

# Quality and Performance Report

February 2018

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<b>RAG Key</b>	
Not achieving target or threshold	
Achieving target	
Between target and threshold	

# Performance Summary

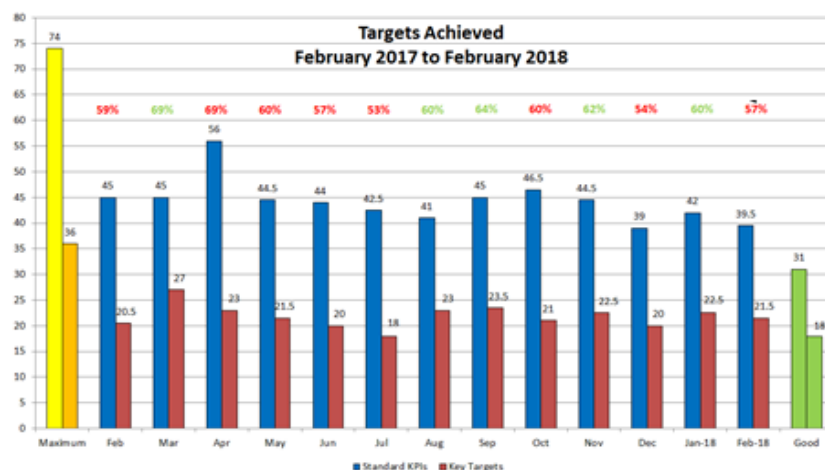
## To Note

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

For **February's** performance the MRSA screening performance has been updated which has resulted in minor deteriorations in performance over previous months.

## Comparing February 2018 performance to February 2017 performance

**February 2018** performance (57.1%) was **1.6 percentage points (10 points)** worse than **February 2017** (58.5%). The main area of deterioration is Efficiency & Finance (18 points).



## Comparing 11 months' cumulative performance to February with same period in 2016/17

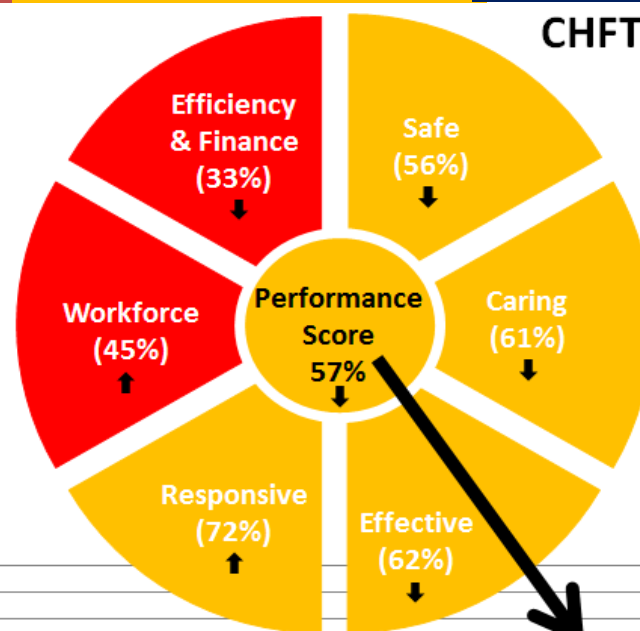
**Period to February 2018's** performance (59.6%) was **2.6 percentage points** worse than **period to February 2017** (62.2%). The main area of deterioration was **Mandatory Training**, this is only compensated by an equivalent improvement in **Sickness Absence**. Other contributory areas are **Cancer 2 week waits and 62 day RTT, Diagnostic Waits, FFT A & E Survey - Response Rate, I&E, CIP** and **Activity**. **SHMI** and **HSMR** have improved.

# Performance Summary

## February

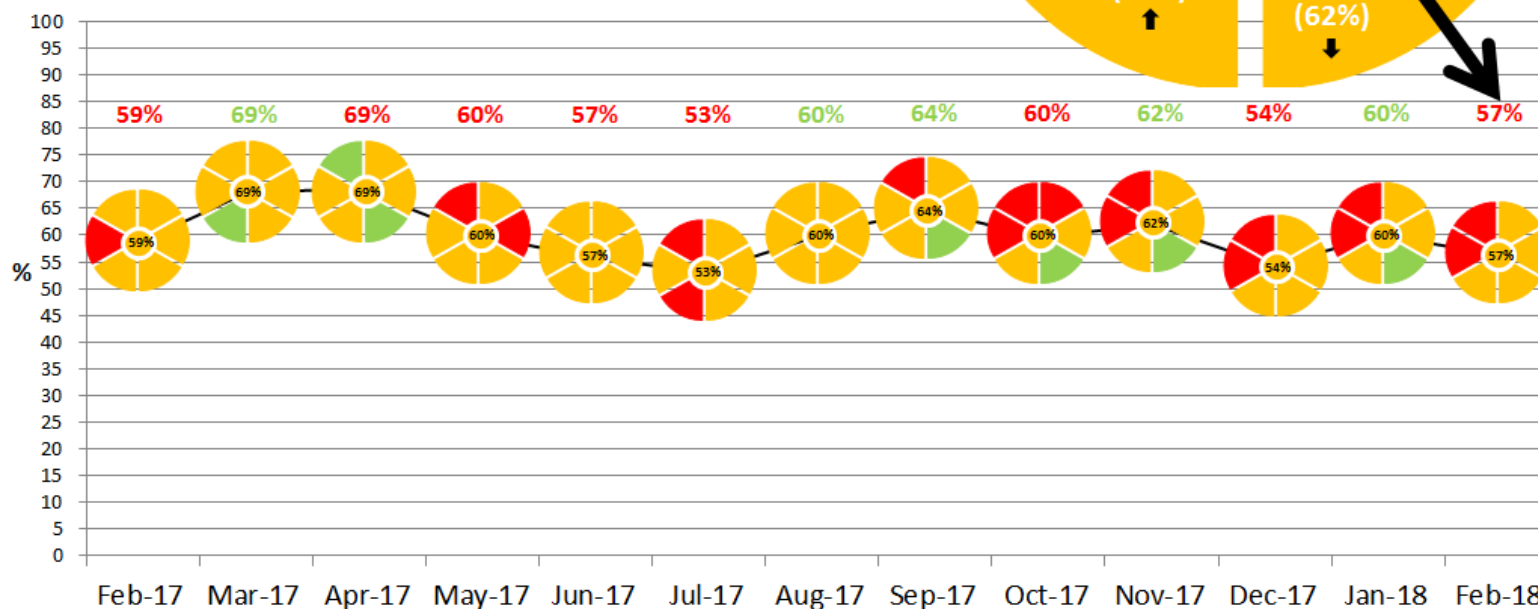
### RAG Movement

February's Performance Score has deteriorated by 3 percentage points to 57%. All domains have deteriorated with the exception of RESPONSIVE and WORKFORCE which saw improvements in 3 of the 5 Mandatory Training focus areas counterbalancing a deterioration in short-term sickness. Within the RESPONSIVE domain Stroke and Cancer maintained good performance. The CARING domain has worsened due to FFT performance. The EFFECTIVE domain has returned to AMBER due to 2 MRSA's in-month. EFFICIENCY & FINANCE has deteriorated with a couple of efficiency targets being missed in-month.







### SINGLE OVERSIGHT FRAMEWORK

<b>SAFE</b>	
VTE Assessments	Never Events
<b>CARING</b>	
FFT IP	FFT Maternity
FFT OP	FFT A&E
Mixed sex accommodation breaches	FFT Community
<b>EFFECTIVE</b>	
CDiff Cases	% Complaints closed
MRSA	Preventable Cdiff
HSMR	SHMI
	HSMR - Weekend
<b>RESPONSIVE</b>	
RTT Incomplete Pathways	Diagnostics 6 weeks
Cancer 62 day Screening to Treatment	ECS 4 hours
	Cancer 62 day Referral to Treatment
<b>FINANCE</b>	
Variance from Plan	Use of Resources
<b>WORKFORCE</b>	
Proportion of Temporary Staff	Sickness
Staff turnover	Executive Turnover




## Carter Dashboard

		Current Month Score	Previous Month	Trend	Target
CARING	 Friends & Family Test (IP Survey) - % would recommend the Service	97.6%	96.8%	↑	96.3%
	Inpatient Complaints per 1000 bed days	2.6	2.3	↓	TBC
	 Average Length of Stay - Overall	4.82	4.72	↓	5.17
EFFECTIVE	Delayed Transfers of Care	1.89%	2.05%	↑	3.5%
	Green Cross Patients (Snapshot at month end)	124	117	↓	40
	Hospital Standardised Mortality Rate (1 yr Rolling Data)	86.16	87.79	↑	100
	Theatre Utilisation (TT) - Trust	80.7%	76.4%	↑	92.5%
RESPONSIVE	 % Last Minute Cancellations to Elective Surgery	0.76%	1.09%	↑	0.6%
	Emergency Care Standard 4 hours	87.46%	90.76%	↓	95%
	% Incomplete Pathways <18 Weeks	92.76%	94.09%	↓	92%
	62 Day GP Referral to Treatment	87.9%	92.3%	↓	85%
SAFE	 % Harm Free Care	92.30%	92.70%	↓	95.0%
	Number of Outliers (Bed Days)	907	1136	↑	495
	Number of Serious Incidents	6	4	↓	0
	Never Events	0	0	↔	0

Mandatory Training - Fire Safety green and both Data Security Awareness and Infection Control amber.

All key cancer targets maintained for the 4th consecutive month.

Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - At 93.75% against 85% target, best performance in over 12 months and process appears sustainable.



MOST DETERIORATED

Number of MRSA Bacteraemias – 2 in-month giving year to date position of 5 against 2 in total in 2016/17.

% Harm Free Care - Performance at 92.3% which is lowest in over 12 months is being driven by a high number of patients being admitted with a pressure ulcer plus the new VTE's recorded. We continue to see a high level of old harms and of the 57 harms seen in month, 29 are old pre-hospital harms which have been wrongly recorded.

% Complaints closed within target timeframe - at 31% lowest position in over 12 months.

TREND ARROWS:  
Red or Green depending on whether target is being achieved  
Arrow upwards means improving month on month  
Arrow downwards means deteriorating month on month.

ACTIONS

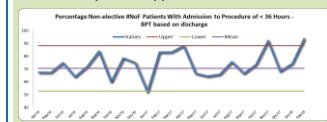
MRSA Post infection review is undertaken for each case of MRSA bacteraemia, action plans are monitored via the divisions, learning is to be shared throughout the organisation.

The lead matron for pressure ulcers within the Medical division is meeting with tissue viability to confirm training arrangements for ward staff regarding entering the correct data. This will be amended for the next submission.

There are still more overdue complaints than originally anticipated at this point, however Directors of Operations still plan to clear the majority of backlogs by the end of March.

		Current Month Score	Previous Month	Trend	Target
PEOPLE, MANAGEMENT & CULTURE: WELL-LED	Doctors Hours per Patient Day				
	Care Hours per Patient Day	7.7	7.6	↑	
	Sickness Absence Rate	4.81%	4.31%	↓	4.0%
	Turnover rate (%) (Rolling 12m)	12.87%	13.06%	↑	12.3%
	Vacancy	331.07	329.82	↓	NA
	FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q2	79.0%	Different division sampled each quarter. Comparisons not applicable		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q2	57.0%	Different division samples each quarter. Comparisons not applicable			

		Current Month Score	Previous Month	Trend
OUR MONEY	Income vs Plan var (£m)	-£17.90	-£15.60	●
	Expenditure vs Plan var (£m)	£1.36	£1.93	●
	Liquidity (Days)	-23.92	-21.78	●
	I&E: Surplus / (Deficit) var - Control Total basis (£m)	-£10.38	-£8.70	●
	CIP var (£m)	-£1.02	-£0.58	●
UOR	3	3	●	
Temporary Staffing as a % of Trust Pay Bill	14.97%	14.40%	●	



Arrow direction count



1



8



10

## Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> <li><b>% Harm Free Care</b> - Performance at 92.3% which is lowest in over 12 months is being driven by a high number of patients being admitted with a pressure ulcer plus the new VTE's recorded. It is made up of 8 new PE's, 1 new DVT and 2 new others. We continue to see a high level of old harms and of the 57 harms seen in month, 29 are old pre-hospital harms which have been incorrectly recorded. The lead matron for pressure ulcers within the Medical division is meeting with tissue viability lead nurse to confirm further training arrangements for ward staff regarding entering the correct data. This will be amended for the next submission. This does however leave a further 17 new harms which comprised of 7 new PU's, 6 falls and 4 UTI's.</li> <li><b>% PPH <math>\geq</math> 1500ml</b> - Performance at 3.6% which was just above the 3% threshold. Robust analysis continues to be measured against the ARREST care bundle. YTD position is favourable.</li> <li><b>Category 4 Pressure Ulcers</b> - There have been 2 category 4 pressure ulcers in Medicine in January which are currently under investigation.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Complaints closed within timeframe</b> - Of the 49 complaints closed in February, 31% were closed within target timeframe. Given recent pressures CHFT still aims to have the majority of backlog of complaints closed by the end of March. Divisions have given assurance that contact is being made with complainants within 7 days.</li> <li><b>Friends and Family Test Outpatients Survey - % would recommend the Service</b> - Performance at 90.6% still below 95.7% target. 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. The planned Q3 review was delayed and now a Q3 + Q4 review will take place in April to inform future patient experience plans.</li> <li><b>Friends and Family Test A &amp; E Survey</b> - Response Rate is still around 10% which is below the 13.3% target. In A&amp;E specifically, FFT has been added to the daily huddle board to remind staff to complete.</li> <li><b>Friends and Family Test Community</b> - Response Rate has increased from 1.6% to 3.4% but still needs to improve further. The % would recommend has fallen in-month to 96.4%. The division has undertaken a deep dive to understand performance. As a result a clear Standard Operating procedure will be written to provide a consistent approach to collection of FFT across community services. FFT 'look up's' to be amended to mirror the NHS England categories. FFT feedback process to be carried out every working day of the month. Teams/services to have an agreed target of gaining at least 10% responses from their active caseload. Benchmarking of other trusts' community services performance.</li> </ul>
Caring	<ul style="list-style-type: none"> <li><b>Number of MRSA Bacteraemias</b> - There were 2 cases in February. Investigations are underway into each of the MRSA bacteraemias and will be shared with MDT teams when complete.</li> <li><b>Clostridium Difficile Cases</b> - There were a further 3 cases in February which adds up to 20 in the last 4 months. The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future.</li> </ul>
Effective	<ul style="list-style-type: none"> <li><b>E.Coli - Post 48 Hours</b> - There were 6 cases in February. E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan.</li> <li><b>Mortality Reviews</b> - A step by step guide 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.</li> </ul>

### Background Context

The Health & Social care system continued to be busy in February with prolonged increased acuity and demand. The Trust was forced to operate fully in Silver command and control mode yet again for the full month.

Work on Expected Date of Discharges (EDDs) has remained a focus throughout the month to try to create additional patient flow. CHFT had a very challenging month in terms of the ECS with performance at 87.46% largely due to patient flow with admissions regularly higher than discharges.

All Divisions retained winter capacity at levels commenced in January meaning cancellation of routine electives and some outpatient activity for Medical specialties.

Escalation capacity remains high with over 80 additional beds open for most of the month driving agency usage and Birth Centre closures. This was compounded by periods of bad weather where we saw staff work together to ensure areas were safely covered.

Additional weekend capacity was implemented to support flow and those teams on site e.g junior doctors.

The impact of reconfiguration continued to be reviewed and monitored, with an increase in patients being managed through the frailty service and the centralisation of services facilitating the implementation of more specialty focused ward rounds.

Flu admissions remained high with a ward at each site required for isolation compounded by periods of Norovirus that restricted flow due to ward closures. The IPC Committee has increased its meeting frequency.

Full system support has been requested daily with significant pressure applied to ensure discharge numbers increased, this has had some impact but is not providing the step change required to reduce escalation capacity or LOS with stranded patient numbers increasing.

## Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none"> <li><b>Emergency Care Standard 4 hours 87.46%</b> in February, (88.68% all types) - Silver command has remained in place throughout February, 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.</li> <li><b>38 Day Referral to Tertiary</b> - at 30% lowest position since June. 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.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Overall Sickness absence/Return to Work Interviews</b> - Short term sickness for January is now at its highest rate for over 12 months resulting in an overall sickness rate of 4.81%. Return to Work Interviews have improved to 63.6% with more work to do. Attendance management sessions are being held across divisions.</li> </ul>
Workforce	<ul style="list-style-type: none"> <li><b>Mandatory Training</b> has improved in-month with Fire Safety on target, Data Security and Infection Control just below target. All Divisions have developed detailed action plans to improve compliance and ensure the 95% target is met. The weekly Executive Board paper presented on 15th February recommended colleagues who join the Trust with competencies in one or more of our mandatory training subjects, achieved at another NHS organisation, will have their compliance awarded against the relevant subject. The Executive Board agreed with this approach and this will now be implemented for all new starters.</li> </ul>
Finance	<ul style="list-style-type: none"> <li><b>Finance:</b> Reported year to date deficit position of £35.27m, on a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £28.98m an adverse variance of £10.38m compared with the control total of £18.6m;               <ul style="list-style-type: none"> <li>Delivery of CIP is £14.53m below the planned level of £15.55m;</li> <li>Capital expenditure is £2.7m below plan due to revised timescales;</li> <li>Cash position is £1.98m, slightly above the planned level;</li> <li>A Use of Resources score of level 3, in line with the plan.</li> </ul> </li> </ul> <p>As at Month 11 the gap to CHFT's control total deficit is £10.38m. This is the level of financial improvement that the Trust required in order to be eligible for STF funding. £6.22m of STF funding has been lost based on Quarters 1 &amp; 2 A&amp;E performance and financial performance in M7-11. This is driving a total variance from control total of £16.6m, (excluding technical items excluded for control total purposes). However the reported position includes a number of non-recurrent benefits that in part offset the underlying operational deficit. The Trust is reporting a forecast deficit of £45.39m, an adverse variance to plan of £15.55m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap remains unchanged from the position reported in month 11 and is contingent upon a number of recovery actions.</p>

### Background Context

Mandatory Training compliance has been a focus with weekly monitoring and the establishment of a level 1 module accessible via ESR for Moving and handling reflecting the restricted face to face capacity. This is moving the Trust closer to target numbers for March.

FSS services continued to see a peak in activity in February which matched that seen across the rest of the Trust. Services within the division continued to support this in a range of different ways.

The challenges of demand were also evident in Community services, managing demand in the community to keep people out of hospital, as well as supporting discharge.

The nursing teams experienced very challenging weather which impacted on them visiting some patients. All priority patients were seen, in some cases with nurses visiting patients on foot or by the support of family, other colleagues or volunteers with 4x4 vehicles.

The Head of Therapies has progressed the therapy strategy and a workshop is planned for March to support next steps in terms of enhancing patient pathways, reducing the number of handoffs and assessments across all of therapy services as patients move through their pathway.

Divisions have been asked to focus on activity and CIP schemes for 2018/19 and robust annual planning including CQC preparation.

There was considerable focus on developing Capacity and Demand plans for 2018/19 which highlighted a number of areas that needed realignment to ensure activity for the year ahead was robustly modelled.



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

Area	Reality	Response	Result
Safe	<p><b><u>Medication Incidents</u></b></p> <p>We are closely monitoring medication incidents within the community division to gain assurance that we have safe processes in place to monitor, measure, report, record and investigate these incidents.</p> <p>This month there were 4 medication incidents reported of which 2 could be directly linked to Community services.</p>	<p><b><u>Medication Incidents</u></b></p> <p>Each medication incident is reported via DATIX, each DATIX is reviewed by the community division senior pharmacist. Any actions are then picked up and relayed to community team or if education, training is required this is actioned by the community pharmacist. These are reported into Board on a monthly basis and PSQB via a quarterly report. For the 2 incidents this month, remedial action has been implemented.</p>	<p><b><u>Medication Incidents</u></b></p> <p>A review has been undertaken to understand what is required to reduce the waiting list. At a meeting with Calderdale CCG/Calderdale Council on 14/2/2018 it was agreed to jointly commission the service so we have been able to start the recruitment process to fill vacancies. We are looking for locum support and a person has been identified and we are awaiting confirmation of their start date.</p>
Effective	<p><b><u>Leg Ulcer healing rate</u></b></p> <p>There is one patient with a leg ulcer that has not healed within 12 weeks. This has improved from the previous month (3 patients).</p>	<p><b><u>Leg ulcer healing rate</u></b></p> <p>Each medication incident is reported via DATIX, each DATIX is reviewed by the community division senior pharmacist. Any actions are then picked up and relayed to community team or if education, training is required this is actioned by the community pharmacist. These are reported into Board on a monthly basis and PSQB via a quarterly report. For the 2 incidents this month, remedial action has been implemented.</p>	<p><b><u>Leg ulcer healing rate</u></b></p> <p>Continued focus on leg ulcers will maintain high rates of healing within 12 weeks and support achievement of the wound CQUIN.</p> <p><b>By when: April 2018</b> <b>Accountable: ADN</b></p>
Caring	<p><b><u>FFT</u></b></p> <p>The FFT result is 96.4% in February and showing 91.4% YTD. This has fallen from the previous month (99.1%). The response rate has increased from 1.6% to 3.4% this month. However, this is still too low.</p>	<p><b><u>FFT</u></b></p> <p>We are reviewing the process for collecting FFT. Staff are engaged in collecting responses, but we need to follow through the process to ensure that all feedback is being reported. We have set up a working group to review this urgently.</p>	<p><b><u>FFT</u></b></p> <p>We will continue to monitor the response rate and process of collecting and reporting data to ensure improvement in this measure.</p> <p><b>By when: Review April 2018</b> <b>Accountable: Director of Operations</b></p>
Responsiveness	<p><b><u>Waiting Time for Children's services</u></b></p> <p>This area continues to be highlighted as a high risk on our risk register. The main challenges are in Speech and Language therapies with 155 children waiting at Huddersfield and 262 at Calderdale. The Huddersfield waiting times have remained the same and the Calderdale waiting times have decreased by 4 weeks.</p>	<p><b><u>Waiting Time for Children's services</u></b></p> <p>A review has been undertaken to understand what is required to reduce the waiting list. At a meeting with Calderdale CCG/Calderdale Council on 14/2/2018 it was agreed to jointly commission the service so we have been able to start the recruitment process to fill vacancies. We are looking for locum support and a person has been identified and we are awaiting confirmation of their start date.</p>	<p><b><u>Waiting Time for Children's services</u></b></p> <p>We will continue to monitor the waiting times and prioritise new patient clinics to reduce waiting times.</p> <p><b>By when: April 2018</b> <b>Accountable: Head of Therapies</b></p>



Safe

Effective

Caring

Responsive

Workforce

Efficiency/Finance

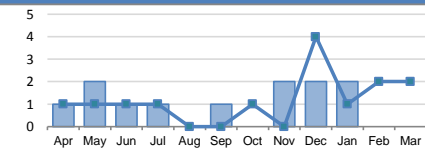
CQUIN

Activity

## Dashboard - Community

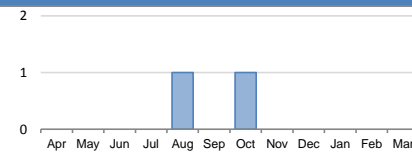
Safe

Community acquired grade 3 or 4 pressure ulcers



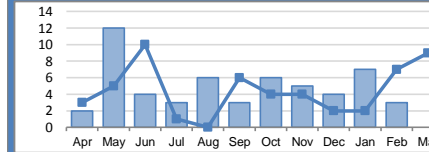
One month in arrears

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



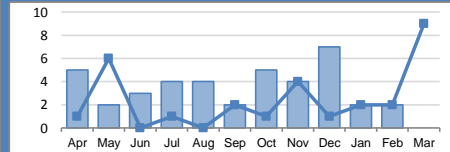
One month in arrears

Incidents - New Harms



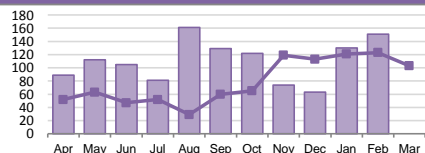
Bar Chart = 17/18 figures Line graph = 16/17 figures

Medication Incidents

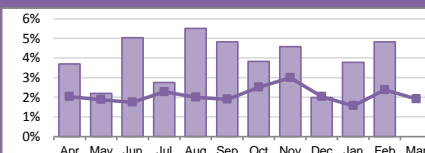


Effective

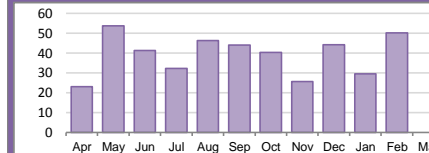
Number of Hospital admissions avoided by Community Nursing services



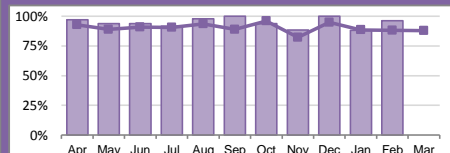
Patients who attended A&amp;E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

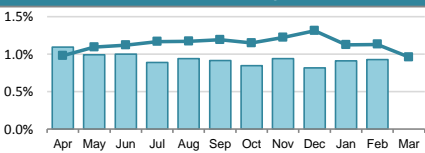


House Bound leg ulcers healed within 12 weeks

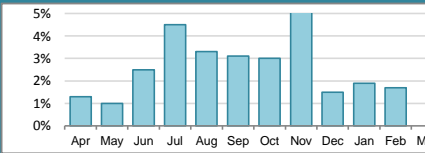


Caring

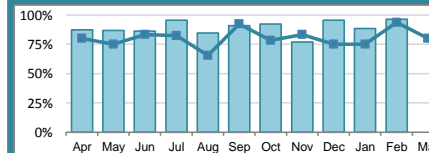
Community No Access Visits Adult Nursing



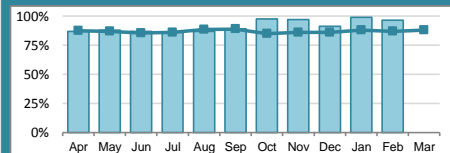
Intermediate Care Readmission rate



End of life patient died in preferred place of death

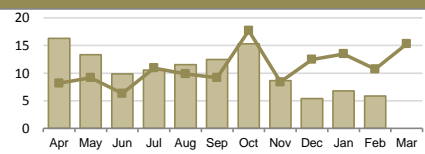


Friends and Family Test- Likely to recommend

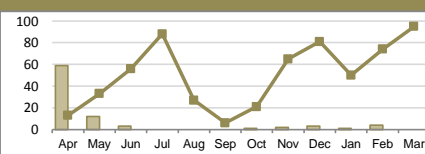


Responsive

Average time to start of reablement (days)

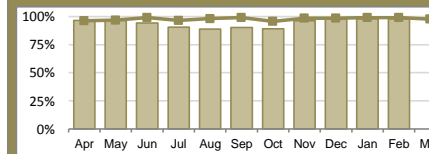


Appointment Slot Issues for MSK &amp; Podiatry

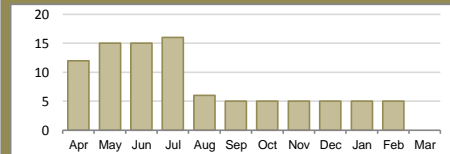


MSK Podiatry

Waiting Times - 18 week RTT

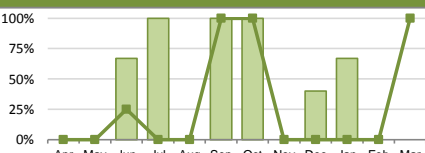


Waiting Times - Physiotherapy Routine (Weeks)

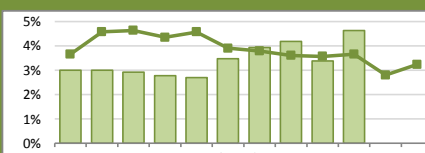


Well Led

% Complaints closed within target timeframe



Staff sickness rate



One month in arrears

Finance - Planned variance against actual (£'000)



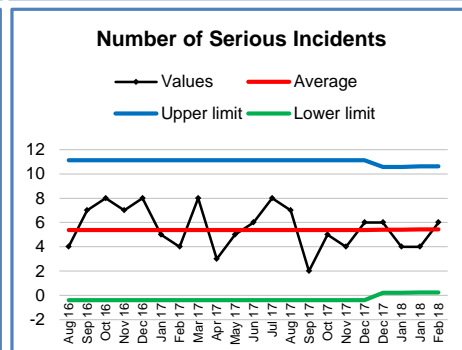
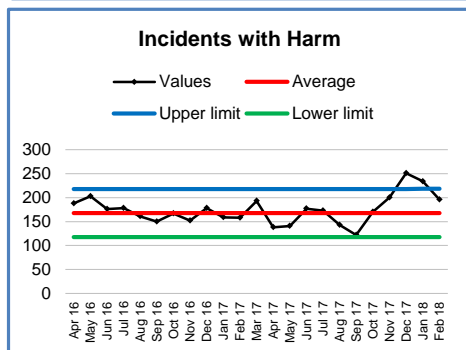
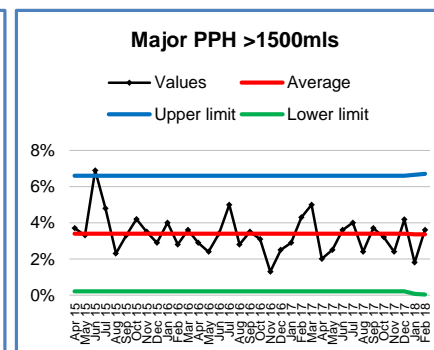
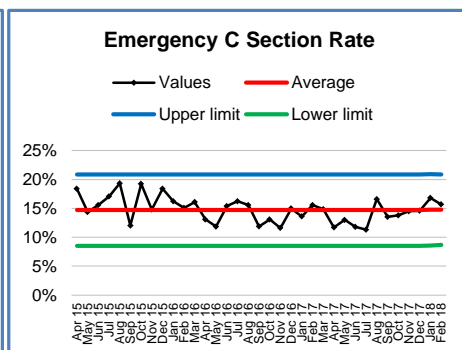
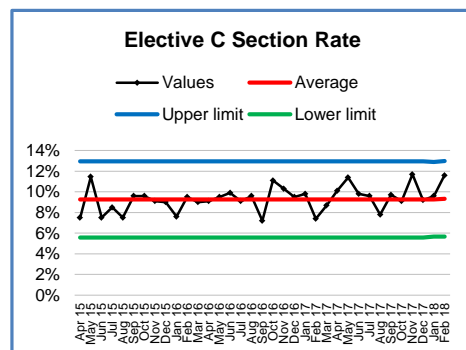
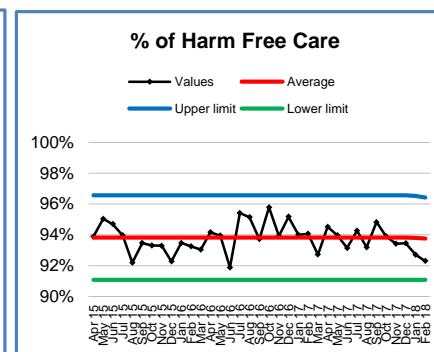
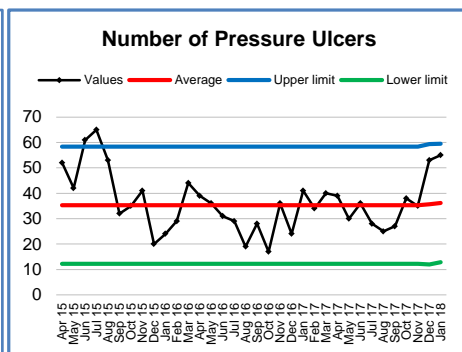
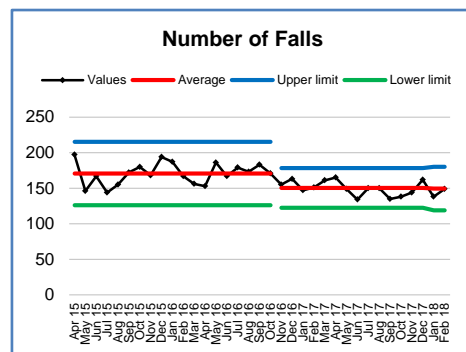
Finance - Planned CIP saving against actual savings (£'000)



## Safe - Key messages

Area	Reality	Response	Result																																																
% Harm Free Care	<p>% Harm Free continues to perform below the 95% target at 92.3%. The reduced performance is being driven by the number of pressure ulcers (old and new).</p> <table><tr><th></th><th>Dec 2017</th><th>Jan 2018</th><th>Feb 2018</th></tr><tr><td>Harm Free Care</td><td>93.5%</td><td>92.7%</td><td>92.3%</td></tr><tr><td>Harm Breakdown</td><td></td><td></td><td></td></tr><tr><td>Falls</td><td>9</td><td>7</td><td>7</td></tr><tr><td>Low Harm</td><td>4</td><td>2</td><td>3</td></tr><tr><td>Moderate Harm</td><td>5</td><td>5</td><td>4</td></tr><tr><td>Severe Harm</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Ulcers</td><td>49</td><td>56</td><td>59</td></tr><tr><td>New Ulcers</td><td>5</td><td>16</td><td>9</td></tr><tr><td>Old Ulcers</td><td>44</td><td>40</td><td>50</td></tr><tr><td>Catheters and UTI</td><td>8</td><td>9</td><td>9</td></tr><tr><td>VTE</td><td>3</td><td>3</td><td>11</td></tr></table>		Dec 2017	Jan 2018	Feb 2018	Harm Free Care	93.5%	92.7%	92.3%	Harm Breakdown				Falls	9	7	7	Low Harm	4	2	3	Moderate Harm	5	5	4	Severe Harm	0	0	0	Ulcers	49	56	59	New Ulcers	5	16	9	Old Ulcers	44	40	50	Catheters and UTI	8	9	9	VTE	3	3	11	<p>The reduced harm free care figure this month is thought in part to be due to the new VTE's recorded. This is made up of 8 new PE's, 1 new DVT and 2 new others. We continue to see a high level of old harms and of the 57 harms seen in month in the medicine division, 29 are old pre-hospital harms which have been incorrectly recorded. This will be amended for the next submission.</p> <p>The lead matron for pressure ulcers within the Medical division is meeting with tissue viability lead nurse to confirm further training arrangements for ward staff regarding entering the correct data. This does however leave a further 17 new harms which comprises of 7 new PU's, 6 falls and 4 UTI's.</p>	<p>The 95% target continues to be worked towards</p> <p>Accountable: Deputy Chief Nurse</p>
		Dec 2017	Jan 2018	Feb 2018																																															
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VTE	3	3	11																																																
Pressure Ulcers (Month Behind)	<p>There were 50 Pressure Ulcers Acquired at CHFT in January.</p> <p>There was two Category 4 pressure ulcer in Medicine.</p> <p>Several RCAs of previous month's data have highlighted non-concordance as a contributory factor, alongside continence care and moving and handling.</p>	<p>There has been a particular issue highlighted this month with the continence pads currently in use. Further work is being undertaken to understand the the root cause.</p> <p>There has a been in change in the validation process which is contributing to the increasue in pressure ulcer prevalence within the Medical division, a targeted review is underway looking at January to March data.</p> <p>The clinical educators within the division continue to support ward based education.</p> <p>Work continues with individual ward areas to share the learning from previous pressure ulcer investigations.</p>	<p>We are aiming to close all our overdue pressure ulcer investigations by March 2018.</p> <p>Accountable: Deputy Chief Nurse</p>																																																
	Risk Management	<p>The total number of harm incidents reported has seen a 8.5% decrease (18 incidents) since reported figures for January 2018. The most recent month's figures fluctuate as divisions validate and investigate to ascertain if harm was caused.</p>	<p>Full analysis of incidents is taken monthly to the Patient Safety Group, and discussed with divisions</p>	<p>The total numbers of overall incidents will continue to be monitored by the risk team.</p>																																															
<p>In February 3 Serious Incident reports were sent to the CCG with 2 reports delivered on time.</p> <p>This is a slightly worse picture from January, despite 2 reports being delivered on time. This was due to one report where the investigation team was changed after delays due to work commitment issues with the initial team. The new investigation team successfully managed to complete the report within 60 days, though the report was 146 days over due to the initial delays.</p>		<p>The lead for improvement is the Senior Risk Manager working with investigators to ensure report quality and completion as soon as possible and Clinical Governance Support Managers to ensure scheduling of draft reports into orange divisional incident panels for review of drafts. An investigation pack has been finalised which further details the recommended week by week timetable to deliver reports within the 60 days timeframe.</p>	<p>Improvements antipated following dissemntiation of the new investigation pack</p>																																																
% PPH ≥ 1500ml - all deliveries	<p>Our PPH rate&gt;1500mls for February was 3.6% (13 Deliveries) which is just above the 3% threshold.</p> <p>The YTD figure remains at 3.07% down from 3.30% in 2016/17.</p>	<p>Robust analysis that continues to be measured against the ARREST care bundle (completed for February Deliveries): All women had at least one haemacue at the time of the PPH. No women experienced delays going to theatre for repair of a tear or manual removal of placenta. 8/13 women had a blood transfusion following the PPH. This confirms that we are following the gold standard to measure blood loss. All women who had either an instrumental birth or LSCS were given Syntocinon 50/50 at delivery to reduce the incidence of PPH.</p>	<p>The Yorkshire Dashboard is going to set a threshold for PPH &gt; 1500 mls across Yorkshire (Q1 18/19)</p> <p>Accountable: HoM/AND</p>																																																

## Safe -SPC Charts



## Safe - Key measures

16/17		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		YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																		
All Falls	1,989	151	161	165	149	134	150	150	135	138	144	163	138	149	1,615	Monitoring Trajectory		
Inpatient Falls with Serious Harm	42	1	11	4	5	6	1	4	1	2	1	3	1	3	31	Monitoring Trajectory		
Falls per 1000 bed days	7.9	7.7	7.7	7.9	6.9	6.2	7.0	7.0	6.3	6.4	6.9	7.8	6.3	7.5	6.9	Monitoring Trajectory		
% Harm Free Care	94.26%	94.06%	92.71%	94.51%	93.96%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	93.92%	>=95%	95%	
Number of Serious Incidents	66	4	8	3	5	6	8	7	3	5	5	6	4	6	58	Monitoring Trajectory		
Number of Incidents with Harm	2,063	158	193	138	141	177	172	142	122	163	187	213	214	196	1,865	Monitoring Trajectory		
Percentage of Duty of Candour informed within 10 days of Incident	97.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	95.00%	
Never Events	2	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	
Percentage of SIs investigations where reports submitted within timescale – 60 Days	36.66%	none to report	7.69%	20.00%	28.60%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	37.53%	100%	100%	
Maternity																		
Elective C-Section Rate	9.30%	7.40%	8.70%	10.10%	11.40%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.60%	9.90%	<=10% Threshold	10.00%	
Emergency C-Section Rate	13.99%	15.55%	14.86%	11.70%	13.00%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	13.90%	<=15.6% Threshold	15.60%	
Total C-Section Rate	23.31%	22.97%	23.58%	21.81%	24.32%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	27.30%	23.82%	<=26.2% Threshold	26.20%	
% PPH ≥ 1500ml - all deliveries	3.30%	4.30%	5.00%	2.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	3.07%	<=3.0%	3.00%	
Pressure Ulcers																		
Number of Trust Pressure Ulcers Acquired at CHFT	374	34	40	39	30	36	28	25	26	36	33	49	50	under validation	352	Monitoring Trajectory		
Pressure Ulcers per 1000 bed days	1.5	1.7	1.9	1.9	1.4	1.7	1.3	1.2	1.2	1.7	1.6	2.4	2.3	under validation	1.7	Monitoring Trajectory		
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	24	29	30	21	22	20	21	14	26	24	38	32	under validation	248	Monitoring Trajectory		
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	9	10	6	9	14	6	4	12	10	9	10	16	under validation	96	Monitoring Trajectory		
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	1	1	3	0	0	2	0	0	0	0	1	2	under validation	8	0	0	
Percentage of Completed VTE Risk Assessments	95.11%	95.07%	95.86%	94.34%	88.97%	91.57%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	94.39%	>=95%	95.00%	
Safeguarding																		
Alert Safeguarding Referrals made by the Trust	155	11	13	19	25	13	8	12	12	16	12	12	9	15	153	Not applicable		
Alert Safeguarding Referrals made against the Trust	109	12	12	13	11	14	16	12	18	9	18	6	23	16	156	Not applicable		
Health & Safety Incidents	0			16	22	36	25	15	31	25	22	30	18	13	253	0	0	
Health & Safety Incidents (RIDDOR)	15	1	0	2	3	0	1	0	2	0	1	0	1	0	10	0	0	

## Caring - Key messages

Area	Reality	Response	Result
<b>Friends and Family Test Outpatients Survey - % Would Recommend</b>	Performance has decreased from 91.5% last month to 90.6% in February.	<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>Further month on month improvement expected.</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>
<b>Friends &amp; Family Test - AE % Response Rate &amp; Would Recommend</b>	<p>Friends and Family Test A &amp; E Survey - Response Rate decreased slightly to 10.3% in month.</p> <p>Friends and Family Test A &amp; E Survey - % would recommend the Service reduction to 85% in month which is slightly below the 85.3% target.</p>	<p>In ED much of the feedback is due to waiting times and the department continue to communicate these to patients.</p> <p>The team is also looking to invite volunteers into the department to support patients with the completion of these forms, and triage nurses will be handing out the forms during the early shift to try to improve the response rate.</p>	<p>Expected by March that ED will be delivering a comparable level of response and satisfaction compared to other ED departments locally.</p> <p>Accountable: Matron for ED/ADN Medicine.</p>
<b>Friends &amp; Family Test - Community % Response Rate &amp; Would Recommend</b>	<p>The response rate has increased from 1.6% to 3.4% this month. However, this is still too low.</p> <p>The would recommend result is 96.4% in February and showing 91.4% YTD. This has fallen from the previous month (99.1%).</p>	<p>We are reviewing the process for collecting FFT. Staff are engaged in collecting responses, but we need to follow through the process to ensure that all feedback is being reported. We have set up a working group to review this urgently.</p>	<p>We will continue to monitor the response rate and process of collecting and reporting data to ensure improvement in this measure.</p> <p>By when: Review April 2018 Accountable: Director of Operations</p>

## Caring - Complaints Key messages

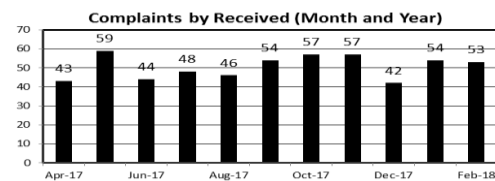
Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 49 complaints closed in February, 31% (15/49) of these were closed within target timeframe. The number of overdue complaints was 22 at the end of February compared to 31 at the end of January (29% decrease). The overall percentage for complaints closed within target timeframe last year (2016-17) recorded at the year end was 45%, 48.41% is the YTD percentage recorded for complaints closed so far.	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.	There are still more overdue complaints than originally anticipated at this point, however there are still plans to clear the majority of backlogs by the end of March.
	In February SAS closed 33% (6/18) of their complaints within the agreed timescale, Medicine 13% (2/16), and FSS 46% (6/13).		Accountable : Head of Risk and Governance.

### Complaints Background

The Trust received 42 new complaints in February and re-opened 11 complaints, making a total number of 53 complaints received in February, which is the same number of new complaints that were received in January .

The top 3 Complaints subjects have not changed since January;

Clinical Treatment  
Appointments (incl. delays and cancellations)  
Communications



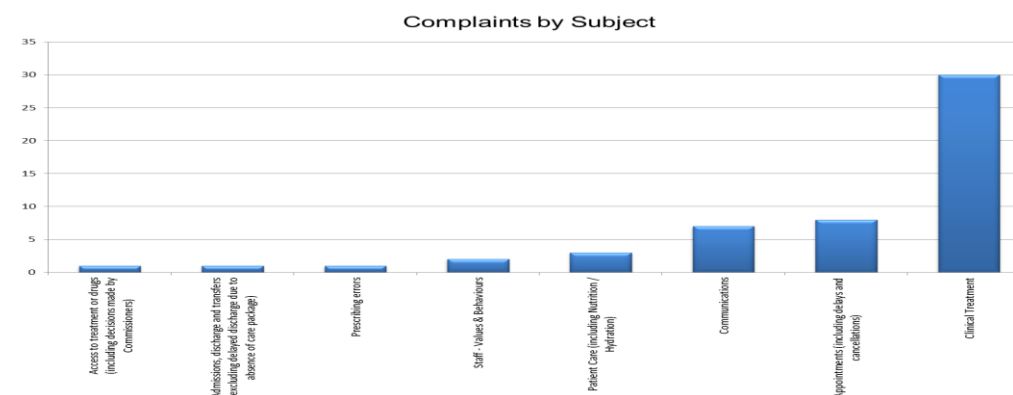
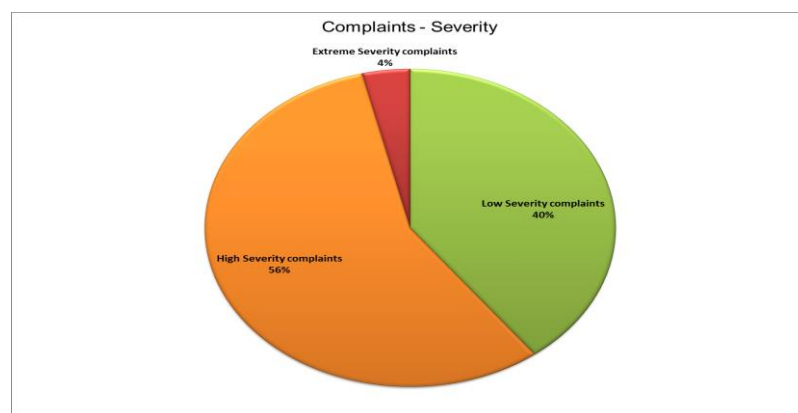
Clinical Treatment has shown an increase of 25% since January, Appointments has shown a decrease of 20% potentially showing the EPR issues relating to appointments are now resolving and Communications remains the same.

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

Severity: The Trust received 2 new Red complaints in February, both assigned to SAS Division.

#### PHSO Cases:

We received 1 new Ombudsman / PHSO case in February allocated to Medicine Division, 1 case was closed. There were 10 active cases under investigation by the Ombudsman at the end of February.



# Caring - SPC Charts





## Caring - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
<b>Complaints</b>																	
% Complaints closed within target timeframe	45.00%	54.00%	53.00%	52.00%	62.00%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	48.41%	95.00%	95.00%
Total Complaints received in the month	610	50	53	43	58	41	47	45	52	50	56	43	53	53	541	Monitoring Trajectory	
Complaints re-opened	78	4	6	5	9	4	2	8	4	6	3	2	10	10	63	Monitoring Trajectory	
Inpatient Complaints per 1000 bed days	2.10	2.30	2.40	1.80	2.40	1.80	2.10	1.80	2.40	2.50	2.40	1.90	2.30	2.60	2.18	Monitoring Trajectory	
No of Complaints closed within Timeframe	311	29	19	31	24	25	20	18	26	16	38	29	28	14	269	Monitoring Trajectory	
<b>Friends &amp; Family Test</b>																	
Friends & Family Test (IP Survey) - Response Rate	34.00%	34.50%	33.30%	30.10%	11.60%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	31.10%	>=25.9%	25.90%
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	97.60%	98.00%	98.20%	98.30%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	96.90%	>=96.3%	96.30%
Friends and Family Test Outpatient - Response Rate	12.00%	11.70%	10.60%	11.00%	3.80%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.10%	>=5.3%	5.30%
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	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%	89.60%	>=95.7%	95.70%
Friends and Family Test A & E Survey - Response Rate	12.70%	9.70%	8.40%	8.50%	4.80%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.10%	>=13.3%	13.30%
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	87.10%	87.00%	85.30%	75.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	85.30%	>=86.5%	86.50%
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	43.20%	49.70%	46.60%	36.20%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	41.60%	>=20.8%	20.80%
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	96.10%	97.90%	92.00%	98.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	97.50%	>=97%	97.00%
Friends and Family Test Community - Response Rate	11.20%	8.00%	7.00%	9.46%	9.87%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	6.80%	>=3.5%	3.50%
Friends and Family Test Community Survey - % would recommend the Service	87.30%	87.00%	88.00%	88.78%	88.51%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	89.90%	>=96.6%	96.60%
<b>Maternity</b>																	
Proportion of Women who received Combined Harm Free Care	77.25%	86.36%	72.97%	78.33%	78.57%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	in arrears	76.57%	>=70.9%	70.9%
<b>Caring</b>																	
Number of Mixed Sex Accommodation Breaches	5	2	0	0	0	5	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%	23.19%		

## Caring - What our patients are saying

### Some of the positive feedback we have received

**2AB-** Pleasant, friendly staff who kept me well informed of how the treatment and tests were progressing.

**ANGI-** The staff were great and I got the best care and treatment anyone could expect. All the staff and the Surgeon were excellent, nothing was too much and everything was explained and discussed with me. All ongoing and future treatment was explained and I was left knowing what was going to happen next. Brilliant.

**8AB-** Everything and all areas of treatment and care are brilliant. Instruments, personnel and time management are all brilliant and wonderful. Thanks for the service.

**H21-** Treatment has been very satisfactory and everyone has been very nice and helpful. Nothing was too much for them. From A&E to the ward, I couldn't have asked for more, plus Consultant and his team.

**3/PAA-** I would like to say a big thank you to all the staff. Everyone has been brilliant. We have felt looked after and everything has been explained really well. Thank you for making being back in hospital not too bad. Very impressed with service.

**NISCBU-** I found our care on the Neonatal Unit to be amazing, not only for my twins, but for me also. All the staff have been fantastic and they have supported me throughout the emotional and physical rollercoaster and looked after my babies like their own. I will be forever grateful.

### Where can we improve

Need a hook on the door and a shelf in the toilets. Need a lanyard to support the box at the end of electrodes (while mobile).

Free WiFi, or more information on how to get it, if it's already available.

At night, the Nurses Station is quite noisy with chit chat, whispering would be better.

A long time between admittance and procedure. An updated or explanation of delay would have been appreciated.

Restrict visitors to smaller numbers to limit noise.

To be a little bit more informed about what is going on and how long it may take.

## Effectiveness - Key messages

Area	Reality	Response	Result
<b>Infection Control :</b> <b>Clostridium Difficile Cases -</b> <b>Trust assigned</b> <b>MSSA</b> <b>E.Coli</b>	<p>C.Diff: 3 Cases</p> <p>E.Coli: There were 6 cases reported in-month.</p> <p>MSSA: 0 cases noted.</p> <p>MRSA: 2 cases attributed to the Trust this month.</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>MRSA Post infection review is undertaken for each case of MRSA bacteraemia, action plans are monitored via the divisions, learning is to be shared throughout the organisation.</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>MRSA: significant deterioration in performance this month but the expectation is that this will improve through addressing areas of concerns.</p> <p>Accountable Officer: Matron for Infection Control and Lead Consultant</p>
<b>Hospital Mortality Measures</b>	<p>Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Trust.</p>	<p>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 feed back 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>
<b>% Sign and Symptom as a Primary Diagnosis</b>	<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&amp;S cohorts. Discussions are taking place regards the replacement of 2 wte coders due to retire at the end of March. Communication sent out for expressions of interest in the vacant Coding Clinical Leads (Consultant PA). Communication sent from AMD's to Divisional Directors requesting how they plan to tackle KPI's highlighted in red.</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>
<b>Readmissions</b>	<p>Readmissions data has been unreliable since the implementation of EPR and as such has not been presented on the Trust dashboards.</p>	<p>Work continues through the EPR operational board to prioritise any indicators which still need development. This has been noted as one such indicator.</p>	<p>Further update expected each month as to the availability of indicator.</p>

## Effectiveness - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
<b>Infection Control</b>																	
Number of MRSA Bacteraemias – Trust assigned	2	1	0	0	0	2	1	0	0	0	0	0	0	2	5	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	2	5	0	2	4	2	2	2	1	6	4	7	3	33	<=25	<= 2
Preventable number of Clostridium Difficile Cases	6	1	0	0	1	0	2	1	0	0	2	2	0	0	8	<=21	<= 2
Number of MSSA Bacteraemias - Post 48 Hours	11	1	0	2	5	2	1	2	3	1	0	2	2	0	20	<=12	1
Number of E.Coli - Post 48 Hours	47	2	6	0	2	5	5	1	4	6	2	6	7	6	44	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.09%	95.02%	93.60%	95.23%	not reported	not reported	not reported	not reported	not reported	not reported	not reported	88.30%	92.20%	in arrears	92.20%	>=95%	95%
<b>Mortality</b>																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.24%	0.00%	0.22%	0.00%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	0.29%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.24%	0.94%	0.43%	0.22%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.18%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.04%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	105.47	105.47	105.47	105.50	103.73	101.87	Next Publication due Apr 18								101.87	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	101.41	100.85	98.71	95.90	93.17	92.86	91.08	91.47	89.86	87.79	86.16	Next Publication due Apr 18		86.16	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	103.86	108.09	103.86	99.75	100.00	96.01	95.08	94.19	96.10	92.55	90.09	90.63			90.63	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	99.95	99.94	99.95	98.39	94.65	92.41	92.18	90.11	90.03	89.00	87.07	84.74			84.74	<=100	100
% of Initial Screening Reviews (Mortality)	40.06%	32.65%	25.66%	16.40%	1.50%	29.40%	23.20%	11.80%	25.60%	31.40%	25.40%	38.00%	21.20%	in arrears	22.20%	100%	100%
Crude Mortality Rate	1.39%	1.61%	1.48%	1.30%	1.54%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.49%	<=1.32%	1.32%
<b>Coding and submissions to SUS</b>																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.94%	99.94%	99.95%	99.87%	99.88%	99.96%	99.89%	99.91%	99.92%	99.92%	99.91%	99.93%	99.95%	99.92%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	99.27%	99.04%	99.19%	98.95%	99.03%	99.25%	99.07%	99.10%	99.04%	99.21%	99.17%	99.33%	99.36%	99.15%	>=95%	5%
% Sign and Symptom as a Primary Diagnosis	8.60%	8.90%	9.00%	8.77%	11.20%	11.32%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.40%	<=9.0%	9.00%
Average co-morbidity score	4.1	4.31	4.54	4.85	6.52	6.73	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.01	6.12	>=4.61	4.61
Average Diagnosis per Coded Episode	5.15	5.42	5.43	5.67	5.84	5.9	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.85	>=5.5	5.50
CHFT Research Recruitment Target	2,630	38	335	100	0	154	164	112	138	144	133	98	173	140	1,356	>=1473	122
<b>Best Practice Guidance</b>																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	83.30%	83.30%	88.37%	66.67%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	75.30%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	75.10%	74.80%	79.25%	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	75.88%	>=70%	70%
<b>Readmissions</b>																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.61%	8.34%	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	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.88%	7.12%	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	<=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%	5.05%	4.60%	3.80%	5.60%	4.60%	6.50%	8.20%	8.90%	5.90%	1.60%	4.20%	4.10%	in arrears	5.40%	<=10%	10%

## Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p>ECS - &lt;4 hours performance decreased in month to 87.46%, with YTD position now at 91.09%. This is due to winter pressures and operational issues, specifically stranded patients and flu. There have been patients breaching due to waits for doctors, however this correlates with the number of bed waits in department and the ability to see patients when cubicles are blocked.</p> <p>A&amp;E Ambulance Handovers 30-60 mins (Validated) - 10 in month which is a decrease of 16 from last month.</p> <p>A&amp;E Ambulance 60+ mins - 0 in month, which is a decrease of 4 from last month.</p>	<p>The Divisions continue to work on EDD's, DTOC's and discharges before 11am as part of the SAFER programme to ensure timely discharges and improved patient flow. Silver command has remained in place throughout February. Additional medical staff are being requested 10-10 as per the Winter Plan and the weekly medical staffing confirm and challenge continue to take place. Work is ongoing with Locala to revise the GP streaming criteria.</p> <p>Due to the challenge around specialty capacity, the number of patients waiting over 8 hours has increased. This is being addressed through a deep dive which the practice educator and matron are working on.</p> <p>Despite the operational pressures this month, the ambulance turnaround times continue to improve. The directorate continues to work closely with partners in YAS and is closely monitoring the improvement work that the team continues to drive. The under 15 minute and 15-30 minute turnaround times are also being monitored to ensure sustainability of the improvement work.</p>	<p>ECS - We are aiming for an improvement in the ECS for the month of March.</p> <p>30-60 mins breaches - We are aiming to maintain the improvement seen with 10 or less 30-60 min breaches in month.</p> <p>60+ mins ambulance handover breaches - We are aiming for another month of 0 60+ breaches for March.</p> <p>Accountable: Director of Operations - Medicine</p>
Stroke	<p>% Stroke patients spending 90% of their stay on a stroke unit is showing a decrease in month to 91.89% - from 95.12% in January and is above 90% target.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 70.27% in month with the YTD position at 61.72%. This is a reduction on last month at 80.95%.</p> <p>% Stroke patients Thrombolysed within 1 hour. 83.33% Stroke patients were thrombolysed within 1 hour of hospital arrival. This is above the target of 55%.</p> <p>% Stroke patients scanned within 1 hour of hospital arrival was 52.63% in month against 48% target. This is a decrease on last month which was 57.14%.</p>	<p>We have maintained the much improved performance seen in January with all stroke targets achieved for February with the exception of the direct admission to a stroke unit within 4 hours however this remains significantly above YTD average. As discussed in previous months it is felt that the stroke assessment beds in the ED would improve this target significantly.</p> <p>The walk around scheduled for February to identify a suitable location for the development of a stroke assessment area within ED took place and work now continues to agree a suitable location.</p> <p>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.</p>	<p>Develop a stroke assessment area within ED. Aiming to achieve by March 2018, however this is dependent on identifying a suitable location.</p>
Last Minute Cancellations to Elective Surgery	<p>Better performance than previous month but the adverse weather conditions in February and the increased flow issues in the system have meant this is just above target.</p>	<p>Continue the ongoing monitoring.</p>	<p>March 2018 is expected to be on target</p> <p>Accountable: DoP</p>
Cancer	<p>Cancer performance has performed in excess of target for all areas except for 38 Day Referral to Tertiary and 104 Referral to Treatment.</p>	<p>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>This 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>Divisions are aiming to achieve the 38 day referral to tertiary target by April 2018.</p> <p>Accountable: General Managers</p>

## Responsive - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
<b>Accident &amp; Emergency</b>																	
Emergency Care Standard 4 hours	94.20%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	91.09%	>=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%	91.70%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1,248	114	21	39	355	144	150	133	227	137	173	303	278	333	2,272	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	9	4	3	91	23	36	38	17	7	5	16	26	10	272	0	0
A&E Ambulance 60+ mins	7	1	0	0	4	1	1	0	0	1	0	1	4	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
<b>Patient Flow</b>																	
% Daily Discharges - Pre 12pm	20.91%	20.03%	19.99%	18.61%	12.92%	13.94%	14.04%	14.37%	14.56%	17.56%	16.34%	16.95%	16.58%	14.95%	15.55%	>=40%	40.00%
Delayed Transfers of Care	2.26%	1.44%	2.36%	2.33%	2.74%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.78%	<=3.5%	3.50%
Green Cross Patients (Snapshot at month end)	129	126	129	114	119	77	107	104	120	90	119	100	117	124	124	<=40	<=40
Number of Outliers (Bed Days)	9,733	579	259	321	988	575	491	590	534	516	627	991	1,136	907	7,676	<=5,940	<=495
<b>Stroke</b>																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	88.89%	94.55%	93.33%	87.93%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	87.96%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	64.81%	80.00%	75.56%	54.24%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	61.72%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	100.00%	66.67%	87.50%	75.00%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	80.26%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	34.55%	37.50%	43.75%	40.98%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.86%	>=48%	48.00%
<b>Maternity</b>																	
Antenatal Assessments < 13 weeks	90.88%	90.02%	90.77%	92.20%	91.00%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	91.58%	>90%	90.00%
Maternal smoking at delivery	9.68%	12.20%	9.20%	9.90%	11.40%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	12.40%	<=11.9%	11.90%
<b>Cancellations</b>																	
% Last Minute Cancellations to Elective Surgery	0.65%	0.63%	0.80%	0.53%	0.93%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	0.82%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	0	0	0	0	0	0	0	0	0	0	1	0	5	0	6	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
<b>18 week Pathways (RTT)</b>																	
% Non-admitted Closed Pathways under 18 weeks	98.36%	98.33%	98.19%	98.51%	not available	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	93.10%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	90.84%	91.09%	91.37%	not available	not available	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	83.64%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	95.33%	95.14%	94.97%	94.34%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	92.76%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	126	173	174	not available	not available	not available	not available	541	602	1350	695	606	585	585	0	0
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Diagnostic Waiting List Within 6 Weeks	99.25%	99.50%	94.73%	90.98%	99.33%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.61%	>=99%	99.00%
<b>Cancer</b>																	
Two Week Wait From Referral to Date First Seen	97.61%	98.24%	98.34%	97.11%	84.04%	86.21%	92.30%	95.14%	94.40%	94.19%	97.87%	99.01%	95.25%	99.06%	93.86%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	94.70%	96.53%	93.46%	94.57%	89.25%	91.44%	91.53%	93.10%	93.33%	95.54%	96.82%	94.61%	98.26%	93.66%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	99.15%	100.00%	100.00%	100.00%	100.00%	99.47%	100.00%	99.25%	100.00%	100.00%	100.00%	99.41%	100.00%	99.82%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	96.15%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	99.19%	>=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%	60.00%	20.00%	36.36%	30.43%	29.17%	33.33%	56.52%	70.00%	47.62%	55.56%	62.50%	37.93%	46.15%	44.14%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	86.43%	90.40%	84.62%	91.49%	88.52%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	92.27%	87.92%	88.53%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	57.14%	100.00%	91.67%	94.74%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	95.11%	>=90%	90%
104 Referral to Treatment	97.88%	98.57%	96.09%	95.65%	99.53%	98.05%	92.99%	99.03%	97.73%	96.41%	96.60%	99.47%	99.52%	97.14%	97.36%	100.00%	100.00%
<b>Electronic Access</b>																	
Appointment Slot Issues on Choose & Book	16.14%	27.51%	28.06%	30.47%	6.44%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	19.60%	<=5%	5.00%
<b>Community Services Data Set (CSDS)</b>																	
Community Care - Referral to Treatment Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Community Care - Referral Information Completeness	98.29%	98.50%	97.66%	99.42%	99.23%	99.63%	99.75%	99.74%	99.83%	99.82%	99.86%	99.93%	99.91%	99.81%	99.71%	>=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%
<b>Electronic Discharge</b>																	
% Complete EDS	0							95.18%	95.88%	96.62%	97.97%	97.72%	97.42%	94.18%	96.64%	>=95%	95.00%

## Workforce

Area	Reality	Response	Result																																																						
Sickness Absence	Total sickness absence rate is currently 4.12% (YTD). This is an improved position from the same point in 2016 (4.42%), but is currently not performing to the target.	HR Advisers are holding drop-in sessions, cross-site, for managers to discuss attendance management. The Advisers will be providing proactive advice on managing attendance with the aim of reducing sickness absence across all Divisions. There will also be a focus on the importance of completing and recording RTW interviews demonstrating how these should be recorded on E-roster, ESR Self Service and via sickness absence returns forms. The sessions will be held on a fortnightly basis.	Manage processes to ensure sickness absence rates achieve the 4% target.																																																						
	The in-month sickness absence rate of 4.81% is made up of 1,206 sickness absence occurrences. This is an increase from 1,139 occurrences in December 2017.	Feedback from line managers indicates that RTW interviews are being undertaken, however, the recording of the interview date is the underlying issue in the majority of cases. There is an ongoing issue on the transferring of RTW interview dates from Allocate e-Rostering to ESR. A long term solution will be reached when ESR Manager Self Service (MSS) is rolled out across the Trust by November 2018. Guidance is being included in the MSS sessions as part of the roll out project. HR Advisers will continue to support Divisions to ensure RTW interview dates are recorded in ESR in the interim.	Accountable: Executive Director of Workforce and OD.																																																						
	Long term sickness absence is 2.64% for January (2.60% YTD) against a target of 2.70%. This is a worsening position from 2.56% in December 2017. This is an improved position compared with 2.83% at the same point in January 2017.	The Occupational Health Department are looking at introducing a number of mindfulness events to improve staff wellbeing and reduce stress. A new fitness class takes place every Friday at HRI and a Knitting and Crochet class starts on 21st March.																																																							
	Short term sickness absence is currently 2.17% for January (1.52% YTD) against a target of 1.30%. This is an worsening position from 1.68% in December 2017, and a worsening position compared with 1.90% at the same point in January 2017..	An audit is currently being undertaken into Moving and Handling MSK injuries to staff during 2017 to try to understand the nature and types of injuries, and the rate these are reported to Datix.																																																							
	Divisional total sickness absence rate in December 2017 and January 2018 is :-	<div>Divisional</div> <div>In Surgery &amp; 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.</div>																																																							
	<table><tr><th></th><th>Dec 17</th><th>Jan 18</th></tr><tr><td>Community</td><td>3.38%</td><td>4.63%</td></tr><tr><td>Corporate</td><td>4.32%</td><td>4.82%</td></tr><tr><td>Estates &amp; Facilities</td><td>4.67%</td><td>5.17%</td></tr><tr><td>FSS</td><td>4.63%</td><td>4.77%</td></tr><tr><td>Health Informatics</td><td>2.53%</td><td>4.35%</td></tr><tr><td>Medical</td><td>4.72%</td><td>5.12%</td></tr><tr><td>HPS</td><td>1.75%</td><td>4.34%</td></tr><tr><td>Surgery &amp; Anaesthetics</td><td>4.38%</td><td>4.62%</td></tr></table> <div>RTW interview compliance has increased to 63.60% from 49.78% in January.</div> <div>Divisional performance for January is :-</div> <table><tr><th></th><th>Dec 17</th><th>Jan 18</th></tr><tr><td>Community</td><td>52.94%</td><td>50.88%</td></tr><tr><td>Corporate</td><td>43.37%</td><td>49.38%</td></tr><tr><td>Estates &amp; Facilities</td><td>68.12%</td><td>70.67%</td></tr><tr><td>FSS</td><td>45.78%</td><td>68.44%</td></tr><tr><td>Health Informatics</td><td>80.77%</td><td>86.49%</td></tr><tr><td>Medical</td><td>52.37%</td><td>66.57%</td></tr><tr><td>HPS</td><td>7.69%</td><td>0.00%</td></tr><tr><td>Surgery &amp; Anaesthetics</td><td>45.62%</td><td>62.50%</td></tr></table> <div>Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in January, accounting for 22,360.03 FTE (28.90%) of 77,369.41 FTE days lost. This is most prevalent in the Nursing and Midwifery and Additional Clinical Services staff groups where it accounts for 35.14 % and 26.47% of sickness absence respectively.</div>		Dec 17	Jan 18	Community	3.38%	4.63%	Corporate	4.32%	4.82%	Estates & Facilities	4.67%	5.17%	FSS	4.63%	4.77%	Health Informatics	2.53%	4.35%	Medical	4.72%	5.12%	HPS	1.75%	4.34%	Surgery & Anaesthetics	4.38%	4.62%		Dec 17	Jan 18	Community	52.94%	50.88%	Corporate	43.37%	49.38%	Estates & Facilities	68.12%	70.67%	FSS	45.78%	68.44%	Health Informatics	80.77%	86.49%	Medical	52.37%	66.57%	HPS	7.69%	0.00%	Surgery & Anaesthetics	45.62%	62.50%	<div>In Medicine, monthly attendance management sessions are taking place cross site which focus heavily on the importance of completing RTW interviews demonstrating how these should be completed. The Division will be inviting managers of areas that fail to show an improvement in compliance to attend a session.</div> <div>In FSS, sickness absence hotspot areas have been identified and reviews are currently taking place of all cases to ensure that appropriate actions or interventions are being made.</div> <div>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.</div> <div>In Estates &amp; 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.</div>	
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Recruitment	The number of vacancies increased in February to 331.07 FTE from 329.82 FTE in January.	5 nurses from the nursing recruitment trip to the Philippines have now started with the Trust in 2018.	To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust.					
	The Trust has 106.32 FTE qualified staff nurse vacancies.	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. Interest in the posts is proving to be high with 81 applications as at 8th March.						
	The Healthcare Scientists staff group has the highest vacancy rate at 18.82% with 21.21 FTE vacancies from an establishment of 133.89 FTE. This is a decrease from 19.71% in January.	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 25th February, attracted 10 applicants in total to be interviewed in March, 6 candidates within Surgery and 4 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 are to be interviewed 15th March.	Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.					
	The Trust's 12 month rolling turnover is 12.87% for February, a decrease from 13.06% in January.	Fixed start dates are being 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.	<b>Accountable:</b>					
	In-month turnover rate is 0.46%, down from 0.77% in January.	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.	<b>Medical Director</b> <b>Director of Nursing</b> <b>Chief Operating Officer</b> <b>Executive Director of Workforce and OD</b>					
	As at 1st March, 3 Departments with 10 or more FTE and the highest number of vacancies are :-	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, our over reliance on agency locums can be reduced.						
	<table><tr><td>Ward 15 Elderly HRI</td><td>16.41 (31.93%)</td></tr><tr><td>Ward 2AB CRH SSU</td><td>14.39 (31.03%)</td></tr><tr><td>Medical Staff-Orthopaedics</td><td>13.00 (25.49%)</td></tr></table>	Ward 15 Elderly HRI	16.41 (31.93%)	Ward 2AB CRH SSU	14.39 (31.03%)	Medical Staff-Orthopaedics	13.00 (25.49%)	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 try and 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 give 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.
Ward 15 Elderly HRI	16.41 (31.93%)							
Ward 2AB CRH SSU	14.39 (31.03%)							
Medical Staff-Orthopaedics	13.00 (25.49%)							



## Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	Appraisal compliance is at 94.3% as at 1st March. This is below the planned position of 100%.	<u>Appraisal</u>	Appraisal compliance is back in line with the planned position from completed appraisal profilers and 100% compliance is achieved by 31st October 2017.
	Divisional appraisal compliance as at 1st March is:	Plans for the 2018/2019 Appraisal Season, which runs from April to June 2018, are being discussed with Divisions. These include training sessions, communication plans and marketing information. All Divisions have asked to complete Appraisal Profilers by 31st March.	Mandatory Training compliance is 95% by 31st March 2018.
	Community 94.24%	<u>Mandatory Training</u>	Accountable: Executive Director of Workforce and OD
	Corporate 90.93%	All Divisions have developed detailed action plans to improve compliance and ensure the 95% target is met. Compliance figures are being updated weekly to monitor improvements. Weekly reports are being run highlighting those individuals who are not compliant or due to fall out of compliance. These are disseminated to Directorate Management teams for action.	
	Estates & Facilities 99.72%	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.	
	FSS 96.20%	A weekly Executive Board paper continues to be presented to provide the current position on mandatory training.	
	Health Informatics 98.99%	The paper presented at Executive Board 15th February recommended colleagues who join the Trust with competencies in one or more of our mandatory training subjects, achieved at another NHS organisation, will have their compliance awarded against the relevant subject. The Executive Board agreed with this approach and will now be implemented for all new starters.	
	Medical 90.52%	Employee level mandatory training compliance went live on the Intranet 28th February. The page allows colleagues to view their compliance alongside colleagues throughout the Trust.	
	HPU 100.00%		
	Surgery & Anaesthetics 95.82%		
Previous analysis has shown that this accounts for around 3% of colleagues.			
Data Security Awareness compliance has increased from 86.43% in January to 92.26% in February.			
Infection Control compliance has increased from 87.45% in January to 92.68% in February.			
Fire Safety compliance has increased from 87.94% in January to 93.88% in February.			
Manual Handling compliance has increased from 79.15% in January to 87.09% in February. This is now level 1 compliance only. Anyone previously having the level 2 competency has being assigned the level 1 competency.			
Safeguarding compliance has increased from 87.26% in January to 89.59% in February.			
77 colleagues have not completed any of the 5 mandatory training elements in focus during 2017/2018. 27 of these are from the Additional Clinical Services staff group and 23 from Medical & Dental staff group.			

Workforce Information - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Sickness YTD																	
Sickness Absence rate (%)	6.00%	4.38%	4.32%	3.66%	3.77%	3.84%	3.85%	3.84%	3.88%	3.92%	4.01%	4.06%	4.12%	*	4.12%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	2.74%	2.79%	2.74%	2.42%	2.44%	2.52%	2.54%	2.55%	2.53%	2.55%	2.59%	2.56%	2.60%	*	2.60%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	1.58%	1.60%	1.58%	1.24%	1.33%	1.32%	1.31%	1.30%	1.35%	1.37%	1.41%	1.50%	1.52%	*	1.52%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Monthly																	
Sickness Absence rate (%)	-	4.02%	3.71%	3.66%	3.88%	3.98%	3.89%	3.80%	4.07%	4.17%	4.58%	4.31%	4.81%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	-	2.28%	2.29%	2.42%	2.47%	2.66%	2.62%	2.57%	2.44%	2.71%	2.85%	2.58%	2.64%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	-	1.73%	1.41%	1.24%	1.42%	1.32%	1.27%	1.23%	1.63%	1.45%	1.73%	1.73%	2.17%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Attendance Management KPIs																	
Return to work interviews (%)	66.28%	76.37%	71.06%	45.52%	45.13%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	*	-	100.00%	90% Green 65%-89% Amber <65% Red
Number of cases progressing/not progressing from short term absence to long term absence	-	77/678	88/603	97/514	106/524	118/512	104/548	86/545	90/664	100/686	109/727	91/731	113/937	*	-	-	
Staff in Post																	
Staff in Post Headcount	6096	6065	6096	6066	6068	6083	5981	5969	6009	6031	6048	6016	6044	6045	-	-	
Staff in Post (FTE)	5305.80	5281.10	5305.80	5274.40	5278.92	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	-	-	
Staff Movements																	
Turnover rate (%)	-	0.73%	0.96%	1.15%	0.89%	2.24%	1.14%	1.04%	0.82%	1.05%	0.61%	1.01%	0.77%	0.46%	-	-	
Executive Turnover (%)	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) (Rolling 12m)	11.58%	11.95%	11.58%	11.89%	12.00%	12.97%	13.13%	13.16%	12.75%	12.95%	12.81%	13.05%	13.06%	12.87%	-	-	
Vacancies																	
Establishment (Position FTE)**	5603.00	5587.99	5603.00	5738.96	5681.65	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	-	-	
Vacancies (FTE)**	305.58	292.53	305.58	434.53	393.09	380.54	374.98	400.11	341.47	333.55	318.08	359.05	329.82	331.07	-	-	
Vacancies (%)**	5.45%	5.24%	5.45%	7.57%	6.92%	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	-	-	
Proportion of Temporary (Agency) Staff	-	3.54%	4.34%	3.10%	3.97%	3.05%	3.79%	4.26%	3.98%	3.24%	3.31%	3.79%	3.96%	*	-	-	
Agency Spend*	£23.44M	£1.68M	£1.85M	£1.36M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	-	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	-	84.68%	82.22%	85.31%	88.82%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	-	100.00%	
Hard Truths Summary - Day Care Staff	-	105.10%	106.89%	106.35%	105.91%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	-	90.45%	88.25%	91.90%	95.96%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	-	100.00%	
Hard Truths Summary - Night Care Staff	-	133.04%	132.45%	116.05%	115.04%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	-	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%	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%	-	93.17%	95% planned position (95% at 31 March 2018)
Data Security Awareness (1 Year Refresher)	71.84%	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%	-	93.07%	95% planned position (95% at 31 March 2018)
Infection Control (1 Year Refresher)	73.28%	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%	-	93.19%	95% planned position (95% at 31 March 2018)
Manual Handling (2 Year Refresher)	91.00%	89.25%	89.80%	91.00%	91.47%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	-	94.67%	95% planned position (95% at 31 March 2018)
Safeguarding (3 Year Refresher)	84.68%	82.07%	83.05%	84.68%	85.51%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	-	94.14%	95% planned position (95% at 31 March 2018)
Appraisal																	
Appraisal (1 Year Refresher) (Year To Date)	96.57%	82.94%	96.57%	0.81%	2.77%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	-	100.00%	(100% at 31 October 2017)
Appraisal (1 Year Refresher) (Rolling)	96.57%	83.91%	96.57%	92.17%	87.62%	82.28%	78.97%	79.10%	85.20%	97.43%	96.96%	96.10%	95.66%	94.93%	-	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.	86.63% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 15 71.9% - 5b 66.4% - ward 17 73.3% - ward 20 74.4% - ward 8a/b 73.1%	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 January on ward 8a/b is due to the flexible staffing model in place to support the "variable" bed base. The other low fills are due to a level of vacancy and the teams not being able to achieve their WFM. Wards 20 and 15 are transitioning into new WFM and going forward the staffing position will improve.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	92.12% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - ward 5b 74.1% - ward 7c 71.4% - ward 8a/b 65.8% - ward 10 65%	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.	94.74% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 74.3% - 8A/B 61.4% - NICU 32.5% - Ward 3ABCD 66.1%	The low HCA fill rates in February 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.	121.45% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU 60.7%	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	2856	2633.42	2604	2183.67	92.2%	83.9%	2464	2346.25	1848	1882.5	95.2%	101.9%	11.2	10.3		1	0	5	6.95	0
HRI MAU	1848	1716.5	1932	1676.83	92.9%	86.8%	1540	1478.33	1232	1175.75	96.0%	95.4%	11.8	10.9			1	14	0	0
HRI Ward 5 (previously ward 4)	1512	1231.08	1092	1391.17	81.4%	127.4%	924	905.25	924	1303.75	98.0%	141.1%	5.6	6.0		1	0	13	2	0
WARD 15	1848	1328.67	1848	1866	71.9%	101.0%	1232	1188	1232	1221	96.4%	99.1%	7.5	6.9			1	8	4.5	4.3
WARD 5C	966	918.75	756	689.5	95.1%	91.2%	616	605	308	441	98.2%	143.2%	5.6	5.6			1	0	3.28	0
WARD 6	1512	1294.17	1092	1132.33	85.6%	103.7%	858	899.8	572	744.5	104.9%	130.2%	8.4	8.4			2	12	2.4	2
WARD 6BC	1512	1339.48	1092	1080	88.6%	98.9%	1232	1185.5	616	638	96.2%	103.6%	4.7	4.5		1	0	3	0	0
WARD 5B	1848	1227	966	867.17	66.4%	89.8%	1232	913	616	605	74.1%	98.2%	8.9	6.9			1	1	4.74	0
WARD 6A	882	733	882	805.5	83.1%	91.3%	616	572	308	418	92.9%	135.7%	5.0	4.7			0	1	2.2	1.6
WARD CCU	1512	1256.83	336	283.67	83.1%	84.4%	924	913	0	33	98.8%	-	8.9	7.9			1	1	0	0
WARD 7AD	1512	1159.67	1428	1914.08	76.7%	134.0%	924	924	924	1210	100.0%	131.0%	6.9	7.5			1	4	1.19	0
WARD 7B	756	726.7	756	844	96.1%	111.6%	616	605.75	308	352	98.3%	114.3%	7.5	7.8			2	2	5.9	0
WARD 7C	1512	1134.18	756	801.5	75.0%	106.0%	1232	880	308	616	71.4%	200.0%	11.5	10.3			0	4	0	0
WARD 8	1302	1023.67	1092	1601.83	78.6%	146.7%	924	881.25	924	1335	95.4%	144.5%	6.5	7.4			1	5	7.11	0
WARD 12	1512	1135.5	756	739.5	75.1%	97.8%	924	703	308	429	76.1%	139.3%	6.2	5.3			1	5	2.68	2.5
WARD 17	1848	1354.67	1092	920	73.3%	84.2%	924	924	616	605	100.0%	98.2%	6.4	5.4			3	2	1.91	0
WARD 8C	756	732.33	756	799.5	96.9%	105.8%	616	615.5	308	595.5	99.9%	193.3%	4.3	4.8			0	3	6.38	1
WARD 20	1848	1374.92	1848	1713.92	74.4%	92.7%	1232	1067.5	1232	1197	86.6%	97.2%	7.1	6.2			6	9	4.5	0
WARD 21	1386	1214.8333	1386	1222	87.7%	88.2%	966	931.25	966	965.5833	96.4%	100.0%	9.1	8.4			3	10	7.15	2
ICU	3640	3319.75	742	551	91.2%	74.3%	3864	3330.25	0	0	86.2%	-	40.4	35.3			7	0	3.77	0
WARD 3	854	915.75	682	706.5	107.2%	103.6%	644	644	322	695	100.0%	215.8%	5.8	6.9			1	6	0.46	1.59
WARD 8AB	958	700.2	862	529.6333	73.1%	61.4%	874	575	230	274.5	65.8%	119.3%	12.9	9.2			1	5	2.57	0
WARD 8D	742	736.08333	742	649.1667	99.2%	87.5%	644	643	0	460	99.8%	-	6.1	7.2			0	2	1.87	0
WARD 10	1176	1011.1333	682	692	86.0%	101.5%	966	628.25	322	748.5	65.0%	232.5%	6.0	5.9			1	1	7.81	0
WARD 11	1386	1338.75	1176	1014	96.6%	86.2%	966	964	322	871	99.8%	270.5%	5.3	5.8			0	1	2.66	0
WARD 19	1484	1209.5	1064	1268.433	81.5%	119.2%	966	922.75	966	1148.25	95.5%	118.9%	8.2	8.3			2	7	1.92	0
WARD 22	1064	1047.1667	1064	1105.25	98.4%	103.9%	644	644	644	781.75	100.0%	121.4%	5.2	5.4			1	3	1.55	2
SAU HRI	1708	1506.8333	874	822	88.2%	94.1%	1288	1274.5	322	356	99.0%	110.6%	10.0	9.4			2	0	4.27	0
WARD LDRP	3864	3345.4167	854	675	86.6%	79.0%	3864	3297.667	644	553.1667	85.3%	85.9%	23.3	19.9			0	0	0	5.48
WARD NICU	2030	1853	840	276.5	91.3%	32.9%	1932	1605.5	644	391	83.1%	60.7%	13.7	10.4			0	0	0.86	2.5
WARD 1D	1116	1020.6667	322	267.1667	91.5%	83.0%	644	644	322	322	100.0%	100.0%	5.3	4.9			0	0	1.72	0
WARD 3ABCD	3538	3348.3333	1214	802	94.6%	66.1%	2817.5	3160.5	310.5	379.5	112.2%	122.2%	9.9	9.6			0	0	0	3.5
WARD 4C	644	1048.25	420	351	162.8%	83.6%	644	621	322	299	96.4%	92.9%	6.6	7.5			0	0	3	3.46
WARD 9	966	754.83333	322	282.6667	78.1%	87.8%	644	644	322	322	100.0%	100.0%	6.0	5.3			0	0	2.14	0.57
Trust	53898	46691.04	34330	32524.5	86.63%	94.74%	41397.5	38136.8	19242.5	23369.3	92.12%	121.45%	8.1	7.7						

### Hard Truths: Safe Staffing Levels (3)

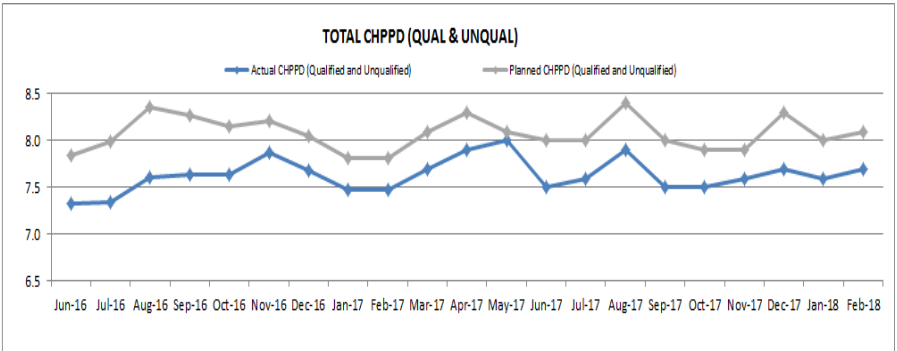
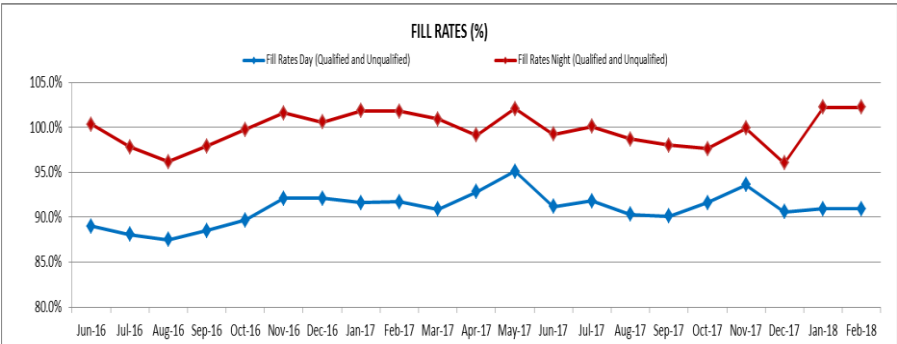
#### Care Hours per Patient Day

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

	Dec-17	Jan-18	Feb-18
Fill Rates Day (Qualified and Unqualified)	90.61%	90.96%	90.96%
Fill Rates Night (Qualified and Unqualified)	96.04%	102.24%	102.24%

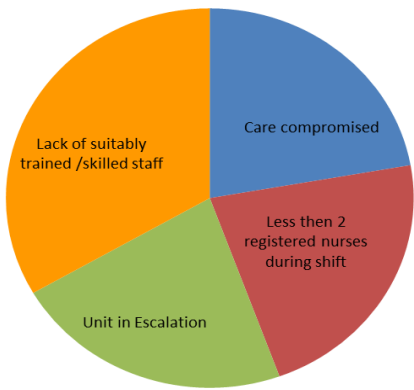
Planned CHPPD (Qualified and Unqualified)	8.3	8.0	8.1
Actual CHPPD (Qualified and Unqualified)	7.7	7.6	7.7

A review of February 2018 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 21 clinical areas of the 34 reviewed having CHPPD less than planned. 2 areas reported CHPPD as planned. 10 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

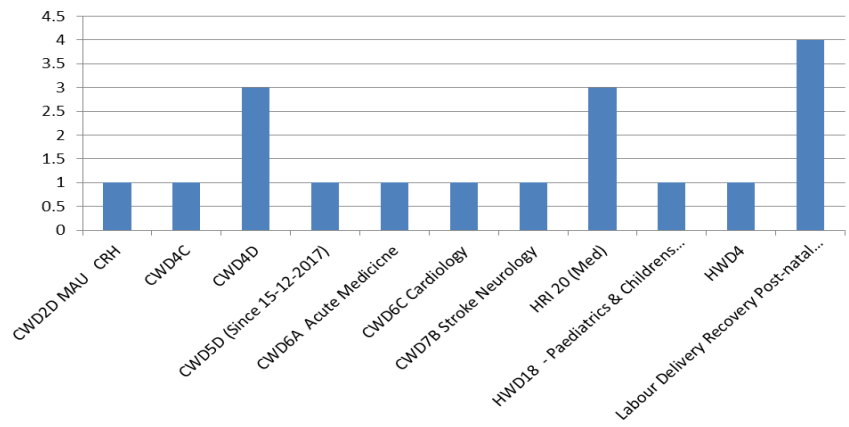


##### RED FLAG INCIDENTS

#### Incidents by Adverse Event February 2018



#### Incidents by Dept/Ward February 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 **18 Trust Wide Red shifts** declared in **February 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 (2 reports).

Reports have been submitted from additional capacity wards (4) detailing reduced staffing levels and compromised care. These incidents have been managed operationally and support offered to areas from the site co-ordinators and support from across the floor.

The medical division have reported 7 incidents relating to sub-optimal staffing levels and compromised care. No datix's have resulted in patient harm.

FSS have reported 4 incidents of the unit being in escalation within maternity services and one staffing incident within Paediatrics where staffing levels fell below planned levels. Clear escalation process put into action.



## 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 continue for this specific area.
2. Further recruitment event planned for March 2018.
3. Applications from international recruitment projects are progressing well and the first 5 nurses have arrived at the Trust, with a further 5 planned for deployment in March/April.
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. The Trust is to work with the recruitment agent to transfer current candidates onto this assessment process with the aim being to expediate deployment to the UK.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has been developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees will begin the programme in Spring 2018. Recruitment underway.
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce. This has been further enhanced by the development of a year long graduate programme to support and develop new starters.
7. 4 Additional clinical educators have been recruited to the medical division. They will have a real focus on supporting new graduates and overseas nurses to the workforce.
8. A new module of E roster called safecare is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity.

## EXECUTIVE SUMMARY: Trust Financial Overview as at 28th Feb 2018 - Month 11

## KEY METRICS

	M11			YTD (FEB 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	(£1.60)	(£3.28)	(£1.68)	(£18.60)	(£28.98)	(£10.38)	(£15.94)	(£23.95)	(£8.00)
Agency Expenditure	(£1.36)	(£1.53)	(£0.17)	(£15.50)	(£14.91)	£0.59	(£16.86)	(£16.58)	£0.28
Capital	£0.37	£1.18	(£0.81)	£14.02	£11.32	£2.70	£14.39	£15.44	(£1.06)
Cash	£1.91	£1.98	£0.07	£1.91	£1.98	£0.07	£1.91	£1.90	(£0.01)
Borrowing (Cumulative)	£87.62	£103.48	£15.85	£87.62	£103.48	£15.85	£87.62	£103.86	£16.24
CIP	£1.86	£1.42	(£0.44)	£15.55	£14.53	(£1.02)	£20.00	£17.93	(£2.07)
Use of Resource Metric	3	4		3	3		3	3	

- Reported year to date deficit position of £35.27m,
- On a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £28.98 an adverse variance of £10.38m compared with the control total of £18.60m;
- Delivery of CIP is £14.53m this is below the planned level of £15.55m;
- Capital expenditure is £2.70 below plan due to revised timescales;
- Cash position is £1.98m, slightly above the planned level;
- A Use of Resources score of level 3, in line with the plan.

As at Month 11 the gap to our control total is £10.38m. This is the level of financial improvement that the Trust required in order to be eligible for STF funding. £6.22m of STF funding has been lost based on Q1 & 2 A&E performance and financial performance in M7-11. This is driving a total variance from control total of £16.60m, (excluding technical items excluded for control total purposes). However, the reported position includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £20.9m excluding the impact of STF and is summarised as follows:

## Year to Date Challenges:

Clinical Contract Income shortfall:	(£9.8m)	(Includes £6.7m linked to EPR productivity).
Other Income:	(£4.2m)	(Includes Estates and Apprentice Levy income).
Pay pressures:	(£5.1m)	(Includes EPR costs of c. £1.0m).
Non-Pay Pressures:	(£1.8m)	(Includes EPR costs of c.£0.3m).
<b>Total underlying variance from plan:</b>	<b>(£20.9m)</b>	
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits in YTD position:	£8.5m	
<b>Month 11 position to report:</b>	<b>(£10.4m)</b>	

Underlying variance of £20.9m plus a further £3.2m Non-Recurrent CIP (in addition to elements included as Non Recurrent benefits above), is carried forward to 18/19 - total year to date impact on 18/19 Plan is £24.1m.

The Trust is reporting a forecast deficit of £45.39m, an adverse variance to plan of £15.55m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap remains unchanged from the position reported in Month 11 and is contingent upon a number of elements including : £1m further winter funding, £1m revenue to capital transfer (both of which are supported by NHSI), finalisation of contract agreements relating to the SPV and the negotiated settlement with ISS, confirmation of year end agreements with commissioners and full delivery of recovery plans and forecast CIP.

## INCOME AND EXPENDITURE SUMMARY

	M11			YTD (FEB 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>Total Income</b>	<b>£30.79</b>	<b>£28.49</b>	<b>(£2.30)</b>	<b>£342.33</b>	<b>£324.43</b>	<b>(£17.90)</b>	<b>£374.74</b>	<b>£357.45</b>	<b>(£17.28)</b>
Pay	(£19.71)	(£20.58)	(£0.87)	(£221.40)	(£224.40)	(£3.00)	(£241.10)	(£243.92)	(£2.82)
Non Pay	(£10.57)	(£10.26)	£0.30	(£116.43)	(£112.07)	£4.36	(£124.55)	(£119.89)	£4.67
<b>Total Expenditure</b>	<b>(£30.27)</b>	<b>(£30.84)</b>	<b>(£0.57)</b>	<b>(£337.83)</b>	<b>(£336.47)</b>	<b>£1.36</b>	<b>(£365.65)</b>	<b>(£363.80)</b>	<b>£1.84</b>
<b>EBITDA</b>	<b>£0.52</b>	<b>(£2.35)</b>	<b>(£2.87)</b>	<b>£4.50</b>	<b>(£12.04)</b>	<b>(£16.54)</b>	<b>£9.09</b>	<b>(£6.35)</b>	<b>(£15.44)</b>
Non Operating Expenditure	(£2.11)	(£2.11)	(£0.00)	(£37.01)	(£23.23)	£13.78	(£38.93)	(£39.04)	(£0.11)
<b>Surplus / (Deficit)</b>	<b>(£1.59)</b>	<b>(£4.46)</b>	<b>(£2.87)</b>	<b>(£32.51)</b>	<b>(£35.27)</b>	<b>(£2.76)</b>	<b>(£29.84)</b>	<b>(£45.39)</b>	<b>(£15.55)</b>
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	£13.91	£0.07	(£13.84)	£13.90	£14.05	£0.15
Less: Loss of STF funding	£0.00	£1.18	£1.18	£0.00	£6.22	£6.22	£0.00	£7.40	£7.40
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£1.60)</b>	<b>(£3.28)</b>	<b>(£1.68)</b>	<b>(£18.60)</b>	<b>(£28.98)</b>	<b>(£10.38)</b>	<b>(£15.94)</b>	<b>(£23.95)</b>	<b>(£8.00)</b>

## CLINICAL ACTIVITY

	M11			YTD (FEB 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	645	352	(293)	7,281	5,245	(2,036)	7,958	5,653	(2,305)
Non-Elective	3,996	4,341	345	46,391	51,203	4,812	50,873	56,102	5,228
Daycase	3,086	2,677	(409)	34,891	32,123	(2,769)	38,132	34,807	(3,326)
Outpatient	29,133	25,535	(3,598)	329,013	294,576	(34,437)	359,602	321,627	(37,975)
A&E	12,281	11,186	(1,095)	141,392	136,275	(5,117)	155,414	148,660	(6,754)
Other NHS Non-Tariff	139,190	142,018	2,828	1,480,802	1,531,660	50,858	1,622,193	1,678,102	55,909
Other NHS Tariff	11,002	9,880	(1,123)	121,862	112,317	(9,545)	133,242	122,872	(10,370)
<b>Total</b>	<b>199,333</b>	<b>195,989</b>	<b>(3,344)</b>	<b>2,161,632</b>	<b>2,163,398</b>	<b>1,766</b>	<b>2,367,414</b>	<b>2,367,822</b>	<b>408</b>



## Trust Financial Overview as at 28th Feb 2018 - Month 11

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

## YEAR TO DATE POSITION: M11

## CLINICAL ACTIVITY

	M11 Plan	M11 Actual	Var	
Elective	7,281	5,245	(2,036)	●
Non-Elective	46,391	51,203	4,812	●
Daycase	34,891	32,123	(2,769)	●
Outpatient	329,013	294,576	(34,437)	●
A&E	141,392	136,275	(5,117)	●
Other NHS Non-Tariff	1,480,802	1,531,660	50,858	●
Other NHS Tariff	121,862	112,317	(9,545)	●
<b>Total</b>	<b>2,161,632</b>	<b>2,163,398</b>	<b>1,766</b>	

## TRUST: INCOME AND EXPENDITURE

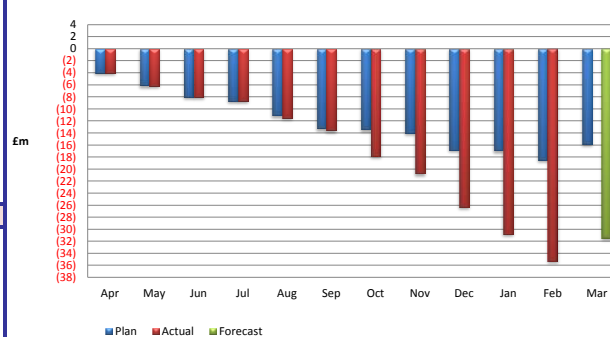
	M11 Plan £m	M11 Actual £m	Var £m	
Elective	£20.46	£15.64	(£4.81)	●
Non Elective	£87.19	£91.33	£4.14	●
Daycase	£24.26	£23.03	(£1.22)	●
Outpatients	£38.28	£34.52	(£3.76)	●
A & E	£17.50	£16.40	(£1.10)	●
Other-NHS Clinical	£111.53	£99.32	(£12.20)	●
CQUIN	£6.41	£6.11	(£0.30)	●
Other Income	£36.71	£38.07	£1.36	●
<b>Total Income</b>	<b>£342.33</b>	<b>£324.43</b>	<b>(£17.90)</b>	●
Pay	(£221.40)	(£224.40)	(£3.00)	●
Drug Costs	(£32.30)	(£32.08)	£0.22	●
Clinical Support	(£29.98)	(£25.92)	£4.06	●
Other Costs	(£42.98)	(£42.90)	£0.09	●
PFI Costs	(£11.17)	(£11.17)	£0.00	●
<b>Total Expenditure</b>	<b>(£337.83)</b>	<b>(£336.47)</b>	<b>£1.36</b>	●
<b>EBITDA</b>	<b>£4.50</b>	<b>(£12.04)</b>	<b>(£16.54)</b>	●
Non Operating Expenditure	(£37.01)	(£23.23)	£13.78	●
<b>Surplus / (Deficit)</b>	<b>(£32.51)</b>	<b>(£35.27)</b>	<b>(£2.76)</b>	●
Less: Items excluded from Control Total	£13.91	£0.07	(£13.84)	●
Less: Loss of STF funding	£0.00	£6.22	£6.22	●
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£18.60)</b>	<b>(£28.98)</b>	<b>(£10.38)</b>	●

## DIVISIONS: INCOME AND EXPENDITURE

	M11 Plan £m	M11 Actual £m	Var £m	
Surgery & Anaesthetics	£19.08	£9.02	(£10.07)	●
Medical	£25.85	£22.92	(£2.93)	●
Families & Specialist Services	(£0.87)	(£5.05)	(£4.18)	●
Community	£2.15	£2.53	£0.39	●
Estates & Facilities	(£23.52)	(£24.09)	(£0.57)	●
Corporate	(£27.67)	(£27.41)	£0.26	●
THIS	(£0.05)	(£0.64)	(£0.59)	●
PMU	£2.51	£2.58	£0.06	●
Central Inc/Technical Accounts	(£28.80)	(£15.13)	£13.67	●
Reserves	(£2.00)	(£0.00)	£2.00	●
Unallocated CIP	£0.81	£0.00	(£0.81)	●
<b>Surplus / (Deficit)</b>	<b>(£32.51)</b>	<b>(£35.27)</b>	<b>(£2.76)</b>	●

## TRUST SURPLUS / (DEFICIT)

## Cumulative Surplus / (Deficit) excl. Impairments

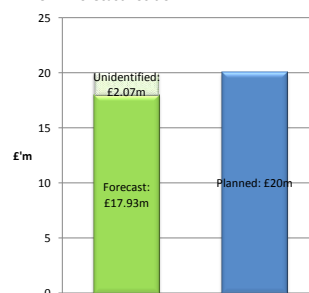


## KEY METRICS

	Year To Date			Year End: Forecast			
	M11 Plan £m	M11 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£18.60)	(£28.98)	(£10.38)	(£15.94)	(£23.95)	(£8.00)	●
Capital	£14.02	£11.32	£2.70	£14.39	£15.44	(£1.06)	●
Cash	£1.91	£1.98	£0.07	£1.91	£1.90	(£0.01)	●
Loans	£87.62	£103.48	£15.85	£87.62	£103.86	£16.24	●
CIP	£15.55	£14.53	(£1.02)	£20.00	£17.93	(£2.07)	●
Use of Resource Metric	3	3		3	3		●

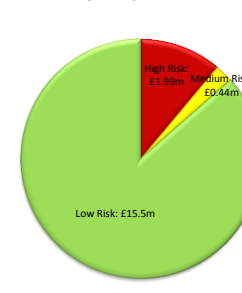
## COST IMPROVEMENT PROGRAMME (CIP)

## CIP - Forecast Position



Total Planned: £20m

## CIP - Risk



Total Forecast

£17.93m

## YEAR END 2017/18

## CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	7,958	5,653	(2,305)	●
Non-Elective	50,873	56,102	5,228	●
Daycase	38,132	34,807	(3,326)	●
Outpatient	359,602	321,627	(37,975)	●
A&E	155,414	148,660	(6,754)	●
Other NHS Non-Tariff	1,622,193	1,678,102	55,909	●
Other NHS Tariff	133,242	122,872	(10,370)	●
<b>Total</b>	<b>2,367,414</b>	<b>2,367,822</b>	<b>408</b>	

## TRUST: INCOME AND EXPENDITURE

	Plan £m	Actual £m	Var £m	
Elective	£22.36	£16.84	(£5.51)	●
Non Elective	£95.53	£100.26	£4.73	●
Daycase	£26.51	£25.07	(£1.44)	●
Outpatients	£41.84	£37.56	(£4.27)	●
A & E	£19.24	£17.89	(£1.34)	●
Other-NHS Clinical	£122.22	£111.55	(£10.67)	●
CQUIN	£6.99	£6.65	(£0.34)	●
Other Income	£40.05	£41.62	£1.57	●
<b>Total Income</b>	<b>£374.74</b>	<b>£357.45</b>	<b>(£17.28)</b>	●
Pay	(£241.10)	(£243.92)	(£2.82)	●
Drug Costs	(£35.34)	(£34.92)	£0.40	●
Clinical Support	(£32.76)	(£28.03)	£4.73	●
Other Costs	(£44.27)	(£48.72)	(£4.46)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
<b>Total Expenditure</b>	<b>(£365.65)</b>	<b>(£363.80)</b>	<b>£1.84</b>	●
<b>EBITDA</b>	<b>£9.09</b>	<b>(£6.35)</b>	<b>(£15.44)</b>	●
Non Operating Expenditure	(£38.93)	(£39.04)	(£0.11)	●
<b>Surplus / (Deficit)</b>	<b>(£29.84)</b>	<b>(£45.39)</b>	<b>(£15.55)</b>	●
Less: Items excluded from Control Total	£13.90	£14.05	£0.15	●
Less: Loss of STF funding	£0.00	£7.40	£7.40	●
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£15.94)</b>	<b>(£23.95)</b>	<b>(£8.00)</b>	●

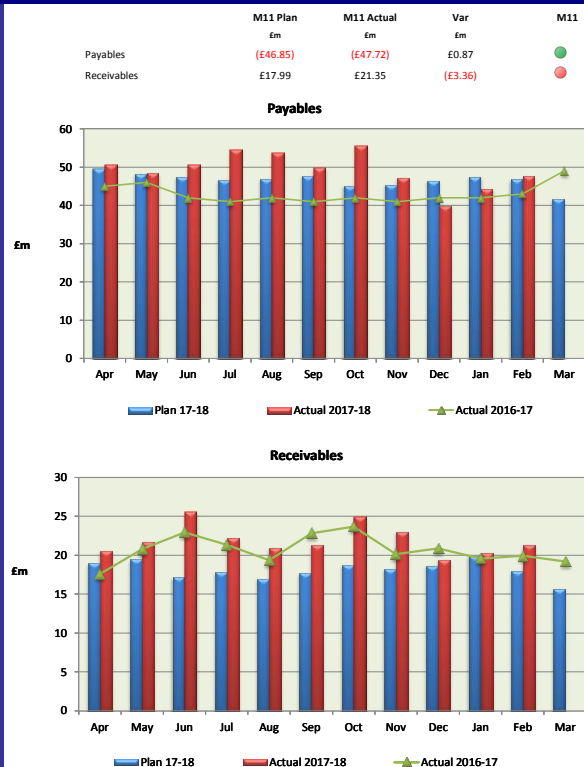
## DIVISIONS: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Surgery & Anaesthetics	£21.14	£9.66	(£11.48)	●
Medical	£28.66	£25.36	(£3.30)	●
Families & Specialist Services	(£0.66)	(£5.24)	(£4.58)	●
Community	£2.36	£2.68	£0.33	●
Estates & Facilities	(£25.65)	(£26.16)	(£0.50)	●
Corporate	(£30.16)	(£30.41)	(£0.25)	●
THIS	£0.03	(£0.73)	(£0.75)	●
PMU	£2.75	£2.75	£0.00	●
Central Inc/Technical Accounts	(£29.60)	(£23.85)	£5.75	●
Reserves	(£2.00)	£0.54	£2.53	●
Unallocated CIP	£3.30	£0.00	(£3.30)	●
<b>Surplus / (Deficit)</b>	<b>(£29.84)</b>	<b>(£45.39)</b>	<b>(£15.55)</b>	●

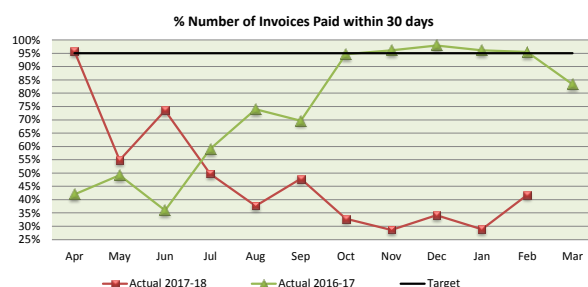
## Trust Financial Overview as at 28th Feb 2018 - Month 11

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

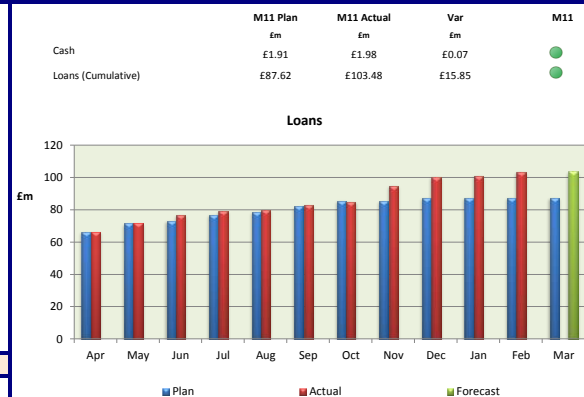
## WORKING CAPITAL



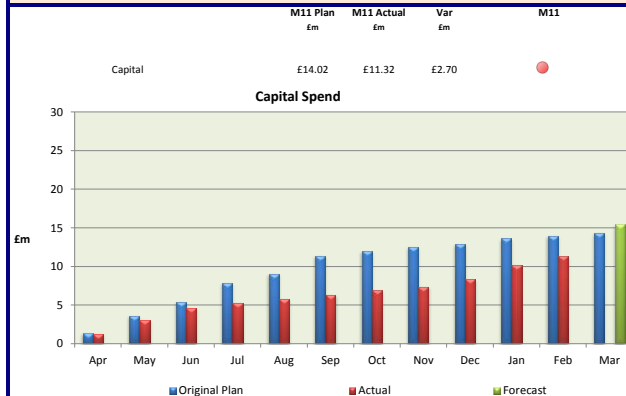
## BETTER PAYMENT PRACTICE CODE



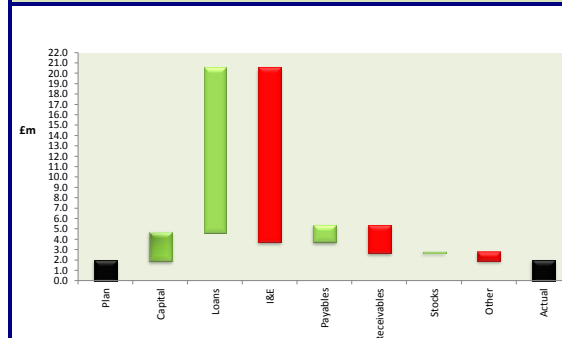
## CASH



## CAPITAL



## CASH FLOW VARIANCE



## SUMMARY YEAR TO DATE

- The year to date deficit is £35.27m versus a planned deficit of £32.51m. This £2.76m adverse variance includes £6.22m loss of STF funding linked to A&E and financial performance, offset by a £13.84m net benefit excluded for Control Total purposes: delayed £14m planned impairment and the I&E impact of Donated Assets (£0.16m).
- The year to date position assumes receipt of Sustainability and Transformation Funding (STF) of £2.71m, £6.22m less than the planned £8.93m, due to A&E performance against the 4 hour target being below trajectory (£0.83m) and failure to achieve the control total in M7-11 (£5.39m).
- Activity continues to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. This underperformance has been offset to some extent by higher than planned non-elective activity, although this comes with associated unplanned costs due to the resulting pressure on capacity.
- Capital expenditure year to date is behind plan at £11.32m against a planned £14.02m.
- Cash balance is £1.98m, just above the planned level of £1.91m.
- Trust borrowing is above the planned level. Year to date the Trust has borrowed £36.6m to support the deficit and working capital.
- CIP schemes have delivered £14.53m, £1.02m below the year to date target of £15.55m. This includes the rebadging of a £3.5m non recurrent benefit already within the financial position. The year to date plan includes £2m of the £3m stretch target required to bridge from £17m and £20m CIP.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 4 (planned as 1).

## NOTES

- The total forecast deficit including the impact of STF funding and impairments is £45.39m, a variance of £15.55m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m.
- On a control total basis the forecast deficit is £23.95m, a variance of £8.00m compared to the planned year end Control Total deficit of £15.94m. This excludes loss of STF Funding of £7.40m, a planned £14m impairment and the I&E impact of Donated Assets which are excluded from the deficit for Control Total purposes and therefore have no impact on the financial performance element of the STF allocation.
- The forecast assumes receipt of £2.7m STF Funding, £7.4m less than the planned value of £10.1m due to the loss of funding for Quarter 1 & 2 based on A&E Delivery Board four hour performance and the loss of all STF funding planned for Q3 & 4 due to financial performance.
- The forecast assumes that recovery plans are delivered in full by year end, finalisation of contracts relating to the SPV and that winter funding of £1.0m is secured.
- The forecast assumes the delivery of £17.93m of the full £20m CIP target, of which £1.99m is currently flagged as high risk. Any further slippage on CIP will need to be mitigated in order to achieve the forecast deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £45.0m in this financial year to support Capital and Revenue, plans; £31.3m deficit funding, £5.7m working capital funding and £8m Capital loan. The total loan balance by year end is forecast to be £103.9m, £16.2m higher than planned.
- Capital expenditure is forecast at £15.44m, £1.06m higher than the planned level of £14.39m due to Donated Assets of £0.06m and an agreed £1m additional capital to support revenue. Capital expenditure is supported by the final £8m instalment of an existing Capital Loan facility.

RAG KEY:  
(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

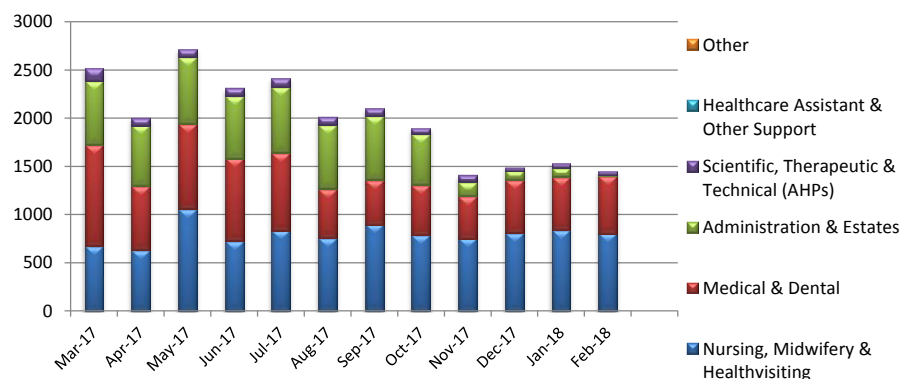
- All UOR metrics are at the planned level
- Overall UOR as planned, but one or more component metrics are worse than planned
- Overall UOR worse than planned

## WORKFORCE

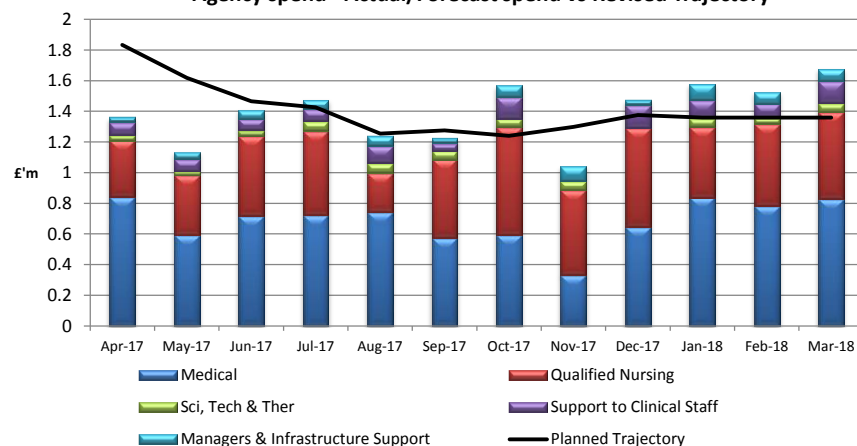
## Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	25	45	70	173	18	331
Staff in post (WTE)	667	1,395	534	1,609	1,070	5,275
% Vacancies	4%	3%	12%	10%	2%	6%

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



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



## Vacancies

At the end of Month 11 the Trust was carrying 331 vacancies, 6% of the total establishment. This is a increase of 1 vacancy compared to Month 10. Medical vacancies remain unchanged at 12%. Qualified Nursing vacancies have increased compared to last month at 10% of establishment.

## Agency rate cap

Overall Cap breaches reduced slightly compared to the level reported in Month 10 and 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 9 months and whilst Medical Breaches have increased during the last 3 months they remain at a much lower level than that seen in 16/17.

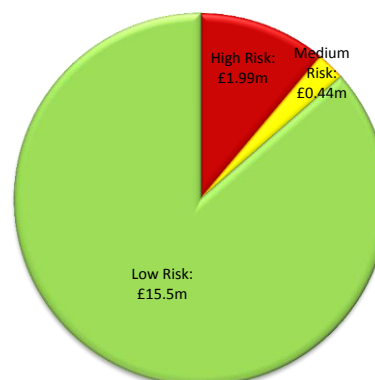
## Agency ceiling

Total reported agency spend in month was £1.53m; £0.17m higher than the planned value and the NHS Improvement Agency Ceiling. Year to date Agency expenditure is £0.59m lower than the ceiling, although this underspend 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 and Divisions are forecasting to achieve the £16.86m ceiling for the year.

## 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	5.15	5.15	0.00
<b>Grand Total</b>	<b>20.00</b>	<b>9.02</b>	<b>8.91</b>	<b>17.93</b>	<b>11.64</b>

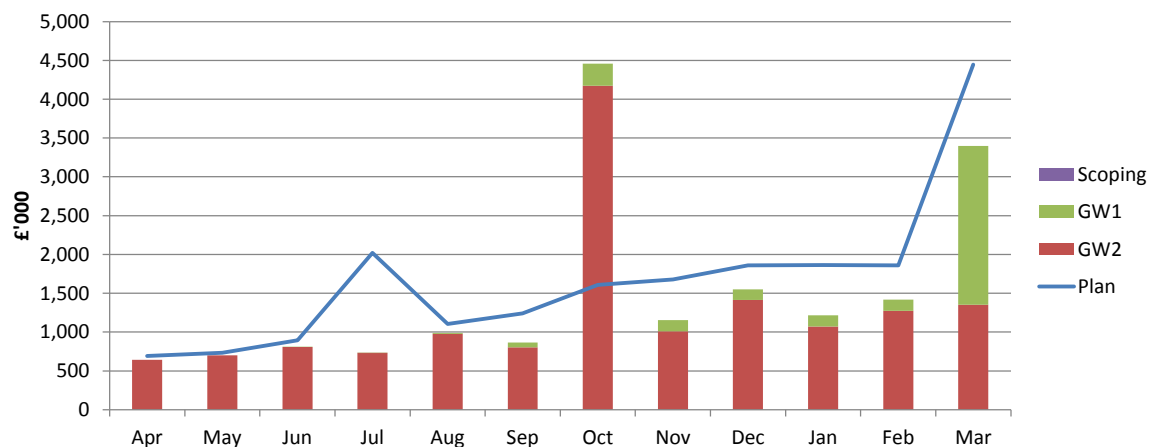
CIP - Risk



£14.53m of CIP has been delivered in the year to date against a plan of £15.55m, an under performance of £1.02m. This position includes non-recurrent CIP of £3.5m relating to the refund of PFI facilities management. The Trust is now forecasting delivery of £17.93m of savings, but this forecast includes both the £3.5m credit described above and £1.9m savings relating to the Estates Special Purpose Vehicle (SPV), both of which are non-recurrent benefits. Full delivery of this forecast saving remains challenging with some schemes still flagged as high risk including the SPV scheme and some elements of the Safer programme of bed closures. Should these high risk schemes fail to deliver; further mitigation of will have to be found.

Of the £20m CIP target, only £9.02m of the identified savings are forecast to be a recurrent saving. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 18/19 is £11.64m, (£9.02m in 17/18 and the remaining £2.62m in 18/19). This £11.64m recurrent value has again reduced slightly compared to that reported at Month 10. Non-Recurrent savings for 17/18 are £8.91m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into 18/19. The gap between our planned £20m CIP for 17/18 and the full year effect of £8.36m 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
<b>Plan</b>	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	976	805	4,175	1,011	1,416	1,070	1,275	1,354	14,961
GW1	-	-	4	2	14	60	284	142	133	147	142	2,042	2,969
Scoping	-	-	-	-	-	-	-	-	-	-	-	-	-
Unidentified	-	-	-	-	-	-	-	-	-	-	-	2,070	2,070
<b>Total Forecast</b>	641	699	811	734	990	865	4,458	1,153	1,549	1,217	1,417	5,466	20,000

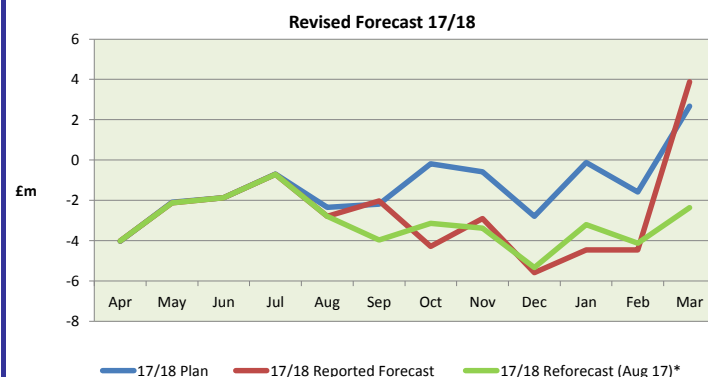
## FORECAST

## YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£22.36	£16.84	(£5.51)	●
Non Elective	£95.53	£100.26	£4.73	●
Daycase	£26.51	£25.07	(£1.44)	●
Outpatients	£41.84	£37.56	(£4.27)	●
A & E	£19.24	£17.89	(£1.34)	●
Other-NHS Clinical	£122.22	£111.55	(£10.67)	●
CQUIN	£6.99	£6.65	(£0.34)	●
Other Income	£40.05	£41.62	£1.57	●
<b>Total Income</b>	<b>£374.74</b>	<b>£357.45</b>	<b>(£17.28)</b>	●
Pay	(£241.10)	(£243.92)	(£2.82)	●
Drug Costs	(£35.34)	(£34.92)	£0.40	●
Clinical Support	(£32.76)	(£28.03)	£4.73	●
Other Costs	(£44.27)	(£48.72)	(£4.46)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
<b>Total Expenditure</b>	<b>(£365.65)</b>	<b>(£363.80)</b>	<b>£1.84</b>	●
<b>EBITDA</b>	<b>£9.09</b>	<b>(£6.35)</b>	<b>(£15.44)</b>	●
Non Operating Expenditure	(£38.93)	(£39.04)	(£0.11)	●
<b>Surplus / (Deficit)</b>	<b>(£29.84)</b>	<b>(£45.39)</b>	<b>(£15.55)</b>	●
Less: Items excluded from Control Total	£13.90	£14.05	£0.15	
Less: Loss of STF funding	£0.00	£7.40	£7.40	
<b>Surplus / (Deficit) Control Total basis</b>	<b>(£15.94)</b>	<b>(£23.95)</b>	<b>(£8.00)</b>	●

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

## Revised Forecast



\*comparator is the Month 5 Divisional forecast refresh

The reported forecast is a year-end deficit of £31.34m (excluding £14.05m technical adjustments that are excluded from Control Total), an adverse variance of £15.40m. This variance incorporates two elements: the gap to control total which is forecast to be £8.00m and the loss of Sustainability and Transformation Funding (STF) of £7.40m. The £8.00m gap remains unchanged from the position reported in Month 11 and is contingent upon a number of elements:

- This forecast position assumes receipt of £0.9m of Tranche 2 winter funding (not yet received); recognition of a further £1m winter funding which is in itself contingent upon delivery of the committed forecast; and £1.0m additional capital expenditure.
- In addition, the forecast assumes a £1.9m benefit (plus £0.7m associated reduction in technical finance charges) from the set-up of the SPV in-year; and £4.2m from the negotiated settlement with ISS which relies upon finalisation of contract agreements. These benefits are non-recurrent in nature and do not therefore address the underlying deficit position that will be carried forward into the next financial year.
- A year end settlement has been agreed in principle with the two main local commissioners which removes a level of risk around securing CQUIN and winter funding in year, although this agreement is yet to be finalised.
- The forecast assumes delivery of recovery plans previously identified and the delivery of all forecast CIP and QUIPP schemes.

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

The reported forecast includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £23.9m excluding the impact of STF and is summarised as follows:

**Forecast Challenges:**

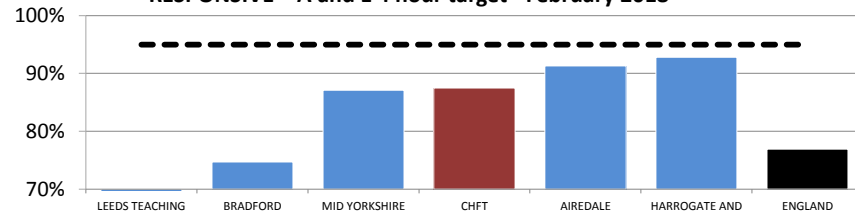
Clinical Contract Income shortfall:	(£11.8m)	(Includes c. £7.6m linked to EPR productivity).
Other Income:	(£2.2m)	(Excludes winter funding of £1.9m).
Pay pressures:	(£5.3m)	(Includes undelivered CIP of £0.6m & EPR costs of £1.5m).
Non-Pay Pressures:	(£4.6m)	(Includes undelivered CIP of 2.7m* & EPR costs of £0.4m).
<b>Total underlying variance from plan:</b>	<b>(£23.9m)</b>	(Excludes loss of STF funding of £7.4m)
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits / recovery actions:	£13.9m	(Includes: ISS & SPV benefits, winter funding and additional capital salaries)
<b>Forecast variance from Plan:</b>	<b>(£8.0m)</b>	(Excludes loss of STF funding of £7.4m)

£23.9m pressure described above plus a further £3.5m Non-Recurrent CIP, (in addition to elements included as Non Recurrent benefits above), is carried forward to 18/19 - total impact on 18/19 Plan is £27.4m.

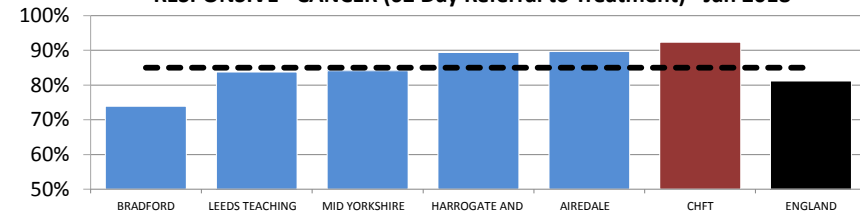
\*£3.5m ISS (PFI) refund included on CIP Tracker but excluded from this calculation as it is incorporated within the Non-Recurrent benefits as reported in previous months.

## Benchmarking - Selected Measures

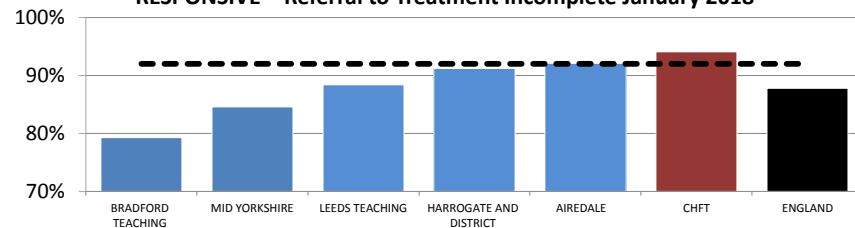
**RESPONSIVE - A and E 4 hour target - February 2018**



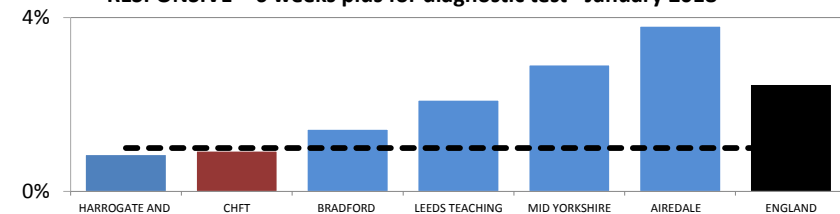
**RESPONSIVE - CANCER (62 Day Referral to Treatment) - Jan 2018**



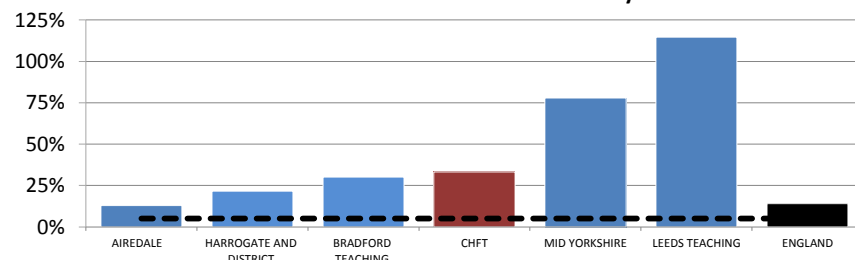
**RESPONSIVE - Referral to Treatment Incomplete January 2018**



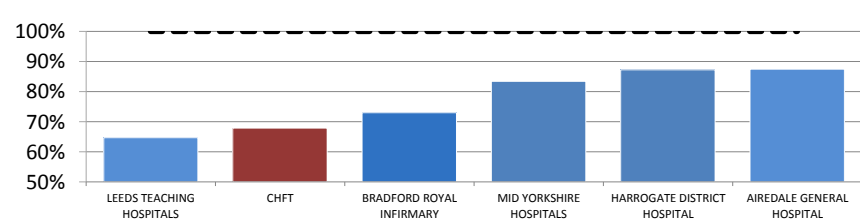
**RESPONSIVE - 6 weeks plus for diagnostic test - January 2018**



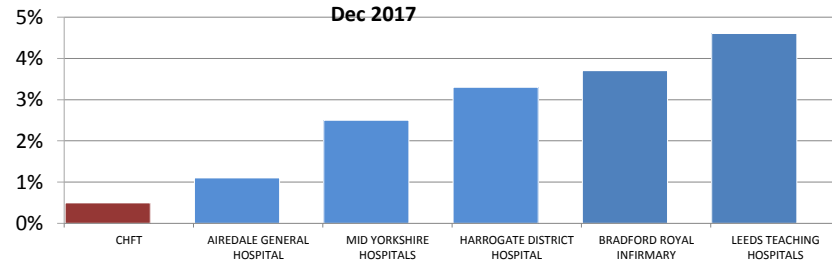
**RESPONSIVE - ASIs on Choose & Book - February 2018**



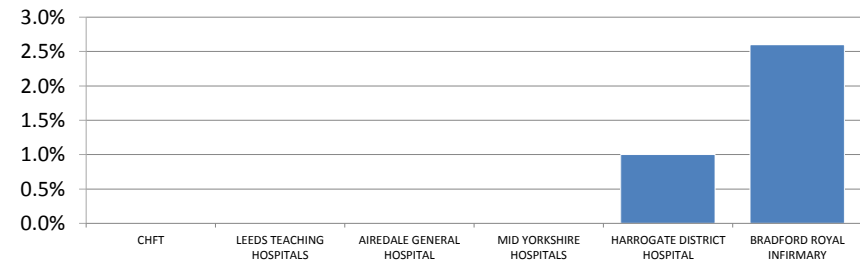
**RESPONSIVE - YAS Ambulance handovers within 15 minutes Dec 2017**



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

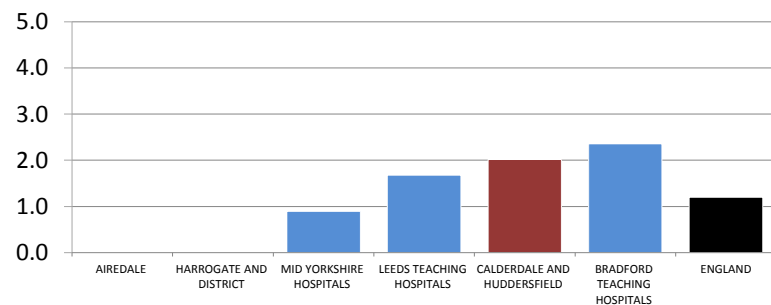


**RESPONSIVE - YAS Ambulance handovers > 60 minutes - Dec 2017**

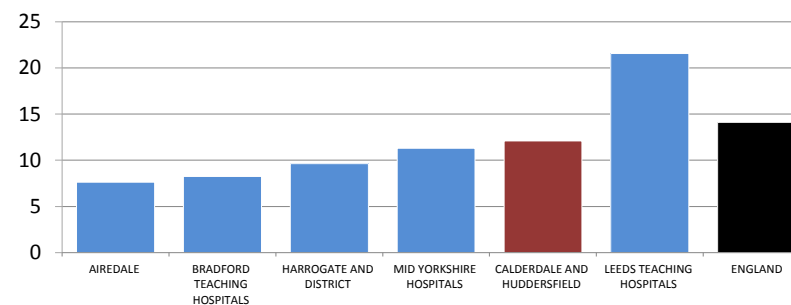


## Benchmarking - Selected Measures

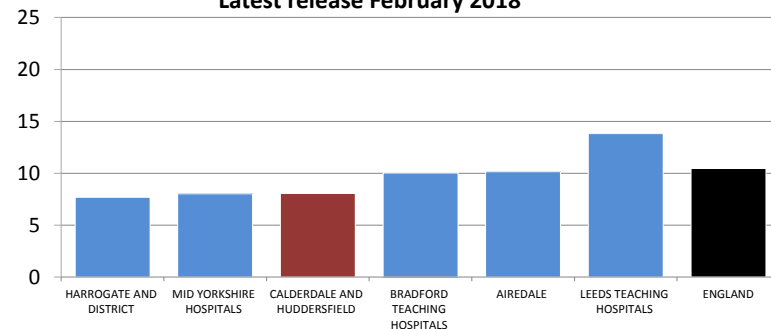
**EFFECTIVE - MRSA per 100,000 days**  
Latest release February 2018



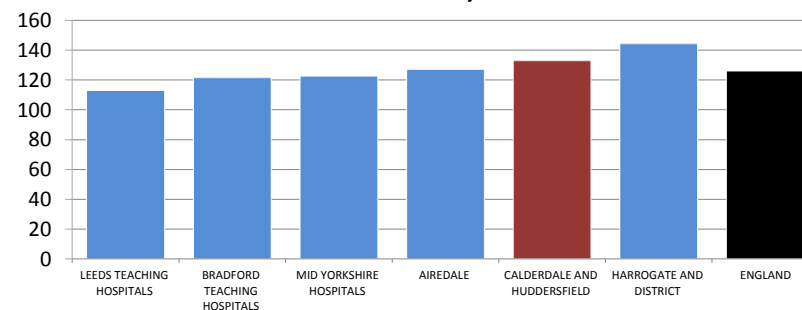
**EFFECTIVE - C.Diff per 100,000 days**  
Latest release February 2018



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



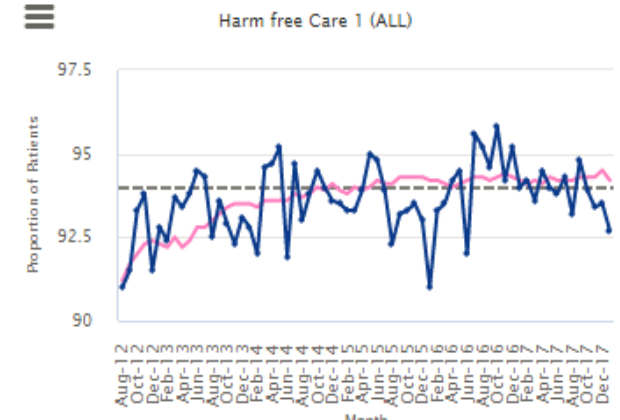
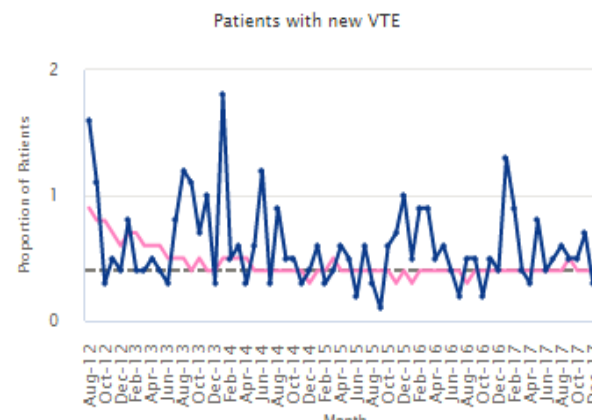
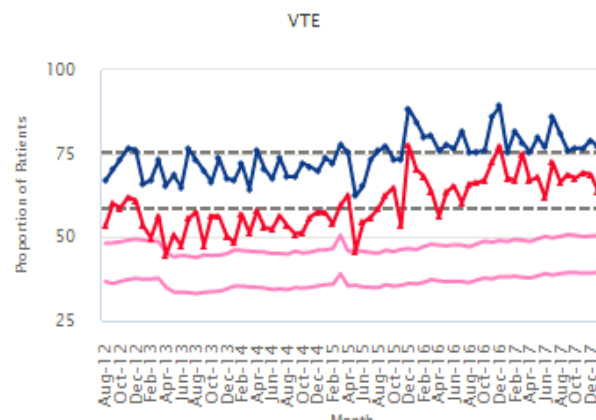
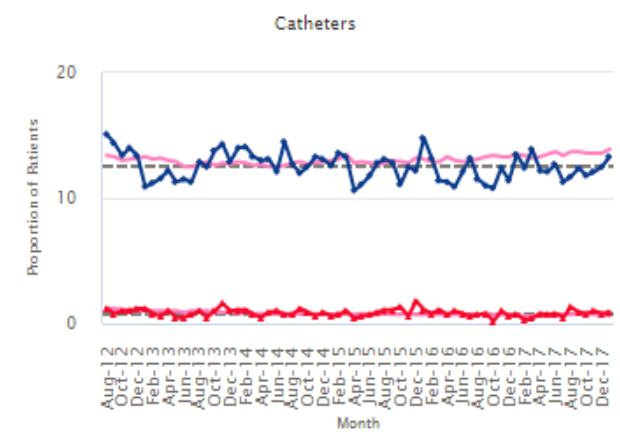
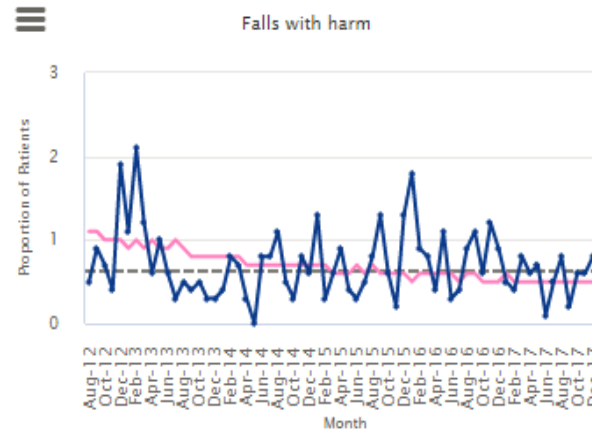
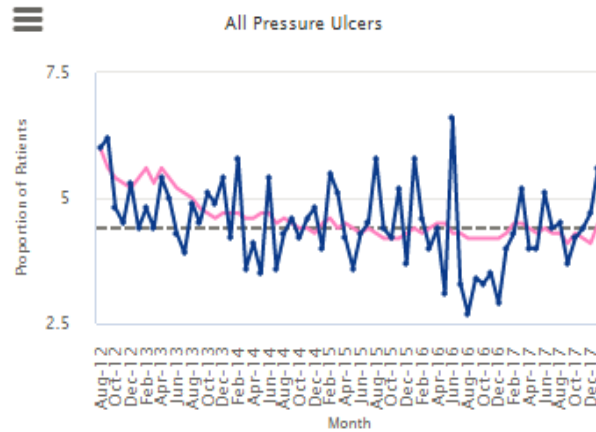
**EFFECTIVE - E.coli per 100,000 days -**  
Latest release February 2018





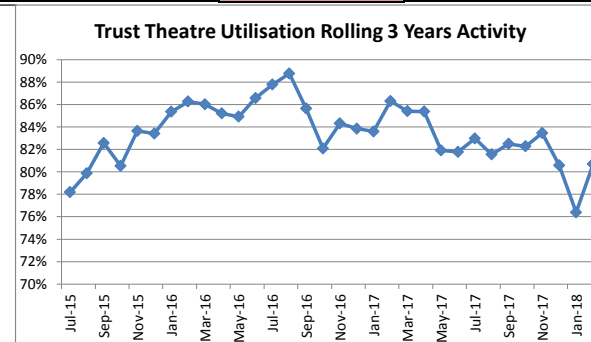
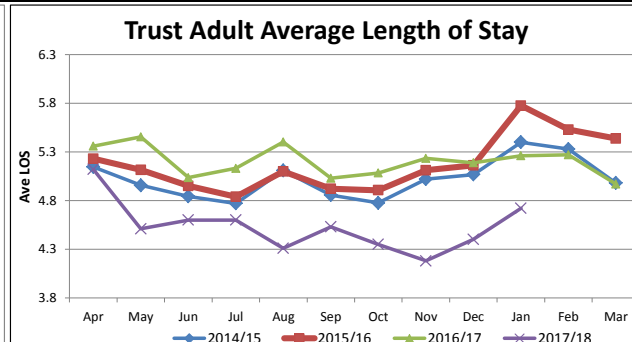
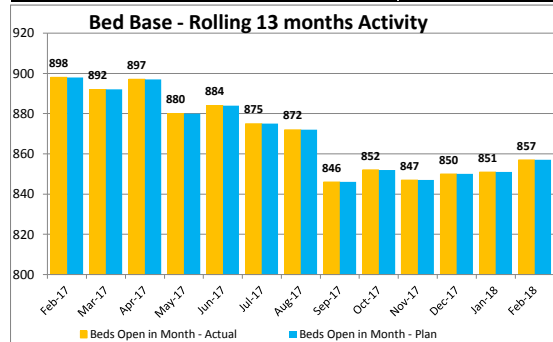
## Benchmarking - Safety Thermometer

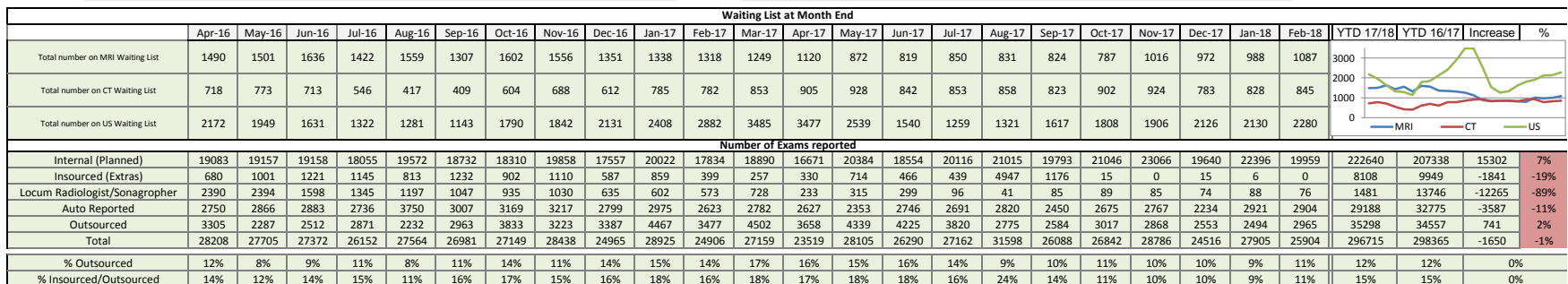
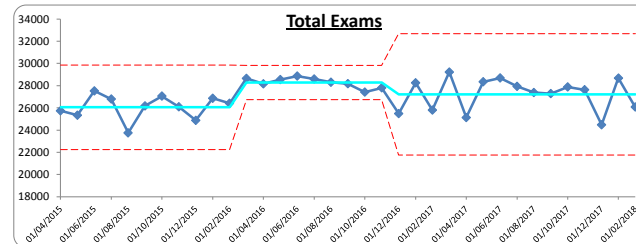
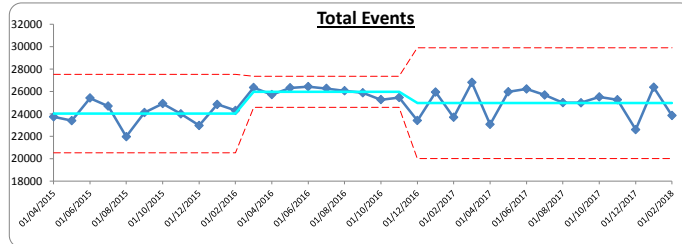
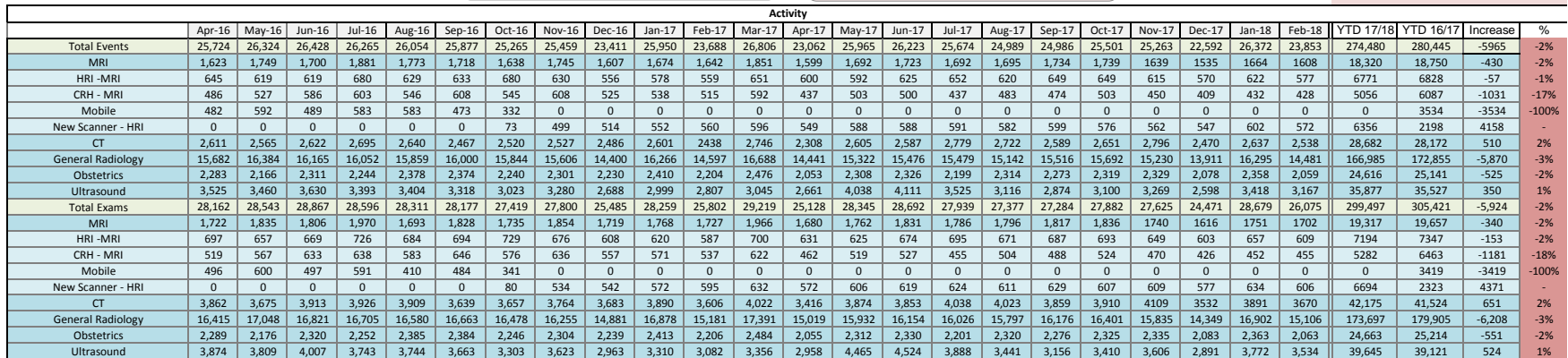
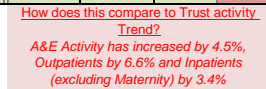
The following charts are taken from [www.safetythermometer.nhs.uk](http://www.safetythermometer.nhs.uk) and illustrate how performance compares to the national (pink line)



## Efficiency & Finance - Key measures

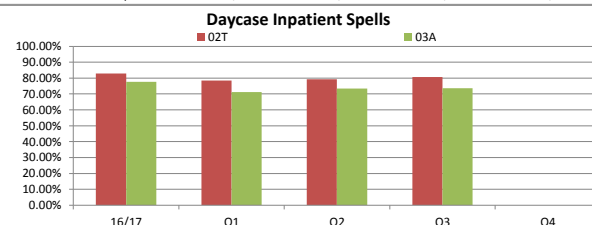
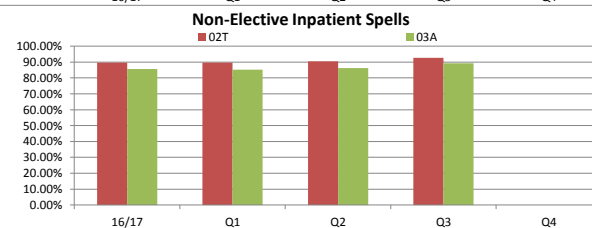
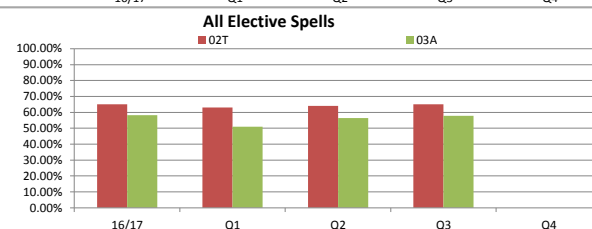
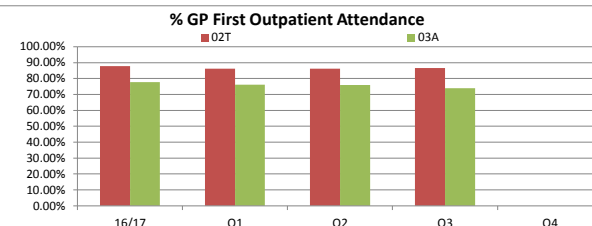
	16/17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD	Target	Threshold/Monthly
Did Not Attend Rates																	
First DNA	6.33%	5.91%	5.94%	6.83%	10.01%	9.03%	8.04%	7.90%	8.08%	7.65%	6.99%	7.68%	7.23%	7.13%	7.84%	<=7%	7.00%
Follow up DNA	6.49%	6.04%	5.94%	5.98%	11.56%	8.00%	7.02%	7.04%	6.51%	6.19%	5.53%	6.86%	6.26%	6.52%	7.04%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	5.19	5.27	4.99	5.12	4.51	4.60	4.60	4.31	4.53	4.35	4.18	4.40	4.72	4.82	4.54	<=5.17	5.17
Average Length of Stay - Elective	2.55	2.38	2.53	2.57	2.70	2.60	2.50	2.58	2.43	2.54	2.25	2.38	2.57	3.01	2.54	<=2.85	2.85
Average Length of Stay - Non Elective	5.74	5.90	5.54	5.59	4.75	4.87	4.91	4.54	4.80	4.57	4.47	4.62	4.87	4.98	4.79	<=5.63	5.63
Day Cases																	
Day Case Rate	86.87%	85.79%	85.58%	86.53%	86.74%	86.89%	86.51%	87.88%	88.77%	88.71%	87.18%	88.19%	92.88%	90.96%	88.27%	>=85%	85.00%
Failed Day Cases	1,462	104	128	106	111	120	169	198	183	173	229	194	120	149	1,752	120	1,440
Elective Inpatients with zero LOS	1,579	153	193	96	78	94	75	91	85	83	84	63	62	37	848	136	1,632
Beds																	
Beds Open in Month - Plan	875	875	875	824	824	824	803	803	803	818	818	818	818	818	818	Not applicable	
Beds Open in Month - Actual	897	892	897	880	884	875	872	846	852	847	850	851	857	864	864	Not applicable	
Hospital Bed Days per 1000 population - Adults	52.52	50.38	53.55	49.91	49.50	52.66	53.04	49.79	49.70	50.49	49.71	50.59	54.15	49.92	49.92	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	0.083	0.078	0.086	0.080	0.095	0.098	0.099	0.098	0.096	0.101	0.101	0.103	0.105	0.093	0.093	16/17 Baseline	
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	86.15%	85.48%	82.97%	82.30%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	82.17%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	92.40%	97.86%	94.03%	96.06%	93.76%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	91.05%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	78.20%	79.83%	80.67%	82.24%	69.47%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	73.76%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	80.98%	77.76%	81.66%	77.64%	71.58%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	72.74%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	84.50%	86.30%	85.40%	85.38%	81.91%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	81.91%	>=90%	90.00%





## Activity - Key measures (Market Share)

	16/17	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
<b>GP First Outpatient Attendance</b>								
% Market Share - 02T Calderdale	87.80%	86.24%	86.22%	<b>86.60%</b>		<b>86.16%</b>	87.80%	-1.64%
% Market Share - 03A Greater Huddersfield	77.75%	76.20%	75.87%	<b>73.86%</b>		<b>75.10%</b>	77.75%	-2.65%
% Market Share - Other Contracted CCG's	1.47%	1.33%	1.32%	<b>1.20%</b>		<b>1.25%</b>	1.47%	-0.22%
Market Size - 02T Calderdale	45081	9947	10057	<b>10255</b>		<b>30259</b>	45081	
Market Size - 03A Greater Huddersfield	43244	9506	10007	<b>10142</b>		<b>29655</b>	43244	
Market Size - Other Contracted CCG's	456702	110984	116018	<b>113897</b>		<b>340899</b>	456702	
<b>All Elective Spells</b>								
% Market Share - 02T Calderdale	64.98%	63.13%	63.98%	<b>65.08%</b>		<b>63.57%</b>	64.98%	-1.41%
% Market Share - 03A Greater Huddersfield	58.26%	50.93%	56.48%	<b>57.76%</b>		<b>53.77%</b>	58.26%	-4.49%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%	<b>0.87%</b>		<b>0.83%</b>	0.91%	-0.08%
Market Size - 02T Calderdale	6041	1253	1202	<b>1137</b>		<b>3592</b>	6041	
Market Size - 03A Greater Huddersfield	6220	1286	1250	<b>1205</b>		<b>3741</b>	6220	
Market Size - Other Contracted CCG's	57991	14402	14123	<b>12398</b>		<b>40923</b>	57991	
<b>Non-Elective Inpatient Spells</b>								
% Market Share - 02T Calderdale	89.58%	89.54%	90.50%	<b>92.68%</b>		<b>91.00%</b>	89.58%	1.42%
% Market Share - 03A Greater Huddersfield	85.51%	85.13%	86.13%	<b>89.33%</b>		<b>86.98%</b>	85.51%	1.47%
% Market Share - Other Contracted CCG's	0.74%	0.76%	0.94%	<b>1.38%</b>		<b>1.02%</b>	0.74%	0.28%
Market Size - 02T Calderdale	23269	5939	6622	<b>6881</b>		<b>19442</b>	23269	
Market Size - 03A Greater Huddersfield	23129	5911	6389	<b>6698</b>		<b>18998</b>	23129	
Market Size - Other Contracted CCG's	251957	63346	62553	<b>55181</b>		<b>181080</b>	251957	
<b>Daycase Spells</b>								
% Market Share - 02T Calderdale	82.91%	78.43%	79.26%	<b>80.74%</b>		<b>79.64%</b>	82.91%	-3.27%
% Market Share - 03A Greater Huddersfield	77.74%	71.11%	73.36%	<b>73.61%</b>		<b>73.00%</b>	77.74%	-4.74%
% Market Share - Other Contracted CCG's	0.90%	0.66%	0.79%	<b>0.93%</b>		<b>0.79%</b>	0.90%	-0.11%
Market Size - 02T Calderdale	30987	5976	6745	<b>6651</b>		<b>19372</b>	30987	
Market Size - 03A Greater Huddersfield	31895	6449	6936	<b>7278</b>		<b>20663</b>	31895	
Market Size - Other Contracted CCG's	285313	69432	71319	<b>60907</b>		<b>201658</b>	285313	



### Background Context and commentary

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

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

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

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

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

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

## Activity - Key measures

	16/17	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		YTD	YTD % Change
GP referrals to all outpatients																	
02T - NHS CALDERDALE CCG	44,807	3,517	4,115	2,579	4,665	4,173	4,418	4,765	4,683	4,930	4,528	4,097	4,784	4,194	47,816	17.5%	
03A - NHS GREATER HUDDERSFIELD CCG	38,428	3,079	3,528	2,119	3,801	3,370	3,166	3,349	3,204	3,093	3,185	2,835	3,272	2,853	34,247	-1.9%	
03J - NHS NORTH KIRKLEES CCG	3,625	261	301	223	409	391	278	289	327	327	336	251	320	273	3,424	3.0%	
02R - NHS BRADFORD DISTRICTS CCG	2,765	183	223	125	299	242	225	205	203	233	217	181	188	154	2,272	-10.6%	
03R - NHS WAKEFIELD CCG	711	47	69	48	109	81	89	87	129	139	114	83	107	72	1,058	64.8%	
02W - NHS BRADFORD CITY CCG	357	22	24	19	30	34	30	39	39	52	47	50	57	32	429	28.8%	
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	413	14	29	15	20	22	29	18	10	10	9	3	10	4	150	-60.9%	
03C - NHS LEEDS WEST CCG	116	11	9	9	20	19	8	8	8	13	10	8	14	13	130	21.5%	
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	45	3	3	4	5	9	2	5	6	8	1	6	8	9	63	50.0%	
03G - NHS LEEDS SOUTH AND EAST CCG	27	2	4	2	3	9	2	5	5	11	11	7	18	14	87	278.3%	
02V - NHS LEEDS NORTH CCG	25	0	3	1	1	0	2	1	3	2	1	1	2	1	15	-31.8%	
Other	961	55	60	36	166	161	167	134	170	114	0	0	0	0	948	5.2%	
Trust	92,157	7,194	8,368	5,180	9,528	8,511	8,416	8,905	8,787	8,932	8,459	7,522	8,780	7,619	90,639	8.4%	
% Change on Previous year	0.00%	0.00%	0.00%	-34.01%	21.28%	1.80%	12.68%	17.13%	12.54%	16.80%	10.11%	11.35%	13.48%	7.28%	8.39%		
Activity																	
% of spells with > 5 ward movements (No Target)	0.09%	0.13%	0.11%	0.10%	0.21%	0.38%	0.44%	0.43%	0.41%	0.62%	0.34%	0.46%	0.33%	0.48%	0.39%	0.3%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	36	-14	66	-153	-507	-529	-255	-148	-326	-69	169	-560	-409	-2721	
% Day Case Variance against Contract	4.9%	1.2%	-0.4%	2.4%	-4.7%	-14.9%	-16.4%	-1.3%	-4.6%	-9.6%	-2.0%	6.8%	-16.5%	-13.3%	-7.9%	
Elective Variance against Contract	-937	-56	-65	-10	-108	-221	-191	-157	-215	-224	-125	-60	-408	-293	-2036	
% Elective Variance against Contract	-10.7%	-7.9%	-8.0%	-1.8%	-16.0%	-31.2%	-28.4%	-29.2%	-31.9%	-31.6%	-17.7%	-11.6%	-57.6%	-45.4%	-28.0%	
Non-elective Variance against Contract	-205	53	101	74	312	430	244	591	566	174	655	378	842	286	4543	
% Non-elective Variance against Contract	-0.3%	1.1%	2.2%	1.2%	6.2%	12.3%	6.5%	1.0%	15.4%	3.9%	15.8%	8.5%	20.1%	8.6%	10.4%	
Outpatient Variance against Contract	13612	397	334	80	-2901	-5410	-823	-3715	-2851	-2471	-777	340	-3926	-2712	-25165	
% Outpatient Variance against Contract	4.0%	1.5%	1.1%	0.1%	-12.5%	-20.2%	-6.3%	-6.5%	-12.4%	-10.6%	-4.0%	-1.0%	-16.0%	-12.4%	-10.5%	
Accident and Emergency Variance against Contract	2778	-633	-256	82	-494	-572	-286	-226	-590	-210	-374	28	-1270	-1095	-5008	
% Accident and Emergency Variance against Contract	1.9%	-5.3%	-1.9%	0.7%	-3.6%	-4.4%	-2.1%	-1.8%	-4.5%	-1.6%	-3.0%	0.2%	-9.8%	-8.9%	-3.6%	

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

## CQUINS - Key messages

Area	Reality	Response	Result
<b>Sepsis</b>	At present new processes are being developed to integrate sepsis management on EPR. As the documentation of sepsis management has changed, the audit processes to monitor performance have now to be adapted. Early data analysis via EPR suggests screening performance has dropped significantly to 15%. This level of performance has not been verified and accuracy has been challenged by others. Work is ongoing to understand and accurately report sepsis management via EPR.	The divisions are aware that sepsis management has been an issue outside its admission areas and that EPR has set some new challenges. They are working closely with Information to develop a weekly reporting tool that will be used by clinical teams to monitor and enhance performance. Long term the divisions believe EPR will be a powerful tool to support sepsis management.	Improvements in timeliness of antibiotics from Q2 2018/19.  Accountable: ADNs and CDs
<b>Advice and Guidance</b>	<p>The CQUIN requirements are to provide A&amp;G for 100% of services which CHFT already do. There is a secondary component to agree a quality standard of responding to an A&amp;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.</p> <p>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.</p>	Father understanding as to the process is being sought through the support of the operational managers and clinical leads.	<p>Improvement trajectory agreed with CCG to deliver 3 days responses in the first instance moving to 2 days by Q4 2018/19.</p> <p>Improvement expected in overall response rate each quarter.</p> <p>Accountable: GMs</p>

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.2				1% reduction (from 16/17 position) in Carbapenem	60.60	Submit to PHE	Submit to PHE	Submit to PHE	59.99
2d.3				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	179.40	Submit to PHE	Submit to PHE	Submit to PHE	177.61
4. Improving services for people with mental health needs who present to A&E									
4	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - cohort of patients	545	109 (Cumulative)	218 (Cumulative)	327 (Cumulative)	436 (20% overall reduction)
6. Offering advice and guidance									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)
7. NHS E-Referrals									
7.1a	Acute	£159,811	E-referrals	% Referrals to first OP able to be received through ERS	TBC	Submit Baseline	80%	90%	100%
7.1b				% Appointment Slot Issues	TBC	33%	30%	25%	4%
8. Supporting proactive and safe discharge									
8a.1	Acute	£447,472	Supporting proactive and safe discharge	Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
8a.2				Emergency Care Dataset (ECDS) usage	-	Demonstrate credible planning	N/A	Returning weekly data	N/A
8a.3 & 8b.2	Acute & Community	£447,472		% Non Elective patients discharged to usual place of residence within 7 days of admission (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	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	
-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
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-	-	-		-	-	-	-		-	-	-	-		-	-	-	-	
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

As at 5th March, there were 1,256 referrals awaiting appointments

The top specialties for ASIs backlog are:

Dermatology (295)

Cardiology (146)

Gastroenterology (224)

Respiratory (119)

with smaller backlogs also in :

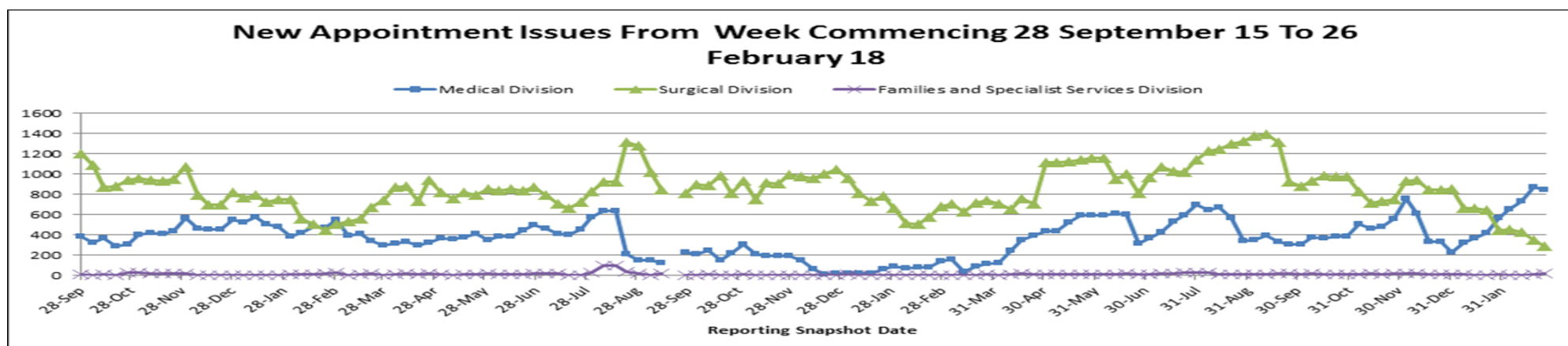
ENT (71)

Paediatrics (71)

9 Patients have been waiting over 6 months, (this was previously 11 on the last report)

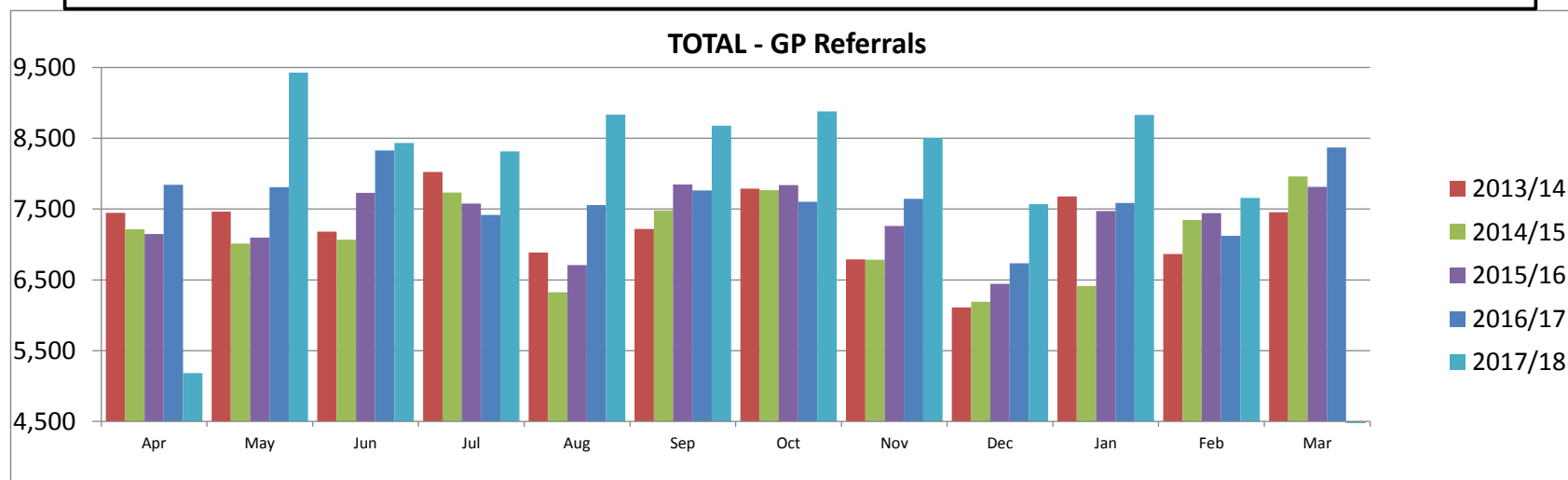
Week Commencing 3/01/2018	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
<b>Medicine</b>	<b>97</b>	<b>122</b>	<b>131</b>	<b>135</b>	<b>100</b>	<b>98</b>	<b>73</b>	<b>34</b>	<b>15</b>	<b>13</b>	<b>27</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>855</b>
Cardiology	13	30	23	32	12	23	12	1							146
Dermatology	27	34	26	44	40	41	31	21	4	2	17	4	3	1	295
Gastroenterology	21	35	46	35	37	25	12	5	1	1	3		1	1	223
Respiratory & Elderly	10	10	22	15	6	9	16	7	10	9	5				119
<b>Surgery</b>	<b>66</b>	<b>106</b>	<b>48</b>	<b>32</b>	<b>14</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>308</b>
ENT	16	45	8								2				71
Urology	17	13	8	5	3	2	1			2	4	2			57
Vascular	4	7	8	12	5				1	2	2	1		1	43
<b>FSS</b>	<b>28</b>	<b>37</b>	<b>19</b>	<b>1</b>	<b>1</b>	<b>2</b>				<b>1</b>		<b>1</b>		<b>3</b>	<b>93</b>
Paediatrics	23	26	17								1			3	70
<b>Totals</b>	<b>191</b>	<b>265</b>	<b>198</b>	<b>168</b>	<b>115</b>	<b>103</b>	<b>80</b>	<b>40</b>	<b>18</b>	<b>20</b>	<b>36</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>1,256</b>

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



## Appendix - Referrals

- GP Referrals up 7.3% in February compared with previous February.
- In February there were 20 working days, the same as previous February. It could be assumed there would be no expected decrease or increase in referrals when comparing these periods.
- The YTD position for GP Referrals growth is now 8.4% up on the same period last year. As there has been 2 less working days in comparison a decrease of 0.9% could be expected.
- NHS Calderdale GP referrals have seen an increase of 17.6% (7,166) for the year to date principally due to referrals captured under Orthopaedics 68% (5,170) and Physiotherapy (1,729 referrals) specialties.
- The increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the 6,776 referrals triaged YTD (triage commenced June 2017) sees a revised Calderdale GP referral position seeing a decrease in referrals of 1.0% (390 referrals).
- When triaged referrals are excluded the overall Orthopaedic / MSK service referral demand has increased 1.6% (123 referrals).
- Total referrals (non-triage) into the Calderdale MSK service have increased 9.5% (423 referrals) YTD.
- Total Calderdale CCG referrals into the Orthopaedic service have decreased 9.6% (302 referrals). For the fourth month in a row this is implying 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 1.5% (534) for the year to date principally due to Orthopaedics 40.2% (1,207) and Pain Management 15.4% (181). 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 (66%, 421 referrals - Gynaecology 589 referrals up and Neurology referrals 126 down), Bradford City (28%, 95 referrals) and Leeds South & East (278%, 64 referrals).
- NHS Heywood, Middleton and Rochdale CCG have seen a large decrease of 61% (231 referrals, Paediatrics and ENT main specialties of notable with reductions) as have Bradford District (11%, 283 referrals).

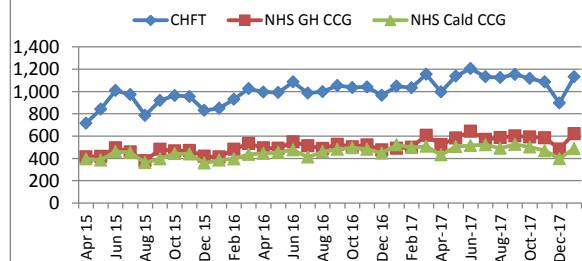


## Activity - Key measures

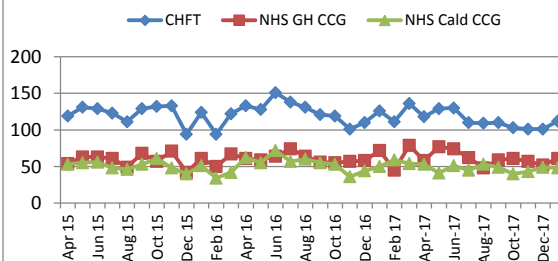
	16/17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	YTD	YTD % Change
<b>Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)</b>																
NHS CALDERDALE CCG Referrals	5,730	522	497	509	432	506	516	522	492	526	502	470	398	487	<b>4,873</b>	4.1%
NHS CALDERDALE CCG Conversions	658	50	59	54	53	41	51	45	53	49	40	43	49	48	<b>478</b>	
NHS CALDERDALE CCG Conversion Rate	11.7%	9.6%	11.9%	10.6%	12.3%	8.1%	9.9%	8.6%	10.8%	9.3%	8.0%	9.1%	12.3%	<b>9.9%</b>	<b>9.8%</b>	
NHS GREATER HUDDERSFIELD CCG Referrals	6,214	492	501	608	524	583	644	570	587	602	592	586	484	622	<b>5,780</b>	14.2%
NHS GREATER HUDDERSFIELD CCG Conversions	748	72	45	79	58	77	74	62	48	59	61	57	52	61	<b>627</b>	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	14.6%	9.0%	13.0%	11.1%	13.2%	11.5%	10.9%	8.2%	9.8%	10.3%	9.7%	10.7%	<b>9.8%</b>	<b>10.8%</b>	
Other CCG Referrals	446	35	35	37	40	49	46	40	46	25	24	30	14	23	<b>351</b>	-24.0%
Other CCG Conversions	81	4	7	3	7	11	5	3	8	2	2	1	0	3	<b>42</b>	
Other CCG Conversion Rate	18.2%	11.4%	20.0%	8.1%	17.5%	22.4%	10.9%	7.5%	17.4%	8.0%	8.3%	3.3%	0.0%	<b>13.0%</b>	<b>12.0%</b>	
CHFT Fast Track Referrals	12,390	1,049	1,033	1,154	996	1,138	1,206	1,132	1,125	1,153	1,118	1,086	896	<b>1,132</b>	<b>11,004</b>	13.0%
CHFT Fast Track Conversions	1,487	126	111	136	118	129	130	110	109	110	103	101	101	<b>112</b>	<b>1,147</b>	
CHFT Fast Track Conversion Rate	12.1%	12.0%	10.7%	11.8%	11.8%	11.3%	10.8%	9.7%	9.7%	9.5%	9.2%	9.3%	11.3%	<b>9.9%</b>	<b>10.4%</b>	
% Change on Previous year																

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

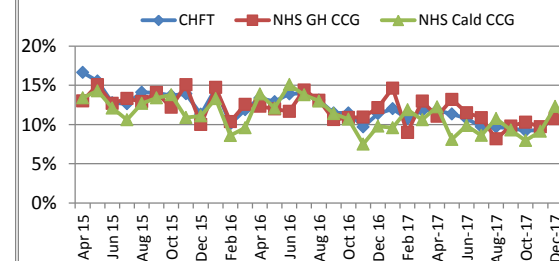
### Fast Track Cancer Referrals



### Fast Track Conversions



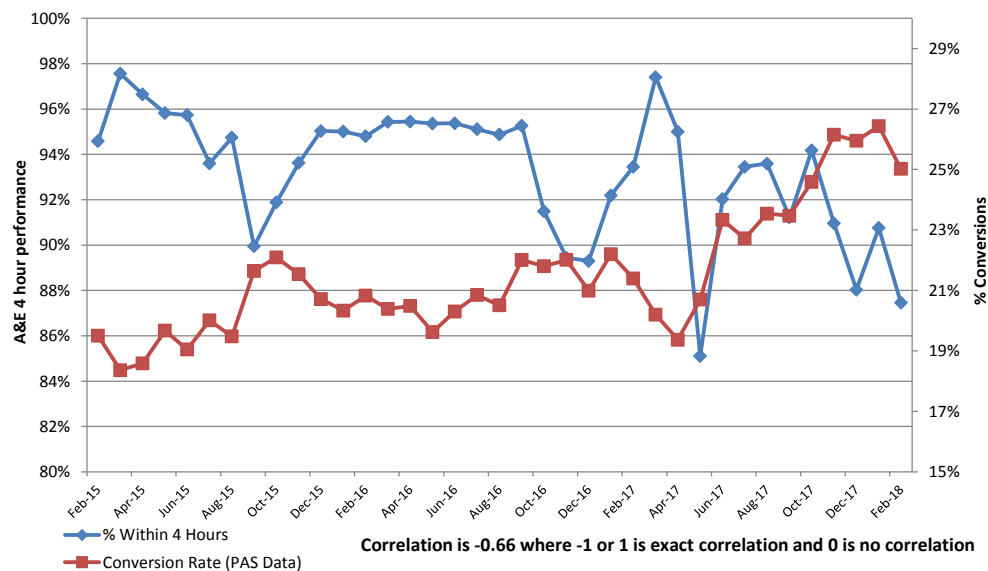
### Fast Track Conversion Rate



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

	16/17	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	YTD	YTD % Change
<b>Analysis of A and E activity including conversions to admission</b>																
A and E Attendances	151,354	11,252	12,967	12,396	13,267	12,361	13,170	12,155	12,732	13,058	12,097	12,653	11,735	11,191	136,815	-1.1%
A and E 4 hour Breaches	8,524	737	337	620	1,975	985	863	779	1,118	761	1,094	1,514	1,084	1,403	12,196	49.0%
Emergency Care Standard 4 hours	94.2%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	91.09%	-2.5%
Admissions via Accident and Emergency	30,922	2,411	2,625	2,431	2,746	2,884	2,992	2,861	2,990	3,211	3,163	3,284	3,102	2,800	32,464	14.7%
% A and E Attendances that convert to admissions	20.45%	21.40%	20.20%	19.37%	20.70%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	23.73%	10.9%

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



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 7th March 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	59	63	5	127
Awaiting Completion of Assessment	38	36	3	77
Awaiting Care package in own home	14	7	0	21
Awaiting Residential home placement	0	6	0	6
Awaiting public funding	0	0	0	0
Awaiting further non-acute NHS Care	1	2	0	3
Awaiting community equipment and adaptations	0	7	0	7
Awaiting nursing home placement	6	4	2	12
Disputes	0	1	0	1

## Appendix - Cancer - By Tumour Group

	16/17	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	YTD	Target	Threshold/Monthly
<b>62 Day Gap Referral to Treatment</b>																	
Breast	99.24%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	98.91%	>=85%	85.00%
Gynaecology	0.00%	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%	87.34%	>=85%	85.00%
Haematology	0.00%	0.00%	0.00%	50.00%	86.67%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	63.64%	80.58%	>=85%	85.00%
Head & Neck	74.03%	50.00%	100.00%	80.00%	75.00%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	83.33%	80.28%	>=85%	85.00%
Lower GI	80.95%	44.44%	90.91%	80.00%	75.00%	95.45%	69.23%	75.00%	87.50%	81.25%	90.00%	72.22%	90.00%	77.78%	82.10%	>=85%	85.00%
Lung	91.52%	92.31%	84.62%	66.67%	80.95%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.00%	85.33%	>=85%	85.00%
Sarcoma	85.71%	none to report	none to report	none to report	none to report	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	none to report	63.64%	>=85%	85.00%
Skin	96.52%	100.00%	92.86%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	97.51%	>=85%	85.00%
Upper GI	79.72%	86.67%	50.00%	50.00%	86.67%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	72.41%	>=85%	85.00%
Urology	0.00%	0.00%	0.00%	89.13%	95.65%	85.11%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	94.00%	87.50%	87.55%	>=85%	85.00%
Others	79.31%	none to report	50.00%	66.67%	none to report	50.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	none to report	85.19%	>=85%	85.00%
<b>Two Week Wait From Referral to Date First Seen</b>																	
Brain	98.29%	100.00%	100.00%	100.00%	50.00%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	90.20%	>=93%	93.00%
Breast	98.75%	99.30%	98.78%	96.15%	93.68%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	96.05%	98.86%	95.53%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Gynaecology	0.00%	0.00%	0.00%	98.77%	75.49%	65.18%	91.09%	92.50%	92.31%	96.83%	96.26%	100.00%	95.60%	99.11%	90.82%	>=93%	93.00%
Haematology	0.00%	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%	91.94%	>=93%	93.00%
Head & Neck	94.54%	97.06%	100.00%	91.92%	74.65%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	93.78%	>=93%	93.00%
Lower GI	97.93%	97.46%	98.27%	97.31%	97.01%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.57%	98.68%	95.06%	>=93%	93.00%
Lung	96.63%	97.44%	100.00%	100.00%	97.78%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	89.19%	100.00%	95.42%	>=93%	93.00%
Sarcoma	98.00%	100.00%	100.00%	100.00%	92.31%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	95.79%	>=93%	93.00%
Skin	97.08%	98.18%	96.86%	97.73%	75.09%	90.84%	90.65%	96.44%	96.70%	96.22%	98.71%	99.42%	98.77%	100.00%	93.47%	>=93%	93.00%
Testicular	100.00%	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%	98.06%	>=93%	93.00%
Upper GI	96.94%	97.22%	96.58%	97.06%	82.57%	78.30%	89.08%	81.75%	92.78%	90.00%	91.67%	100.00%	91.07%	97.83%	89.61%	>=93%	93.00%
Urology	0.00%	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%	96.17%	>=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

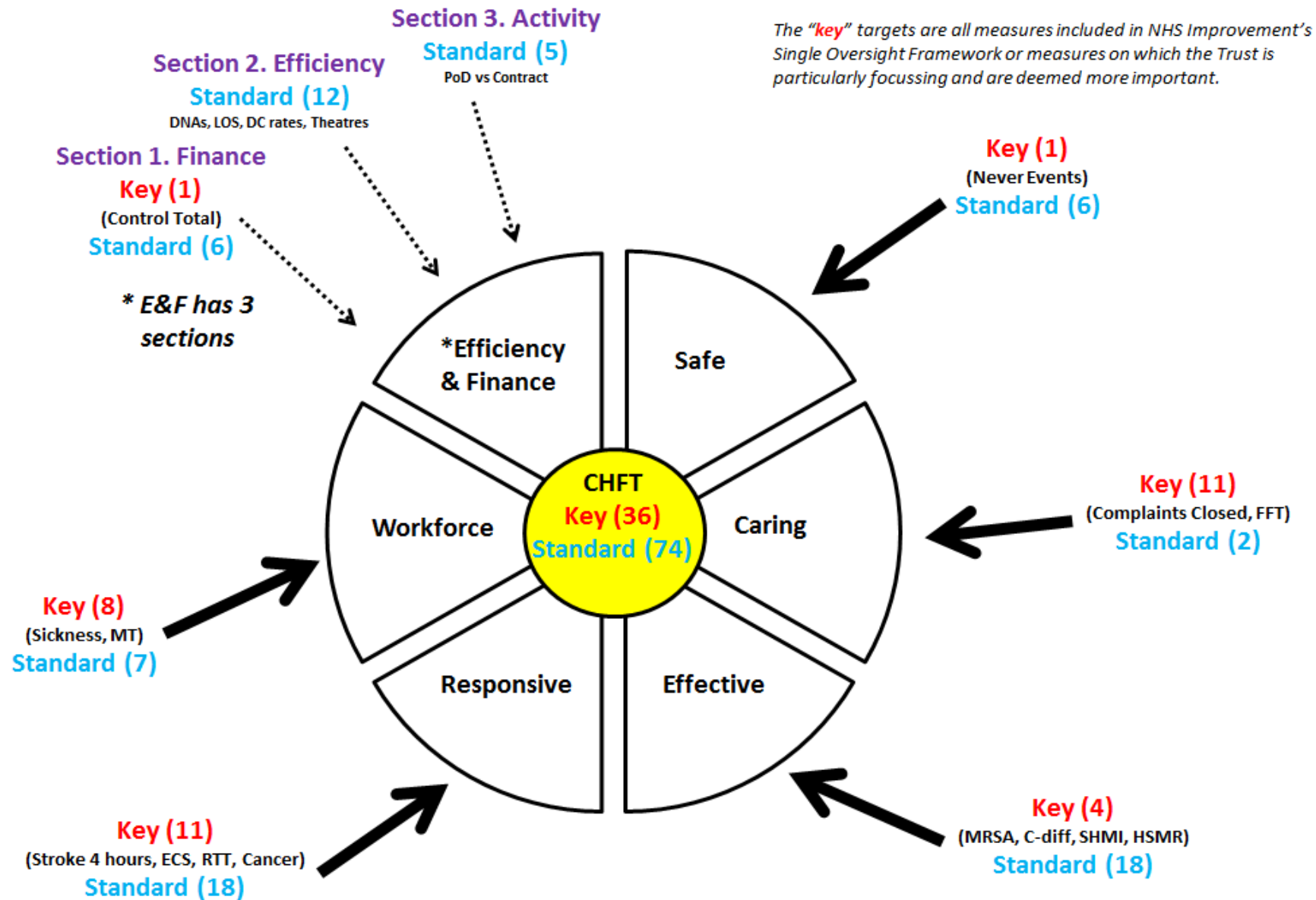
### Calculating Domain Scores

- 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