>																	
<b>48</b>																	

## Predictions June/September 2018 - Activity

### ACTIVITY



Score Achieved  
ACTIVITY PERFORMANCE SCORE

8 8 12 8  
40% 40% 60% 40%

#### Colour Coding

- Key Indicator NOT Achieved
- Key Indicator Almost Achieved
- Key Indicator Achieved
- Standard Indicator NOT Achieved
- Standard Indicator Almost Achieved
- Standard Indicator Achieved

Score Available 20

## 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

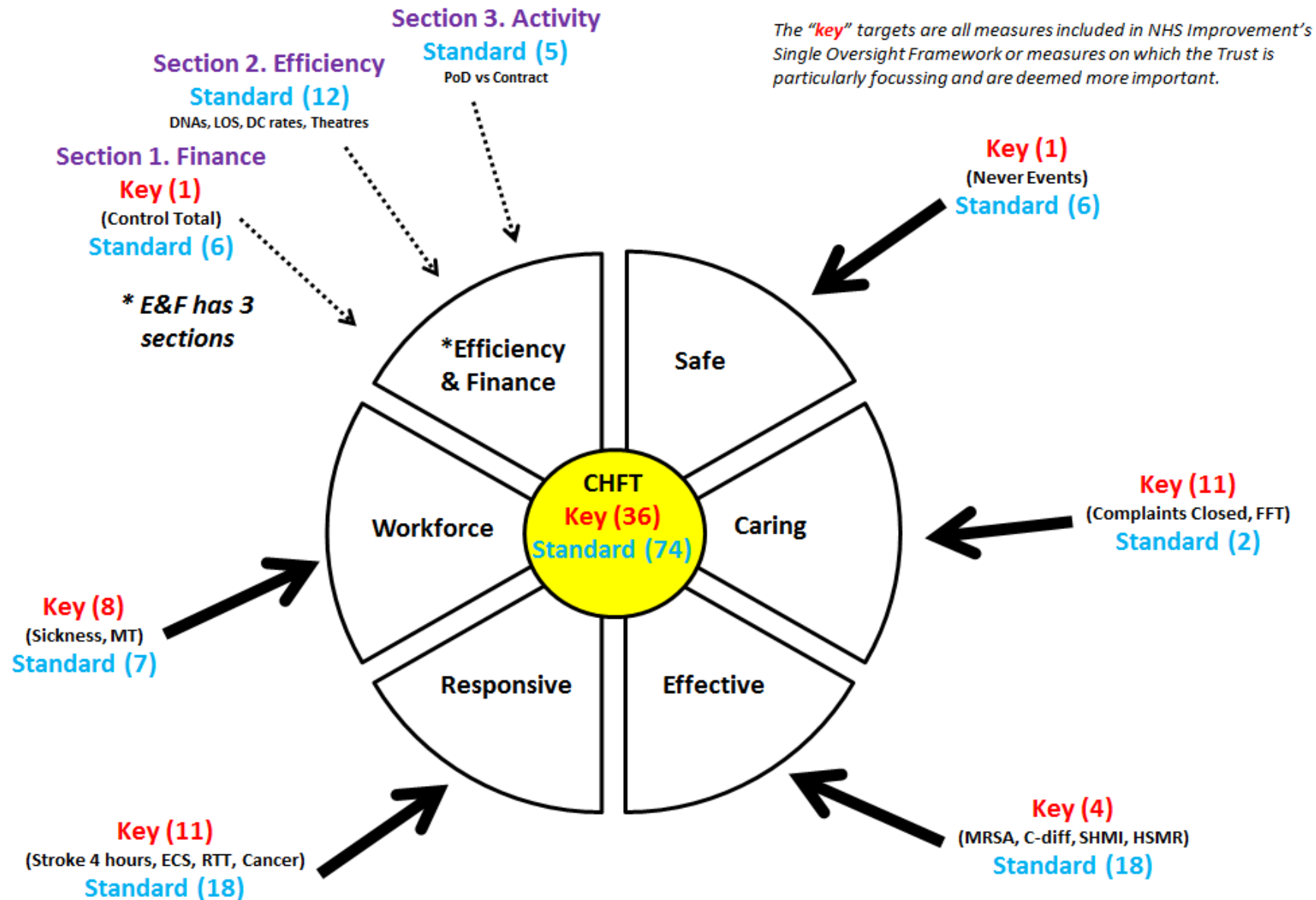
### Calculating Domain Scores

- 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