

Quality and Performance Report

March 2018

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

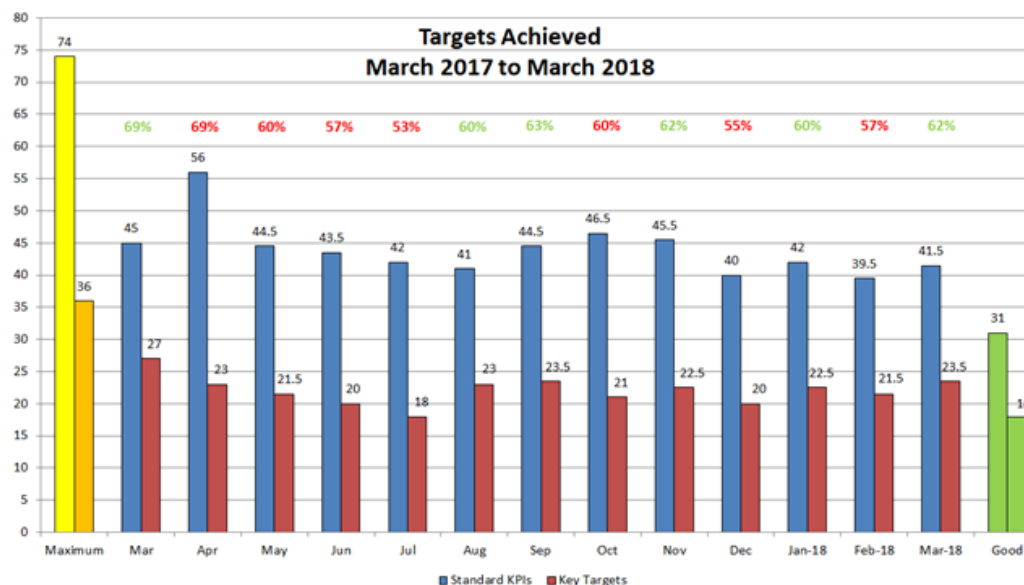
Performance Summary

To Note

Sometimes the previous month's % in the Performance Summary is different in the next month's report. This usually happens when there are late changes to indicator values due to validation. There were no such cases this month.

Comparing March 2018 performance to March 2017 performance

March 2018 performance (**61.5%**) was **7.7 percentage points (56 points)** worse than **March 2017** (**69.2%**). The main areas of deterioration are ECS, 4 Finance metrics and Mandatory Training.



Comparing 12 months' cumulative performance to March with same period in 2016/17

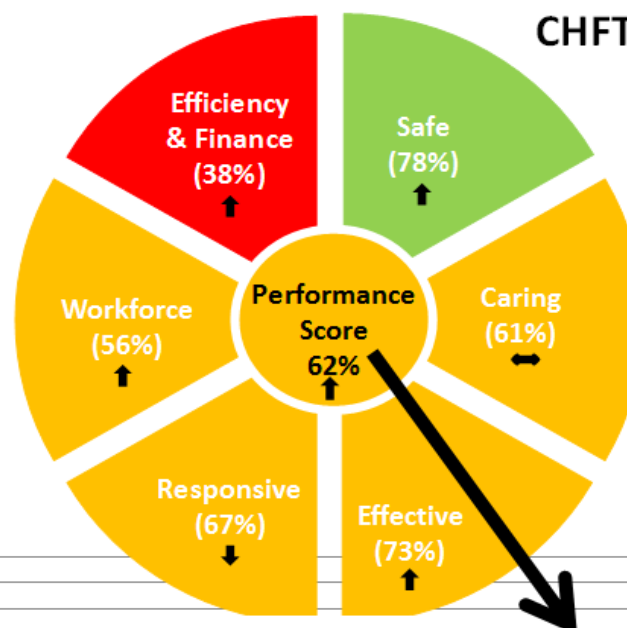
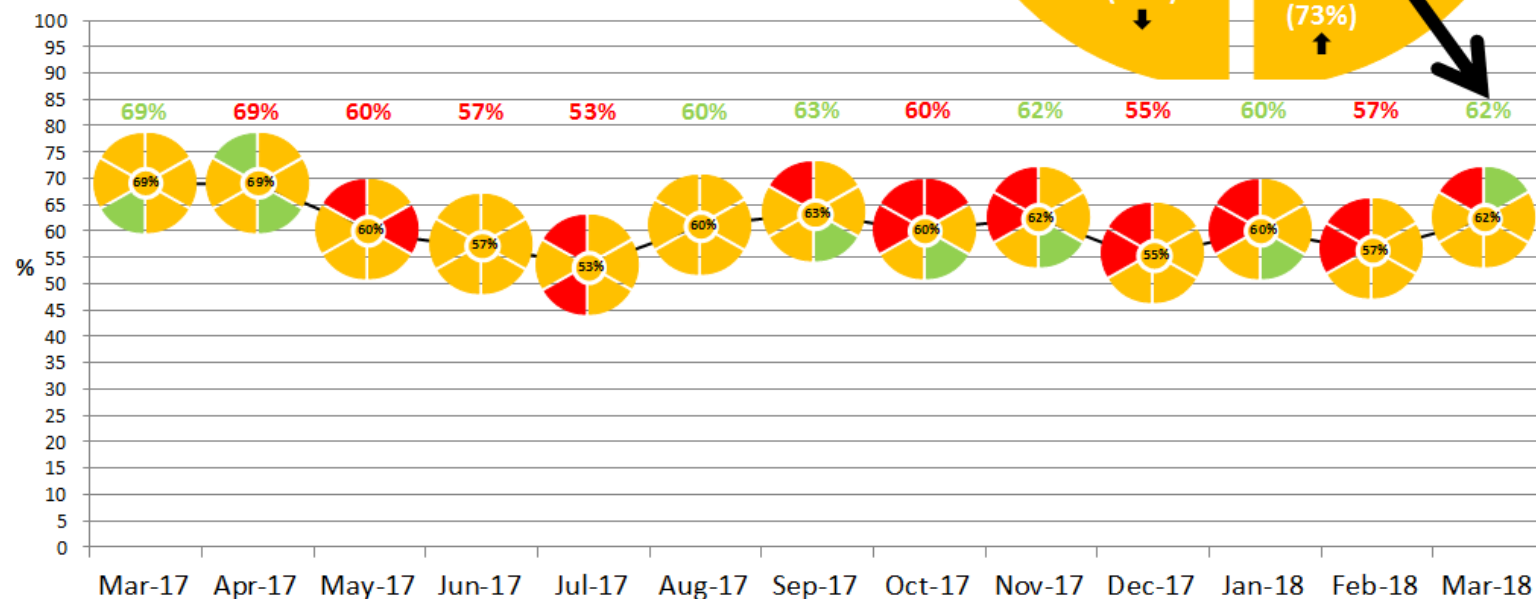
Period to March 2018's performance (**59.8%**) was **3 percentage points** worse than **period to March 2017** (**62.8%**). The main area of deterioration was **Mandatory Training**, this is only compensated by an equivalent improvement in **Sickness Absence**. Other contributory areas are **Cancer 2 week waits and 62 day RTT, Diagnostic Waits, FFT A & E Survey, I&E, CIP** and **Activity**. **SHMI** and **HSMR** have improved.

Performance Summary

March

RAG Movement

March's Performance Score has improved by 5 percentage points to 62%. The SAFE domain has returned to green with PPH and Category 4 pressure ulcers back on target. CARING domain has maintained its amber performance but did not achieve the FFT levels expected in A&E and Community. EFFECTIVE improved mainly due to no MRSA's unlike February. The RESPONSIVE domain deteriorated with only 1 out of 4 Stroke indicators achieving target, Cancer maintained its good performance. EFFICIENCY & FINANCE improved slightly with better Theatre utilisation.



CHFT

SINGLE OVERSIGHT FRAMEWORK

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

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

Carter Dashboard

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Executive Summary

The report covers the period from March 2017 to allow comparison with historic performance. However the key messages and targets relate to March 2018 for the financial year 2017/18.

Area	Domain
Safe	<ul style="list-style-type: none"> % Harm Free Care - Performance at 92.5% was below full year 93.66%, both below target and 16/17 94.26%. Going forward the Medicine division will have a matron and ward manager leading on the audits to ensure a high level of accuracy.
Caring	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the 48 complaints closed in March, 52% were closed within target timeframe. With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of May. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance at 90.6% still below 95.7% target. The planned Q3 review was delayed and now a Q3 + Q4 review will take place in April to inform future patient experience plans. Friends and Family Test A & E Survey - Response Rate is still around 10% which is below the 13.3% target. 17/18 figures at 10.2% below last year's performance of 12.7%. % would recommend has fallen to lowest performance since May 2017 at 82%. Full year 85% against 88.5% last year. Splitting this by site shows that the issues are at the HRI site; the team is looking at the feedback and how this reduction can be addressed. Both CDU's have also taken a dip in their response rate and this has been fed back to clinical teams so that they can drive an improvement here. Friends and Family Test Community - Response Rate has dropped slightly to 2.8% and needs to reach the 3.5% target. A working group has been established that has reviewed the process of collecting data. From May we will revert to collecting FFT data on a daily basis so we should start to see an improvement in response rates from then.
Effective	<ul style="list-style-type: none"> Clostridium Difficile Cases - There were 7 cases in March making 40 for the year against 32 last year. The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future. C.Diff (preventable cases) are still within tolerance. E.Coli - Post 48 Hours - There were 4 cases in March with year end total just one above last year's total. E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan. Numbers continue within variation and known to be increasing nationally. Mortality Reviews - 24.4% lowest performance since July 2017. A step by step guide has been developed to support consultants and SAS doctors to perform ISRs with face to face support where required. Structured Judgement reviewers are requested to be completed within 2 weeks of allocation and are being discussed at the LfD panel. % Sign and Symptom as a Primary Diagnosis - Performance has worsened again to 10.4% same as full year performance which is above last year's 8.6%. The audit work continues within specialties and S&S cohorts. Discussions are taking place regards the replacement of 2 wte coders that retired at the end of March. The team also have a number of sickness issues and staff on maternity leave. Recruitment is in process.

Background Context

During March all divisions were keeping services running smoothly whilst preparing for the CQC revisit. The Trust had a planned Use of Resources review and 2 unannounced CQC inspections.

All teams were focussed on completing annual plans with work on activity phasing, capacity and demand planning and actions to reduce agency spend.

The Health & Social care system continued to be busy in March with prolonged increased acuity and demand culminating in increased volumes of 'stranded' patients i.e. those with a LOS over 7 days. The Trust remained at OPEL 3 and the system continued with 3 times weekly Silver calls.

Escalation beds on both sites remained open to support increased bed occupancy and routine elective inpatients remained restricted.

There were sporadic outbreaks of Norovirus which closed some capacity and restricted flow.

Learning from January was used to plan for Easter and all agreed actions were implemented before the bank holiday which secured greater resilience through and after the bank holiday.

Executive Summary

The report covers the period from March 2017 to allow comparison with historic performance. However the key messages and targets relate to March 2018 for the financial year 2017/18.

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours 85.29% in March, (86.67% all types) - Silver command has remained in place throughout March, focus on additional out of hospital capacity remains in place but challenging increasing LOS in both acute beds and Community Place. Full winter plans remain in place including only operating on emergency, cancer and time critical patients; admission avoidance remains key with increases to frailty and ambulatory services. Stroke - only % stroke patients thrombolysed within 1 hour achieved target at 100% although only % stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival did not improve year on year. A review of the three missed targets has been undertaken with more detail within the domain narrative. Work continues on the Stroke ISR action plan through the Stroke Action Team and the Stroke Clinical Governance meeting and this is reviewed via the monthly Directorate PRM. 38 Day Referral to Tertiary - 45% for 2017/18 compared to 42.4% last year. The Red2Green methodology is to be applied to Urology, Head and Neck and Lower GI pathways from April which will track pathways in relation to being on track and meeting key milestone dates (green) and those which are off track and in breach of key milestones (red). This additional alerting system will give greater visibility to the patients who are not progressing as quickly as they might through the pathways and enable further conversation to help expedite diagnostics and treatment.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness rates improved in February both long and short term to overall rate of 4.41%. Return to Work Interviews deteriorated to 58.5%. Attendance management sessions are being held across divisions.
Workforce	<ul style="list-style-type: none"> All 5 Mandatory Training focus areas have improved in-month with Fire Safety on target and Safeguarding achieving target, Data Security and Infection Control just below target.
Finance	<ul style="list-style-type: none"> Finance: Reported end deficit position of £47.68m, on a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £23.91m an adverse variance of £7.97m compared with the control total of £15.94m; <ul style="list-style-type: none"> Delivery of CIP is £17.91m this is below the planned level of £20.00m; Capital expenditure is £1.23m above plan; Cash position is £2.00m, slightly above the planned level; A Use of Resources score of level 3, in line with the plan. <p>At the year end the gap to our control total was £7.97m which is in line with the position agreed with NHSI at Month 9. This excludes the impact of loss of STF funding. £7.4m of performance based STF funding has been lost based on Q1 & 2 A&E performance and financial performance in M7-12. This has been partially offset by the decision to allocate the Trust £2.89m of 'bonus' STF funding as part of a general distribution to organisations that agreed their 17/18 Control Totals. It should be noted that whilst the overall position is in line with the forecast and NHSI expectations there were a number of significant movements from forecast in Month 12. The divisional positions were materially worse than forecast across FSS (£0.17m), Surgery (0.38m) and Medicine (0.25m) with the adverse movement being predominantly driven by medical and nursing pay. This adverse movement was compensated largely by central technical benefits including £0.7m from the revaluation of investment property within the Joint Venture, £0.2m VAT rebate and £0.4m reduction to depreciation. Once again, these benefits are in the main non-recurrent and have contributed to a total of £18m of one-off benefits that have been realised in year.</p>

Background Context

In order to support a sustained increase in acute activity within the Trust a decision was made in March to suspend the Huddersfield Birth Centre service until April 16th. During this period birth centre bed capacity was released to support inpatient activity within Surgery and Medicine.

Following support to progress replacement of the MRI scanner on the CRH site, the capital group responsible for delivering this scheme met for the first time in March.

The Pathology management team met with colleagues from Mid-Yorkshire Hospital and Leeds Teaching Hospital to discuss further opportunities to develop partnership working across the 3 Trusts.

We were commended on a number of strong areas of performance by NHSI during the Use of Resources review including use of biosimilars in Pharmacy (top 10% in the country), cost per test in Pathology (top quartile) and use of extended practice in Radiology and Pathology.

The Community division responded to the CQC unannounced inspections that were undertaken in March that involved an inspection within the Community Place.

Divisions continued to focus on activity and CIP schemes for 2018/19 and robust annual planning.

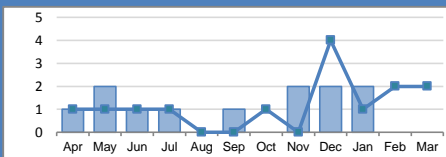
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	<u>Falls Incidents</u> There were 19 incidents reported in February related to a fall. This included a serious incident that is currently under investigation. Service line feedback suggests this is in part related to improved reporting within the division.	<u>Falls Incidents</u> Each falls incident is reported via DATIX. The division presented a recent report to March PSQB meeting which identified falls make up the highest 3 incident categories which are CHFT attributable. Division will undertake a deep dive in this area.	<u>Falls Incidents</u> To develop an informed understanding around the upward trend of falls reporting within the division. A deep dive undertaken by an expert within this field will ensue best practice is being adhered to across the division and any key learning is shared promoting patient safety. By when: Review May 2018 Accountable: ADN
Effective	<u>Leg Ulcer healing rate</u> There is one patient with a leg ulcer that has not healed within 12 weeks out of 20 patients receiving treatment.	<u>Leg ulcer healing rate</u> The patient's case has been reviewed by the clinical manager. The patient declined elements of the recommended care which may have impacted upon healing rates. However the ulcer continued to show steady improvements, healing at 15 weeks.	<u>Leg ulcer healing rate</u> Continued focus on leg ulcers will maintain high rates of healing within 12 weeks and support achievement of the wound CQUIN. By when: May 2018 Accountable: ADN
Caring	<u>FFT</u> Our FFT results for March show that 97.5% of respondents would recommend our services compared to 96.4% in February, an increase of 1.1 percentage points. On a year to date basis this figure has increased to 91.9% (91.4% in February). The response rate has reduced from 3.4% to 2.8% which needs addressing.	<u>FFT</u> A working group has been established that has reviewed the process of collecting data. From May we will revert to collecting FFT data on a daily basis so we should start to see an improvement in response rates from then.	<u>FFT</u> We will continue to monitor the response rate and process of collecting and reporting data and should see an improvement by the end of May. By when: Review May 2018 Accountable: Director of Operations
Responsiveness	<u>Waiting Time for Children's services</u> This area continues to be highlighted as a high risk on our risk register. The main challenges are in Speech and Language therapies with 172 children waiting at Huddersfield and 273 at Calderdale. The Huddersfield waiting time is currently 10 weeks whilst the Calderdale waiting time has decreased to 21 weeks.	<u>Waiting Time for Children's services</u> Locum support is in place and successful applicants are being appointed, awaiting start dates. Deep dive of Paediatric SALT service requested and to present to WEB in April.	<u>Waiting Time for Children's services</u> We will continue to monitor the waiting times and prioritise new patient clinics to reduce waiting times. By when: April 2018 Accountable: Head of Therapy Professions

Dashboard - Community

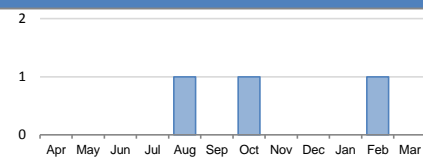
Safe

Community acquired grade 3 or 4 pressure ulcers



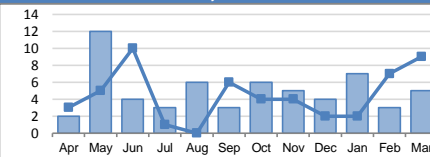
One month in arrears

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

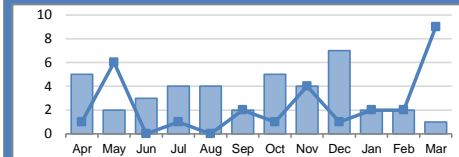


One month in arrears - Orange + Red Harms Only

Incidents - New Harms Safety Thermometer

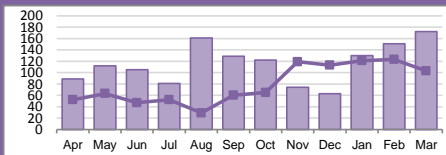


Medication Incidents

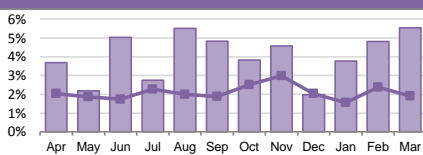


Effective

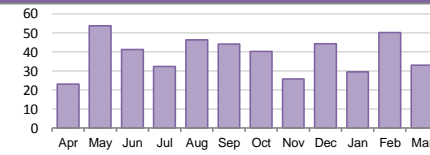
Number of Hospital admissions avoided by Community Nursing services



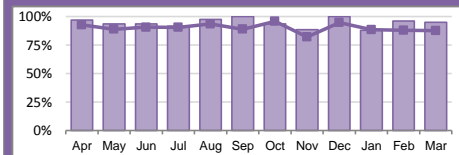
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

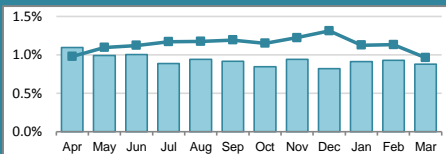


House Bound leg ulcers healed within 12 weeks

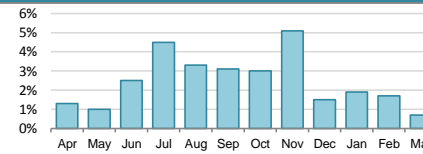


Caring

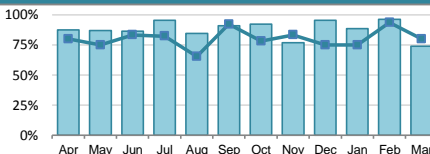
Community No Access Visits Adult Nursing



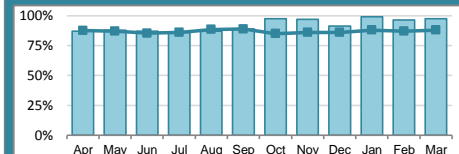
Intermediate Care Readmission rate



End of life patient died in preferred place of death

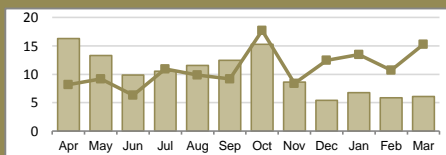


Friends and Family Test- Likely to recommend

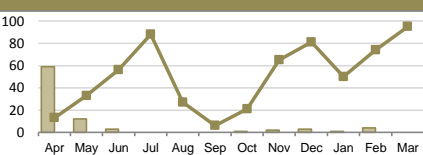


Responsive

Average time to start of reablement (days)

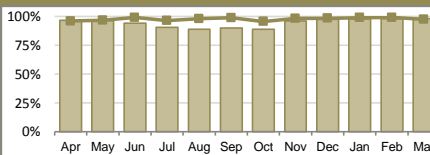


Appointment Slot Issues for MSK & Podiatry

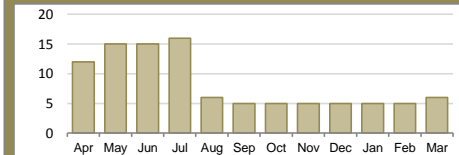


MSK Podiatry

Waiting Times - 18 week RTT

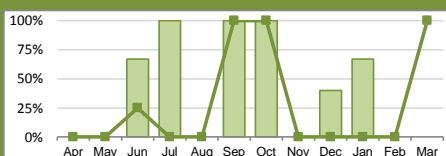


Waiting Times - Physiotherapy Routine (Weeks)

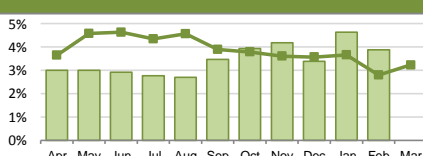


Well Led

% Complaints closed within target timeframe



Staff sickness rate

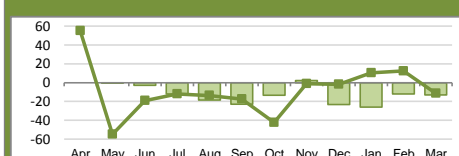


One month in arrears

Finance - Planned variance against actual (£'000)



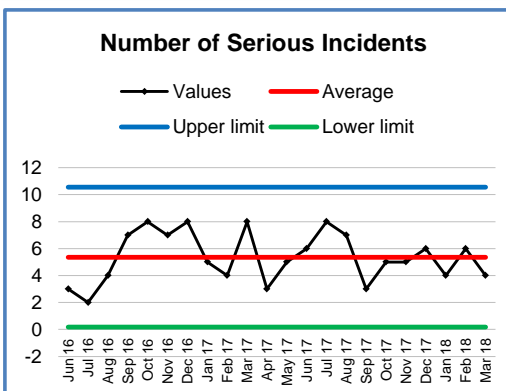
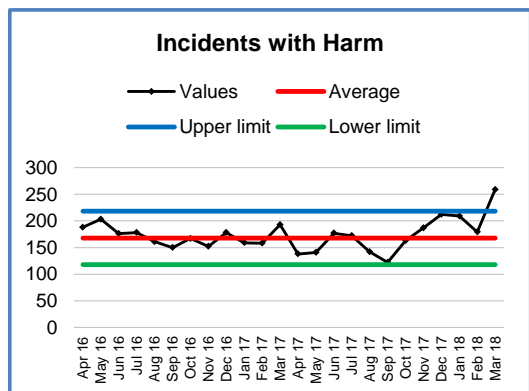
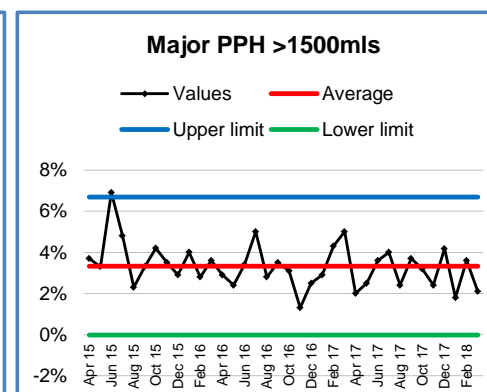
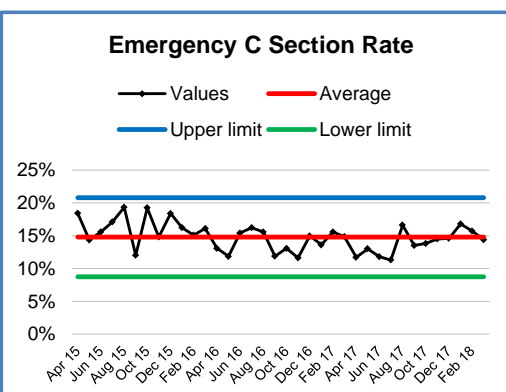
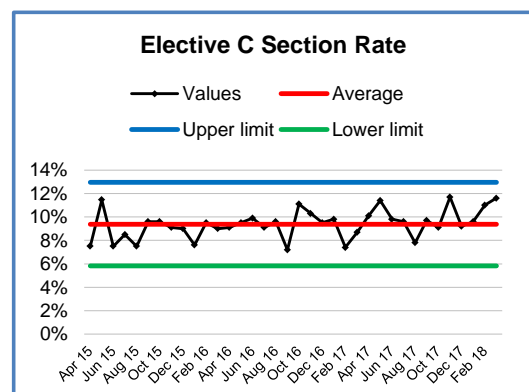
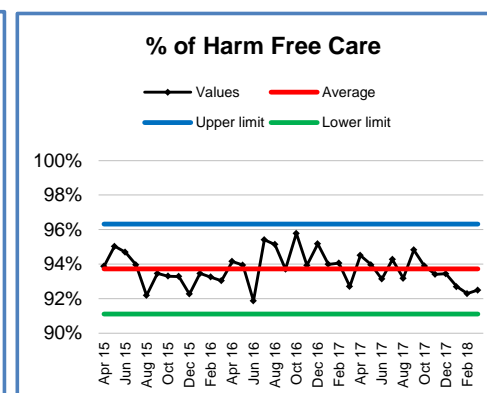
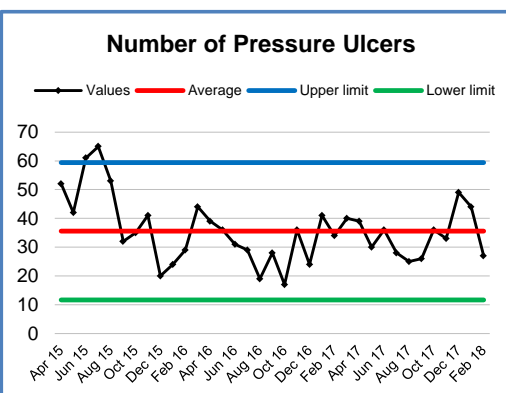
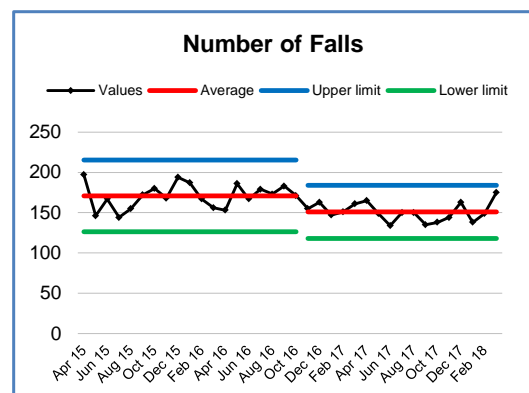
Finance - Planned CIP saving against actual savings (£'000)



Safe - Key messages

Area	Reality	Response	Result
% Harm Free Care	% Harm Free Care continues to perform below the 95% target at 92.5%. The reduced performance is being driven by the number of pressure ulcers (old and new).	Going forward the Medicine division will have a matron and ward manager leading on the audits to ensure a high level of accuracy.	The 95% target is currently under review and may change at the end of Q1.
	The Medicine division continues to see a number of old harms, as indicated by 25 of the 29 harms being were old pre-hospital harms.	Within the Surgical division a trial is due to commence with a new mattress for NOF patients called a companion mattress.	Accountable: Chief Nurse
	The Surgical division is just below target at 94.3%, this is due to a mix of old and new pressure ulcers, a new PE and a UTI. T&O is the directorate with the lowest performance in month.	Continue to focus on actions through the pressure ulcer improvement work.	
Patient Incidents with Harm	The total number of incidents with harm increased this month to 259. Looking in depth it would appear the increase is all yellow (minor harm) incidents; there has been no increase in orange or reds in the month. Notably there has been an increase in reporting a lack of beds as yellow incidents (29 incidents). This does not entirely account for the increase but is the only significant change in the month. The rise in harm is concurrent with an overall percentage rise in reporting.	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.

Safe -SPC Charts



Safe - Key measures

	16/17	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	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	1,989	161	165	149	134	150	150	135	138	144	163	138	149	175	1,790	Monitoring Trajectory	
Inpatient Falls with Serious Harm	42	11	4	5	3	1	4	0	2	1	3	1	3	3	30	Monitoring Trajectory	
Falls per 1000 bed days	7.9	7.7	7.9	6.9	6.2	7.0	7.0	6.3	6.4	6.9	7.8	6.3	7.5	7.8	7.0	Monitoring Trajectory	
% Harm Free Care	94.26%	92.71%	94.51%	93.96%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	93.66%	>=95%	95%
Number of Serious Incidents	66	8	3	5	6	8	7	3	5	5	6	4	6	4	62	Monitoring Trajectory	
Number of Incidents with Harm	2,063	193	138	142	177	172	141	122	163	187	212	209	179	259	2,101	Monitoring Trajectory	
Percentage of Duty of Candour informed within 10 days of Incident	97.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	95.00%
Never Events	2	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	36.66%	7.69%	20.00%	28.60%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	37.53%	100%	100%
Maternity																	
Elective C-Section Rate	9.30%	8.70%	10.10%	11.40%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	10.00%	<=10% Threshold	10.00%
Emergency C-Section Rate	13.99%	14.86%	11.70%	13.00%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	13.90%	<=15.6% Threshold	15.60%
Total C-Section Rate	23.31%	23.58%	21.81%	24.32%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	23.92%	<=26.2% Threshold	26.20%
% PPH ≥ 1500ml - all deliveries	3.30%	5.00%	2.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.00%	<=3.0%	3.00%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	374	40	39	30	36	28	25	26	36	33	49	44	27	under validation	373	Monitoring Trajectory	
Pressure Ulcers per 1000 bed days	1.5	1.9	1.9	1.4	1.7	1.3	1.2	1.2	1.7	1.6	2.4	2.0	1.4	under validation	1.6	Monitoring Trajectory	
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	29	31	21	22	20	21	14	26	24	38	31	18	under validation	266	Monitoring Trajectory	
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	10	5	9	14	6	4	12	10	9	10	11	9	under validation	99	Monitoring Trajectory	
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	1	3	0	0	2	0	0	0	0	1	2	0	under validation	8	0	0
Percentage of Completed VTE Risk Assessments	95.11%	95.86%	94.34%	88.97%	91.57%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	94.68%	>=95%	95.00%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	155	13	19	25	13	8	12	12	16	12	12	9	15	15	168	Not applicable	
Alert Safeguarding Referrals made against the Trust	109	12	13	11	14	16	12	18	9	18	6	23	16	14	170	Not applicable	
Health & Safety Incidents	287	15	16	22	36	25	15	31	25	22	30	18	13	21	274	0	0
Health & Safety Incidents (RIDDOR)	15	0	2	3	0	1	0	2	0	1	0	1	0	0	10	0	0

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % Would Recommend	Performance has remained static at just over 90.8% in March.	<p>The team continues to work across divisions, especially with the Matron for FSS addressing how we can work together to improve response rate and address feedback.</p> <p>The planned Q3 review was delayed and now a Q3 + Q4 review will take place in April to inform future patient experience plans.</p>	<p>The aim is to be in the top 25% of acute trusts by Q2 18/19. Please note there is a planned review of the targets to ensure that the target still aligns with being in the top 25% of trusts.</p> <p>Accountable : Matron for Outpatients</p>
Friends & Family Test - AE % Response Rate & Would Recommend	<p>Friends and Family Test A & E Survey - Response Rate increased slightly to 10.8% in month.</p> <p>Friends and Family Test A & E Survey - % would recommend the service reduction to 82.1% in month which is below the 85.3% target.</p>	<p>Overall there has been an improvement in the A&E response rate but a slight reduction in the would recommend rate. Splitting this by site shows that the poor performance is at HRI site; the team is looking at the feedback and how this reduction can be addressed.</p>	<p>Expected that by the end of Q1 that ED will be in line or above the national average.</p> <p>Accountable: Matron for ED/ADN Medicine.</p>
Friends & Family Test - Community % Response Rate & Would Recommend	Our FFT results for March show that 97.5% of respondents would recommend our services compared to 96.4% in February. On a year to date basis this figure has increased to 91.9%. The response rate has deteriorated from 3.4% to 2.8%.	A working group has been established that has reviewed the process of collecting data. From May we will revert to collecting FFT data on a daily basis so we should start to see an improvement in response rates from then.	<p>We will continue to monitor the response rate and process of collecting and reporting data and should see an improvement by the end of May.</p> <p>Accountable: Director of Operations Community</p>

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 48 complaints closed in March, 52% (25/48) of these were closed within target timeframe. The number of overdue complaints was 31 at the end of March compared to 22 at the end of February which is a 41% increase. However, due to ongoing work with the Divisions, the number of overdue complaints has significantly reduced since December 2017 with a 55% decrease.	With complaint panels and aid from corporate staff aiming to close 15 complaints per week and senior divisional support, this model will sustain an effective complaints procedure. Assurance provided from Divisions that contact is being made with complainants within 7 days.	With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of May 2018.
	The overall percentage for complaints closed within target timeframe last year (2016-17) recorded at the year end was 45%, 48.7% is the YTD percentage recorded for complaints closed in target timeframe. The focus remains closing overdue complaints.		Accountable : Head of Risk and Governance and Divisional Leads
	In March SAS closed 50% (9/18) of their complaints within the agreed timescale, Medicine 52% (12/23), and FSS 50% (3/6).		

Complaints Background

The Trust received 51 new complaints in March and re-opened 5 complaints, making a total number of 56 complaints received in March, which is a slight increase of 2 on February's position.

The top 3 Complaints subjects for March are ;

Clinical Treatment
Staff - Values and Behaviours
Communications

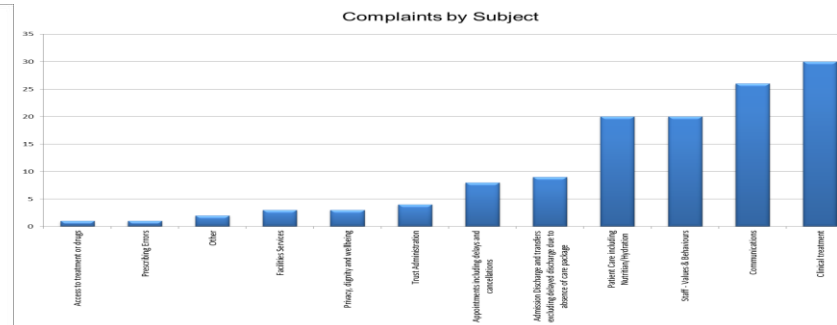
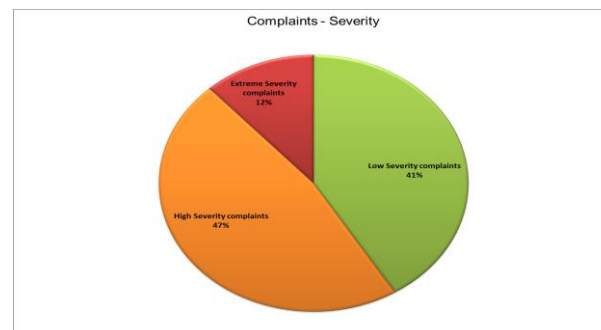
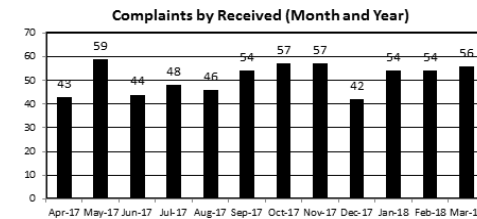
Staff – Values and Behaviours has replaced Appointments (incl. delays and cancellations) in the top 3, as there has been a considerable increase in value from 2 to 20, however the value for Appointments (incl. delays and cancellations) has remained the same since February . Clinical Treatment has remained the same value since February 2018 and Communications has increased from 7 to 26 since February 2018.

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

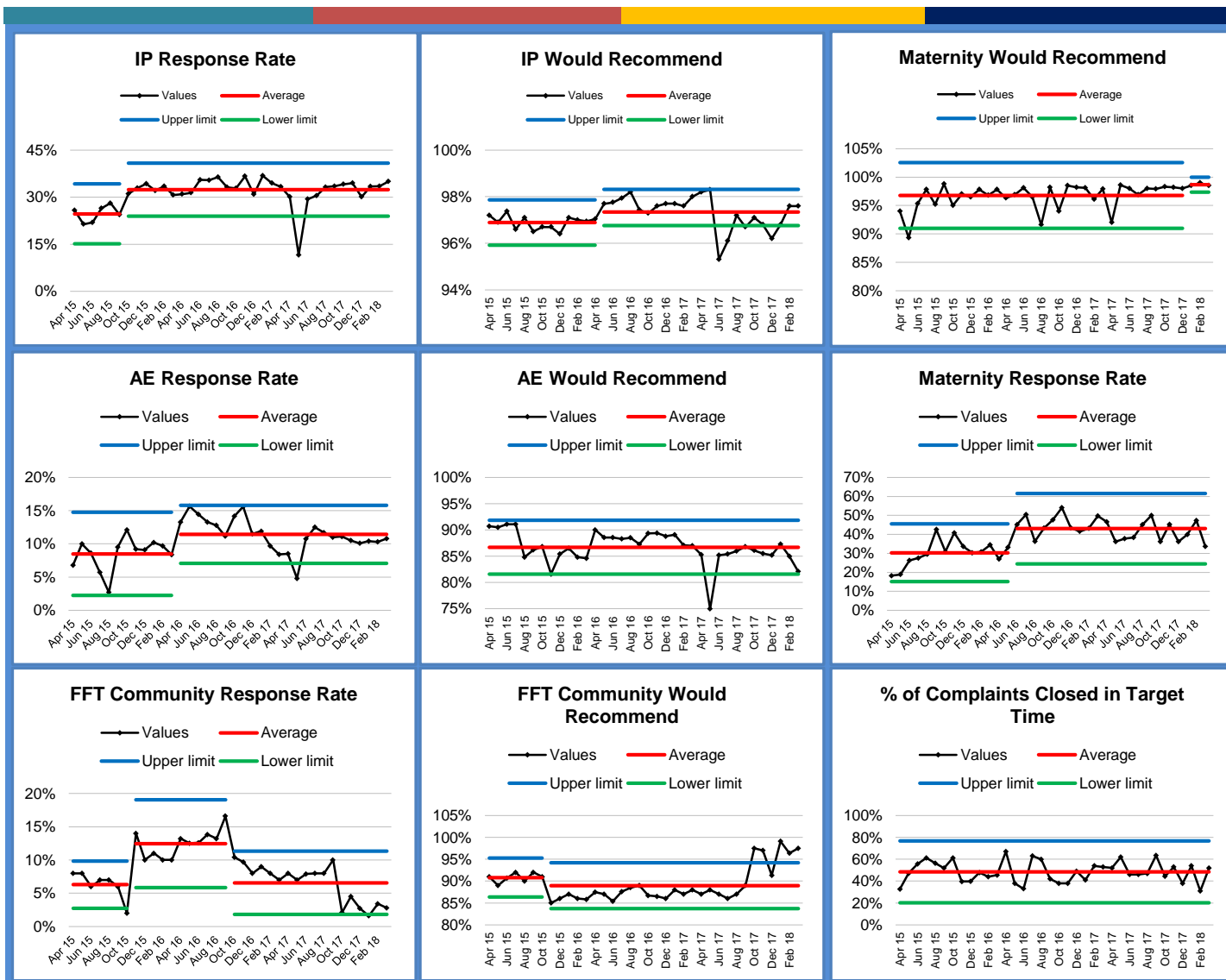
Severity: The Trust received 6 new Red complaints in March 2018, 3 assigned to Medicine, 2 assigned to SAS Division and 1 assigned to FSS.

PHSO Cases:

We received 0 new Ombudsman / PHSO cases in March 2018, 1 case was closed. There were 9 active cases under investigation by the Ombudsman at the end of March 2018.



Caring - SPC Charts



Caring - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	45.00%	53.00%	52.00%	62.00%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	48.70%	95.00%	95.00%
Total Complaints received in the month	610	53	43	58	41	47	45	52	50	56	43	53	53	52	593	Monitoring Trajectory	
Complaints re-opened	78	6	5	9	4	2	8	4	6	3	2	10	10	5	68	Monitoring Trajectory	
Inpatient Complaints per 1000 bed days	2.10	2.40	1.80	2.40	1.80	2.10	1.80	2.40	2.50	2.40	1.90	2.30	2.60	2.20	2.18	Monitoring Trajectory	
No of Complaints closed within Timeframe	311	19	31	24	25	20	18	26	16	38	29	28	14	24	293	Monitoring Trajectory	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	34.00%	33.30%	30.10%	11.60%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	31.40%	>=25.9%	25.90%
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	98.00%	98.20%	98.30%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.90%	>=96.3%	96.30%
Friends and Family Test Outpatient - Response Rate	12.00%	10.60%	11.00%	3.80%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	10.10%	>=5.3%	5.30%
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	90.90%	91.20%	86.00%	89.50%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	89.70%	>=95.7%	95.70%
Friends and Family Test A & E Survey - Response Rate	12.70%	8.40%	8.50%	4.80%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.20%	>=13.3%	13.30%
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	87.00%	85.30%	75.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	85.00%	>=86.5%	86.50%
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	49.70%	46.60%	36.20%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	41.00%	>=20.8%	20.80%
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	97.90%	92.00%	98.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	97.60%	>=97%	97.00%
Friends and Family Test Community - Response Rate	11.20%	7.00%	9.46%	9.87%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	6.50%	>=3.5%	3.50%
Friends and Family Test Community Survey - % would recommend the Service	87.30%	88.00%	88.78%	88.51%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	90.00%	>=96.6%	96.60%
Maternity																	
Proportion of Women who received Combined Harm Free Care	77.25%	72.97%	78.33%	78.57%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	in arrears	76.10%	>=70.9%	70.9%
Caring																	
Number of Mixed Sex Accommodation Breaches	5	0	0	0	5	0	0	0	0	0	0	0	0	0	5	0	0
% Dementia patients following emergency admission aged 75 and over			none to report	18.74%	27.23%	29.92%	27.75%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	23.19%		

Caring - What our patients are saying

Some of the positive feedback we have received

H12- The huge majority of staff keep you informed and are very caring and welcoming. Looked after very well through very stressing and disruptive weather conditions. NHS staff are amazing - some walking 3 hours in snow!

6BC- I think the hospital staff and Consultants did a very good job in determining and treating my condition. Medication and commitment of the entire ward to making my hospital stay as comfortable an experience as possible. They are all to be applauded.

4C- All the Nursing staff were extremely friendly and attentive at all times. Patient care was first class.

H18- All the Doctors, Surgeons, Nurses and everyone who looked after me was kind, helpful and funny. They made me not feel scared and looked after me really well. They answered all my questions and explained everything to me as it happened. It was great that my Mum could sleep here and take me to theatre.

H11- The staff were all skilled, professional and pleasant. They responded quickly to requests and needs of patients. They obviously work well together as a team and the efficiency and smooth running of the ward was very reassuring.

DAYCAS CRH- Everything...the anaesthetist made me fully aware of likely problems and of his procedures, the surgeon was, polite, courteous, professional and capable. The entry procedure to the ward was proficient, efficient, courteous and staff on the ward were equally the same. In total I would say it was a very good experience.

Where can we improve

The ward was very noisy at times, very difficult to sleep.

Just more information about waiting times and written information about treatment and procedures, rather than just verbal.

Soft closing lids on the bins.

Better communication between staff. I realise this is difficult in view of shifts, but the patient is not always aware of what is going on

Quieter voices at night at the Nurses' station.

Food was good, but not always child friendly is my only negative feedback.

Effectiveness - Key messages

Area	Reality	Response	Result
Infection Control : Clostridium Difficile Cases - Trust assigned MSSA E.Coli	<p>Total Number of Clostridium Difficile Cases - 7</p> <p>Number of MSSA Bacteraemias - 2</p> <p>Number of E.Coli - Post 48 Hours – 4</p>	<p>The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future.</p> <p>E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan.</p>	<p>C.Diff: The preventable cases (those that are within the Trust's control) are still within tolerance and are expected to remain so throughout the rest of the year.</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>
Hospital Mortality Measures	<p>Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Trust.</p>	<p>A step by step guide has been developed to support consultants and SAS doctors to perform ISRs with face to face support where required.</p> <p>Structured Judgement Reviews (SJR) are requested to be completed within 2 weeks of allocation. SJRs are being discussed at the LfD panel with ongoing discussions on how to improve the feedback and disseminate learning.</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>
% Sign and Symptom as a Primary Diagnosis	<p>Second month in a row of deterioration. There is a large variation in performance at specialty level and no division is achieving the target.</p>	<p>The audit work continues within specialties and S&S cohorts. Discussions are taking place regards the replacement of 2 wte coders that retired at the end of March. The team also have a number of the team on long term sick and maternity leave. There were 8 expressions of interest for the Coding Clinical Leads (Consultant PA). interviews are to be held mid-May.</p>	<p>Expectation is that this will improve through addressing the areas that are not achieving the national upper quartile target.</p> <p>Accountable: Associate Medical Director and Clinical Coding Manager</p>
Readmissions	<p>Readmissions data has been unreliable since the implementation of EPR and as such has not been presented on the Trust dashboards.</p>	<p>Work continues through the EPR operational board to prioritise any indicators which still need development. This has been noted as one such indicator.</p>	<p>Readmissions is expected to be reported from April 2018 data</p>

Effectiveness - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	2	0	0	0	2	1	0	0	0	0	0	0	2	0	5	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	5	0	2	4	2	2	2	1	6	4	7	3	7	40	<=25	<= 2
Preventable number of Clostridium Difficile Cases	6	0	0	1	0	2	1	0	0	2	2	0	0	0	8	<=21	<= 2
Number of MSSA Bacteraemias - Post 48 Hours	11	0	2	5	2	1	2	3	1	0	2	2	0	2	22	<=12	1
Number of E.Coli - Post 48 Hours	47	6	0	2	5	5	1	4	6	2	6	7	6	4	48	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.09%	93.60%	95.23%	95.48%	not reported	not reported	not reported	not reported	not reported	not reported	88.30%	92.20%	95.50%	in arrears	95.06%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.00%	0.22%	0.00%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.36%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.94%	0.43%	0.22%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.17%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.04%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	105.47	105.47	101.87			100.81			Next Publication due June 18						100.81	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	100.85	98.71	95.90	93.17	92.86	91.08	91.47	89.86	87.79	86.16	85.19	Next Publication due June 18		85.19	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	103.86	103.86	99.75	100.00	96.01	95.08	94.19	96.10	92.55	90.09	90.63	89.07			89.07	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	99.95	99.95	98.39	94.65	92.41	92.18	90.11	90.03	89.00	87.07	84.74	83.93			83.93	<=100	100
% of Initial Screening Reviews (Mortality)	40.06%	25.66%	16.40%	1.50%	29.40%	23.20%	11.80%	25.60%	31.40%	25.40%	38.00%	26.40%	24.40%	in arrears	23.70%	100%	100%
Crude Mortality Rate	1.39%	1.48%	1.30%	1.54%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.50%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.94%	99.95%	99.87%	99.88%	99.96%	99.89%	99.91%	99.92%	99.92%	99.91%	99.93%	99.95%	99.95%	99.92%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	99.04%	99.19%	98.95%	99.03%	99.25%	99.07%	99.10%	99.04%	99.21%	99.17%	99.33%	99.36%	99.40%	99.17%	>=95%	5%
% Sign and Symptom as a Primary Diagnosis	8.60%	9.00%	8.77%	11.20%	11.32%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.38%	<=9.0%	9.00%
Average co-morbidity score	4.1	4.54	4.85	6.52	6.73	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.01	5.87	6.11	>=4.61	4.61
Average Diagnosis per Coded Episode	5.15	5.43	5.67	5.84	5.9	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.91	5.86	>=5.5	5.50
CHFT Research Recruitment Target	2,630	335	100	0	154	164	112	138	144	133	98	173	140	in arrears	1,356	>=1473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	83.30%	88.37%	66.67%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	76.21%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	74.80%	79.25%	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	75.90%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.61%	8.10%	8.70%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.88%	7.80%	7.10%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=7.05%	7.05%
% of patients under the care of the community specialist matron who have been readmitted to hospital with the same LTC in less than 30 days	2.70%	4.60%	3.80%	5.60%	4.60%	6.50%	8.20%	8.90%	5.90%	1.60%	4.20%	4.10%	4.20%	in arrears	5.30%	<=10%	10%

<p>Within the Surgical division, Cancer performance has performed in excess of target for all areas except for those highlighted below.</p> <p>62 Day Referral From Screening to Treatment Screening - 90% - performance fell below the 90% target due to one LGI patient.</p> <p>38 Day Referral to Tertiary , dropped to 33% (the previous month has risen slightly from initially reported due to updated pathway information now being available). Further available on the appendix.</p> <p>104 Referral to Treatment: There were two patients who received their first treatment after 104 days. (2 x Urol).</p> <p>The Medical division has again achieved all cancer targets for the month of March with the exception of the 38 day referral to tertiary. The performance for 38 day Referral to Tertiary was 40% in month which is a decrease from last month (80%) with a YTD of 47.6%. The target is 85%.</p>	<p>Within the Surgical Division the Red2Green methodology is to be applied to Urology, Head and Neck and Lower GI pathways from April, this was originally due to start in March but more planning was needed.</p> <p>R2G will track pathway in relation to being on track and meeting key milestone dates (green) and those which are off track and in breach of key milestones (red). This additional alerting system will give greater visibility to the patients who are not progressing as quickly as they might through the pathways and enable further conversation to help expedite diagnostics and treatment.</p> <p>This awareness is hoped to assist in the achievement of the 38 days target and bring the average waiting time down.</p> <p>Within the Medical division the delays in diagnostic tests and delays in medical oncology have contributed to the reduction in performance. The teams are working with radiology and the cancer alliance to reduce waits for CT and CPET and are also reviewing the medical oncology capacity to reduce delays. It is also recognised that due to the small number of patients involved this is a very difficult target to achieve. This has been discussed with the cancer alliance to look at whether this can be looked at differently.</p>	<p>Divisions are aiming to achieve the 38 day referral to tertiary target by April 2018.</p> <p>Accountable: General Managers of relevant Tumour Sites</p>
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Responsive - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	94.20%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	90.61%	>=95%	95.00%
Emergency Care Standard 4 hours inc Type 2 & Type 3	0.00%								95.19%	92.20%	89.76%	92.17%	88.68%	86.67%	91.28%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1,248	21	39	355	144	150	133	227	137	173	303	278	333	478	2,750	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	4	3	91	23	36	38	17	7	5	16	26	10	15	287	0	0
A&E Ambulance 60+ mins	7	0	0	4	1	1	0	0	1	0	1	4	0	0	12	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	20.91%	19.99%	18.61%	12.92%	13.94%	14.04%	14.37%	14.56%	17.55%	16.33%	16.95%	16.59%	14.92%	15.19%	15.51%	>=40%	40.00%
Delayed Transfers of Care	2.26%	2.36%	2.33%	2.74%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	2.80%	<=3.5%	3.50%
Green Cross Patients (Snapshot at month end)	129	129	114	119	77	107	104	120	90	119	100	117	124	108	108	<=40	<=40
Number of Outliers (Bed Days)	9,733	259	321	988	575	491	590	534	516	627	991	1,136	907	889	8,565	<=5,940	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	94.55%	93.33%	87.93%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	87.02%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	80.00%	75.56%	54.24%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	60.36%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	66.67%	87.50%	75.00%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	81.93%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	37.50%	43.75%	40.98%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	41.87%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	90.88%	90.77%	92.20%	91.00%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.44%	>90%	90.00%
Maternal smoking at delivery	9.68%	9.20%	9.90%	11.40%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	12.50%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.65%	0.80%	0.53%	0.93%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.84%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	0	0	0	0	0	0	0	0	0	1	0	5	1	0	7	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	98.36%	98.19%	98.51%	not available	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	93.03%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	91.09%	91.37%	not available	not available	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	83.21%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	95.14%	94.97%	94.34%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.75%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	173	174	not available	not available	not available	not available	541	602	1350	695	606	585	549	549	0	0
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Diagnostic Waiting List Within 6 Weeks	99.25%	94.73%	90.98%	99.33%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	99.59%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.61%	98.34%	97.11%	84.04%	86.21%	92.30%	95.14%	94.40%	94.19%	97.96%	99.01%	95.15%	99.06%	96.82%	94.10%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	96.53%	93.46%	94.57%	89.25%	91.44%	91.53%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	93.88%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	100.00%	100.00%	100.00%	100.00%	99.47%	100.00%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	99.83%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	99.26%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
38 Day Referral to Tertiary	42.40%	20.00%	36.36%	30.43%	29.17%	33.33%	56.52%	70.00%	47.62%	55.56%	50.00%	45.16%	54.55%	35.71%	44.98%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	90.40%	84.62%	91.49%	88.52%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.91%	88.71%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	100.00%	91.67%	94.74%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	94.87%	>=90%	90%
104 Referral to Treatment	97.88%	96.09%	94.87%	99.47%	97.81%	91.48%	98.85%	97.26%	95.80%	96.11%	99.37%	98.90%	96.73%	98.86%	97.04%	100.00%	100.00%
Electronic Access																	
Appointment Slot Issues on Choose & Book	16.14%	28.06%	30.47%	6.44%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	21.79%	<=5%	5.00%
Community Services Data Set (CSDS)																	
Community Care - Referral to Treatment Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Community Care - Referral Information Completeness	98.29%	97.66%	99.42%	99.23%	99.63%	99.75%	99.74%	99.83%	99.82%	99.86%	99.93%	99.91%	99.81%	99.72%	99.73%	>=50%	50.00%
Community Care - Activity Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Electronic Discharge																	
% Complete EDS							95.76%	96.07%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%	96.03%	>=95%	95.00%

Workforce - Key Messages

Area	Reality	Response	Result
Sickness Absence	Total sickness absence rate is currently 4.10% (YTD). This is an improved position from the same point in 2017 (4.38%), but is currently not performing to the target.		
	The in-month sickness absence rate of 4.41% is made up of 1,009 sickness absence occurrences. This is a decrease from 1,206 occurrences in January 2018.		
	Long term sickness absence is 2.49% for February (2.56% YTD) against a target of 2.70%. This is an improving position from 2.64% in January.		
	Short term sickness absence is currently 1.91% for February (1.55% YTD) against a target of 1.30%. This is an improving position from 2.17% in January but a worsening position compared with 1.73% at the same point in February 2017.		
	Divisional total sickness absence rate in January 2018 and February 2018 is		
		Jan 18	Feb 18
	Community	4.63%	3.88%
	Corporate	4.82%	3.85%
	Estates & Facilities	5.17%	6.60%
	FSS	4.77%	4.26%
Health Informatics	4.35%	3.52%	
Medical	5.12%	5.00%	
HPS	4.34%	3.49%	
Surgery & Anaesthetics	4.62%	3.92%	
RTW interview compliance has decreased to 58.47% from 63.60 % in February.			
Divisional performance for February is :-			
	Jan 18	Feb 18	
Community	50.88%	67.07%	
Corporate	49.38%	48.48%	
Estates & Facilities	70.67%	59.15%	
FSS	68.44%	66.80%	
Health Informatics	86.49%	75.00%	
Medical	66.57%	55.90%	
HPS	0.00%	45.45%	
Surgery & Anaesthetics	62.50%	49.51%	
Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in February with 1,786.68 FTE days lost from a total for all sickness absence of 6,542.17 FTE days lost. This is most prevalent in the Nursing and Midwifery and Additional Clinical Services staff groups where it accounts for 35.04 % and 25.16% of sickness absence respectively.			
HR Advisors continue to hold drop-in sessions, cross-site, for managers to discuss attendance management, amongst other general HR queries. Managers are encouraged to attend the sessions to gain proactive advice on managing attendance with the aim of reducing sickness absence across all Divisions. In 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 and all staff dealing with attendance management are encouraged to attend.			
The importance of completing and recording RTW interviews remains a focus and following recent feedback from line managers the recording process has been streamlined and the RTW interview record form is no longer a mandatory part of the process. The form is still available for managers to complete and if they choose to complete the form it should be retained to form part of the managers attendance management records. HR Advisers will continue to support Divisions to ensure RTW interview dates are recorded in ESR until ESR Manager Self Service (MSS) is rolled out across the Trust by November 2018.			
Occupational Health encouraged staff to attend a public event held by Calderdale Council 17th April as part of the 'Active Calderdale' strategy. 'Active Calderdale' is a new physical activity strategy to help Calderdale become the most active borough in the North of England by 2021. The event was an opportunity for the public to contribute to the future direction of physical activity across the district with a view to improving health and wellbeing.			
In response to 'Anxiety/Stress/Depression/Other Psychiatric Illnesses' being the top reason for sickness absence, a working group has been set up to focus on the promotion of the Trust's existing offer to support colleagues with their mental health, including training sessions for both teams and managers, mindfulness courses, counselling, mental health first aid and the CH FT app. A communications campaign is being planned to tie in with Mental Health Awareness Week in May.			
<u>Divisional</u>			
In Surgery & Anaesthetics, the HR Adviser has regular meetings with managers to discuss ongoing absence, patterns and promoting health and wellbeing. The HR Business Partner and HR Adviser are promoting usage of the stress risk assessment for colleagues showing signs of stress to ensure a proactive approach to avoid absence.			
In Medicine, monthly attendance management sessions are continuing cross site. The Division will be inviting managers of areas that fail to show an improvement in compliance to attend a session.			
In FSS, monthly reports are being run identifying where RTW interviews are not being recorded. The HR Advisor is contacting these areas to provide support and guidance. Non-compliance is also being picked up through Directorate confirm and challenge/support meetings.			
In Community, work has been focussed on the recording of RTW interviews and the HR Adviser has contacted those areas where there has been a reduction in recording to provide demonstrations and guidance on how to record these correctly. These areas will be monitored for improvement.			
In Estates & Facilities, meetings are being held with managers in hotspot areas to identify causes/patterns and to check any work related issues that are preventing attendance at work such as stress or temporary adjustments that could facilitate a return to the workplace.			
Manage processes to ensure sickness absence rates achieve the 4% target.			
Accountable: Executive Director of Workforce and OD.			

Recruitment	<p>The number of vacancies increased in March to 362.39 FTE from 331.07 FTE in February.</p> <p>The Healthcare Scientists staff group has the highest vacancy rate at 16.16% with 21.91 FTE vacancies from an establishment of 135.60 FTE. This is a decrease from 18.82% in February.</p> <p>The Trust's 12 month rolling turnover is 12.95% for March, an increase from 12.87% in February.</p> <p>In-month turnover rate is 0.95%, up from 0.46% in February.</p> <p>As at 1st April, 3 Departments with 10 or more FTE and the highest number of vacancies are :-</p> <table><tr><td>HRI A&E - HRI</td><td>16.89 (21.75%)</td></tr><tr><td>Medical Staff - Orthopaedics</td><td>14.00 (27.45%)</td></tr><tr><td>Ward 8C Rehab CRH</td><td>11.43 (39.95%)</td></tr></table>	HRI A&E - HRI	16.89 (21.75%)	Medical Staff - Orthopaedics	14.00 (27.45%)	Ward 8C Rehab CRH	11.43 (39.95%)	<p>7 nurses from the nursing recruitment trip to the Philippines have now started with the Trust in 2018.</p> <p>The Trust is introducing 20 Nurse Associate roles during Spring 2018. These new training roles will support Divisions with their nurse staffing supply in the future and will be an annual programme to support workforce planning. 50 internal applicants were interviewed and 20 positions offered with offer letters to be issued week commencing 23rd April.</p> <p>The split generic advertising approach for staff nurses, 1 for Medical Division and the other 1 for Surgery Division, has continued. The adverts, which closed on 8th April, attracted 14 applicants in total to be interviewed in April, 9 candidates within Surgery and 5 candidates within Medicine. A further advertisement for band 5 student nurses has also been issued to encourage final year university students to apply and provides additional information around the support offered to newly qualified nurses at CHFT. 7 Student nurses were interviewed on 15th March with one candidate offered a position. Further interviews are taking place on 20th April with 5 applicants to be interviewed.</p> <p>Fixed start dates were introduced in the Trust from 9th April in line with corporate induction. These will be set on the 2nd and 4th Mondays in each month where all new starters (with the exception of doctors in training) will attend corporate induction on their first day and receive a full welcome from the Trust.</p> <p>HEE have now confirmed the Trust has been approved as a national Pilot Site for CESR in Emergency Medicine, and have confirmed funding to support the initiative. This will help the Trust reduce the reliance on agency doctors within A&E. The CESR Working Group are considering how to spend the income for the benefit of our CESR doctors, which will improve engagement and retention.</p> <p>In February a new Specialty Doctor commenced in A&E through the Royal College approved Medical Training Initiative (MTI). MTI trainees are senior overseas doctors who come to the UK to undertake further training in their specialist area. By filling these posts in A&E at middle grade level, the Trust's over reliance on agency locums can be reduced.</p> <p>The Medicine and Surgery and Anaesthetics Divisions have confirmed their interest in appointing junior doctors at 'FY3' Level into Trust vacancies. A job description and advert has been created to target those foundation doctors who have not yet decided which specialty to follow in their career choice. Taking up a role as a Trust FY3 will provide individuals an opportunity to experience other specialties that they may not have yet worked in, or additional experience within a specialty which may help solidify any intentions to follow that as a career route. This may help the Trust fill vacancies in areas that would usually generate agency expenditure.</p>	<p>To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust. Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.</p> <p>Accountable: Medical Director Director of Nursing Chief Operating Officer Executive Director of Workforce and OD</p>
HRI A&E - HRI	16.89 (21.75%)								
Medical Staff - Orthopaedics	14.00 (27.45%)								
Ward 8C Rehab CRH	11.43 (39.95%)								

Workforce - Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	Appraisal compliance is at 93.50 as at 31st March. Compliance at the end of the appraisal season on 31st October 2017 was 96.28%.	<u>Appraisal</u> Appraisal profilers for 2018/2019 have now been completed by Divisions, with an appraisal date for each employee. The appraisal season runs from 1st April 2018 to 30th June 2018.	Appraisal compliance is back in line with the planned position from completed appraisal profilers and 100% compliance is achieved by 31st March 2018.
	Divisional appraisal compliance as at 31st March is:		
	Community 92.32%	<u>Mandatory Training</u>	Mandatory Training compliance is 95% by 31st March 2018.
	Corporate 91.01%	A paper was presented to Executive Board on 19th April highlighting the 2017/2018 end of year position, the actions taken to achieve the position and the next steps for 2018/2019.	Accountable: Executive Director of Workforce and OD
	Estates & Facilities 99.72%	The Executive Board did not support proposals to move to a 90% target for mandatory training and change Infection Control training to a 2 year refresher period. The Board was supportive of rebranding mandatory training to be called 'Essential Safety Training'.	
	FSS 95.32%	For 2018/2019, the Trust will revert to reporting compliance on all nine of the mandatory training subjects. Whilst it is prudent to retain the existing selection of nine subjects at this stage, a review of the Trust's approach, targets and subject areas is planned.	
	Health Informatics 97.44%	During 2018/2019, feedback from colleagues on the Trust's approach to mandatory training will be sought. This will help to ensure a better and more embedded learning experience, and to maximise compliance. This will be conducted through focus groups, drop in sessions and individual phone calls to a number of staff groups from each division. Questions will include a focus on the ESR technology - accessibility and ease of use – and on the length and allocation of time to complete learning.	
	Medical 88.59%	Open learning sessions are held at CRH and HRI every Tuesday and Wednesday respectively where staff are supported to complete their mandatory training and assisted in navigating the ESR and e-learning platforms to ensure successful completion.	
	HPU 100.00%		
	Surgery & Anaesthetics 94.98%		
	Data Security Awareness compliance increased from 92.26% in February to 93.77% in March.		
	Infection Control compliance increased from 92.68% in February to 94.54% in March.		
	Fire Safety compliance increased from 93.88% in February to 95.21% in March.		
Manual Handling compliance increased from 87.09% in February to 92.81% in March. This is now level 1 compliance only. Anyone previously having the level 2 competency has been assigned the level 1 competency.			
Safeguarding compliance increased from 89.59% in February to 95.25% in March.			
39 colleagues have not completed any of the 5 mandatory training elements in focus during 2017/2018. 15 of these are from the Medical & Dental staff group.			

Workforce Information - Key measures

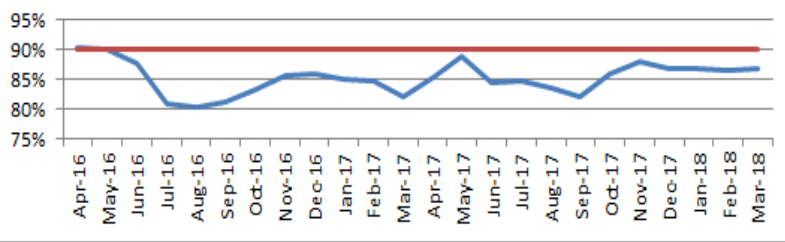
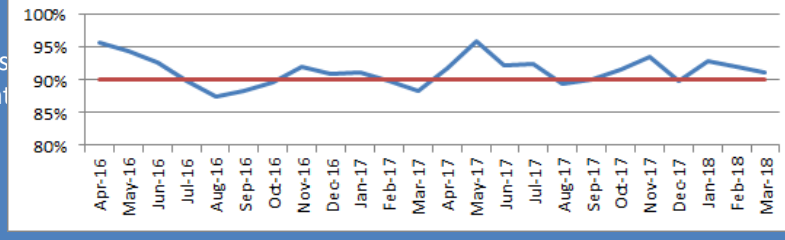
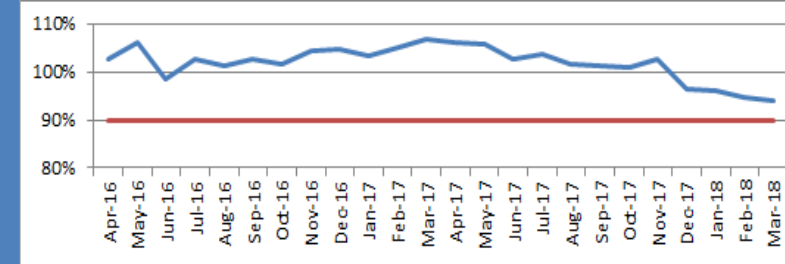
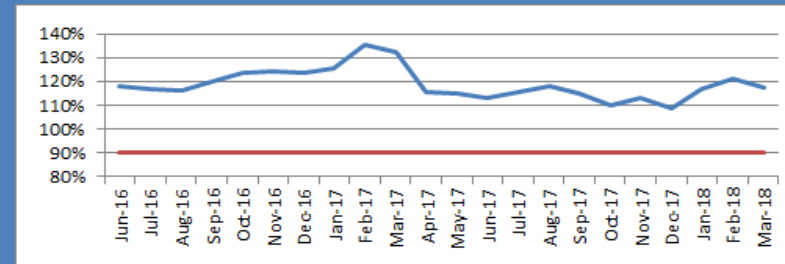
		16/17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	Target	Threshold/Monthly
Sickness YTD																		
Sickness Absence rate (%)	6.00%	4.32%	3.64%	3.76%	3.83%	3.84%	3.82%	3.86%	3.89%	3.97%	4.00%	4.08%	4.10%	*	4.10%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red	
Long Term Sickness Absence rate (%)	2.74%	2.74%	2.41%	2.43%	2.51%	2.53%	2.54%	2.52%	2.53%	2.57%	2.57%	2.56%	2.56%	*	2.56%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red	
Short Term Sickness Absence rate (%)	1.58%	1.58%	1.23%	1.32%	1.32%	1.31%	1.29%	1.34%	1.35%	1.40%	1.43%	1.51%	1.55%	*	1.55%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red	
Sickness Monthly																		
Sickness Absence rate (%)	-	3.71%	3.64%	3.87%	3.97%	3.88%	3.77%	4.02%	4.07%	4.54%	4.26%	4.75%	4.41%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red	
Long Term Sickness Absence rate (%)	-	2.29%	2.41%	2.46%	2.66%	2.61%	2.55%	2.41%	2.64%	2.81%	2.55%	2.53%	2.49%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red	
Short Term Sickness Absence rate (%)	-	1.41%	1.23%	1.41%	1.31%	1.27%	1.22%	1.60%	1.43%	1.73%	1.72%	2.22%	1.91%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red	
Attendance Management KPIs																		
Return to work Interviews (%)	66.28%	71.06%	45.52%	45.13%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	*	-	100.00%	90% Green 65%-89% Amber <65% Red	
Number of cases progressing/not progressing from short term absence to long term absence	-	88/603	97/514	106/524	118/512	104/548	86/545	90/664	100/686	109/727	91/731	113/937	188/774	*	-	-		
Staff in Post																		
Staff in Post Headcount	6096	6096	6066	6068	6083	5981	5969	6009	6031	6048	6016	6044	6045	6036	-	-		
Staff in Post (FTE)	5305.80	5305.80	5274.40	5278.92	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	-	-		
Staff Movements																		
Turnover rate (%)	-	0.96%	1.15%	0.89%	2.24%	1.14%	1.04%	0.82%	1.05%	0.61%	1.01%	0.77%	0.46%	0.95%	-	-		
Executive Turnover (%)	-	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-		
Turnover rate (%) (Rolling 12m)	11.58%	11.58%	11.89%	12.00%	12.97%	13.13%	13.16%	12.75%	12.95%	12.81%	13.05%	13.06%	12.87%	12.95%	-	-		
Vacancies																		
Establishment (Position FTE)**	5603.00	5603.00	5738.96	5681.65	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	-	-		
Vacancies (FTE)**	305.58	305.58	434.53	393.09	380.54	374.98	400.11	341.47	333.55	318.08	359.05	329.82	331.07	362.39	-	-		
Vacancies (%)**	5.45%	5.45%	7.57%	6.92%	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	-	-		
Proportion of Temporary (Agency) Staff	-	4.34%	3.10%	3.97%	3.05%	3.79%	4.26%	3.98%	3.24%	3.31%	3.79%	3.96%	3.59%	*	-	-		
Agency Spend*	£23.44M	£1.85M	£1.36M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	-	-		
Hard Truths																		
Hard Truths Summary - Nurses/Midwives	-	82.22%	85.31%	88.82%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	-	100.00%		
Hard Truths Summary - Day Care Staff	-	106.89%	106.35%	105.91%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	-	100.00%		
Hard Truths Summary - Night Nurses/Midwives	-	88.25%	91.90%	95.96%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	-	100.00%		
Hard Truths Summary - Night Care Staff	-	132.45%	116.05%	115.04%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	-	100.00%		
FFT Staff																		
FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)	-	87% (Q4)	81% (Q1)			79% (Q2)			*					-	-			
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)	-	63% (Q4)	63% (Q1)			57% (Q2)			*					-	-			
Mandatory Training (12m rolling)																		
Fire Safety (1 Year Refresher)	73.07%	74.66%	78.06%	79.13%	80.63%	80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	-	95.00%	95% planned position (95% at 31 March 2018)	
Data Security Awareness (1 Year Refresher)	71.84%	74.57%	76.61%	77.24%	78.84%	78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	-	95.00%	95% planned position (95% at 31 March 2018)	
Infection Control (1 Year Refresher)	73.28%	75.41%	77.19%	76.03%	76.14%	76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	-	95.00%	95% planned position (95% at 31 March 2018)	
Manual Handling (2 Year Refresher)	91.00%	89.80%	91.00%	91.47%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	-	95.00%	95% planned position (95% at 31 March 2018)	
Safeguarding (3 Year Refresher)	84.68%	83.05%	84.68%	85.51%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	-	95.00%	95% planned position (95% at 31 March 2018)	
Appraisal																		
Appraisal (1 Year Refresher) (Year To Date)	96.57%	96.57%	0.81%	2.77%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	-	100.00%	(100% at 31 October 2017)	
Appraisal (1 Year Refresher) (Rolling)	96.57%	96.57%	92.17%	87.62%	82.28%	78.97%	79.10%	85.20%	97.43%	96.96%	96.10%	95.66%	94.93%	93.50%	-	95.00%		

*Data one month behind

**Vacancy information is updated monthly and is based on the funded establishment in ESR, this is fed by the establishment information stored in the Trust's financial systems.

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

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	86.85% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 5b 68.7% - 7a/d 73.2% - 7c 69.4% - 17 74.7% - 20 73.2% - 9 67.2%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates reported in March 2018 are due to a level of vacancy and the teams not being able to achieve their WFM.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	91.40% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - ward 5b 72.6% - ward 7c 70.2% - ward 8a/b 59.1% - ward 10 68.8% - ward 12 72%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to teams supporting additional capacity beds, a level of vacancy, a level of sickness and embedding new WFM to support re-configuration of medical services. The low fill on ward 8a/b is due to the variable bed base.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	94.08% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 57.8% - NICU 40.8% - Ward 3ABCD 66.1% - 5b 71.8%	The low HCA fill rates in March are attributed to fluctuating bed capacity, support of additional capacity ward, a level of HCA vacancy within the FSS division and re-configuration of medical services. This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	118.28% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU 62.9%	NICU had a fill rate of less than 75%. This is managed operationally by the senior team. Fill rate in excess of 100% can be attributed to supporting 1-1 requirements and support of reduced RN fill.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers																				
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
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	3162	2922.17	2883	2043.83	92.4%	70.9%	2728	2,450.25	2046	1,881.50	89.8%	92.0%	11.9	10.2			0	3	6.95	0
HRI MAU	2046	1903.5	2139	1928.83	93.0%	90.2%	1705	1,543.83	1364	1,333.75	90.5%	97.8%	11.0	10.2			1	16	0	0
HRI Ward 5 (previously ward 4)	1674	1266.5	1209	1494.5	75.7%	123.6%	1023	981.75	1023	1,333.83	96.0%	130.4%	6.6	6.8			1	10	2	0
WARD 15	2046	1601.42	2046	1855.92	78.3%	90.7%	1364	1253	1364	1276	91.9%	93.5%	7.3	6.5			0	6	4.5	4.3
WARD 5C	1069.5	968.97	837	897.33	90.6%	107.2%	682	647.50	341	528	94.9%	154.8%	5.4	5.6			0	1	3.28	0
WARD 6	1674	1545.42	1209	1246.67	92.3%	103.1%	1023	934.17	682	803	91.3%	117.7%	7.0	6.9	1		0	9	2.4	2
WARD 6BC	1674	1540.5	1209	1170.67	92.0%	96.8%	1364	1269	682	770	93.0%	112.9%	4.7	4.5			0	9	0	0
WARD 5B	2046	1405	1069.5	768.1667	68.7%	71.8%	1364	990.00	682	638.5	72.6%	93.6%	10.4	7.6			2	2	4.74	0
WARD 6A	976.5	733	976.5	805.5	75.1%	82.5%	682	682.00	341	506.00	100.0%	148.4%	4.7	4.3			0	5	2.2	1.6
WARD CCU	1674	1387.92	372	328.5	82.9%	88.3%	1023	1012	0	22	98.9%	-	9.7	8.7			0	2	0	0
WARD 7AD	1674	1225.83	1581	2108.08	73.2%	133.3%	1023	1012	1023	1138	98.9%	111.2%	6.5	6.8			0	6	1.19	0
WARD 7B	837	855.58	837	901.5	102.2%	107.7%	682	681.5	341	374.00	99.9%	109.7%	7.2	7.5			0	3	5.9	0
WARD 7C	1674	1161.53	837	930	69.4%	111.1%	1364	957	341	637.5	70.2%	187.0%	11.5	10.0			0	9	0	0
WARD 8	1441.5	1148.83	1209	1825.5	79.7%	151.0%	1023	965.00	1023	1585	94.3%	154.9%	6.1	7.2			3	7	7.11	0
WARD 12	1674	1379	837	911.67	82.4%	108.9%	1023	737	341	726	72.0%	212.9%	5.7	5.5			0	8	2.68	2.5
WARD 17	2046	1528.75	1209	1096.5	74.7%	90.7%	1023	1,001.00	682	671.00	97.8%	98.4%	5.9	5.1			3	3	1.91	0
WARD 8C	837	755.83	837	769.33	90.3%	91.9%	682	674.00	341	645.83	98.8%	189.4%	4.6	4.9	1		1	1	6.38	1
WARD 20	2046	1496.83	2046	1711.92	73.2%	83.7%	1364	1,080.75	1364	1331.5	79.2%	97.6%	7.1	5.8			0	13	4.5	0
WARD 21	1534.5	1210.15	1534.5	1453.5	78.9%	94.7%	1069.5	1007	1069.5	1034.5	94.2%	96.7%	8.7	7.8			0	2	7.15	2
ICU	4030	3817.75	821.5	474.5	94.7%	57.8%	4278	3884	0	11.5	90.8%	-	40.9	36.7			2	0	3.77	0
WARD 3	945.5	959	821.5	786.83	101.4%	95.8%	713	678.5	356.5	672.75	95.2%	188.7%	6.4	7.0			0	6	0.46	1.59
WARD 8AB	1054	793.9	821.5	710.17	75.3%	86.4%	1069.5	632.5	356.5	345	59.1%	96.8%	10.8	8.1			1	1	2.57	0
WARD 8D	821.5	788.67	821.5	719.63	96.0%	87.6%	713	678.50	0	460	95.2%	-	5.3	5.9			1	2	1.87	0
WARD 10	1302	1170.58	821.5	824	89.9%	100.3%	1069.5	736.00	356.5	795.00	68.8%	223.0%	6.2	6.1			0	4	7.81	0
WARD 11	1534.5	1455.42	1302	1055	94.8%	81.0%	1069.5	1036.5	356.5	861.75	96.9%	241.7%	5.5	5.7			3	6	2.66	0
WARD 19	1643	1292.67	1178	1508.83	78.7%	128.1%	1069.5	1,056.50	1069.5	1390	98.8%	130.0%	8.6	9.1			3	5	1.92	0
WARD 22	1178	1140.92	1178	1110.58	96.9%	94.3%	713	701.50	713	724.5	98.4%	101.6%	5.3	5.2			1	7	1.55	2
SAU HRI	1891	1633.92	1069.5	1091.67	86.4%	102.1%	1426	1,413.58	356.5	391	99.1%	109.7%	10.1	9.6			0	1	4.27	0
WARD LDRP	4278	3699.52	945.5	746.67	86.5%	79.0%	4278	3504.17	713	632.55	81.9%	88.7%	21.2	17.8			0	0	0	5.48
WARD NICU	2247.5	2163.45	930	379.68	96.3%	40.8%	2139	1,904.00	713	448.5	89.0%	62.9%	11.5	9.3			0	0	0.86	2.5
WARD 1D	1302	1136.5	356.5	356.5	87.3%	100.0%	713	702.75	356.5	345	98.6%	96.8%	4.6	4.2			0	0	1.72	0
WARD 3ABCD	3425.5	3480.92	1178	973	101.6%	82.6%	2495.5	3248	356.5	371	130.2%	104.1%	9.6	10.4			0	1	0	3.5
WARD 4C	713	1164.08	465	356.67	163.3%	76.7%	713	712.5	356.5	351.5	99.9%	98.6%	6.7	7.7			0	0	3	3.46
WARD 9	1069.5	718.83	356.5	356.5	67.2%	100.0%	713	713	356.5	356.5	100.0%	100.0%	4.9	4.2			0	0	2.14	0.57
Trust	59241	51452.86	37944	35698.1	86.85%	94.08%	45384	41480.8	21467.5	25392.5	91.40%	118.28%	7.9	7.4						

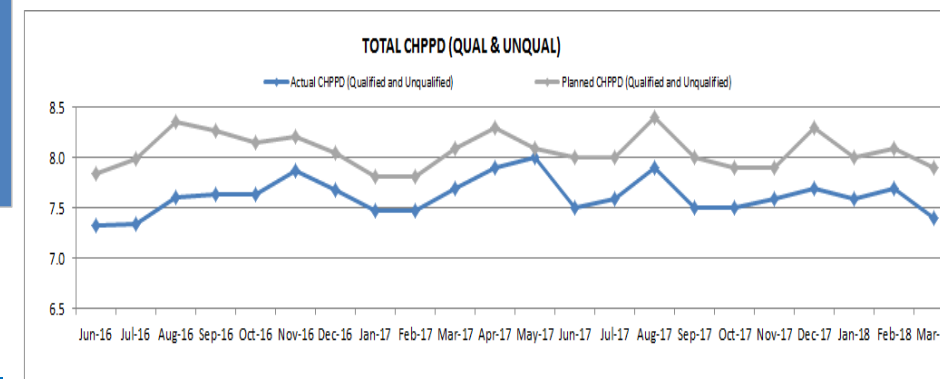
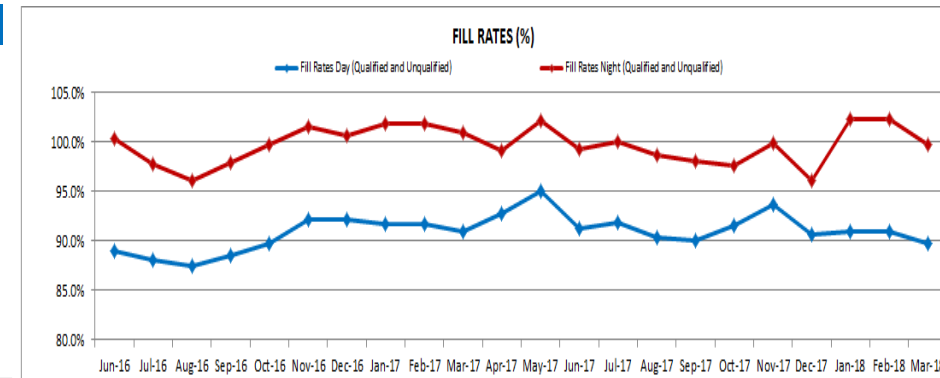
Hard Truths: Safe Staffing Levels (3)

Care Hours per Patient Day

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

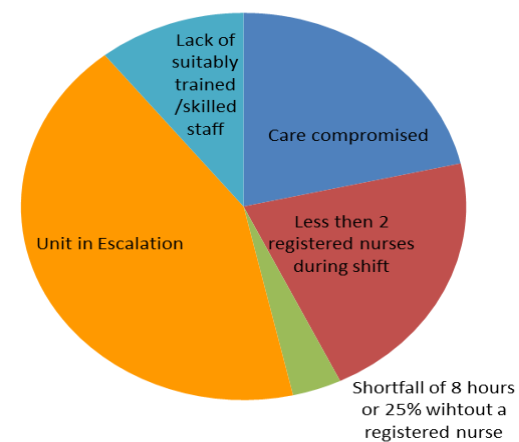
	Jan-18	Feb-18	Mar-18
Fill Rates Day (Qualified and Unqualified)	90.96%	90.96%	89.70%
Fill Rates Night (Qualified and Unqualified)	102.24%	102.24%	99.70%
Planned CHPPD (Qualified and Unqualified)	8.0	8.1	7.9
Actual CHPPD (Qualified and Unqualified)	7.6	7.7	7.4

A review of April 2018 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 23 clinical areas of the 34 reviewed having CHPPD less than planned. 11 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.

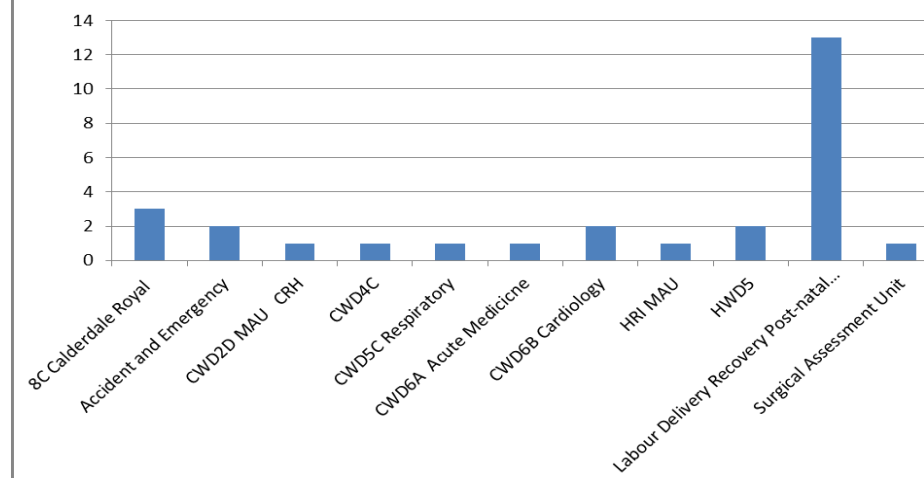


RED FLAG INCIDENTS

Incidents by Adverse Events March 2018



Incidents by Dept/Ward March 2018



A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily by the divisions and reviewed monthly through the Nursing workforce strategy group.

There were **28 Trust Wide Red shifts** declared in **March 2018**. There has been an increase in red flagged incidents this month. Some attributed to the newly implemented Standard operating procedure (SOP) for high cost agency staffing which requires submission of a datix.

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

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

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

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

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce and going forward the fill rates for individual areas will improve as these team members become established in the workforce numbers. Focused recruitment continues for this specific area.
2. Further recruitment event planned for May 2018.
3. Applications from international recruitment projects are progressing well and the first 8 nurses have arrived in Trust, with a further 5 planned for deployment in May/June 2018.
4. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NAs who started in post in April 2017. A proposal has been developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees will begin the programme in Spring 2018. Recruitment underway.
5. 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 year long graduate programme to support and develop new starters.
6. 4 Additional clinical educators have been recruited to the medical division. They will have a real focus on supporting new graduates and overseas nurses to the workforce.
7. A new module of E roster called safe care is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity.

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Mar 2018 - Month 12

KEY METRICS

	M12			YTD (MAR 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) Control Total basis	£2.66	£5.06	£2.40	(£15.94)	(£23.91)	(£7.97)	(£15.94)	(£23.91)	(£7.97)
Agency Expenditure	(£1.36)	(£1.95)	(£0.59)	(£16.86)	(£16.86)	£0.00	(£16.86)	(£16.86)	£0.00
Capital	£0.37	£4.29	(£3.92)	£14.39	£15.62	(£1.23)	£14.39	£15.62	(£1.23)
Cash	£1.91	£2.00	£0.09	£1.91	£2.00	£0.09	£1.91	£2.00	£0.09
Borrowing (Cumulative)	£87.62	£103.86	£16.24	£87.62	£103.86	£16.24	£87.62	£0.00	(£87.62)
CIP	£4.45	£3.38	(£1.07)	£20.00	£17.91	(£2.09)	£20.00	£17.91	(£2.09)
Use of Resource Metric	2	2		3	3		3	3	

- Reported year end deficit position of £47.68m,
- On a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £23.91m an adverse variance of £7.97m compared with the control total of £15.94m;
- Delivery of CIP is £17.91m this is below the planned level of £20.00m;
- Capital expenditure is £1.23m above plan;
- Cash position is £2.00m, slightly above the planned level;
- A Use of Resources score of level 3, in line with the plan.

At the year end the gap to our control total was £7.97m which is in line with the position agreed with NHSI at Month 9. This excludes the impact of loss of STF funding. £7.40m of performance based STF funding has been lost based on Q1 & 2 A&E performance and financial performance in M7-12. This is been partially offset by the decision to allocate the Trust £2.89m of 'bonus' STF funding as part of a general distribution to organisations that agreed their 1718 Control Totals.

INCOME AND EXPENDITURE SUMMARY

	M12			YTD (MAR 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Income	£32.41	£36.54	£4.13	£374.74	£360.97	(£13.77)	£374.74	£360.97	(£13.77)
Pay	(£19.70)	(£20.71)	(£1.01)	(£241.10)	(£245.11)	(£4.01)	(£241.10)	(£245.11)	(£4.01)
Non Pay	(£8.12)	(£10.02)	(£1.90)	(£124.55)	(£122.09)	£2.46	(£124.55)	(£122.09)	£2.46
Total Expenditure	(£27.82)	(£30.73)	(£2.91)	(£365.65)	(£367.20)	(£1.55)	(£365.65)	(£367.20)	(£1.55)
EBITDA	£4.59	£5.81	£1.22	£9.09	(£6.23)	(£15.32)	£9.09	(£6.23)	(£15.32)
Non Operating Expenditure	(£1.92)	(£18.22)	(£16.30)	(£38.93)	(£41.45)	(£2.52)	(£38.93)	(£41.45)	(£2.52)
Surplus / (Deficit)	£2.67	(£12.41)	(£15.07)	(£29.84)	(£47.68)	(£17.83)	(£29.84)	(£47.68)	(£17.83)
Less: Items excluded from Control Total	(£0.01)	£19.17	£19.18	£13.90	£19.25	£5.35	£13.90	£19.25	£5.35
Less: Loss of STF funding	£0.00	(£1.71)	(£1.71)	£0.00	£4.51	£4.51	£0.00	£4.51	£4.51
Surplus / (Deficit) Control Total basis	£2.66	£5.06	£2.40	(£15.94)	(£23.91)	(£7.97)	(£15.94)	(£23.91)	(£7.97)

Key recovery actions

- This position includes £1.9m of winter funding (£1m of which was contingent upon delivery of the agreed forecast); and £1m revenue to capital transfer both of which are supported by NHSI.
- In addition, the position includes £1.5m benefit from the set-up of the SPV in-year (reduced from £1.9m previously assumed based on the latest professional VAT advice). The reported CIP position has been maintained as forecast against this scheme due to an increase in the associated technical accounting benefits;
- A further £4.2m benefit comes from the negotiated settlement with ISS for which signing of contract agreements is pending.
- A year end settlement agreed with the two main local commissioners and NHS England removed risk around securing CQUIN, winter funding and activity fluctuations.

Month 12 movements

- It should be noted that whilst the overall position to report is in line with the forecast and NHSI expectations there were a number of significant movements from forecast in Month 12.
- The divisional positions were materially worse than forecast across FSS (£0.17m), Surgery (£0.38m) and Medicine (£0.25m) with the adverse movement being predominantly driven by medical and nursing pay.
- This adverse movement was compensated largely by central technical benefits including £0.7m from the revaluation of investment property within the Joint Venture, £0.2m VAT rebate and £0.4m reduction to depreciation.
- Once again, these benefits are in the main non-recurrent and have contributed to a total of £18m of one off benefits that have been realised in year.

CLINICAL ACTIVITY

	M12			YTD (MAR 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	677	454	(223)	7,958	5,699	(2,259)	7,958	5,699	(2,259)
Non-Elective	4,482	4,973	491	50,873	56,176	5,302	50,873	56,176	5,302
Daycase	3,241	2,865	(376)	38,132	34,988	(3,145)	38,132	34,988	(3,145)
Outpatient	30,589	25,060	(5,529)	359,602	319,636	(39,966)	359,602	319,636	(39,966)
A&E	14,022	12,112	(1,910)	155,414	148,387	(7,027)	155,414	148,387	(7,027)
Other NHS Non-Tariff	141,391	142,263	872	1,622,193	1,673,923	51,730	1,622,193	1,673,923	51,730
Other NHS Tariff	11,380	10,469	(911)	133,242	122,786	(10,456)	133,242	122,786	(10,456)
Total	205,782	198,196	(7,586)	2,367,414	2,361,594	(5,820)	2,367,414	2,361,594	(5,820)

Trust Financial Overview as at 31st Mar 2018 - Month 12

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M12

CLINICAL ACTIVITY

	M12 Plan	M12 Actual	Var	
Elective	7,958	5,699	(2,259)	●
Non-Elective	50,873	56,176	5,302	●
Daycase	38,132	34,988	(3,145)	●
Outpatient	359,602	319,636	(39,966)	●
A&E	155,414	148,387	(7,027)	●
Other NHS Non-Tariff	1,622,193	1,673,923	51,730	●
Other NHS Tariff	133,242	122,786	(10,456)	●
Total	2,367,414	2,361,594	(5,820)	

TRUST: INCOME AND EXPENDITURE

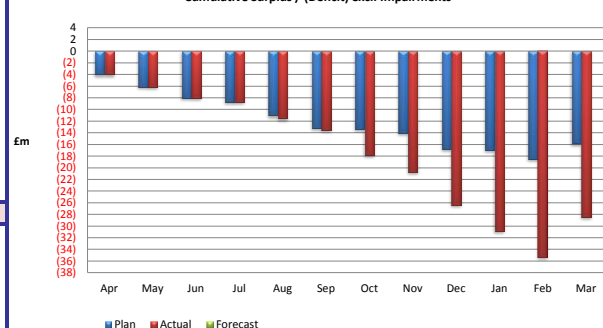
	M12 Plan £m	M12 Actual £m	Var £m	
Elective	£22.36	£16.95	(£5.41)	●
Non Elective	£95.53	£100.26	£4.74	●
Daycase	£26.51	£25.12	(£1.39)	●
Outpatients	£41.84	£37.38	(£4.45)	●
A & E	£19.24	£17.88	(£1.36)	●
Other-NHS Clinical	£122.22	£114.99	(£7.24)	●
CQUIN	£6.99	£6.67	(£0.32)	●
Other Income	£40.05	£41.71	£1.66	●
Total Income	£374.74	£360.97	(£13.77)	●
Pay	(£241.10)	(£245.11)	(£4.01)	●
Drug Costs	(£35.34)	(£35.13)	£0.21	●
Clinical Support	(£32.76)	(£28.00)	£4.76	●
Other Costs	(£44.27)	(£46.77)	(£2.50)	●
PFI Costs	(£12.19)	(£12.19)	£0.00	●
Total Expenditure	(£365.65)	(£367.20)	(£1.55)	●
EBITDA	£9.09	(£6.23)	(£15.32)	●
Non Operating Expenditure	(£38.93)	(£41.45)	(£2.52)	●
Surplus / (Deficit)	(£29.84)	(£47.68)	(£17.83)	●
Less: Items excluded from Control Total	£13.90	£19.25	£5.35	
Less: Loss of STF funding	£0.00	£4.51	£4.51	
Surplus / (Deficit) Control Total basis	(£15.94)	(£23.91)	(£7.97)	●

DIVISIONS: INCOME AND EXPENDITURE

	M12 Plan £m	M12 Actual £m	Var £m	
Surgery & Anaesthetics	£21.14	£9.29	(£11.86)	●
Medical	£28.66	£25.11	(£3.56)	●
Families & Specialist Services	(£0.66)	(£5.41)	(£4.75)	●
Community	£2.36	£2.68	£0.32	●
Estates & Facilities	(£25.65)	(£26.22)	(£0.57)	●
Corporate	(£30.16)	(£30.41)	(£0.25)	●
THIS	£0.03	£0.19	£0.16	●
PMU	£2.75	£2.82	£0.08	●
Central Inc/Technical Accounts	(£29.60)	(£26.41)	£3.19	●
Reserves	(£2.00)	(£0.01)	£1.99	●
Unallocated CIP	£3.30	£0.70	(£2.60)	●
Surplus / (Deficit)	(£29.84)	(£47.68)	(£17.83)	●

TRUST SURPLUS / (DEFICIT)

Cumulative Surplus / (Deficit) excl. Impairments

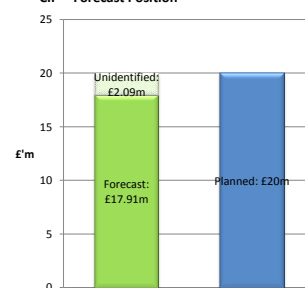


KEY METRICS

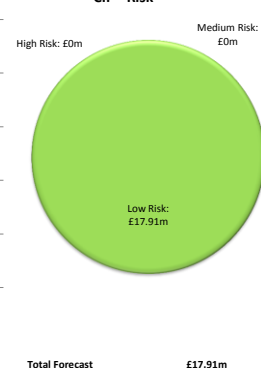
	Year To Date			Year End: Forecast			
	M12 Plan £m	M12 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£15.94)	(£23.91)	(£7.97)	(£15.94)	(£23.91)	(£7.97)	●
Capital	£14.39	£15.62	(£1.23)	£14.39	£15.62	(£1.23)	●
Cash	£1.91	£2.00	£0.09	£1.91	£2.00	£0.09	●
Loans	£87.62	£103.86	£16.24	£87.62	£0.00	(£87.62)	●
CIP	£20.00	£17.91	(£2.09)	£20.00	£17.91	(£2.09)	●
Use of Resource Metric	3	3		3	3		●

COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



CIP - Risk



YEAR END 2017/18

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	7,958	5,699	(2,259)	●
Non-Elective	50,873	56,176	5,302	●
Daycase	38,132	34,988	(3,145)	●
Outpatient	359,602	319,636	(39,966)	●
A&E	155,414	148,387	(7,027)	●
Other NHS Non-Tariff	1,622,193	1,673,923	51,730	●
Other NHS Tariff	133,242	122,786	(10,456)	●
Total	2,367,414	2,361,594	(5,820)	

TRUST: INCOME AND EXPENDITURE

	Plan £m	Actual £m	Var £m	
Elective	£22.36	£16.95	(£5.41)	●
Non Elective	£95.53	£100.26	£4.74	●
Daycase	£26.51	£25.12	(£1.39)	●
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Other-NHS Clinical	£122.22	£114.99	(£7.24)	●
CQUIN	£6.99	£6.67	(£0.32)	●
Other Income	£40.05	£41.71	£1.66	●
Total Income	£374.74	£360.97	(£13.77)	●
Pay	(£241.10)	(£245.11)	(£4.01)	●
Drug Costs	(£35.34)	(£35.13)	£0.20	●
Clinical Support	(£32.76)	(£28.00)	£4.76	●
Other Costs	(£44.27)	(£50.75)	(£6.48)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
Total Expenditure	(£365.65)	(£367.20)	(£1.55)	●
EBITDA	£9.09	(£6.23)	(£15.32)	●
Non Operating Expenditure	(£38.93)	(£41.45)	(£2.52)	●
Surplus / (Deficit)	(£29.84)	(£47.68)	(£17.83)	●
Less: Items excluded from Control Total	£13.90	£19.25	£5.35	
Less: Loss of STF funding	£0.00	£4.51	£4.51	
Surplus / (Deficit) Control Total basis	(£15.94)	(£23.91)	(£7.97)	●

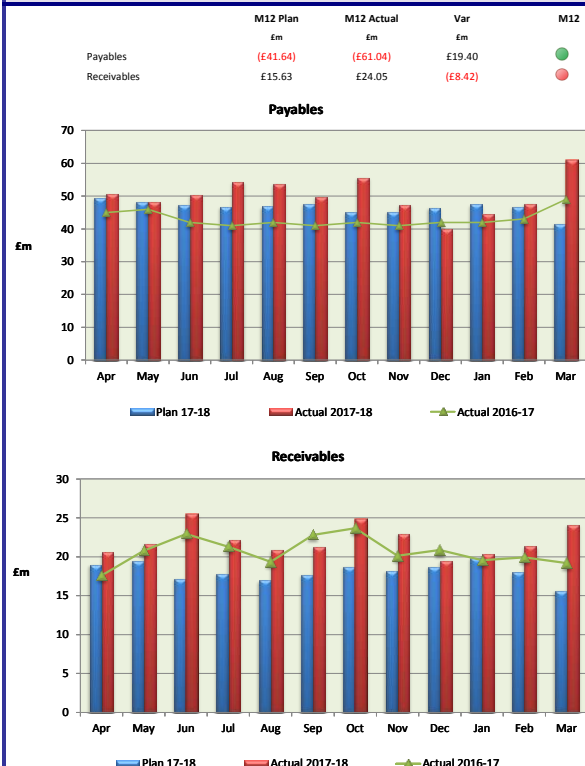
DIVISIONS: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Surgery & Anaesthetics	£21.14	£9.29	(£11.86)	●
Medical	£28.66	£25.11	(£3.56)	●
Families & Specialist Services	(£0.66)	(£5.41)	(£4.75)	●
Community	£2.36	£2.68	£0.32	●
Estates & Facilities	(£25.65)	(£26.22)	(£0.57)	●
Corporate	(£30.16)	(£30.41)	(£0.25)	●
THIS	£0.03	£0.19	£0.16	●
PMU	£2.75	£2.82	£0.08	●
Central Inc/Technical Accounts	(£29.60)	(£25.71)	£3.89	●
Reserves	(£2.00)	(£0.01)	£1.99	●
Unallocated CIP	£3.30	£0.00	(£3.30)	●
Surplus / (Deficit)	(£29.84)	(£47.68)	(£17.83)	●

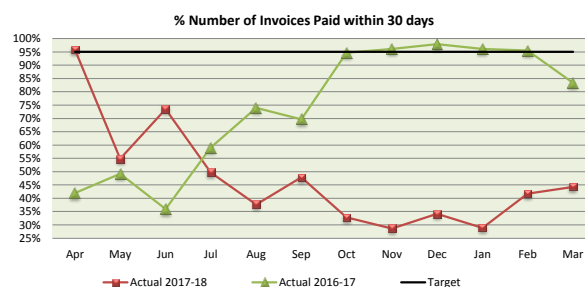
Trust Financial Overview as at 31st Mar 2018 - Month 12

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

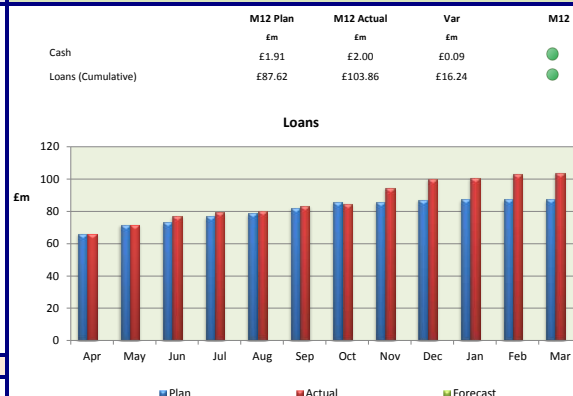
WORKING CAPITAL



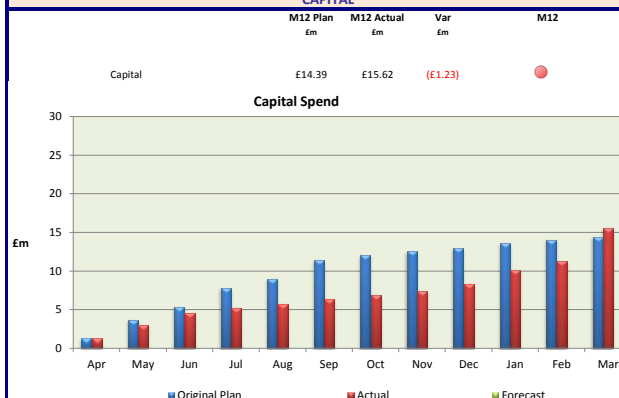
BETTER PAYMENT PRACTICE CODE



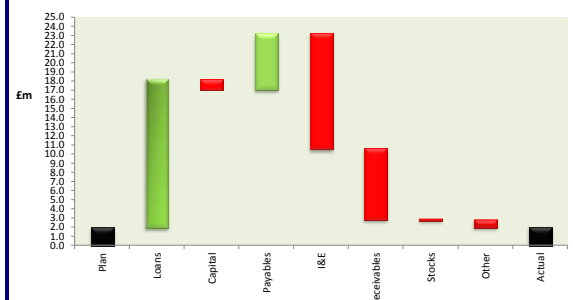
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year end deficit is £47.68m versus a planned deficit of £29.84m. This £17.83m adverse variance includes £4.51m loss of STF funding £7.40m linked to performance, offset by a 'bonus' payment from the general distribution fund of £2.89m. It also includes a £5.35m adverse variance on items excluded for Control Total purposes: £5.22m higher than planned impairment and the I&E impact of Donated Assets (£0.13m).
- On a control total basis the year end deficit is £23.91, a variance of £7.97m compared to the planned year end Control Total deficit of £15.94m.
- The year to date position includes receipt of Sustainability and Transformation Funding (STF) of £5.59m, £4.51m less than the planned £10.10m, due to A&E performance against the 4 hour target (£0.83m), failure to achieve the control total in M7-12 (£6.57m), offset by the bonus of £2.89m.
- Activity continues to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. This underperformance has been offset to some extent by higher than planned non-elective activity, although this comes with associated unplanned costs due to the resulting pressure on capacity.
- Capital expenditure for the year is £15.62m, £1.23m above the plan of £14.39m.
- Cash balance is £2.00m, just above the planned level of £1.91m.
- Trust borrowing is above the planned level. In this financial year the Trust has borrowed £37m to support the deficit and working capital.
- CIP schemes have delivered £17.91m, £2.09m below the target of £20.00m.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 4 (planned as 1).

NOTES

- The year end position was slightly better than the forecast variance of £8m that has been reported and agreed with the regulator since the end of Quarter 3.
- This position includes £1.9m of winter funding (£1m of which was contingent upon delivery of the agreed forecast); and £1m revenue to capital transfer both of which are supported by NHSI.
- In addition, the position includes £1.5m benefit from the set-up of the SPV in-year (reduced from £1.9m previously assumed based on the latest professional VAT advice).
- A further £4.2m benefit comes from the negotiated settlement with ISS for which signing of contract agreements is pending.
- The divisional positions were materially worse than forecast across FSS (£0.17m), Surgery (£0.38m) and Medicine (£0.25m) with the adverse movement being predominantly driven by medical and nursing pay.
- This adverse movement was compensated largely by central technical benefits including £0.7m from the revaluation of investment property within the Joint Venture, £0.2m VAT rebate and £0.4m reduction to depreciation.
- Total borrowing was £45.0m in this financial year to support Capital and Revenue: £31.3m deficit funding, £5.7m working capital funding and £8m Capital loan. The total loan balance at year end is £103.9m, £16.2m higher than planned.
- Capital expenditure included additional expenditure of £1.23m compared to the planned level, including Donated Assets of £0.07m and an agreed £1m additional capital to support revenue. Capital expenditure was supported by the final £8m instalment of an existing Capital Loan facility.

RAG KEY:
(Excl: UOR)

- Actual / Forecast is on plan or an improvement on plan
- Actual / Forecast is worse than planned by <2%
- Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR

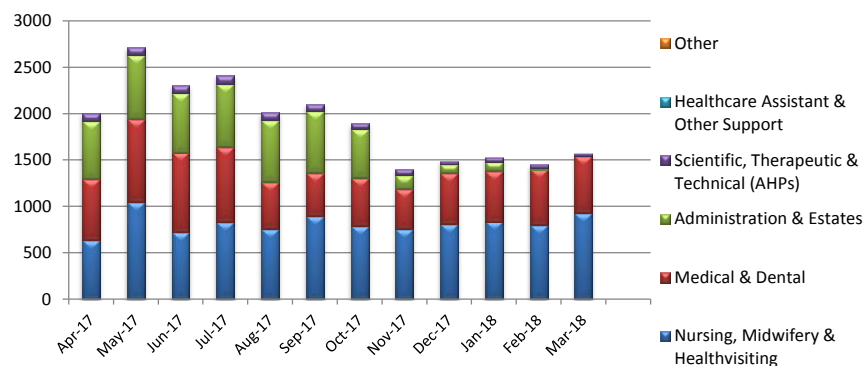
- All UOR metrics are at the planned level
- Overall UOR as planned, but one or more component metrics are worse than planned
- Overall UOR worse than planned

WORKFORCE

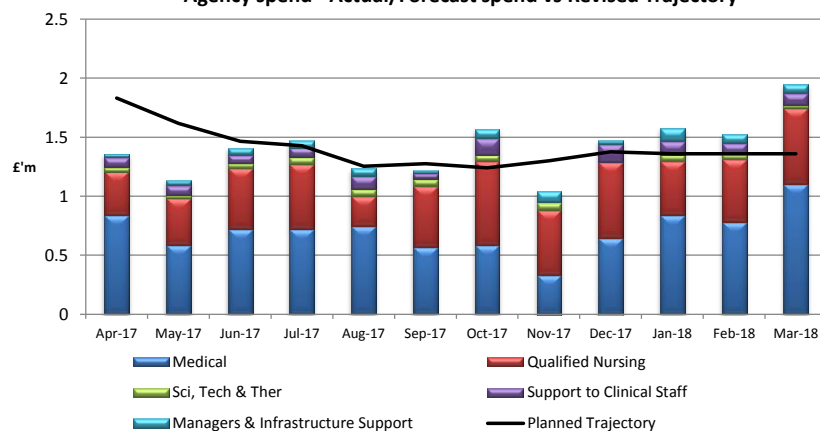
Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	21	55	73	170	11	329
Staff in post (WTE)	672	1,390	547	1,615	1,079	5,302
% Vacancies	3%	4%	12%	10%	1%	6%

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



Vacancies

At the end of Month 12 the Trust was carrying 329 vacancies, 6% of the total establishment. This is a reduction of 4 vacancies compared to Month 11. Medical vacancies remain unchanged at 12%. Qualified Nursing vacancies also remained unchanged at 10% of establishment.

Agency rate cap

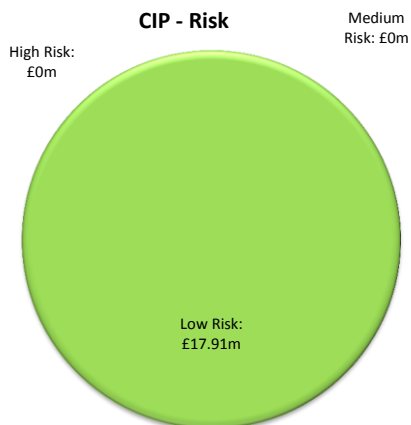
Overall Cap breaches increased slightly compared to the level reported in Month 11, but remain at a lower level than those reported between January and October. This reduction is largely linked to reduced Admin and Clerical agency usage in Health Informatics previously required for EPR implementation. Trends show that Nursing breaches have remained consistently high over the last 12 months, however, whilst Medical Breaches have increased over the last 4 months they remain at a lower level than that seen in 16/17.

Agency ceiling

Total reported agency spend in month was £1.95m; £0.59m higher than the planned value and the NHS Improvement Agency Ceiling. The in month increase predominantly relates to an increase in Medical agency costs, some of which were a catch up of costs incurred over the full quarter. Nursing agency costs also increased in month reflecting the pressure of additional capacity requirements. For the full year Agency expenditure was only just below the ceiling of £16.86m and this position includes total non-recurrent benefits of £0.82m relating to 16/17 agency costs. The underlying variance is therefore actually above the planned level. There has been some reduction in the level of Agency expenditure compared to 16/17 levels linked to staff moving onto payroll and the filling of vacancies.

COST IMPROVEMENT PROGRAMME

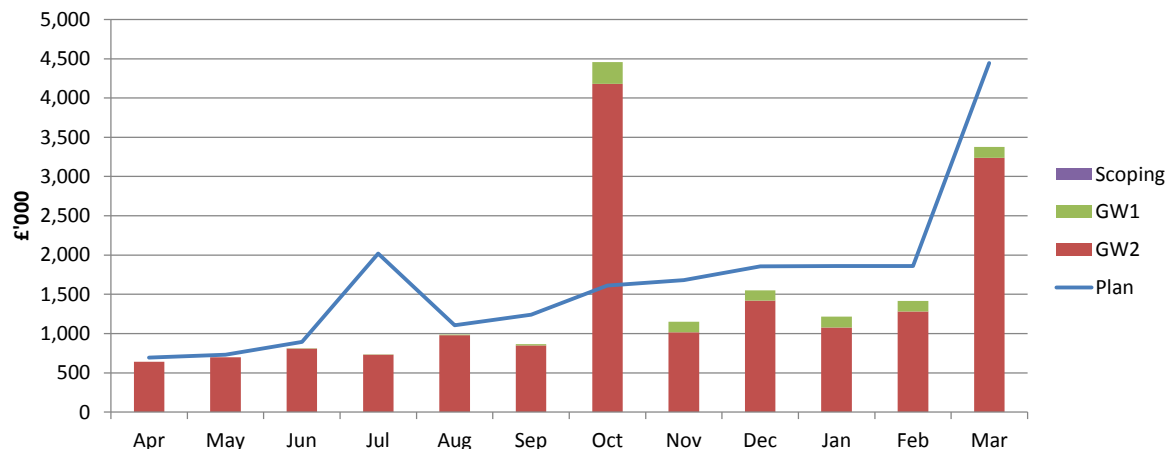
17/18 CIP					
Division	Plan	Forecast			
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m
Corporate Services	0.79	0.45	0.32	0.76	0.54
Health Informatics	0.55	0.36	0.19	0.55	0.52
Medicine	4.35	2.36	1.51	3.88	3.37
PMU	0.30	0.30	0.00	0.30	0.38
Surgery & Anaesthetics	4.88	2.61	0.26	2.87	3.39
Families & Specialist Services	4.36	2.10	1.24	3.34	2.45
Community	0.31	0.15	0.03	0.18	0.21
Estates & Facilities	1.16	0.69	0.20	0.89	0.76
Unallocated	3.30	0.00	5.13	5.13	0.00
Grand Total	20.00	9.02	8.89	17.91	11.64



£17.91m of CIP has been delivered in the year to date against a plan of £20.00m, an under performance of £2.09m. This position includes non-recurrent CIP of £3.5m relating to the refund of PFI facilities management and £1.9m savings relating to the Estates Special Purpose Vehicle (SPV), both of which are non-recurrent benefits.

Of the £17.91m CIP delivered, only £9.02m of the identified savings are 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 £11.64m, (£9.02m in 17/18 and the remaining £2.62m in 18/19). Non-Recurrent savings for 17/18 are £8.89m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into 18/19. The £8.36m gap between our planned £20m CIP for 17/18 and the full year effect of £11.64m forms part of the planning gap for next year.

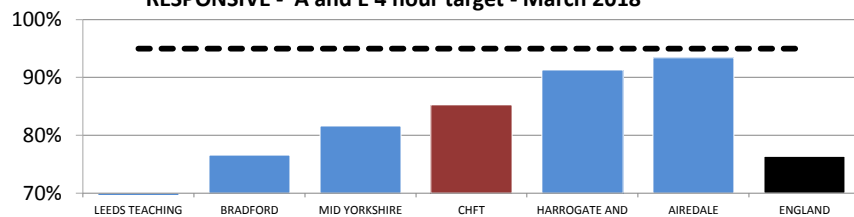
CIP Profile by Month



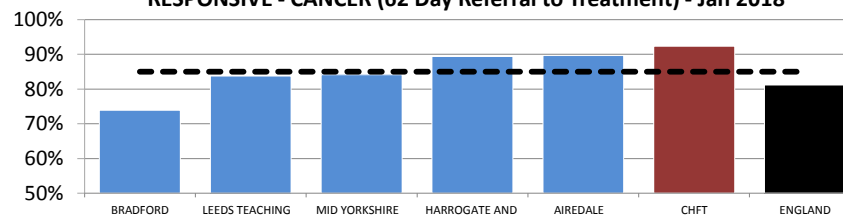
CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	693	732	894	2,021	1,104	1,242	1,610	1,679	1,858	1,862	1,860	4,446	20,000
GW2	641	699	807	732	981	849	4,180	1,016	1,422	1,076	1,281	3,240	16,926
GW1	-	-	4	2	9	16	278	136	127	141	136	136	984
Scoping	-	-	-	-	-	-	-	-	-	-	-	-	-
Unidentified	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Forecast	641	699	811	734	990	865	4,458	1,153	1,549	1,217	1,417	3,376	17,910

Benchmarking - Selected Measures

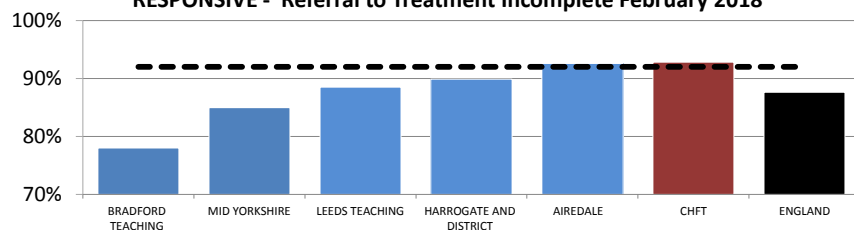
RESPONSIVE - A and E 4 hour target - March 2018



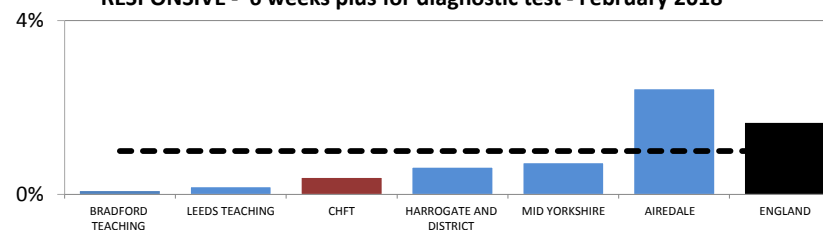
RESPONSIVE - CANCER (62 Day Referral to Treatment) - Jan 2018



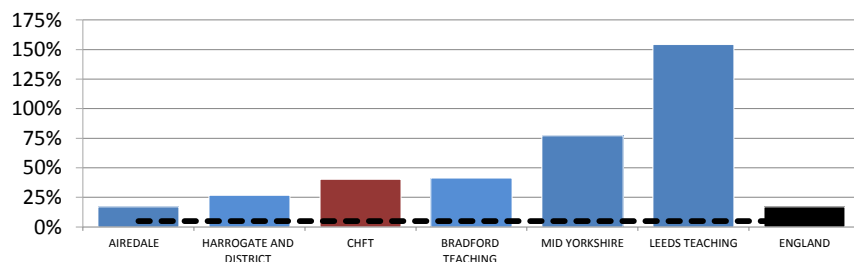
RESPONSIVE - Referral to Treatment Incomplete February 2018



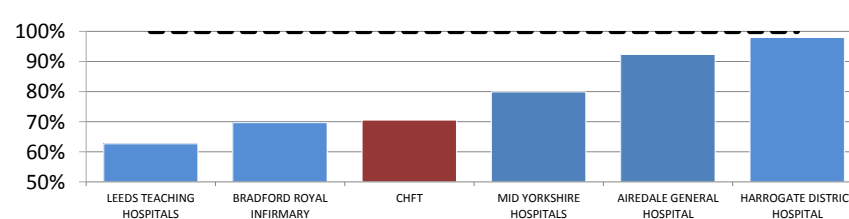
RESPONSIVE - 6 weeks plus for diagnostic test - February 2018



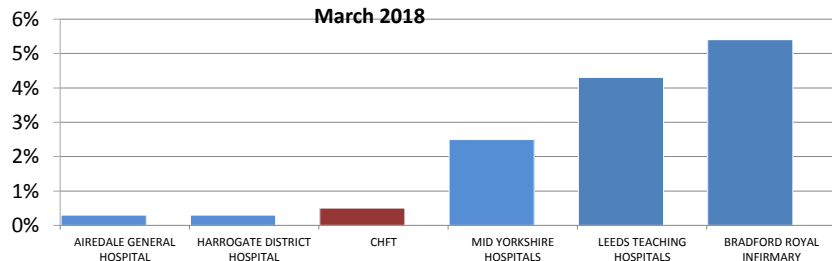
RESPONSIVE - ASIs on Choose & Book - March 2018



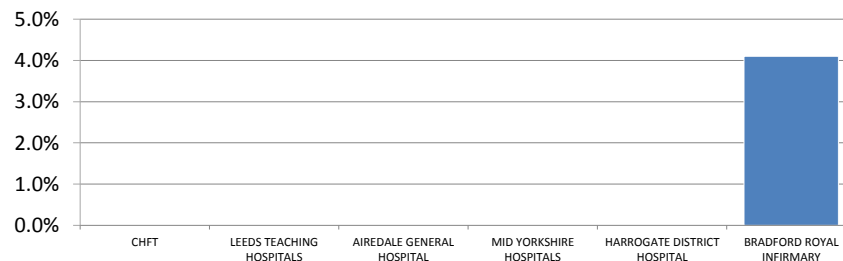
RESPONSIVE - YAS Ambulance handovers within 15 minutes March 2018



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes March 2018

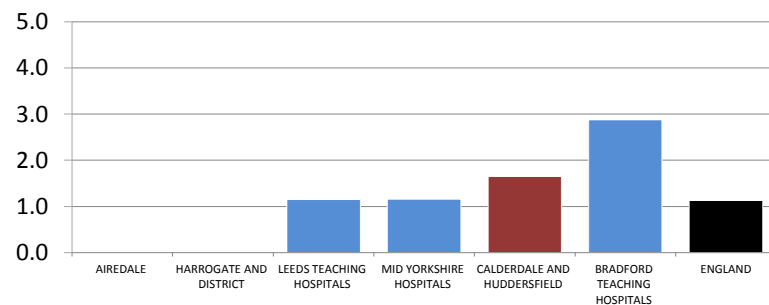


RESPONSIVE - YAS Ambulance handovers > 60 minutes - March 2018

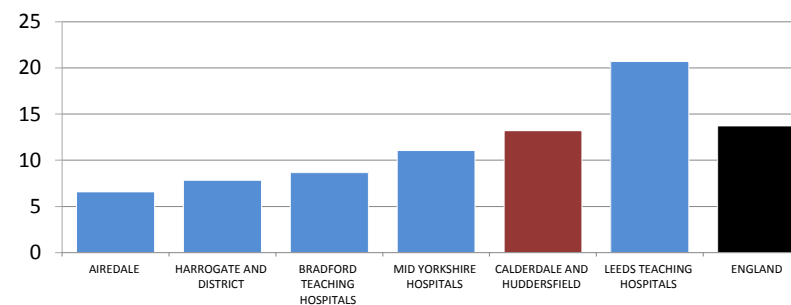


Benchmarking - Selected Measures

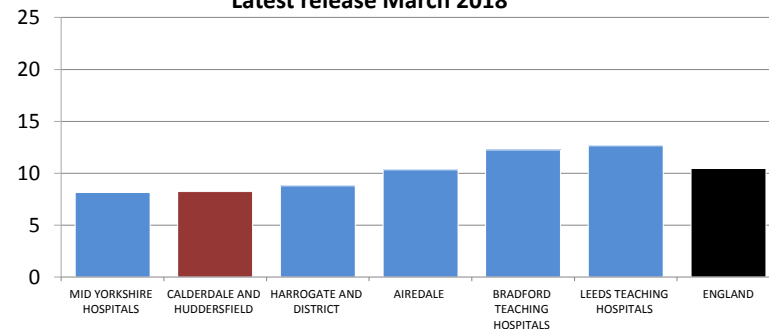
EFFECTIVE - MRSA per 100,000 days
Latest release March 2018



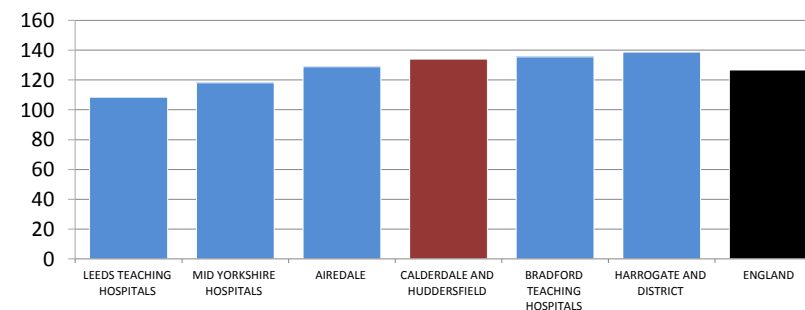
EFFECTIVE - C.Diff per 100,000 days
Latest release March 2018



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

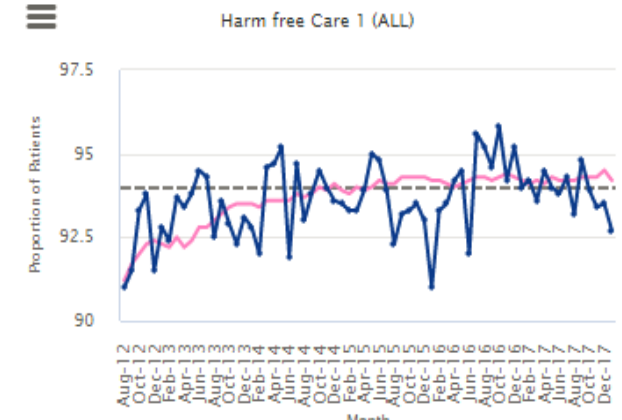
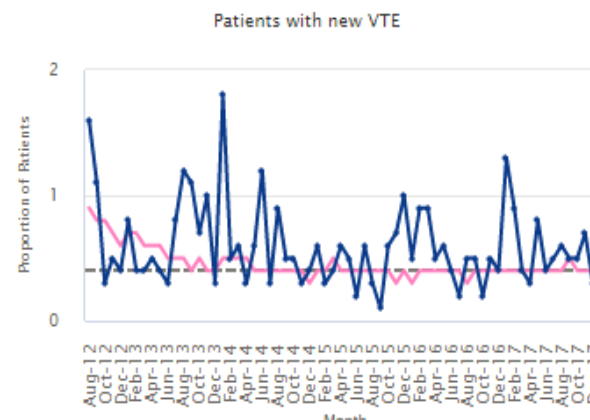
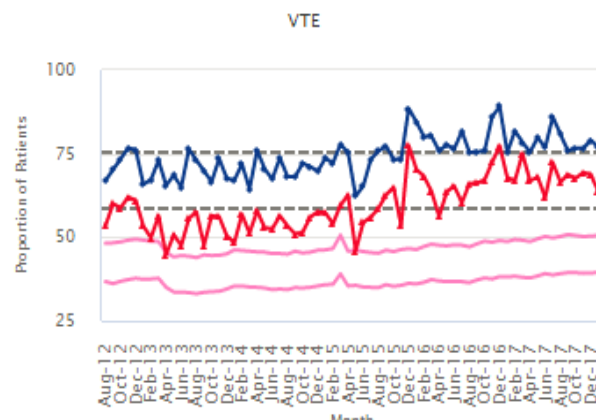
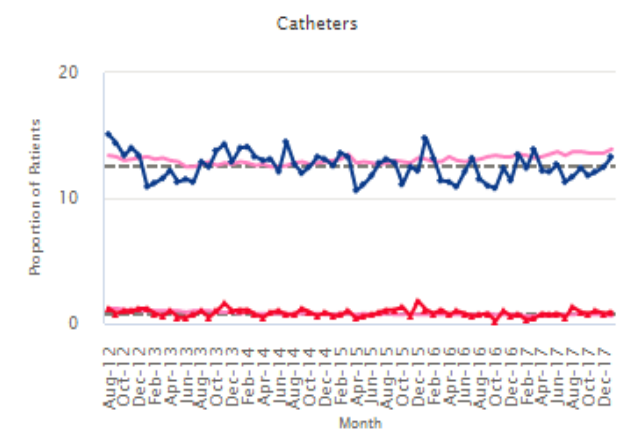
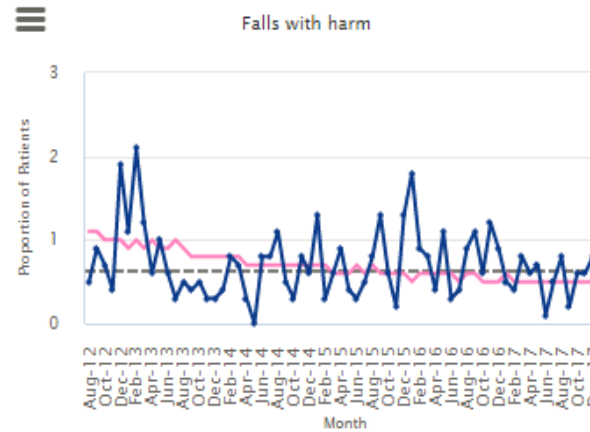
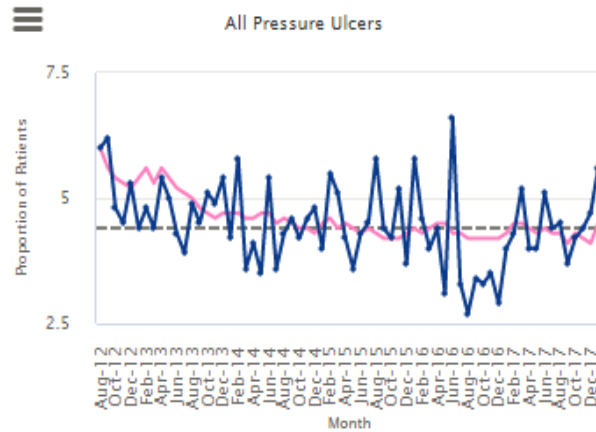


EFFECTIVE - E.coli per 100,000 days -
Latest release March 2018



Benchmarking - Safety Thermometer

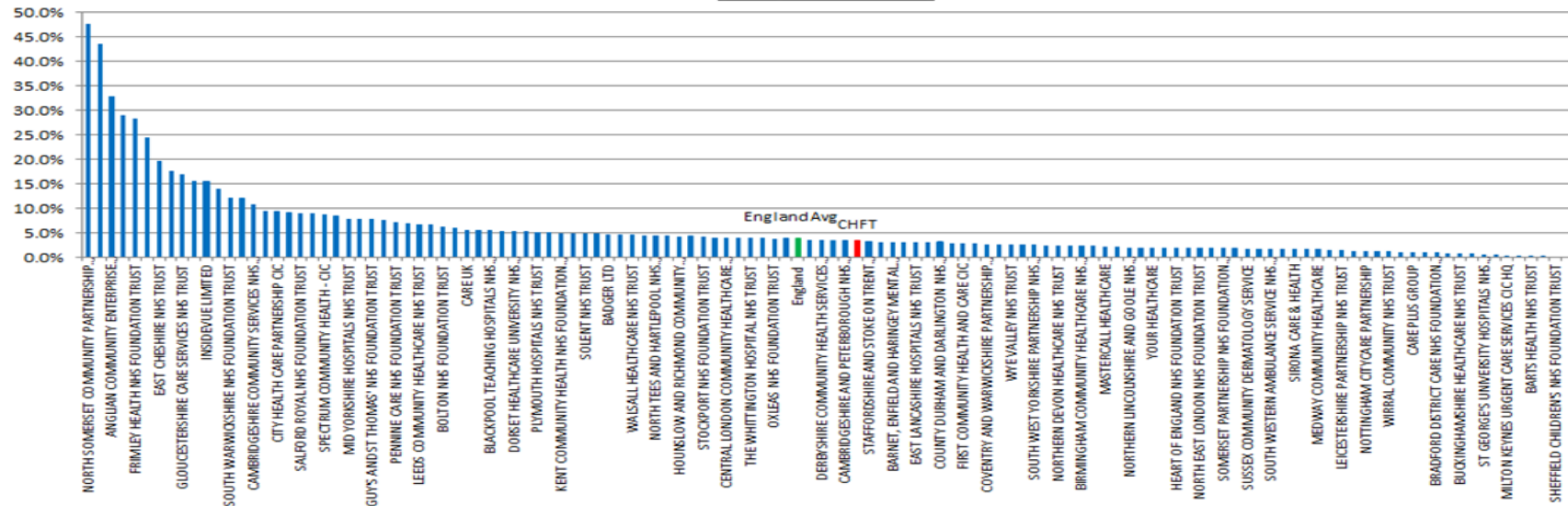
The following charts are taken from www.safetythermometer.nhs.uk and illustrate how performance compares to the national (pink line)



Benchmarking - Friends and Family Test

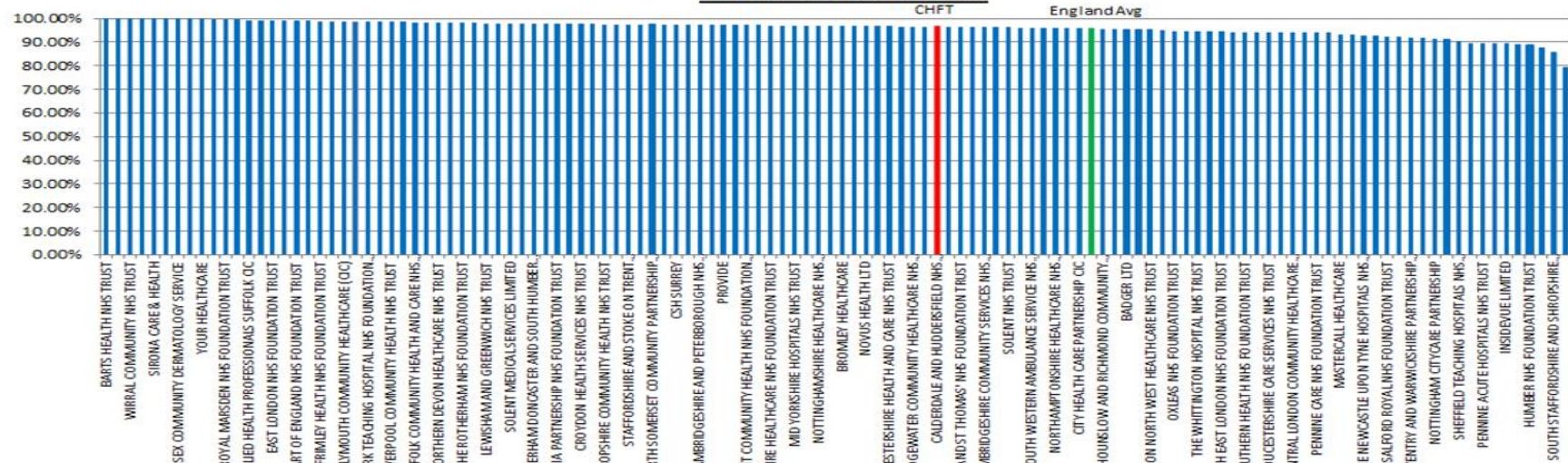
FFT Community National Results Feb 2018

(Response Rate)

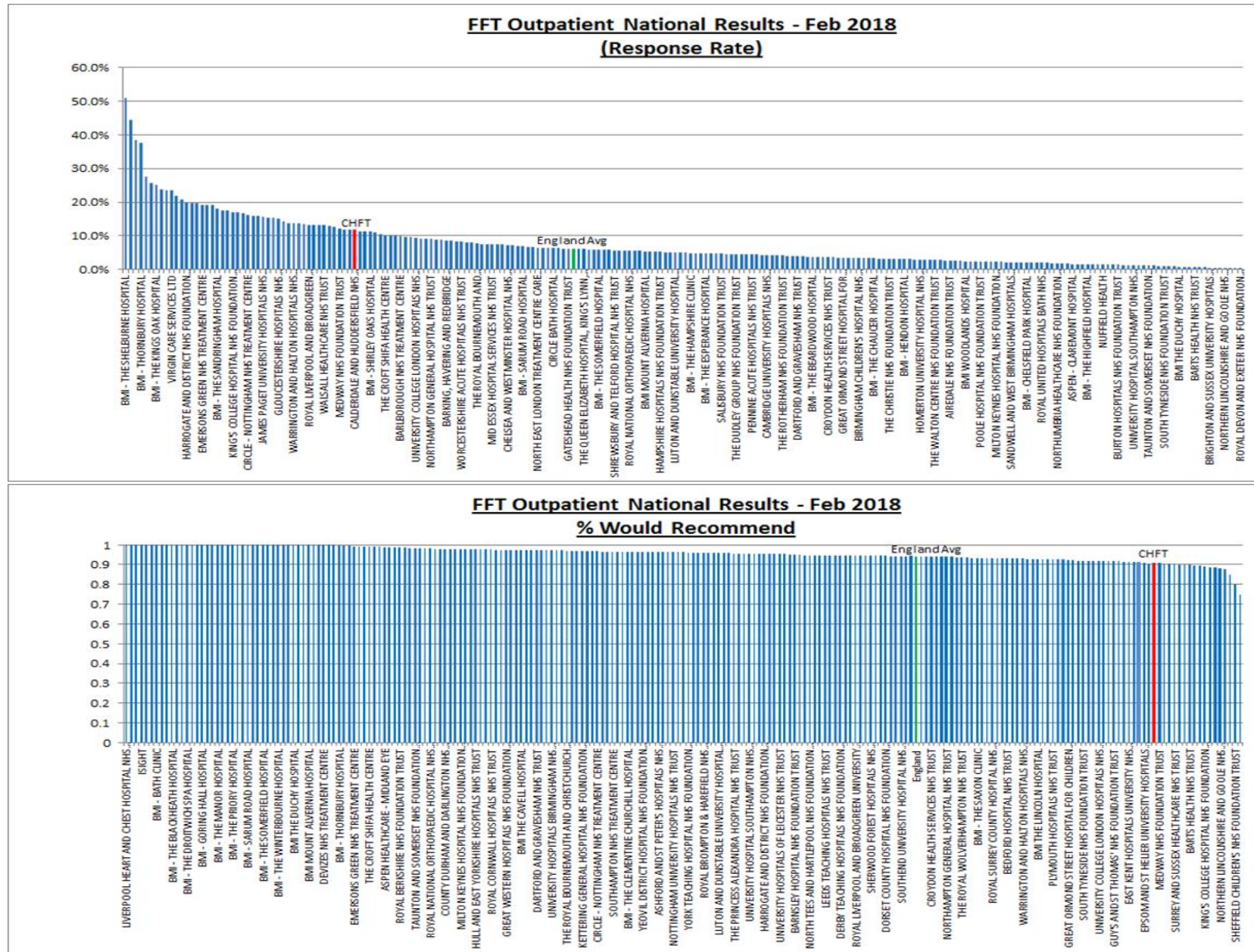


FFT Community National Results - Feb 2018

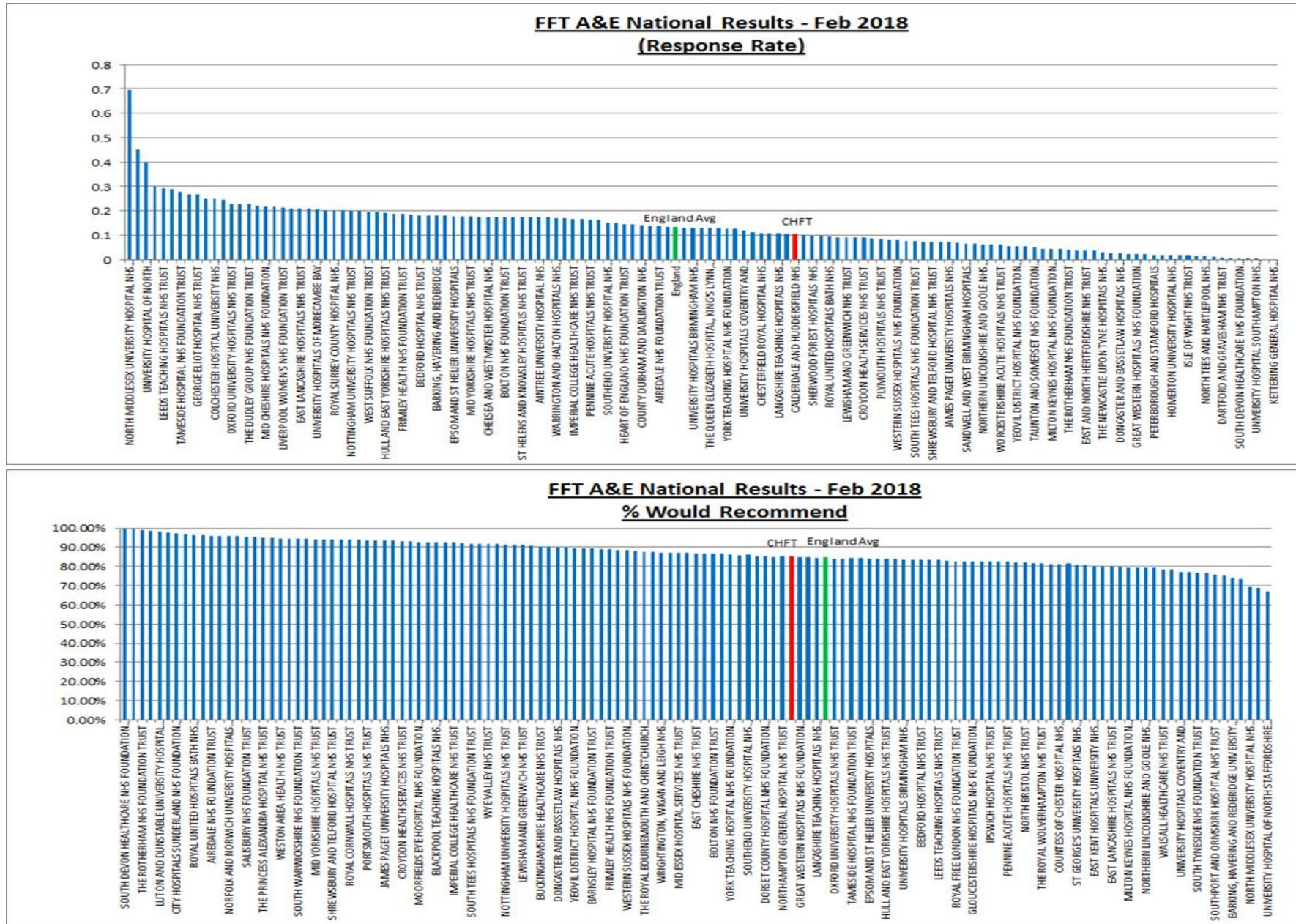
% Would Recommend



Benchmarking - Friends and Family Test

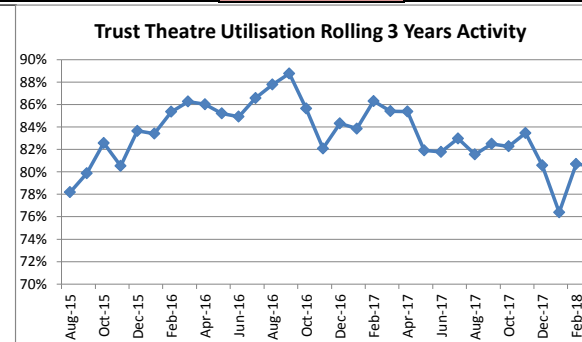
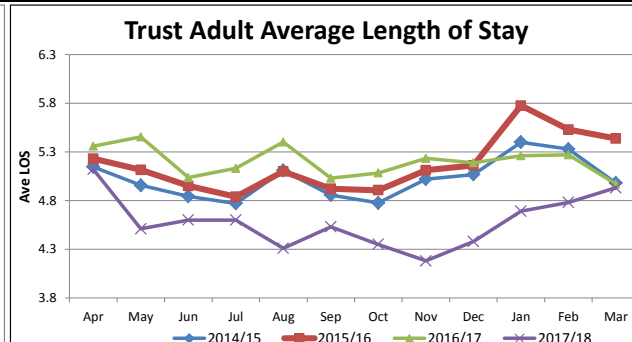
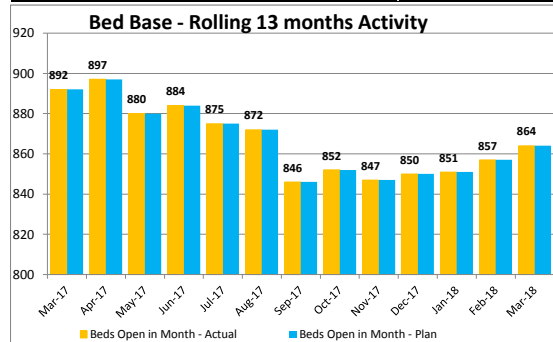


Benchmarking - Friends and Family Test



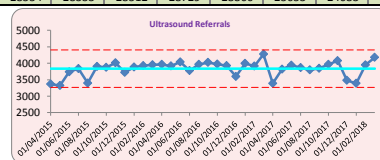
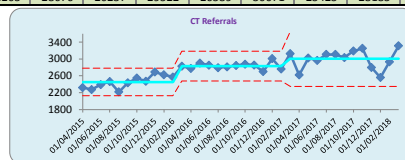
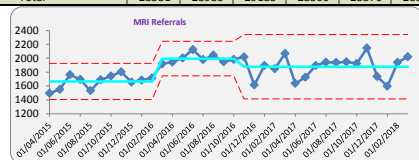
Efficiency & Finance - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Did Not Attend Rates																	
First DNA	6.33%	5.94%	6.83%	10.01%	9.03%	8.04%	7.97%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.88%	<=7%	7.00%
Follow up DNA	6.49%	5.94%	5.98%	11.56%	8.01%	7.08%	7.15%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	7.05%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	5.19	4.99	5.12	4.51	4.60	4.60	4.31	4.53	4.35	4.18	4.38	4.69	4.78	4.93	4.57	<=5.17	5.17
Average Length of Stay - Elective	2.55	2.53	2.57	2.70	2.60	2.50	2.58	2.43	2.54	2.22	2.31	2.42	2.80	2.81	2.53	<=2.85	2.85
Average Length of Stay - Non Elective	5.74	5.54	5.59	4.75	4.87	4.91	4.54	4.80	4.57	4.47	4.62	4.85	4.96	5.17	4.82	<=5.63	5.63
Day Cases																	
Day Case Rate	86.87%	85.58%	86.53%	86.74%	86.89%	86.51%	87.88%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	88.34%	>=85%	85.00%
Failed Day Cases	1,462	128	106	111	120	169	198	183	173	229	194	120	148	193	1,944	120	1,440
Elective Inpatients with zero LOS	1,579	193	96	78	94	75	91	85	83	84	63	62	37	55	903	136	1,632
Beds																	
Beds Open in Month - Plan	875	875	824	824	824	803	803	803	818	818	818	818	818	818	818	Not applicable	
Beds Open in Month - Actual	897	897	880	884	875	872	846	852	847	850	851	857	864	876	876	Not applicable	
Hospital Bed Days per 1000 population - Adults	52.52	53.55	49.91	49.50	52.66	53.04	49.79	49.70	50.48	49.59	50.38	53.82	49.52	56.16	56.16	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	0.083	0.086	0.080	0.095	0.098	0.099	0.098	0.096	0.101	0.101	0.103	0.105	0.093	0.101	0.101	16/17 Baseline	
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	85.48%	82.97%	82.30%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	82.05%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre - HRI	92.40%	94.03%	96.06%	93.76%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	91.03%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	78.20%	80.67%	82.24%	69.47%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	73.53%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	80.98%	81.66%	77.64%	71.58%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	72.56%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	84.50%	85.40%	85.38%	81.91%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	81.79%	>=90%	90.00%



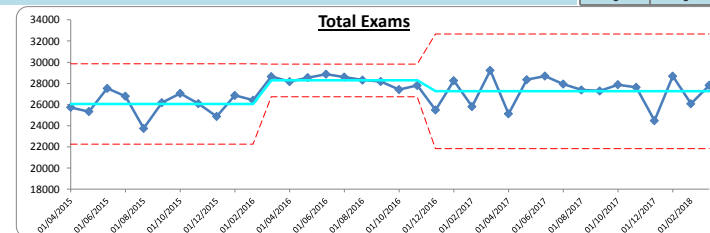
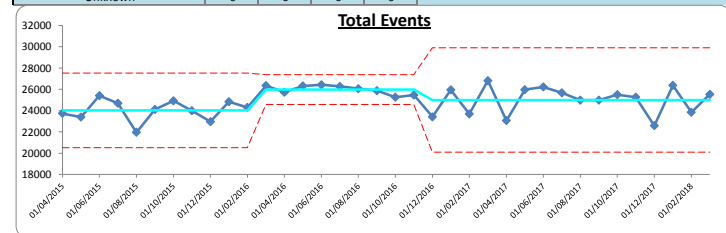
Radiology Summary of Activity of Key Modalities - March 2018

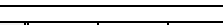
Referrals into Service																												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD 17/18	YTD 16/17	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	1940	2022	22455	23483	-1028	-4%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	3192	3034	3191	3253	2800	2560	2931	3313	35992	34303	1689	5%
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	28233	29356	-1123	-4%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	16944	17282	17181	16863	15448	15044	15853	17430	199314	207807	-8493	-4%
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	45703	47382	-1679	-4%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	28333	28512	28729	28860	25653	24683	26906	29352	331697	342331	-10634	-3%



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	YTD 17/18	YTD 16/17	Increase		%	
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,495	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	300,001	307,251	-7250	-2%		
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	20,004	20,601	-597	-3%		
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	620	649	649	615	570	622	577	599	7370	7479	-109	-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	5529	6679	-1150	-17%		
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	3534	-3534	-100%		
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	582	599	576	562	547	602	572	583	6939	2794	4145	-		
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	166	115	51	44%		
CT	2,611	2,565	2,622	2,695	2,640	2,467	2,520	2,527	2,486	2,601	2,438	2,746	2,308	2,605	2,587	2,779	2,722	2,589	2,651	2,796	2,470	2,637	2,538	2,760	31,442	30,918	524	2%		
General Radiology	15,682	16,384	16,165	16,052	15,859	16,000	15,844	15,606	14,400	16,266	14,597	16,688	14,441	15,322	15,476	15,479	15,142	15,516	15,692	15,230	13,911	16,295	14,481	15,833	182,818	189,543	-6,725	-4%		
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,374	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	2,326	2,199	2,314	2,273	2,319	2,329	2,078	2,358	2,059	2,228	26,844	27,617	-773	-3%		
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	38,893	38,572	321	1%		
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	28,692	27,939	27,377	27,284	27,882	27,625	24,471	28,679	26,075	27,808	327,305	334,640	-7,335	-2%		
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	21,095	21,623	-528	-2%		
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	7831	8047	-216	-3%		
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	5779	7085	-1306	-18%		
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	3419	-3419	-100%		
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	607	609	577	634	606	614	7308	2955	4353	-		
Unknown	10	11	7	15	16	4	9	8	12	5	8	12	15	12	11	12	10	13	12	12	10	8	32	30	177	117	60	51%		
CT	3,862	3,675	3,913	3,926	3,909	3,639	3,657	3,764	3,683	3,890	3,606	4,022	3,416	3,874	3,853	4,038	4,023	3,859	3,910	4109	3532	3891	3670	4023	46,198	45,546	652	1%		
General Radiology	16,415	17,048	16,821	16,705	16,580	16,663	16,478	16,255	14,881	16,878	15,181	17,391	15,019	15,932	16,154	16,026	15,797	16,176	16,401	15,835	14,349	16,902	15,106	16,407	190,104	197,296	-7,192	-4%		
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	2,330	2,201	2,320	2,276	2,325	2,335	2,083	2,363	2,063	2,234	26,897	27,698	-801	-3%		
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	43,011	42,477	534	1%		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	

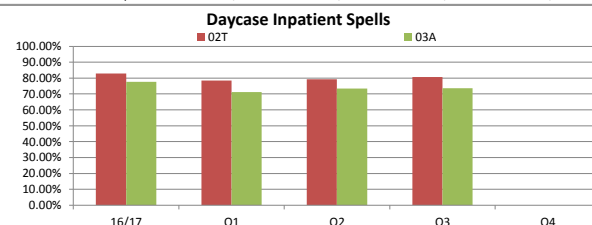
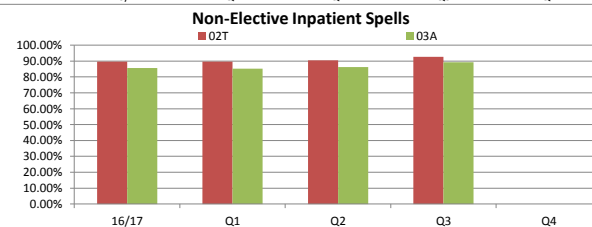
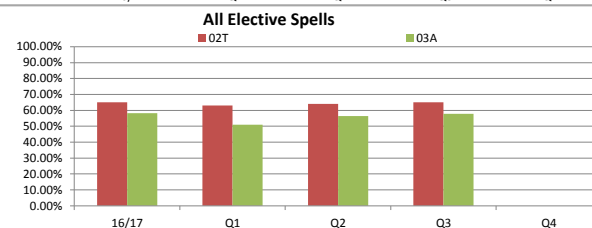
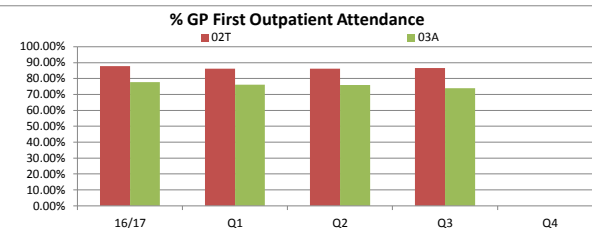


Waiting List at Month End																													
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD 17/18	YTD 16/17	Increase	%	
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872	819	850	831	824	787	1016	972	988	1087	1109		3000	2000	1000	0
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					
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					

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	242839	226228	16611	7%
Insourced (Extras)	680	1001	1221	1145	813	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	15	0	15	6	0	0	8108	10206	-2098	-21%
Locum Radiologist/Sonographer	2390	2394	1598	1345	1197	1047	935	1030	635	602	573	728	233	315	299	96	41	85	89	85	74	88	76	91	1572	14474	-12902	-89%
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	2904	3040	32228	35557	-3329	-9%
Outsourced	3305	2287	2512	2871	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	2775	2584	3017	2868	2553	2494	2965	2485	37783	39059	-1276	-3%
Total	28208	27705	27372	26152	27674	26981	27149	28438	24965	28925	24906	27159	23105	26290	27162	31598	26088	26842	28786	24516	27990	25904	25815	322530	325524	-2994	-1%	
% Outsourced	12%	8%	9%	11%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	11%	10%	10%	9%	11%	10%	12%	12%		0%
% Insured/Outsourced	14%	12%	14%	15%	11%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	24%	14%	11%	10%	10%	9%	11%	10%	14%	15%		-1%

Activity - Key measures (Market Share)

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



Background Context and commentary

Following the market share report that went to Finance and Performance in July 2016 this dashboard has been developed to give a high level overview of market share movement in the current year compared with 2016/17 baseline.

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

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

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

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

The proportion of market share CHFT delivers for the remaining CCG's 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

	16/17	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	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	44,807	4,115	2,579	4,673	4,175	4,419	4,767	4,693	4,937	4,540	4,105	4,794	4,276	4,557	52,515	17.2%
03A - NHS GREATER HUDDERSFIELD CCG	38,428	3,528	2,119	3,802	3,370	3,167	3,348	3,205	3,085	3,187	2,837	3,275	2,922	3,133	37,450	-2.5%
03J - NHS NORTH KIRKLEES CCG	3,625	301	223	409	391	278	289	327	327	336	252	322	279	250	3,683	1.6%
02R - NHS BRADFORD DISTRICTS CCG	2,765	223	125	200	0	300	400	600	600	400	500	300	3,600	5,400	248	349.4%
03R - NHS WAKEFIELD CCG	711	69	48	109	81	89	88	129	139	114	83	108	73	84	1,145	61.0%
02W - NHS BRADFORD CITY CCG	357	24	19	30	34	30	39	39	52	47	50	55	33	53	481	34.7%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	413	29	15	20	22	29	18	10	10	9	3	10	5	8	159	-61.5%
03C - NHS LEEDS WEST CCG	116	9	9	20	19	9	8	8	13	10	8	14	11	17	146	25.9%
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	45	3	4	5	9	2	5	6	8	1	6	8	9	3	66	46.7%
03G - NHS LEEDS SOUTH AND EAST CCG	27	4	2	3	9	2	5	5	11	11	7	19	15	13	102	277.8%
02V - NHS LEEDS NORTH CCG	25	3	1	1	0	2	1	3	2	1	1	2	1	2	17	-32.0%
Other	961	60	36	166	161	167	134	170	114	0	0	0	0	0	948	-1.4%
Trust	92,157	8,368	5,180	9,438	8,271	8,494	9,102	9,195	9,298	8,656	7,852	8,907	11,224	13,520	96,960	7.9%
Trust - % Change on Previous year	0.00%	0.00%	-34.01%	21.46%	1.84%	12.76%	17.29%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	7.88%	
Activity																
% of spells with > 5 ward movements (No Target)	0.09%	0.11%	0.10%	0.21%	0.38%	0.44%	0.43%	0.41%	0.62%	0.34%	0.46%	0.33%	0.48%	0.61%	0.41%	0.3%

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	-14	66	-153	-507	-529	-255	-148	-326	-69	169	-560	-409	-376	-3096	
% Day Case Variance against Contract	4.9%	-0.4%	2.4%	-4.7%	-14.9%	-16.4%	-1.3%	-4.6%	-9.6%	-2.0%	6.8%	-16.5%	-13.3%	-11.6%	-8.3%	
Elective Variance against Contract	-937	-65	-10	-108	-221	-191	-157	-215	-224	-125	-60	-408	-293	-223	-2259	
% Elective Variance against Contract	-10.7%	-8.0%	-1.8%	-16.0%	-31.2%	-28.4%	-29.2%	-31.9%	-31.6%	-17.7%	-11.6%	-57.6%	-45.4%	-33.0%	-28.4%	
Non-elective Variance against Contract	-205	101	74	312	430	244	591	566	174	655	378	842	286	445	4988	
% Non-elective Variance against Contract	-0.3%	2.2%	1.2%	6.2%	12.3%	6.5%	1.0%	15.4%	3.9%	15.8%	8.5%	20.1%	8.6%	11.0%	10.4%	
Outpatient Variance against Contract	13612	334	80	-2901	-5410	-823	-3715	-2851	-2471	-777	340	-3926	-2712	-4631	-29796	
% Outpatient Variance against Contract	4.0%	1.1%	0.1%	-12.5%	-20.2%	-6.3%	-6.5%	-12.4%	-10.6%	-4.0%	-1.0%	-16.0%	-12.4%	-18.1%	-11.1%	
Accident and Emergency Variance against Contract	2778	-256	82	-494	-572	-286	-226	-590	-210	-374	28	-1270	-1095	-1910	-6918	
% Accident and Emergency Variance against Contract	1.9%	-1.9%	0.7%	-3.6%	-4.4%	-2.1%	-1.8%	-4.5%	-1.6%	-3.0%	0.2%	-9.8%	-8.9%	-13.6%	-4.5%	

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

CQUINS - Key messages

Area	Reality	Response	Result
Sepsis	The challenge for full compliance with the CQUIN is now to improve antibiotic prescribing within an hour up to 90%, it is currently averaging 75%.	Working closely with Information to develop a weekly reporting tool that will be used by clinical teams to monitor and enhance performance.	Improvements in timeliness of antibiotics from Q2 2018/19. Accountable: ADNs and CDs
		This information can now be retrieved from EPR and will be used to provide an update into the weekly performance meetings and the divisional IPRs.	
Advice and Guidance	The CQUIN requirements are to provide A&G for 100% of services which CHFT already do. There is a secondary component to agree a quality standard of responding to an A&G request within 2 days. This can be done gradually over the 2 years of the CQUIN and the formal trajectory for this needs to be agreed.	Further understanding as to the process is being sought through the support of the operational managers and clinical leads.	Improvement trajectory agreed with CCG to deliver 3 days responses in the first instance moving to 2 days by Q4 2018/19. Improvement expected in overall response rate each quarter.
	At present, the divisions are showing slow progress over 17/18 but there is now a greater understanding of the targets and what is needed.		Accountable: GMs

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets			
						Q1	Q2	Q3	Q4
1. Improving staff health and wellbeing									
1a.1	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	24	N/A	N/A	N/A	29
1a.2				% Experienced MSK in the last 12 months as a result of work activities	26	N/A	N/A	N/A	21
1a.3				% Felt unwell in the last 12 months as a result of work related stress	42	N/A	N/A	N/A	37
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1b.2				Introduce new changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1c	Acute & Community	£213,082	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	76%	N/A	N/A	70%	70%
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)									
2a.1	Acute	£95,887	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	88.7%	90%	90%	90%	90%
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	28.7%	90%	90%	90%	90%
2b.1		£95,887	Timely treatment of sepsis in emergency departments and acute inpatient settings	% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Emergency Admissions	76.9%	90%	90%	90%	90%
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)	67.8%	90%	90%	90%	90%
2c	Acute	£95,887	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	% of antibiotic prescriptions documented and reviewed within 72 hours	-	25%	50%	75%	90%
2d.1	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	FSS	25%	50%	75%	90%	
2d.2				1% reduction (from 16/17 position) in all antibiotics	4250.70	Submit to PHE	Submit to PHE	Submit to PHE	4208.19
2d.3				1% reduction (from 16/17 position) in Carbapenem	60.60	Submit to PHE	Submit to PHE	Submit to PHE	59.99
				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	179.40	Submit to PHE	Submit to PHE	Submit to PHE	177.61
4. Improving services for people with mental health needs who present to A&E									
4	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - cohort of patients	545	109 (Cumulative)	218 (Cumulative)	327 (Cumulative)	436 (20% overall reduction)
6. Offering advice and guidance									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)
7. NHS E-Referrals									
7.1a	Acute	£159,811	E-referrals	% Referrals to first OP able to be received through ERS	TBC	Submit Baseline	80%	90%	100%
7.1b				% Appointment Slot Issues	TBC	33%	30%	25%	4%
8. Supporting proactive and safe discharge									
8a.1	Acute	£447,472	Supporting proactive and safe discharge	Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
8a.2				Emergency Care Dataset (ECDS) usage	-	Demonstrate credible planning	N/A	Returning weekly data	N/A
8a.3 & 8b.2	Acute & Community	£447,472		% Non Elective patients discharged to usual place of residence within 7 days of admission (Pis >65, LOS >2)	38.0%	N/A	N/A	41%	
8b.1	Community			Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
9. Preventing ill health by risky behaviours – alcohol and tobacco									
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	No data required until 2018-19			
9b		£31,962		% Smokers given brief advice					
9c		£39,953		% Smokers referred and/or offered medication					
9d		£39,953		% Patients screened for Alcohol usage					
9e		£39,953		% Alcohol users given brief advice					
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	Submit Baseline			
9b		£63,925		% Smokers given brief advice	100.0%	Submit Baseline			
9c		£79,906		% Smokers referred and/or offered medication	0.0%	Submit Baseline			
9d		£79,906		% Patients screened for Alcohol usage	4.0%	Submit Baseline			
9e		£79,906		% Alcohol users given brief advice or medication	0.0%	Submit Baseline			
10. Improving the assessment of wounds									
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	-	N/A	To complete baseline audit	N/A	TBC
11. Personalised care and support planning									
11	Community	£319,623	Personalised care and support planning	Patient activation assessments	-	N/A	Submit plan	Identify cohort	Training undertake & cohort pts assessed

ACTUAL PERFORMANCE																		
Q1				Q1 Position	Q2				Q2 Position	Q3				Q3	Q4			
Apr-17	May-17	Jun-17	Jul-17		Aug-17	Sep-17	Oct-17	Nov-17		Dec-17	Jan-18	Feb-18	Mar-18		Q4			
N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	TBC	TBC		
N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	TBC	TBC		
N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	TBC	TBC		
N/A	N/A	N/A		N/A	Y	Y	Y		Y	N/A	N/A	N/A		N/A	TBC	TBC		
N/A	N/A	N/A		N/A	Y	Y	Y		Y	N/A	N/A	N/A		N/A	TBC	TBC		
N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A	47.3%	57.7%	62.1%		62.1%	67.0%	70%		
84.0%	14.0%	28.0%		42.0%	16.0%	22.0%	24.0%		20.7%	98.0%	100.0%	100.0%		99.3%	100.0%	TBC		
34.0%	20.0%	28.0%		27.3%	6.0%	32.0%	18.0%		18.7%	100.0%	100.0%	100.0%		100.0%	100.0%	TBC		
75.0%	85.7%	83.3%		82.5%	80.0%	84.6%	44.4%		63.6%	61.5%	84.6%	75.0%		75.3%	90.0%	TBC		
55.6%	75.0%	84.6%		73.3%	85.7%	93.3%	55.0%		73.8%	44.4%	62.1%	45.8%		53.2%	76.2%	TBC		
Quarter Position Only				89%	Quarter Position Only				TBC	Quarter Position Only				TBC	Quarter Position Only			
				89.0%					TBC					TBC				
Rolling 4 Quarter Position Only				4,209	Quarter Position Only - Published until Early Jan 2018				TBC	Quarter Position Only - Published until Early April 2018				TBC	Quarter Position Only - Published until Early July 2018			
Rolling 4 Quarter Position Only				58					TBC					TBC				
Rolling 4 Quarter Position Only				143.3					TBC					TBC				
17 (Cumulative)	42 (Cumulative)	64 (Cumulative)		64	85 (Cumulative)	113 (Cumulative)	130 (Cumulative)		130	147 (Cumulative)	167 (Cumulative)	177 (Cumulative)		177	203 (Cumulative)	224 (Cumulative)		
48.6%	49.4%	41.0%		46.0%	47.0%	47.8%	50.4%		48.3%	47.9%	40.8%	53.0%		46.8%	48.0%	57.8%		
Quarter Position Only				N/A	Quarter Position Only				87.0%	Quarter Position Only				71.3%	Quarter Position Only			
30.5%	6.4%	11.9%		16.3%	16.4%	14.2%	13.0%		14.6%	16.2%	26.7%	28.8%		23.9%	23.4%	TBC		
N/A	N/A	N/A		N/A	Y				Y	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
Y				Y	N/A	N/A	N/A		N/A	Quarter Position Only				TBC	TBC	TBC		
39.1%	36.4%	36.0%		37.1%	37.8%	37.3%	38.8%		38.0%	38.5%	39.6%	40.5%		39.5%	35.9%	35.9%		
N/A	N/A	N/A		N/A	Y				Y	N/A	N/A	N/A		N/A	N/A	N/A	N/A	
-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
Y				Y	Quarter Position Only				70.2%	Quarter Position Only				68.5%	Quarter Position Only			
Y				Y	Quarter Position Only				60.6%	Quarter Position Only				89.8%	Quarter Position Only			
Y				Y	Quarter Position Only				2.9%	Quarter Position Only				2.0%	Quarter Position Only			
Y				Y	Quarter Position Only				3.3%	Quarter Position Only				2.6%	Quarter Position Only			
Y				Y	Quarter Position Only				33.3%	Quarter Position Only				23.5%	Quarter Position Only			
N/A	N/A	N/A		N/A	Quarter Position Only				34.1%	N/A	N/A	N/A		N/A	TBC	TBC		
N/A	N/A	N/A		N/A	Y				Y	Y				Y	TBC	TBC		

Appendices



Appendices

Appendix - Appointment Slot Issues

ASIs

ASIs

As at 3rd April, there were 1,559 referrals awaiting appointments

The top specialties for ASIs backlog are:

Dermatology (284)

Cardiology (232)

Respiratory (135)

Urology (150)

with smaller backlogs also in :

Gastroenterology (117)

General Surg (115)

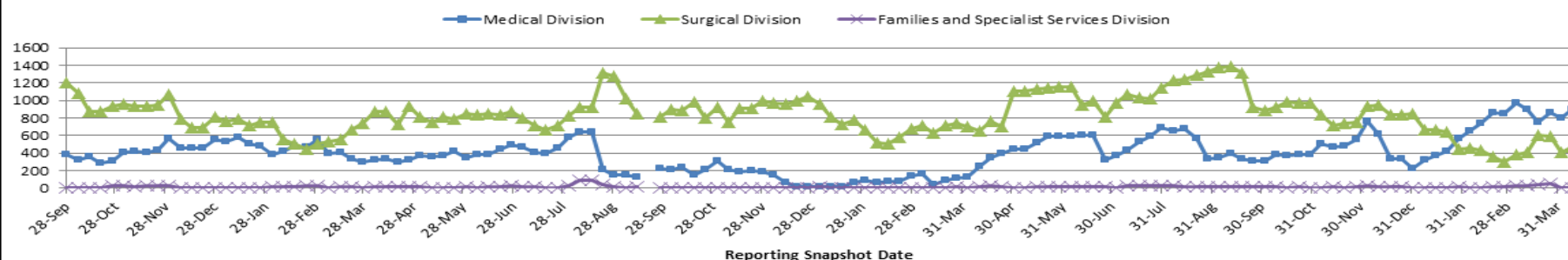
Paediatrics (106)

1 Patient have been waiting over 6 months, (this was previously 9 on the last report)

Week Commencing 3/01/2018	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	69	185	146	118	98	60	54	57	36	16	0	3	0	1	843
Cardiology	14	49	38	39	26	15	17	20	11				2	1	232
Dermatology	15	32	50	32	35	29	24	32	22	12			1		284
Gastroenterology	16	48	28	10	14	1									117
Respiratory Medicine	14	17	22	27	17	13	13	5	3	4					135
Surgery	82	166	104	79	46	23	26	9	6	6	3	7	5	0	562
ENT	34	46		1					1						82
General Surgery	9	25	28	27	10	4	5	1		1		3	2		115
Urology	21	33	35	33	13	4	4			2	1	3	1		150
Vascular	1	8	18	9	5	6	5	8	5	1	1				67
FSS	11	47	26	28	14	15	5	2	0	4	1	0	1	0	154
Paediatrics	10	31	21	23	10	5	2			1	1				104
Gynaecology	1	16	5	5	4	10	3	2		3			1		50
Totals	162	398	276	225	158	98	85	68	42	26	4	10	6	1	1,559

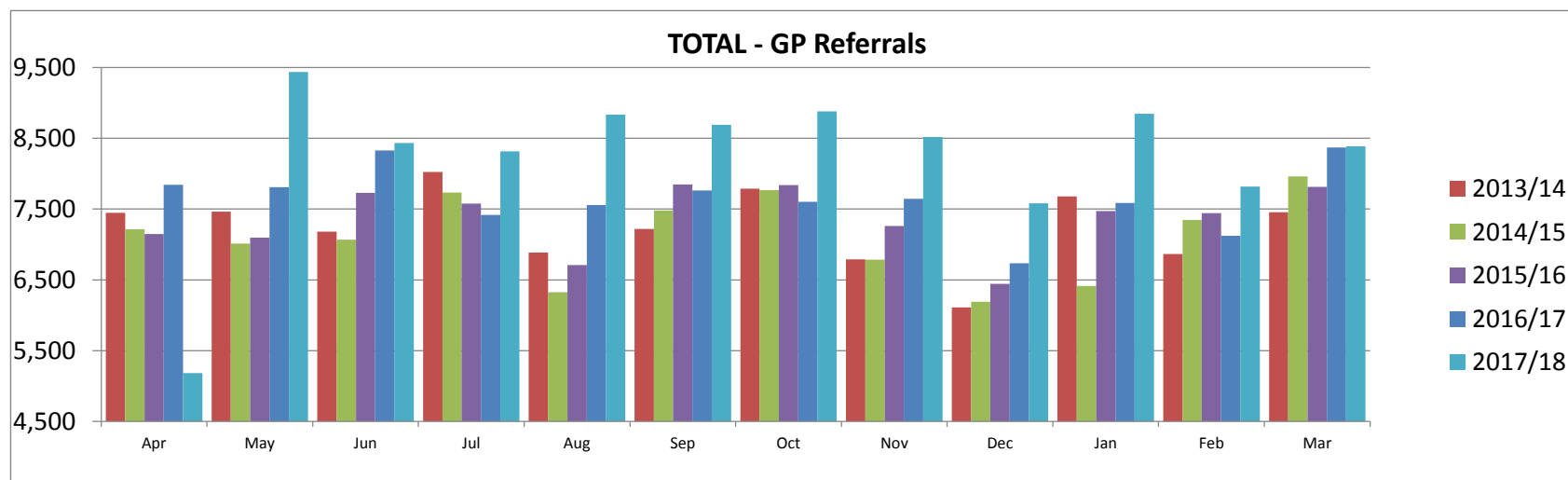
NOTE: Total column does not sum to the weeks as only specialities with a high number have been included

New Appointment Issues From Week Commencing 28 September 15 To 9 April 18



Appendix - Referrals

- GP Referrals up 0.1% in March 2018 compared with previous March.
- In March 2018, there were 21 working days, compared with 23 the previous February. It could be assumed there would be an 8.7% reduction in demand due to this reduction in working days.
- The 17/18 GP Referrals growth is 7.9% greater than 16/17. As there has been 4 less working days in comparison a decrease of 1.6% could be expected.
- NHS Calderdale GP referrals have seen an increase of 17.3% (7739) for the year to date principally due to referrals captured under Orthopaedics 70% (5787) and Physiotherapy (1924 referrals) specialties.
- The increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the 7534 referrals triaged YTD (triage commenced June 2017) sees a revised Calderdale GP referral position seeing an increase in referrals of 0.5% (205 referrals)
- When triaged referrals are excluded the overall Orthopaedic / MSK service referral demand has increased 2.1% (177 referrals)
- Total referrals (non triage) into the Calderdale MSK service have increased 10.7% (522 referrals) YTD
- Total Calderdale CCG referrals into the Orthopaedic service alone look to have decreased 10.1% (345 referrals). For the fifth month in a row this is implying something of a shift in that more referrals into consultant led T and O now appear to be occurring. The picture in the information available has yet to be confirmed within the Orthopaedic service.
- NHS Greater Huddersfield GP referrals have seen a decrease of 2.3% (897) for the year to date principally due to Orthopaedics 40% (1304) and Pain Management 15.3% (195). This is a direct result of the Local MSK service.
- There is no significant movement in GP referrals volumes into consultant led Trauma and Orthopaedics returning for Greater Huddersfield CCG into T and O.
- General Medicine has decreased also but reduction is counterbalanced by referral increases captured against medical sub-specialties (Stroke Medicine, Endocrinology and TIA)
- For 2017/18 YTD there has been a GP referral increase for NHS Wakefield (62%, 431 referrals - Gynaecology 640 referrals up and Neurology referrals 137 down), Bradford City (34%, 123 referrals) and Leeds South & East (280%, 75 referrals).
- NHS Heywood, Middleton and Rochdale CCG have seen a large decrease of 62% (251 referrals, Paediatrics and ENT main specialties of notable with reductions) as have Bradford District (10%, 283 referrals).

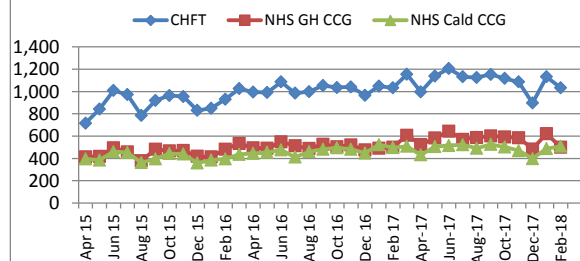


Activity - Key measures

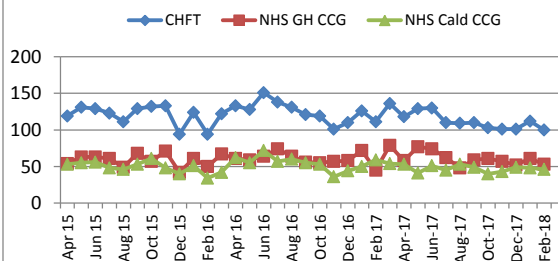
	16/17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5,730	497	509	432	506	516	522	492	526	502	470	398	487	509	5,360	3.6%
NHS CALDERDALE CCG Conversions	658	59	54	53	41	51	45	53	49	40	43	49	48	46	526	
NHS CALDERDALE CCG Conversion Rate	11.7%	11.9%	10.6%	12.3%	8.1%	9.9%	8.6%	10.8%	9.3%	8.0%	9.1%	12.3%	9.9%	9.0%	9.8%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,214	501	608	524	583	644	570	587	602	592	586	484	622	500	6,402	15.1%
NHS GREATER HUDDERSFIELD CCG Conversions	748	45	79	58	77	74	62	48	59	61	57	52	61	53	688	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	9.0%	13.0%	11.1%	13.2%	11.5%	10.9%	8.2%	9.8%	10.3%	9.7%	10.7%	9.8%	10.6%	10.7%	
Other CCG Referrals	446	35	37	40	49	46	40	46	25	24	30	14	23	25	374	-24.7%
Other CCG Conversions	81	7	3	7	11	5	3	8	2	2	1	0	3	1	45	
Other CCG Conversion Rate	18.2%	20.0%	8.1%	17.5%	22.4%	10.9%	7.5%	17.4%	8.0%	8.3%	3.3%	0.0%	13.0%	4.0%	12.0%	
CHFT Fast Track Referrals	12,390	1,033	1,154	996	1,138	1,206	1,132	1,125	1,153	1,118	1,086	896	1,132	1,034	10,982	-2.2%
CHFT Fast Track Conversions	1,487	111	136	118	129	130	110	109	110	103	101	101	112	100	1,123	
CHFT Fast Track Conversion Rate	12.1%	10.7%	11.8%	11.8%	11.3%	10.8%	9.7%	9.7%	9.5%	9.2%	9.3%	11.3%	9.9%	9.7%	10.2%	
% Change on Previous year																

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

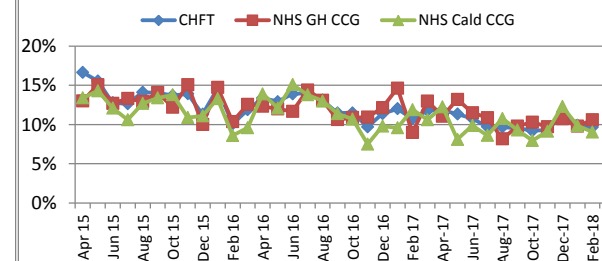
Fast Track Cancer Referrals



Fast Track Conversions



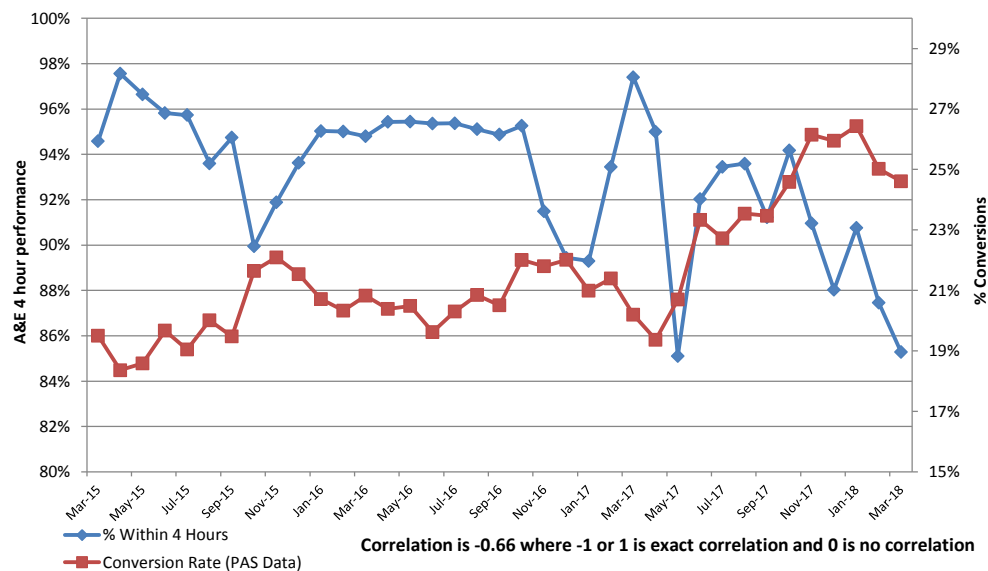
Fast Track Conversion Rate



Appendix - A and E Conversion rates and Delayed Transfers

	16/17	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	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	151,354	12,967	12,396	13,267	12,361	13,170	12,155	12,732	13,058	12,097	12,653	11,735	11,191	12,114	148,929	-1.6%
A and E 4 hour Breaches	8,524	337	620	1,975	985	863	779	1,118	761	1,094	1,514	1,084	1,403	1,782	13,978	64.0%
Emergency Care Standard 4 hours	94.2%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	90.61%	-7.0%
Admissions via Accident and Emergency	30,922	2,625	2,431	2,746	2,884	2,992	2,861	2,990	3,211	3,163	3,284	3,102	2,800	2,981	35,445	14.6%
% A and E Attendances that convert to admissions	20.45%	20.20%	19.37%	20.70%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	23.80%	17.8%

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



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 17th April 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	51	70	3	124
Awaiting Completion of Assessment	33	46	2	81
Awaiting Care package in own home	11	7	0	18
Awaiting Residential home placement	4	3	0	7
Awaiting public funding	0	2	0	2
Awaiting further non-acute NHS Care	1	4	0	5
Awaiting community equipment and adaptations	0	2	0	2
Awaiting nursing home placement	1	4	1	6
Disputes	1	0	0	1
Patient or Family choice	0	2		2

Appendix - Cancer - By Tumour Group

	16/17	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	YTD	Target	Threshold/M onthly
62 Day Gp Referral to Treatment																	
Breast	99.24%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	99.00%	>=85%	85.00%
Gynaecology	0.00%	0.00%	100.00%	100.00%	83.33%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	83.33%	86.96%	>=85%	85.00%
Haematology	0.00%	0.00%	50.00%	86.67%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	81.01%	>=85%	85.00%
Head & Neck	74.03%	100.00%	80.00%	75.00%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	87.50%	25.00%	77.92%	>=85%	85.00%
Lower GI	80.95%	90.91%	80.00%	75.00%	95.45%	69.23%	75.00%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	95.65%	83.96%	>=85%	85.00%
Lung	91.52%	84.62%	66.67%	80.95%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	95.45%	86.47%	>=85%	85.00%
Sarcoma	85.71%	none to report	none to report	none to report	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	0.00%	none to report	63.64%	>=85%	85.00%
Skin	96.52%	92.86%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	95.65%	97.38%	>=85%	85.00%
Upper GI	79.72%	50.00%	50.00%	86.67%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	86.67%	74.05%	>=85%	85.00%
Urology	0.00%	0.00%	89.13%	95.65%	85.11%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	87.88%	87.58%	>=85%	85.00%
Others	79.31%	50.00%	66.67%	none to report	50.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	84.62%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	98.29%	100.00%	100.00%	50.00%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	91.15%	>=93%	93.00%
Breast	98.75%	98.78%	96.15%	93.68%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	96.05%	98.86%	98.92%	95.84%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Gynaecology	0.00%	0.00%	98.77%	75.49%	65.18%	91.09%	92.50%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.65%	91.38%	>=93%	93.00%
Haematology	0.00%	0.00%	90.91%	65.22%	81.82%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	92.65%	>=93%	93.00%
Head & Neck	94.54%	100.00%	91.92%	74.65%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.81%	94.11%	>=93%	93.00%
Lower GI	97.93%	98.27%	97.31%	97.01%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.57%	98.68%	98.09%	95.31%	>=93%	93.00%
Lung	96.63%	100.00%	100.00%	97.78%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.18%	94.81%	>=93%	93.00%
Sarcoma	98.00%	100.00%	100.00%	92.31%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	96.15%	>=93%	93.00%
Skin	97.08%	96.86%	97.73%	75.09%	90.84%	90.65%	96.44%	96.70%	96.22%	98.71%	99.42%	98.77%	100.00%	93.94%	93.50%	>=93%	93.00%
Testicular	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	98.18%	>=93%	93.00%
Upper GI	96.94%	96.58%	97.06%	82.57%	78.30%	89.08%	81.75%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	89.98%	>=93%	93.00%
Urology	0.00%	0.00%	100.00%	93.86%	92.79%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.14%	96.26%	>=93%	93.00%

Methodology for calculating the performance score

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

Standard KPIs and “Key” targets

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

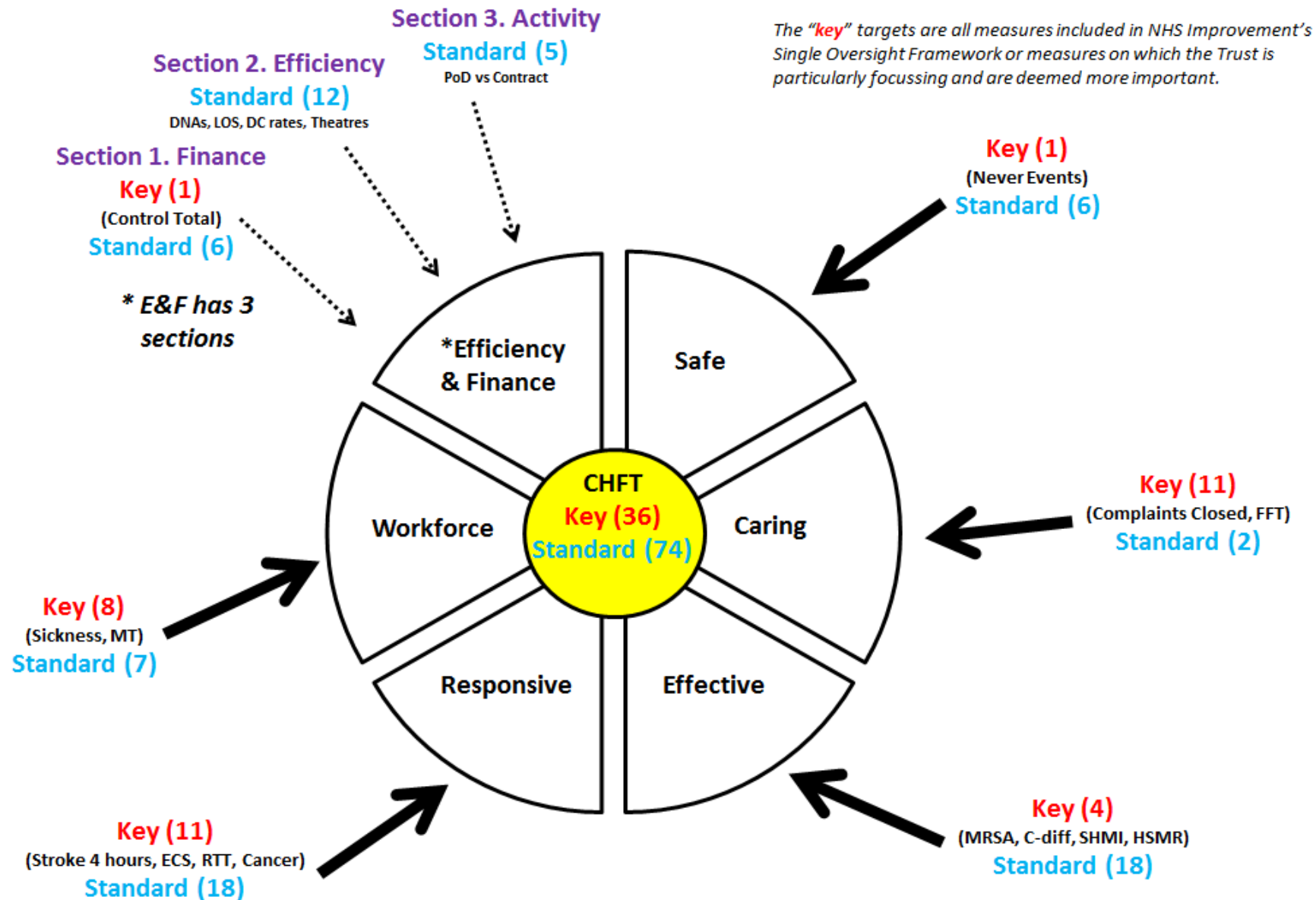
Calculating Domain Scores

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

Calculating Trust Performance Scores

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

Number of Targets (Key/Standard) by Domain



Glossary of acronyms and abbreviations

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