

Quality and Performance Report

August 2016



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

Performance Summary

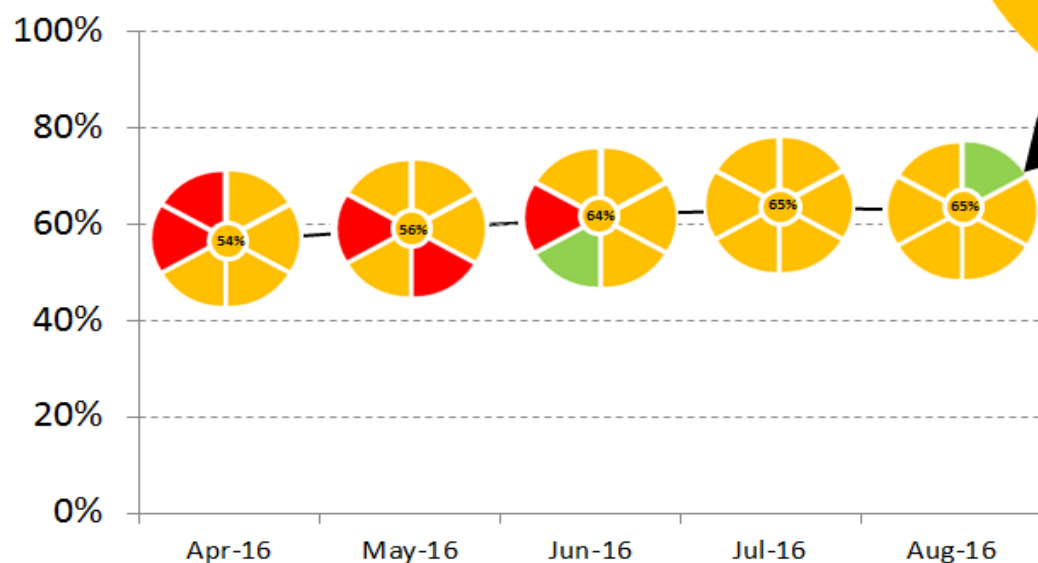
Most recent month's performance

RAG Movement

August's Performance Score has remained at 65% for the Trust. Within the **Safe** domain improved performance in the Major PPH - Greater than 1000mls standard has edged the domain to a GREEN rating. 3 of the 6 domains improved in month with **Responsive** just short of a Green rating at 74%. Mixed Sex breaches meant a drop for **Caring** score and YTD long term sickness increased to reduce the **Workforce** domain score. An avoidable C-diff case kept the **Effective** domain score at 57%.

Improvements in last minute cancellations, stroke performance and readmissions balanced out the above mentioned underperformance for the Trust as a whole.

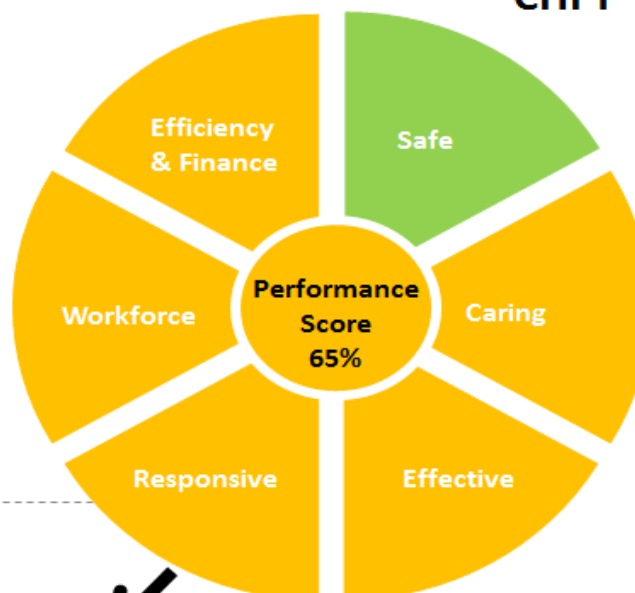
Total performance score by month



August Score by Domain

| | | |
|----------------------|-----|---|
| Safe | 77% | ↑ |
| Caring | 54% | ↓ |
| Effective | 57% | → |
| Responsive | 74% | ↑ |
| Workforce | 60% | ↓ |
| Efficiency & Finance | 65% | ↑ |
| Performance Score | 65% | → |

CHFT



Regulatory Targets

| | |
|--|---|
| CDiff Cases 4 (0) | Cancer 62 day Referral to Treatment |
| Avoidable Cdiff 1 (0) | Cancer 62 day Screening to Treatment |
| ECS 4 hours 94.59% (95%) | Cancer 31 day targets x3 |
| RTT Incomplete Pathways | Cancer 2 Week Referral to Date first seen |
| Data Completeness Community Care x3 | Cancer 2 week Breast Symptoms |

Other Key Targets

| | |
|--|--|
| VTE Assessments | FFT targets x7 |
| Never events | FFT A&E 86.9% (90%) |
| MRSA | FFT OP 90.6% (95%) Community 87% (96%) |
| SHMI 113.8 (100) | Stroke % admitted 4 hours 74.29% (90%) |
| HSMR 109 (100) | Diagnostics 6 weeks |
| Emergency Readmissions GHCCG 7.6% (7.05%) | Net surplus/(deficit) £120k |
| % Complaints closed 60% (100%) | Sickness 4.43% (4%) |

Carter Dashboard

| | | Current Month Score | Previous Month | Trend | Target |
|------------|---|---------------------|----------------|-------|--------|
| CARING | Friends & Family Test (IP Survey) - % would recommend the Service | 98.2% | 97.9% | ↑ | 96% |
| | Inpatient Complaints per 1000 bed days | 2.5 | 2.4 | ↓ | TBC |
| | Average Length of Stay - Overall | 5.4 | 5.1 | ↓ | 5.17 |
| EFFECTIVE | Delayed Transfers of Care | 2.49% | 3.40% | ↑ | 5% |
| | Green Cross Patients (Snapshot at month end) | 104 | 91 | ↓ | 40 |
| | Hospital Standardised Mortality Rate (12 months Rolling Data) | 108.67 | 109.31 | ↑ | 100 |
| | Theatre Utilisation (TT) - Trust | 84.70% | 84.07% | ↓ | 92.5% |
| | | 0.54% | 0.70% | ↑ | 0.6% |
| RESPONSIVE | Emergency Care Standard 4 hours | 94.59% | 94.36% | ↑ | 95% |
| | % Incomplete Pathways <18 Weeks | 95.46% | 96.32% | ↓ | 92% |
| | 62 Day GP Referral to Treatment | 88.5% | 91.6% | ↓ | 85% |
| SAFE | % Harm Free Care | 95.14% | 95.42% | ↓ | 95.0% |
| | Number of Outliers (Bed Days) | 997 | 688 | ↓ | 495 |
| | Number of Serious Incidents | 3 | 3 | ↔ | 0 |
| | Never Events | 0 | 0 | ↔ | 0 |

| | | Current Month Score | Previous Month | Trend | Target |
|--|--|---------------------|----------------|-------|---|
| PEOPLE, MANAGEMENT & CULTURE: WELL-LED | Doctors Hours per Patient Day | | | | |
| | Care Hours per Patient Day | | | | Available from Q2 |
| | Sickness Absence Rate | 4.4% | 4.8% | ↑ | 4.0% |
| | Turnover rate (%) (Rolling 12m) | 13.7% | 14.0% | ↑ | 12.3% |
| | Vacancy | 459.0 | 487.8 | ↑ | NA |
| | FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q4 | 79.00% | | | 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) Q4 | 60.00% | | | Different division samples each quarter. Comparisons not applicable |

| | | Current Month Score | Previous Month | Trend |
|---|---------------------------------|---------------------|----------------|-------|
| OUR MONEY | Income vs Plan var (£m) | £1.94 | £0.90 | ● |
| | Expenditure vs Plan var (£m) | -£2.28 | -£1.02 | ● |
| | Liquidity (Days) | | | |
| | I&E: Surplus/(Deficit) var (£m) | £0.12 | £0.13 | ● |
| | CIP var (£m) | £1.41 | £1.32 | ● |
| | FSRR | 2 | 2 | ● |
| Temporary Staffing as a % of Trust Pay Bill | | | | |

MOST IMPROVED
Improved: % Stroke patients spending 90% of their stay on a stroke unit. At 91.4% this is the best performance since January.

Improved: Short Term Sickness Absence rate(%). At 1.29% back at May's level, previous lowest level was back in August 2015.

Improved: Theatre Utilisation (TT) - Main Theatre -HRI. At 95.6% highest utilisation since February.

MOST DETERIORATED

Deteriorated: Number of Mixed Sex Accommodation Breaches which relate to Critical Care and discharge delays where a combination of flow and poor escalation. First breaches since January.

Deteriorated: 38 Day Referral to Tertiary. At 38.5% lowest position since August 2015.

Deteriorated: RTT Total incomplete waiting list and RTT Waiting 18 weeks and over have both peaked at over 20,000 and over 900 respectively.

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

Action: ICU staff now proactively escalating via bed meetings when a patient has been declared fit to stand down and when the breach time is. This will prevent a recurrence.

Action: Action plans requested from all specialties to secure required improvement by October; deep dive for Urology reflecting high level of delays in this specialty.

Action: Divisions are triangulating with Capacity and Demand Review and will present at September Performance Review meetings.

Arrow direction count



2



8



8



PEOPLE, MANAGEMENT & CULTURE: WELL-LED



OUR MONEY

Executive Summary

The report covers the period from August 2015 to allow comparison with historic performance. However the key messages and targets relate to August 2016 for the financial year 2016/17.

| Area | Domain |
|--------|--|
| Safe | <ul style="list-style-type: none"> All Falls/Number of Incidents with Harm - Aim to see a reduction on the wards where the safety huddles are implemented. The plan is to achieve daily involvement from an MDT perspective in relation to safety huddles. Appropriate use of falls equipment, quality measures are met, risk assessment, management of patient placement on the wards. 6 month roll out project. |
| | <ul style="list-style-type: none"> Total C-Section Rate - Whilst there has been a marginal increase in C-section rate, the weekly governance meeting enables robust analysis of indications for caesarean section and decision making. Maternity - % PPH ≥ 1500ml/Major PPH - Greater than 1000mls - PPH deep dive to be discussed at FSS PRM meeting in September. Number of Category 4 Pressure Ulcers Acquired at CHFT - There have been 3 Category 4s in the period to the end of July. |
| Caring | <ul style="list-style-type: none"> Complaints closed within timeframe - Slight deterioration in month to 60% however the total number of complaints that were closed in August 2016 was 59, which is a 32% increase from July. Friends and Family Test Outpatients Survey - % would recommend is stabilising at 90- 91% against a target of 95%. Improvement plans are in place around car parking and clinic waiting times. Further work to continue as part of directorate action plan to achieve Q3 improvement trajectory (December 16). Friends & Family Test (Maternity Survey) - Response Rate - In month performance of 91.6% is lower than previous months. However this performance is partly driven by a higher than typical proportion of patients selecting 'don't know'. 2 patients selected that they were unhappy with their care in August. The cases have been followed up with the individuals. Friends and Family Test Community Survey - FFT continues to report 3% of people would not recommend services. This month that there are a number of respondents that are unhappy to be contacted every month when they remain on the caseload. An options paper for FFT recording will be presented at October Board and will be shared at PRM with a recommendation. Number of Mixed Sex Accommodation Breaches - Investigated by the matron for ICU and clinical commander. ICU staff now proactively escalating via the bed meetings when a patient has been declared fit to stand down in line with the breach time to prevent recurrence. Patient flow team to ensure speciality beds allocated to ICU to facilitate transfers as per EMSA policy. |
| | <ul style="list-style-type: none"> Total Number of Clostridium Difficile Cases - Further 4 in August 1 of which deemed avoidable. YTD 14 against an annual plan of 21. Perinatal Deaths (0-7 days) - Unfortunately there were 2 very premature deliveries in August. Hospital Standardised Mortality Rate (1 yr Rolling Data July 15 - June 16) - As anticipated performance has improved further to 108.7 and the Trust is no longer classed as a significant outlier. Mortality Reviews - The completion rate for Level 1 reviews has reduced to 21.9% in August. This reduction was anticipated as internal processes are adapted to capture more robust data from Q3 onwards. Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG - Improvement in month and reflecting recent service changes the Community division will report to September PRM on conversations with partners. Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - Improvement in month to 71.7% for discharges in August. Monitoring admissions in August demonstrated a performance of 93%. |

Effective

Background Context

New compliance regime

NHSI plans to introduce its Single Oversight Framework (SOF) from 1 October 2016, at which point the Monitor Risk Assessment Framework and the TDA Accountability Framework will no longer formally apply and NHSI will be collecting information from the provider sector using the SOF. The sector's segmentation is then likely to be publicly available from November 2016. Depending on the extent of support needs identified through its oversight process and performance, NHSI will segment providers into four Maximum autonomy, Targeted support, Mandated support or Special measures.

The SOF aims to provide an integrated approach for NHSI to oversee both NHS foundation trusts and trusts, and identify the support they need to deliver high quality, sustainable healthcare services. It aims to help providers attain and maintain CQC ratings of 'good' or 'outstanding'.

A&E has seen activity continue to over-perform but to a lower level than that seen in month 4. Activity is 1% above the month 5 plan and cumulatively 3.2% (1,994 attendances) above plan.

Non-elective activity overall is 2.2% below the month 5 plan but excess bed days are above the norm. Cumulatively activity is 1% below planned levels due to long stay patients. The impact is that the Trust has continued to rely on additional capacity in August with 14 beds open above plan and associated staffing challenges

The Medicine Division continues to experience a high number of Consultant vacancies some of which are filled with agency locums and other rota gaps covered by substantive colleagues. (currently at 18%). Surgical Division has experienced gaps in the divisional management team as well as Consultant vacancies in some key specialities

Elective demand in several specialties has increased significantly particularly from Calderdale CCG impacting on total waiting list and the A position. CCGs are currently working on demand management strategies which will need to be considered alongside new capacity plans internally.

Planned day case and elective activity has improved in month 5 with activity 5.2% above plan. This is driven by continued over-performance within day case activity with elective activity remaining consistently below plan. Day case continues to over-perform mainly within Ophthalmology and Gastroenterology with a large increase within General Surgery in month, recovering some of the under-performance seen in prior months. Urology has also seen an increase due to a vacant post following retirement now being covered by an agency locum. Interventional Radiology continues to be above plan with a corresponding reduction within elective.

Executive Summary

The report covers the period from August 2015 to allow comparison with historic performance. However the key messages and targets relate to August 2016 for the financial year 2016/17.

| Area | Domain |
|--------------------|--|
| Responsive | <ul style="list-style-type: none"> Emergency Care Standard 4 hours - August's position was still below the 95% target at 94.59%. A recovery plan is in place. A&E Trolley Waits - The Trust reported one 12 hour trolley wait for August which has been raised as a Serious Incident and a full investigation is taking place. Stroke - All 4 stroke indicators improved in month with only those admitted to a stroke ward within 4 hours and scanned within 1 hour not being achieved. The division of Medicine will submit a business case to continue the pilot with Radiology as a permanent service. RTT pathways over 26weeks - a further small increase in month with plans to eradicate specialties with small numbers by the end of October with the exception of Patient Choice. 38 Day Referral to Tertiary is now at its lowest position since August 2015. Action plans are in place to improve performance in October 2016. |
| | <ul style="list-style-type: none"> Sickness Absence rate has improved in month and is now achieving its short term sickness target. Return to work Interviews have improved again in month to 58% but are still some way short of 100% target. |
| Workforce | <ul style="list-style-type: none"> Mandatory Training and appraisal - Executive Board decision on 21st July 2016 to focus on compliance in 2016/2017 due to EPR implementation on 4 elements of mandatory training - Information Governance, Fire Safety, Infection Control and Manual Handling. Currently just Manual Handling is off plan. |
| Efficiency/Finance | <ul style="list-style-type: none"> Finance: Year to date: The financial position stands at a deficit of £10.07m, a favourable variance of £0.12m from the planned £10.20m. In month, clinical activity has seen another strong month as was the case through quarter one, rebounding from the flatter July performance. This drives an overall income position at Month 5 which is £1.94m above planned levels in the year to date, an increase of £1.04m from Month 4. The in-month over-performance in clinical income is seen across planned inpatient and non elective admissions as well as outpatients, critical care and A&E attendances. However, as has been the case in recent months, to deliver activity and access standards the Trust continues to rely heavily upon agency staffing. Total agency spend in month was £2.17m, a slight fall for the third month in succession but remaining above the NHSI trajectory and a significant draw on pressured cash resources. Theatre Utilisation has stabilised around 84% with room for further improvement although the main theatre at HRI hit over 95% for the first time since February. |
| CQUIN | <ul style="list-style-type: none"> Sepsis - % of patients Screened (admission Units) - All CQUIN schemes achieved the required targets in Q1 with the exception of Sepsis where 3 out of the 4 targets were met. The Sepsis CQUIN is meeting all Q2 targets. Targets are set each quarter in agreement with the commissioners and aligned with internal improvement trajectories. The Q4 targets are however nationally set and may prove challenging. Further risks on forecast achievement of the Sepsis Screening, Staff Well Being Flu Vaccination and Antimicrobial Resistance CQUINs are also being flagged with actions being put in place to address these. |
| Activity | <ul style="list-style-type: none"> Activity has seen significant growth in month 5 across all points of delivery, with the exception of A&E where although still above plan, the level of growth has slowed when compared to month 4. |

Background Context

Additional capacity was required throughout August as a combination of medical and surgical pressures with peaks seen on Mondays and Tuesdays. This is impacting on staffing which is compounding vacancy related pressures although new graduates will start to take up post during September and October

Divisional teams are working closely with ward sisters weekly to ensure controls on non-contracted spend are in place and roster management is efficient and a 'buddy system' is in place. This is working well preventing on-day staff moves. Further work is required to embed this and support reduced OoHs decisions.

Medical rotas are now being reviewed weekly. Reduced vacancies on the HRI on-call registrar rota are supporting the reduced agency spend and reliance.

The Trust participated in a call with NHSI on agency spend and are currently developing an improvement plan for submission early October 16.

A Radiology summit was held during August with good attendance from all divisions. Radiology continues to see growth in 16/17 of around 25% across all modalities. There is a scheme of work devised to respond to this.

Within the Community services division there are challenges in increased demand. MSK service and GP direct referrals to orthotics continue to be the services that requires focus from a capacity and demand perspective.

Outpatient activity overall has seen a significant increase in month 5 and is above plan by 4.7%. This is a shift from month 4 when activity was below plan. The over-performance is across both first and follow-up attendances including procedures. The specialties with the more significant over-performances within first attendances are ENT, Paediatrics, Rheumatology, Dermatology and Gynaecology. Under-performances continue within General Surgery and General Medicine. Cumulatively Outpatient activity is now 2.7% above plan however with demand continuing at high levels this is not resulting in a reduced waiting list size.

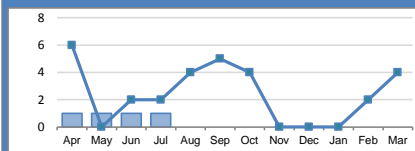
Safe, Effective, Caring, Responsive - Community Key messages

| Area | Reality | Response | Result |
|----------------|--|---|---|
| Safe | <p>Community acquired grade 3 or 4 pressure ulcers 1 grade 3 pressure ulcer occurred in Community in July. This was within the Intermediate care bed base.</p> | <p><i>Community acquired grade 3 or 4 pressure ulcers</i> Nursing leadership is being increased. A band 7 position for the intermediate bed base is currently out to advert.</p> | <p><i>Community acquired grade 3 or 4 pressure ulcers</i> To reduce the number of pressure ulcers occurring as a result of community care. Accountable: Diane Catlow</p> |
| Caring | <p>Length of stay in reablement Slight increase in access to packages of care has meant a shorter length of stay in reablement.</p> <p>Avoiding hospital admission There has been a reduction in the number of people recorded as having avoided hospital admission as a result of community service input.</p> | <p><i>Length of stay in reablement</i> Working with social care and the team leaders to establish whether a new way of structuring reablement services (including Support and Independence team, Crisis Intervention team) would improve access and length of stay within the service.</p> <p>Avoiding hospital admission The division are reviewing the number of people admitted from the services or from a care home to assess whether this has been a recording issue or</p> | <p><i>Length of stay in reablement</i> To reduce length of stay in reablement and free up capacity to support hospital discharges and admission avoidance. Accountable: Karen Barnett</p> <p>Avoiding hospital admission To maintain people at home and reduce hospital admissions where possible. Accountable: Karen Barnett</p> |
| Effective | <p>Friends and Family Test - Likely to recommend Our FFT continues to report 3% of people would not recommend our services.. We have noted this month that there are a number of respondents that are unhappy to be contacted every month when they remain on the caseload.</p> | <p><i>Friends and Family Test - Likely to recommend</i> The DO has requested an options paper for FFT recording to be presented at October Board. This will be shared at PRM with a recommendation.</p> | <p><i>Friends and Family Test - Likely to recommend</i> To improve the quality of feedback information from patients so that it could be acted on appropriately. Accountable: Nicola Sheehan</p> |
| Responsiveness | <p>ASI's for MSK Issue is generally in spinal pathway. Whilst capacity has remained there has been a 7.5% increase in demand for this service in the last year.</p> <p>MSK responsiveness - Typing turnaround There has been no improvement in the typing position this month. The delay continues to be 17 day turnaround for typing letters post clinic for MSK.</p> | <p><i>ASI's for MSK</i> The spinal MSK post is out to advert. interviews 1st October.</p> <p><i>MSK responsiveness</i> - Typing turnaround Reviewed opportunity to use voice recognition. Agreed some agency to reduce backlog and then include admin in business case</p> | <p><i>ASI's for MSK</i> Reduce the number of ASI's in MSK. Accountable: Nicola Sheehan</p> <p><i>MSK responsiveness</i> - Typing turnaround Week on week improvement on typing turnaround Accountable: Nicola Sheehan</p> |

Dashboard - Community

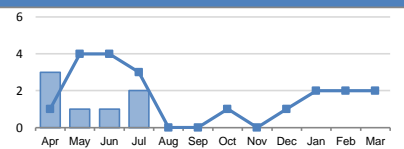
Safe

Community acquired grade 3 or 4 pressure ulcers



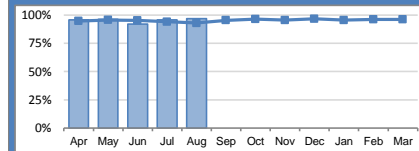
One month in arrears

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



One month in arrears

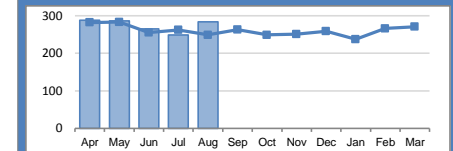
Incidents Harm free care



Bar Chart = 16/17 figures

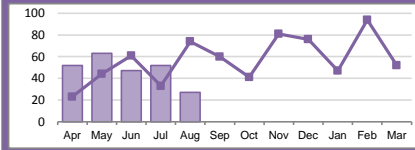
Line graph = 15/16 figures

Urinary Catheter Management

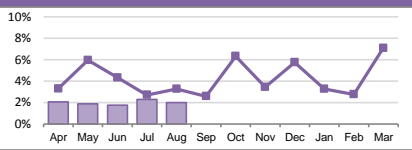


Effective

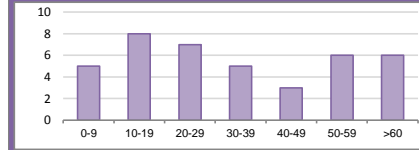
Number of Hospital admissions avoided by Community Nursing services



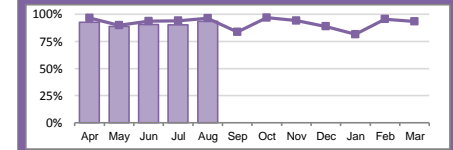
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Reablement - Start to discharge Average (days) Current Month shown

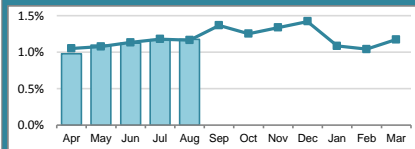


House Bound leg ulcers healed within 12 weeks

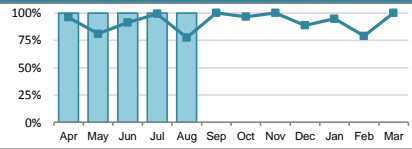


Caring

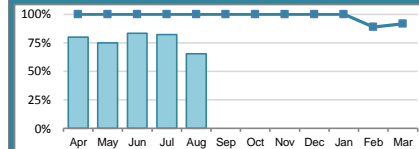
Community No Access Visits Adult Nursing



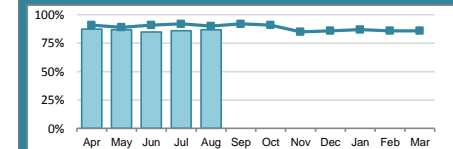
Health Visitor achieved Targeted visits Antenatal and Post Birth visits



End of life patient died in preferred place of death

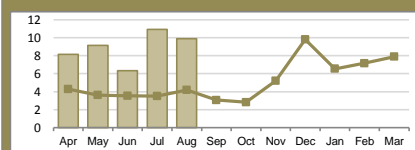


Friends and Family Test- Likely to recommend

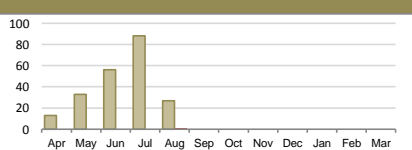


Responsive

Average time to start of reablement (days)



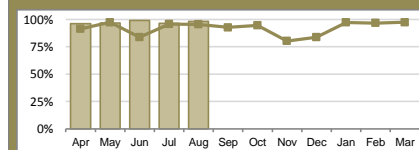
Appointment Slot Issues for MSK & Podiatry



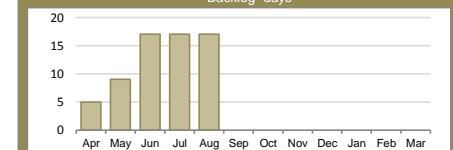
MSK

Podiatry

Waiting Times - 18 week RTT

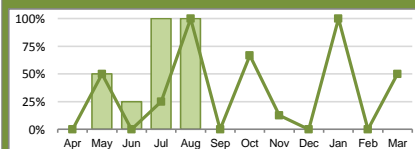


MSK Responsiveness Backlog -days



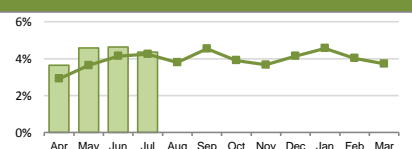
Well Led

% Complaints closed within target timeframe

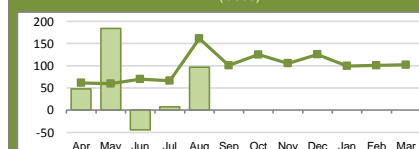


One month in arrears

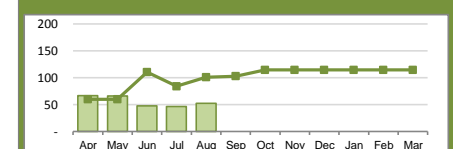
Staff sickness rate



Finance - Planned variance against actual (£'000)



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



Safe - Key messages

| Area | Reality | Response | Result |
|--|---|--|---|
| % PPH > 1000 & >1500ml - all deliveries | <p>% of PPH >1000 mls continues to be above target (YTD 10% vs target of 8%) however August PPH >1000 mls has improved in month to 8.7%</p> <p>> 1500 mls performance remains stable at 3.4% but remains above the internally set target of 2.2%.</p> | <p>Progress against PPH action plan monitored at weekly CQC improvement meetings. (Ongoing)</p> <p>Monitored on a weekly basis as part of weekly Governance meeting. (ongoing)</p> <p>PPH deep dive to be discussed at FSS PRM meeting in September.</p> | <p>Expected Delivery Date: Internal target of a 1% reduction by end of Q2 2016-2017 (3.8% to 2.8%) with a further 0.8% reduction in PPH rates by end of Q4 16-17 (3.8% reduced to 2%)</p> <p>Accountable: HOM/ADN</p> |
| Total C-Section Rate | <p>The Trust has not met its internal target in month (25.2% vs target 22.5%) and has seen an increase since June 16.</p> <p>However, sustained reduction YTD in the Total C-Section Rate vs 2015/16 and the Trust remains below the regional threshold of 26.2%.</p> | <p>Emergency Caesarean Sections monitored on a weekly basis as part of weekly Governance meeting (Ongoing)</p> <p>Clinical variation work, which includes peer review of clinical decision making, will report to Consultant Audit in October (14.10.16).</p> | <p>Expected Delivery Date: Focused meeting with Consultant Obstetricians on 14 October 2016 to review CS data and explore experiences and impact of peer review of 'hot weeks' and on-call weekly outcome data. This will include an internal review of performance and comparable regional thresholds and timescales for improvement will be agreed following this session.</p> |
| Falls / Incidents with harm | <p>Inpatient Falls with Serious Harm</p> <p>The Medicine division experienced 5 harm falls in month compared with 2 in July, with one fall occurring in the Surgical division.</p> | <p>The Lead Nurse for Falls is embedding the improvement work around Safety Huddles and education in relation to fall prevention equipment and this will continue over the next 6 months and is linked to the safety huddle CQUIN. Q1 roll out complete on 6BC, 7AD & 7BC.</p> <p>Implementing full MDT huddle requires further directorate work to ensure job plans can accommodate this (7ADBC). First meeting of falls collaborative taken place and agreed the new "falls 5 bundle" will be rolled out alongside safety huddles and the falls prevention care plan in September to the</p> | <p>The aim is to see a reduction on the wards where the safety huddles are implemented over the course of the six month roll out plan ending in March 17. During this time there will be an increase in the number of harmfalls due to changes in the reporting methodology.</p> <p>The plan will include the involvement from a MDT perspective in relation to safety huddles, the appropriate use of falls equipment and evidence that all quality measures are met</p> <p>Expected Delivery Date: Q4 16/17</p> |

Safe - Key measures

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | Annual Target | Monthly Target |
|--|---------------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------------|---------|-----------------------|----------------|
| Falls / Incidents and Harm Free Care | | | | | | | | | | | | | | | | | |
| All Falls | 2033 | 155 | 172 | 180 | 168 | 194 | 187 | 167 | 156 | 153 | 186 | 168 | 176 | 169 | 852 | Monitoring Trajectory | |
| Inpatient Falls with Serious Harm | 29 | 2 | 4 | 3 | 0 | 2 | 3 | 3 | 2 | 6 | 5 | 4 | 3 | 6 | 24 | Monitoring Trajectory | |
| Falls per 1000 bed days | 7.7 | 7.4 | 8.3 | 8.1 | 7.7 | 8.9 | 7.9 | 7.2 | 6.7 | 7.2 | 8.4 | 8.0 | 8.2 | 8.0 | 7.9 | Monitoring Trajectory | |
| % Harm Free Care | 93.63% | 92.19% | 93.46% | 93.30% | 93.29% | 92.27% | 93.47% | 93.25% | 93.04% | 94.16% | 93.94% | 91.88% | 95.42% | 95.14% | 94.10% | >=95% | 95.00% |
| Number of Serious Incidents | 78 | 5 | 7 | 13 | 10 | 2 | 2 | 3 | 3 | 3 | 6 | 4 | 3 | 3 | 19 | Monitoring Trajectory | |
| Number of Incidents with Harm | 1751 | 111 | 176 | 159 | 203 | 97 | 147 | 139 | 156 | 160 | 170 | 148 | 158 | 139 | 775 | Monitoring Trajectory | |
| Percentage of SI's investigations where reports submitted within timescale (60 days unless extension agreed) | Not Collected | 100.00% | 90.00% | 0.00% | 0.00% | 21.00% | 33.00% | 28.00% | 100.00% | 80.00% | 66.00% | NTR | 100.00% | NTR | 82.00% | 100.00% | 100.00% |
| Never Events | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Percentage of Duty of Candour informed within 10 days of Incident | 94.00% | 100.00% | 100.00% | 89.00% | 70.50% | 100.00% | 100.00% | 100.00% | 80.00% | 93.75% | 91.67% | 100.00% | 100.00% | 100.00% | 96.80% | 100% | 100% |
| Maternity | | | | | | | | | | | | | | | | | |
| Elective C-Section Rate | 9.00% | 7.50% | 9.60% | 9.60% | 9.10% | 9.00% | 7.60% | 9.50% | 9.00% | 9.10% | 9.50% | 9.90% | 9.10% | 9.60% | 9.44% | <=10% | 10.00% |
| Total C-Section Rate | 23.90% | 25.30% | 20.40% | 28.30% | 22.60% | 25.70% | 22.60% | 23.10% | 23.60% | 22.20% | 21.30% | 25.30% | 25.30% | 25.20% | 23.60% | <=22.5% | 22.50% |
| Major PPH - Greater than 1000mls | 10.40% | 9.50% | 7.60% | 11.60% | 11.00% | 9.60% | 11.20% | 11.80% | 10.60% | 10.20% | 7.30% | 9.90% | 12.70% | 8.70% | 10.00% | <=8% | 8.00% |
| % PPH ≥ 1500ml - all deliveries | 3.78% | 2.30% | 3.30% | 4.20% | 3.50% | 2.90% | 4.00% | 2.80% | 3.60% | 2.90% | 2.40% | 3.40% | 5.00% | 2.80% | 3.30% | <=2.2% | 2.20% |
| Antenatal Health Visiting Contact by 32 Weeks | 91.80% | 85.00% | 113.00% | 95.00% | 100.00% | 77.00% | 95.00% | 87.00% | 100.00% | 103.40% | 114.80% | 101.20% | 112.60% | 107.60% | 108.00% | >=90% | 90.00% |
| Pressure Ulcers | | | | | | | | | | | | | | | | | |
| Number of Trust Pressure Ulcers Acquired at CHFT | 498 | 53 | 32 | 35 | 41 | 20 | 24 | 29 | 44 | 39 | 36 | 34 | 28 | In arrears | 137 | Review after Q1 | |
| Pressure Ulcers per 1000 bed days | 1.9 | 2.5 | 1.5 | 1.6 | 1.9 | 0.9 | 1.0 | 1.3 | 1.9 | 1.8 | 1.6 | 1.6 | 1.3 | In arrears | 1.6 | Review after Q1 | |
| Number of Category 2 Pressure Ulcers Acquired at CHFT | 403 | 46 | 26 | 25 | 38 | 13 | 21 | 22 | 35 | 28 | 26 | 19 | 18 | In arrears | 91 | Review after Q1 | |
| Number of Category 3 Pressure Ulcers Acquired at CHFT | 86 | 7 | 6 | 9 | 3 | 6 | 3 | 7 | 8 | 10 | 10 | 14 | 9 | In arrears | 43 | Review after Q1 | |
| Number of Category 4 Pressure Ulcers Acquired at CHFT | 9 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | In arrears | 3 | 0 | 0 |
| Percentage of Completed VTE Risk Assessments | 95.30% | 95.60% | 95.20% | 95.20% | 95.30% | 95.40% | 95.40% | 95.10% | 95.10% | 95.01% | 95.14% | 95.25% | 95.14% | 95.10% | 95.13% | >=95% | 95.00% |
| Safeguarding | | | | | | | | | | | | | | | | | |
| Alert Safeguarding Referrals made by the Trust | 157 | 12 | 8 | 16 | 6 | 7 | 12 | 8 | 11 | 20 | 16 | 9 | 10 | 11 | 66 | Not applicable | |
| Alert Safeguarding Referrals made against the Trust | 99 | 6 | 4 | 9 | 6 | 8 | 7 | 12 | 13 | 7 | 10 | 8 | 10 | 9 | 44 | Not applicable | |

Caring - Key messages

| Area | Reality | Response | Result |
|------|---------|----------|--------|
|------|---------|----------|--------|

Friends & Family T - Outpatients

| | | |
|--|--|---|
| In month performance of 90.6% which is in line with YTD position (internal target of 95%). | FFT Responses and response managed via weekly OP Manager meeting. Specialty level action plans are in place. (Ongoing) | Expected Delivery Date: Ambition to achieve > 91% for Q3 2016/17. |
| Negative comments predominantly relate to car parking facilities and waiting times. Main outlier specialties are General Surgery, General Medicine, ENT and Ophthalmology. | Clinic delays - revised process implemented to accurately capture and respond to delays in clinics in a timely way. Some immediate impact seen due to this work. Further work to continue as part of directorate action plan to achieve Q3 improvement trajectory (December 16). | Accountable: Matron for Outpatients |
| Positive comments including the helpfulness and friendliness of the staff shared with OPD staff. | | |

Friends & Family T A&E

| | | |
|---|--|---|
| There has been a decline in response rates for ED, CDU and MAUs. There are plans to conduct a piece of work focusing specifically on these areas. | A breakthrough event through September and October is planned. | Expected Delivery Date: Improvements are expected to be seen in December's IPR. |
| | | Accountable : Matrons |

Friends & Family T Maternity

| | | |
|--|--|--|
| YTD performance of 96.4% against target of 96.9%. In month performance of 91.6% is lower than previous months. However this performance is partly driven by a higher than typical proportion of patients selecting 'don't know' in their response. 2 patients (0.3%) selected that they were unhappy with their care in August. These cases have been followed up with the individuals. 91.6% Would recommend the Trust, 5.8% Don't Know 2.2% Neither likely nor unlikely, 0.3% Would not recommend the Trust. | Targeted work continues to increase the response rate and to respond to service user comments via the maternity patient experience group. This group reports to PSQB via the Directorate Womens Meeting. (Ongoing) | Expected Delivery Date: Responsiveness to Women's feedback increasing further the level of satisfaction. |
| | | Accountable: DO/ADN for FSS. |

Friends & Family T - Community

| | | |
|---|---|---|
| FFT continues to report 3% of people would not recommend our services. It has been noted this month that there are a number of respondents that are unhappy to be contacted every month when they remain on the caseload. | The DO has requested an options paper for FFT recording to be presented at October Board. This will be shared at PRM with a recommendation. | Expected Delivery Date: The % would not recommend is expected to reduce by the end of September 2016. |
| | | Accountable: DoO Community |

Mixed Sex Accommodation

| | | |
|---|---|---|
| One male patient in a main bay with 2 female patients as speciality bed reallocated and unable to transfer. | This was investigated by the matron for ICU and clinical commander. ICU staff now proactively escalating via the bed meetings when a patient had been declared fit to stand down and when the breach time is to prevent this reoccurring. | Expected Delivery Date: Response expected to have immediate impact. |
| | Patient flow team to ensure speciality beds allocated to ICU to facilitate transfers as per EMSA policy. | Accountable: DoN |

Caring - Complaints Key messages

| Area | Reality | Response | Result |
|------|---|--|--|
| | <p>59 complaints were closed in August 2016, which is a 32% increase from July. Of the 59 complaints that were closed in August 60% were closed within target timeframe. This is 3% increase from July.</p> <p>In August SAS closed 33% of their complaints within the agreed timescale, Medicine closed 58% and FSS closed 53%. None of the complaints closed by Community in August 2016 were within target timeframe; however, it should be noted that Community have now reduced their complaints to 4 by the end of August and should be back on track for September.</p> <p>The Trust has a target of 100% complaints to be closed within the agreed timescale; year to date the Trust has closed 49% within the agreed timescale, which is an increase of 1% from July 2016. The total number of overdue complaints was 53; this is only 1 less complaint than July.</p> | <p>Weekly meeting with Divisions and Complaints Team continues, help to improve responsiveness of complaints through weekly performance report, with guidance given for older more complex complaints.</p> | <p>The aim will be to try and increase the quality of the response, this should hopefully be picked up in the Complaints training.</p> <p>Accountable : Head of Risk and Governance and Divisional Leads</p> |

% Complaints closed within target timeframe

Complaints Background

The Trust received 59 new complaints in August 2016, which is a 5% increase from July. It re-opened 5 complaints in August, making a total of 64 complaints received in August. The total number of opened complaints at the end of August was 121 which is a 5% decrease from July; 44% of these complaints are overdue, which is a similar position to July where 42% of open complaints were overdue. Of the 53 overdue complaints Medicine represent 43% (23 complaints), SAS represent 42% (22 complaints), FSS represent 11% (6 complaints) and Community represent 2% (1 complaint).

The top 3 Complaints subjects were:

Communications
Clinical Treatment
Patient Care including Nutrition/Hydration

These are the same top three subjects as July; however, there has been an increase in Communications complaints.

Severity: The Trust received 5 new Red complaints in August which is a decrease of 29% from July. SAS received 1 Red complaint and FSS received 4. The themes related to delayed diagnoses and medical complications.

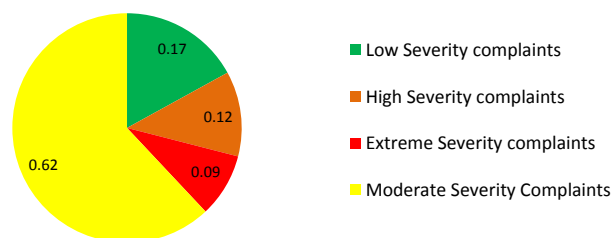
PHSO Cases:

The Trust did not receive any new Ombudsman / PHSO case received in August.

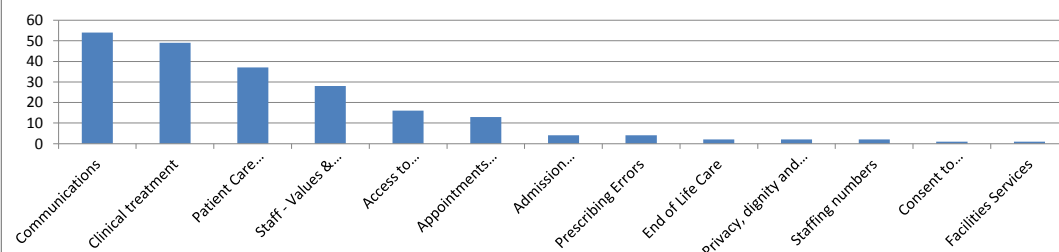
4 PHSO complaints were closed in August. Of these 2 were not upheld and 2 were part upheld.

There were 14 active cases under investigation by the Ombudsman as at the end of August.

Complaints by Severity August 2016



Complaints by Subject August 2016



Caring - Key measures

| 15/16 | | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | | YTD | Target | Threshold/ Monthly |
|--|---------------|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|--------|-----------------------|---------|-----------------------|
| Complaints | | | | | | | | | | | | | | | | | | |
| % Complaints closed within target timeframe | 48.45% | 56.41% | 51.85% | 61.11% | 39.68% | 39.73% | 47.73% | 43.94% | 45.45% | 66.67% | 37.88% | 33.00% | 63.00% | 60.00% | 49.00% | 100.00% | 100.00% | |
| Total Complaints received in the month | 641 | 41 | 48 | 52 | 58 | 49 | 55 | 51 | 65 | 52 | 53 | 49 | 56 | 59 | 269 | Monitoring Trajectory | | |
| Complaints re-opened | Not Collected | Not collected for 15/16 | | | | | | | | 9 | 5 | 5 | 6 | 5 | 30 | Monitoring Trajectory | | |
| Inpatient Complaints per 1000 bed days | 2.20 | 1.77 | 2.27 | 2.35 | 2.36 | 2.24 | 2.26 | 2.05 | 2.72 | 2.20 | 2.40 | 2.23 | 2.42 | 2.50 | 2.10 | Monitoring Trajectory | | |
| No of Complaints closed | Not Collected | Not collected for 15/16 | | | | | | | | 43 | 65 | 68 | 41 | 59 | 276 | Monitoring Trajectory | | |
| Friends & Family Test | | | | | | | | | | | | | | | | | | |
| Friends & Family Test (IP Survey) - Response Rate | 28.60% | 28.10% | 24.40% | 31.10% | 32.90% | 34.30% | 32.10% | 33.50% | 30.70% | 30.98% | 31.41% | 35.53% | 35.39% | 36.40% | 33.94% | >=28.0% | 28.00% | |
| Friends & Family Test (IP Survey) - % would recommend the Service | 96.90% | 97.10% | 96.50% | 96.70% | 96.70% | 96.40% | 97.10% | 97.00% | 96.94% | 97.04% | 97.70% | 97.75% | 97.94% | 98.20% | 97.72% | >=96.0% | 96.00% | |
| Friends and Family Test Outpatient - Response Rate | 13.50% | 13.50% | 13.30% | 13.20% | 13.10% | 12.90% | 13.60% | 13.70% | 13.20% | 13.50% | 12.79% | 12.20% | 12.60% | 12.70% | 12.76% | >=5.0% | 5.00% | |
| Friends and Family Test Outpatients Survey - % would recommend the Service | 89.60% | 89.20% | 89.20% | 90.20% | 90.50% | 91.60% | 90.50% | 89.70% | 90.70% | 90.50% | 90.79% | 90.60% | 90.90% | 90.60% | 90.68% | >=95.0% | 95.00% | |
| Friends and Family Test A & E Survey - Response Rate | 8.50% | 2.70% | 9.50% | 12.10% | 9.20% | 9.10% | 10.20% | 9.70% | 8.37% | 13.27% | 15.66% | 14.44% | 13.28% | 12.80% | 13.90% | >=14.0% | 14.00% | |
| Friends and Family Test A & E Survey - % would recommend the Service | 86.90% | 84.80% | 86.20% | 86.80% | 81.60% | 85.40% | 86.50% | 84.80% | 84.59% | 90.02% | 88.58% | 88.56% | 88.32% | 86.90% | 88.50% | >=90.0% | 90.00% | |
| Friends & Family Test (Maternity Survey) - Response Rate | 30.80% | 29.60% | 42.60% | 30.90% | 40.80% | 33.60% | 30.30% | 30.70% | 34.47% | 26.99% | 33.16% | 45.11% | 50.42% | 36.30% | 38.40% | >=22.0% | 22.00% | |
| Friends & Family Test (Maternity) - % would recommend the Service | 96.30% | 95.20% | 98.80% | 95.00% | 97.00% | 96.50% | 97.80% | 96.80% | 97.82% | 96.32% | 96.90% | 98.09% | 96.48% | 91.60% | 95.90% | >=96.9% | 96.90% | |
| Friends and Family Test Community - Response Rate | 11.60% | 7.00% | 6.00% | 2.00% | 14.00% | 10.00% | 11.00% | 10.00% | 10.00% | 13.20% | 9.00% | 9.00% | 9.00% | 9.00% | 9.84% | >=3.4% | 3.40% | |
| Friends and Family Test Community Survey - % would recommend the Service | 88.80% | 90.00% | 92.00% | 91.00% | 85.00% | 86.00% | 87.00% | 86.00% | 85.80% | 87.50% | 87.00% | 85.00% | 86.00% | 87.00% | 86.50% | >=96.2% | 96.20% | |
| Maternity | | | | | | | | | | | | | | | | | | |
| Proportion of Women who received Combined 'Harm Free' Care | 72.43% | 77.78% | 73.50% | 76.92% | 76.92% | 70.73% | 91.84% | 66.00% | 78.95% | 71.15% | 75.50% | 83.10% | 75.40% | in arrears | 76.60% | >=70.9% | 70.90% | |
| Caring | | | | | | | | | | | | | | | | | | |
| Number of Mixed Sex Accommodation Breaches | 14 | 0 | 7 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | |

Caring - What our patients are saying

Some of the positive feedback we have received

HODST - Everything. Very helpful, considerate and professional from start to finish. Thank you to Doctor and his medical team.

CRH 6D - All staff were kind and competent. Food was good. Ward was clean. There lots of staff to deal with the high level of care.

ENDOSC - I had two attempts at a Gastroscopy, and on both occasions the staff could not have been more caring, professional or understanding. What a NHS to be proud of!

CRH 8D - The staff look after you day and night. My care was of the best, right from the word go. You're all the best that money can pay for and I can't thank you enough.

HRDU - The care and treatment I received was great. Everyone was really helpful. I was scared at first, but they managed to reassure me everything was ok.

HRI 11 - We were kept informed by the staff who were always very kind and treated patients with utmost dignity. Thank you so much for the excellent care.

Where can we improve

More information should be given about the condition, how you will feel when discharged, if there is anything to be aware of, how you will feel and how long the recovery period should be.

The appointment letter could be more specific, with the addition of the words 'Main Building', as my initial consultation had been at Acre Mill Outpatients.

Better directions to the department from Godfrey Road and patients with mobility problems find the steps difficult.

Listen to patient's concerns and medication times need to be adhered to more accurately.

Effectiveness - Key messages

| Area | Reality | Response | Result |
|--|---|--|--|
| Coding Indicators: Average Diagnosis per Coded Episode Average co-morbidity score | <p>Average diagnosis per coded episode:</p> <p>The average diagnosis per coded episode is still lower than target but performance continues to steadily improve.</p> | <p>Improvements in coding indicators are enabled through improved document and awareness of the standards required to code. Clinical engagement is driving this work forward and sustained improvements are being seen.</p> | <p>Improvements in the coding indicators indicate that the Trust is improving the quality of its documentation.</p> |
| | <p>Average Comorbidities:</p> <p>Slight improvement seen on last month's performance, but not yet back to the peak performance of 4.2. The overall trend in recent months remains favourable and performance is expected to remain on an upward trajectory.</p> | <p>There are some specific actions :</p> <p>FSS: Continue to audit the sign and symptom spells on the Paediatric Assessment Unit (Further review in October).</p> <p>Surgical: Task and Finish group on Head and Neck to understand the causes of the underperformance.</p> <p>Medicine: Coding processes within Acute & Emergency directorates being review in order to reduce number of patients assigned with a sign or symptom as a primary diagnosis.</p> | <p>Expected Delivery Date: Expect to see continued improvement month on month across each average diagnoses and average co-morbidity, with a trajectory to hit targets in 2016/17.</p> <p>Accountable: DO Surgery/Director of THIS/Head of Clinical Coding</p> |
| | | | |
| | | | |

Hospital Mortality

Local SHMI - Relative Risk (1yr Rolling Data)
The latest release is for Jan 15 - Dec 15 and is consistent with the previous release of 113. Data continues to be closely reviewed. The two diagnostic groups that are negative outliers within our SHMI data currently are Acute Cerebrovascular Disease and Pneumonia. The trust has invited service reviews in both stroke and respiratory specialties.

Hospital Standardised Mortality Rate (1 year Rolling Data)
The latest HSMR release is for July 15 to June 16, and has shown a further fall to 108.67. Our prediction is for further modest reductions in the coming months.

Mortality Reviews
The completion rate for Level 1 reviews has reduced, 21.9% of August deaths have had a corporate level one review. this reduction was anticipated as internal processes are adapted to capture more robust data from Q3 onwards.

Crude Mortality Rate
For August 2016 the crude in-hospital death rate at CHFT remains below target at 1.22%

Mortality Ratios (SHMI/HSMR):

The difference between in hospital and post discharge standardised mortality ratios on each site continues to be monitored closely, and at present on the data available it cannot be said if this is the result of random variation or a real phenomenon. Nonetheless a new project to look at post discharge deaths with the CCG is at the pilot stage

There is a stroke service improvement plan overseen by the Medical Director.

Mortality Reviews:

Awaiting review of guidance for roll out of the Trust's new mortality reviews by consultant. Revised internal protocol in place and a request has been made to develop an electronic system to enable the timely collection of information.

SHMI

Expected Delivery Date: The next SHMI is expected to remain at a similar level, as it reflects a delayed period of time when the HSMR was also stabilised.

HSMR

Expected Delivery Date: performance is expected to continue to reduce over the coming months.

Mortality review

Expected Delivery Date: Compliance will rise once the new process for involving all consultants in the process is established . This will not be until the end of Q2.

Accountable : Associate Medical Director

Effectiveness - Key messages

| Area | Reality | Response | Result |
|---|--|---|---|
| C-Diff | Of the four cases of C difficile in August, one was part of an obstetric cluster which has been managed through an incident process from which several actions have come, particularly with respect to the environment have been rectified. This was classed as an avoidable case. The other three cases are unrelated and all have different ribotypes. One further case has been classed as unavoidable, with the other two pending. | The FSS division met to identify learning on 28 August. An action plan was developed with support of Infection, prevention & control team. Immediate steps taken to proactively manage position with no barriers to completing identified actions. | Expected Delivery Date: Actions will be complete by follow up meeting taking place 16 September 2016. Ongoing monitoring via Matron team. |
| Perinatal Deaths | Main contributor to in month position are 2 perinatal deaths which occurred in August (0.43%). Both cases were very premature deliveries . | Cases continue to be reviewed in line with the standard operating procedures and reported on a monthly basis.. (Ongoing) | Accountable: Head of Midwifery/ADN FSS |
| Fracture Neck of Femur - Best Practice Guidance | <p>In August the time to theatre for #NOF patients was 71.74% for discharges in August.</p> <p>Monitoring admissions in August demonstrated a performance of 93%.</p> <p>The position on the National Hip Fracture Database website shows that we are performing better than national average.</p> | <p>Twice daily updates continue with Trauma co-ordinator and GM "Plans for every trauma patient".</p> <p>Automatic allocation of fallow laminar theatre lists to Orthopaedics where surgeons are available.</p> <p>In addition, an improved escalation process is now in place - there is a daily email to the Orthopaedic Directorate team and to the senior Divisional team regarding new patients and their plan. If there are any organisational issues they can be picked up and dealt with quickly.</p> | Expected Delivery Date: The whole plan will be completed in Autumn 2016 |

Effectiveness - Key measures

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | Target | Threshold/M onthly |
|---|--------|--------|--------|--------|--------|--------|------------|------------|------------|------------|------------|------------|------------|------------|---------|----------------|--------------------|
| Infection Control | | | | | | | | | | | | | | | | | |
| Number of MRSA Bacteraemias – Trust assigned | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Number of Clostridium Difficile Cases - Trust assigned | 25 | 3 | 3 | 4 | 2 | 1 | 3 | 3 | 2 | 2 | 3 | 1 | 4 | 4 | 14 | <=21 | < = 2 |
| Avoidable number of Clostridium Difficile Cases | 5 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 4 | 0 | 0 |
| Number of MSSA Bacteraemias - Post 48 Hours | 9 | 2 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 4 | <=12 | 1 |
| Number of E.Coli - Post 48 Hours | 26 | 3 | 0 | 5 | 4 | 1 | 0 | 1 | 0 | 2 | 3 | 0 | 10 | 3 | 18 | <=26 | 2.17 |
| MRSA Screening - Percentage of Inpatients Matched | 99.52% | 93.60% | 95.29% | 96.00% | 95.55% | 96.08% | 96.08% | 96.37% | 95.11% | 95.35% | 95.64% | 95.33% | 95.27% | 95.77% | 95.14% | >=95% | 95% |
| Mortality | | | | | | | | | | | | | | | | | |
| Stillbirths Rate (including intrapartum & Other) | 0.41% | 0.00% | 0.64% | 0.80% | 0.20% | 0.42% | 0.42% | 0.68% | 0.22% | 0.66% | 0.85% | 0.41% | 0.61% | 0.43% | 0.58% | <=0.5% | 0.5% |
| Stillbirth numbers | | 0/449 | 3/466 | 4/482 | 1/493 | 2/480 | 2/481 | 3/438 | 1/450 | 3/456 | 4/469 | 2/483 | 3/493 | 2/469 | 12/2370 | Not applicable | |
| Perinatal Deaths (0-7 days) | 0.16% | 0.00% | 0.00% | 0.21% | 0.21% | 0.00% | 0.43% | 0.00% | 0.22% | 0.21% | 0.65% | 0.41% | 0.00% | 0.43% | 0.37% | <=0.1% | 0.1% |
| Perinatal Deaths (0-7 days) numbers | | 0/449 | 2/466 | 0/480 | 0/493 | 1/480 | 1/481 | 0/438 | 1/450 | 0/456 | 3/469 | 2/483 | 0/493 | 2/469 | 7/1876 | Not applicable | |
| Neonatal Deaths (8-28 days) | 0.04% | 0.00% | 0.00% | 0.00% | 0.00% | 0.22% | 0.21% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | <=0.1% | 0.1% |
| Local SHMI - Relative Risk (1yr Rolling Data) | 109.10 | 113.88 | 113.88 | 113.80 | 113.80 | 113.80 | In arrears | In arrears | In arrears | In arrears | In arrears | In arrears | In arrears | In arrears | 113.80 | <=100 | 100 |
| Hospital Standardised Mortality Rate (12 months Rolling Data) | 113.00 | 116.24 | 116.18 | 116.22 | 116.06 | 116.49 | 116.30 | 114.04 | 111.62 | 109.89 | 109.31 | 108.67 | In arrears | In arrears | 108.67 | <=100 | 100 |
| Mortality Reviews | 48.80% | 56.70% | 64.10% | 60.20% | 62.60% | 56.60% | 46.20% | 43.90% | 46.20% | 50.40% | 47.00% | 37.60% | 21.90% | In arrears | 40.10% | 100% | 100% |
| Crude Mortality Rate | 1.34% | 1.18% | 1.22% | 1.21% | 1.33% | 1.41% | 1.53% | 1.46% | 1.49% | 1.43% | 1.60% | 1.32% | 1.17% | 1.22% | 1.35% | <=1.32% | 1.32% |
| Coding and submissions to SUS | | | | | | | | | | | | | | | | | |
| Completion of NHS numbers within acute commissioning datasets submitted via SUS | 99.94% | 99.93% | 99.94% | 99.93% | 99.93% | 99.94% | 99.93% | 99.95% | 99.95% | 99.95% | 99.94% | 99.94% | 99.00% | 99.94% | 99.93% | >=99% | 99% |
| Completion of NHS numbers within A&E commissioning datasets submitted via SUS | 99.04% | 98.80% | 99.10% | 98.80% | 99.00% | 99.10% | 98.50% | 98.60% | 98.89% | 99.28% | 99.22% | 99.14% | 99.14% | 99.08% | 99.17% | >=95% | 95% |
| % Sign and Symptom as a Primary Diagnosis | 9.63% | 9.43% | 10.81% | 10.08% | 9.65% | 9.46% | 8.99% | 8.90% | 9.37% | 9.14% | 8.70% | 9.58% | 9.40% | 8.20% | 8.90% | <=9.4% | 9.40% |
| Average co-morbidity score | 3.48 | 3.27 | 3.36 | 3.51 | 3.59 | 3.82 | 3.62 | 3.94 | 3.84 | 3.77 | 4.16 | 3.9 | 3.93 | 4.08 | 4.0 | >=4.4 | 4.40 |
| Average Diagnosis per Coded Episode | 4.34 | 4.11 | 4.35 | 4.39 | 4.53 | 4.74 | 4.68 | 4.84 | 4.89 | 4.94 | 5.05 | 5.1 | 5.05 | 5.14 | 5.07 | >=5.3 | 5.30 |
| CHFT Research Recruitment Target | 1029 | 75 | 79 | 142 | 128 | 114 | 111 | 96 | 96 | 91 | 71 | 72 | 280 | 113 | 627 | >=1008 | 92 |
| Best Practice Guidance | | | | | | | | | | | | | | | | | |
| Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge | 69.40% | 63.16% | 55.56% | 73.81% | 79.49% | 86.00% | 71.79% | 70.70% | 61.29% | 67.50% | 67.44% | 75.00% | 64.10% | 71.74% | 69.00% | >=85% | 85% |
| IPMR - Breastfeeding Initiated rates | 79.80% | 76.10% | 80.20% | 80.20% | 83.90% | 77.60% | 79.50% | 77.60% | 78.30% | 77.50% | 78.50% | 75.60% | 73.50% | 75.80% | 76.20% | >=70% | 70% |
| Readmissions | | | | | | | | | | | | | | | | | |
| Emergency Readmissions Within 30 Days (With Pbr Exclusions) - Calderdale CCG | 7.85% | 6.35% | 7.13% | 8.73% | 7.09% | 6.60% | 6.78% | 7.81% | 7.08% | 7.96% | 8.07% | 6.83% | 7.22% | In arrears | 7.52% | <=7.97% | 7.97% |
| Emergency Readmissions Within 30 Days (With Pbr Exclusions) - Greater Huddersfield CCG | 7.95% | 7.21% | 6.45% | 7.35% | 6.95% | 7.06% | 7.51% | 8.07% | 8.06% | 7.79% | 9.55% | 8.40% | 7.60% | In arrears | 8.34% | <=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 | 4.20% | 3.30% | 2.60% | 6.30% | 3.40% | 5.70% | 5.70% | 3.30% | 2.75% | 4.20% | 2.90% | 4.30% | 2.40% | in arrears | 3.50% | <=10% | 10% |

Responsive - Key messages

| Area | Reality | Response | Result |
|---------------------------------------|--|---|--|
| Emergency Care Standard 4 hours | <p>Trust performance for August was 94.59% CRH (95.74%) however HRI only achieved 93.28%. In terms of attendances HRI had 5,790 compared to 6,600 July and CRH 5,992 compared to 6,700 July. HRI had 389 breaches (July 416) and CRH 255 breaches (July 333).</p> <p>There was a 12 hour breach in August currently under investigation.</p> <p>Improving patient flow through the Emergency Department and the hospital through to discharge into the community is essential.</p> <p>Patients continue to experience on occasions long waits for inpatient beds, although performance has improved in month on 8 hour waits and ambulance turnarounds.</p> <p>Lack of consistent compliance with achieving 'bed before 11' - this prevents good capacity and demand management.</p> <p>Over 50 days LOS has not reduced as would have expected at this period of the year.</p> <p>High number of patients waiting for social assessment specifically community social workers.</p> <p>A&E Trolley Waits - The Trust reported one 12 hour trolley wait for August which has been raised as a Serious Incident and a full investigation is taking place.</p> | <p>Immediate actions</p> <ol style="list-style-type: none"> 1. Divisional Manager of the day supports the Patient flow team continues to happen daily. 2. New SOP for Clinical Site Commander in place with revised format for bed meetings, Bev Walker supporting patient flow and embedding SOP w/c 12/09. 3. Reviewed ED rosters & skill mix, opportunity to better match skills & demand throughout the day (implement September). 4. Review of ED Escalation SOP to ensure <u>clear</u> action planning & escalation - to September divisional board. <p>Continuous Improvement</p> <p>Safer Patient Flow Programme launched. This includes :</p> <ol style="list-style-type: none"> 1. Further roll out of Internal Professional Standards 2. Driving a reduction in LOS through the Ambulatory Emergency Care Collaborative which will deliver improvements in patient experience, improve patient flow and aid the delivery of the 4 hour ECS - cellulitis pathway went live in August. 3. Acute Frailty model being tested w/c 12/09 - HRI consultant Geriatrician in reach. 4. Escalation through SRG to improve system response to delays. 5. Meeting to review patients with a LOS over 100 days arranged - with partners, weekly now in place. Matrons freed up for 2 hours each morning to support. 6. ECIST Action Plan being developed. 7. Attended NHSI regional meeting, CESR middle grade recruitment opportunity to be explored September. 8. Escalation process for beaches developed and implemented Sept. 9. Weekly Leadership coaching sessions for matrons in place. 10. Full team in post from October to support operational and strategic management capacity in the directorate. | <p>Performance to be delivered month on month at 95%.</p> <p>Expected Delivery Date: Paper to WEB in October with full ED recovery plan and revised trajectory.</p> <p>Accountable : DO Medicine</p> |
| | <p>Pre 12 o'clock Discharges</p> <p>The pre 12 o'clock discharges has not improved in month and still some distance from required 40% performance.</p> <p>Green Cross</p> <p>The number of green cross patients has not improved.</p> <p>Lack of internal professional standards.</p> <p>Increasing delays due to lack of social assessments noted.</p> <p>Reduced outliers compared with 15/16 however x14 beds open on ward 14 above the agreed bed plan @ HRI.</p> | <p>Pre 12 o'clock Discharges</p> <ol style="list-style-type: none"> 1. Weekly sisters meeting reinstated to drive performance. 2. Further opportunity to drive improvement through h the consultant workforce 3. Small test of change, continue & audit w/c 19th Sept to support increased sitting out of patients. 4. Allocation of patients for discharge to be kept on SITREP on ward & fed in to following days bed meeting. <p>Green Cross</p> <ol style="list-style-type: none"> 1. Focused MDT discharge planning for all patients over 50/100 days in place - matrons freed up for 2 hours per morning to focus on this & sisters weekly green cross meeting. 2. Introduction of internal professional standards (lead by safer programme) 3. Discharge coordinators now using a case management model to improve patient experience, discharge planning, continuity and integration with social care. Screen tool now in place to prevent unnecessary referrals 4. DTOC governance meeting in place with all partners. 5. Weekly Senior Partner Meeting to be introduced to review al patients with a LOS over 100 days. 6. Reasons for delays to be identified and all internal delays to have action taken to improve- part charts will identify highest causes for delay (part of new SITREP). <p>Number of Outliers (Bed Days)</p> <ol style="list-style-type: none"> 1. Discharge coordinators are pre-screening patients to ensure a coordinated approach prior to social care assessment which prevents delays. 2. Dedicated consultant and junior medical team to support outliers on the Calderdale site. Position much improved. 3. Clinical site commanders reviewing all outliers daily to expedite discharge or repatriate. 4. Safer Patient Flow Programme (all projects). | <p>Pre 12 o'clock Discharges</p> <p>Drive towards target 40% & supporting reduced LOS.</p> <p>Expected Delivery Date: Q3</p> <p>Accountable : ADN Medicine</p> <p>Green Cross & Outliers</p> <p>Trajectory to be set with a key improvement target at SRG & DTOC Governance - led by CCG & Associate Director for Urgent Care & Safer Programme at CHFT.</p> <p>Expected Delivery Date: DTOC trajectory to be agreed in September. Medical patient to be cohorted from 3rd October.</p> <p>Accountable: DO</p> |

Responsive - Key messages

| Area | Reality | Response | Result |
|--------|--|--|---|
| Stroke | <p>74.29% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival. This is an improvement on last month of 6.5% but there is still room for improvement. This is due to lack of Acute Stroke beds to admit patients to.</p> <p>The scan within one hour has improved but is still below plan. Following discussions with FSS, the division of Medicine has been asked to submit a business case to continue the pilot as a permanent service.</p> | <p>Scanned within 1 hour where indicated</p> <p>A business case is currently being produced to submit to FSS to continue this service.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival</p> <p>The stroke team are working with community colleagues to see how we can reduce LOS so that patients can flow through the system at a greater speed, ensuring their care takes place in the correct environment. A pilot started on the 5th September with all members of the MDT.</p> | <p>Expected Delivery Date: Over the next two months a small improvement in the LOS should start to occur and progress should be made to move back to scanning within 1 hour where indicated.</p> <p>Accountable : GM IMS Directorate</p> |
| Cancer | <p>38 day to Referral to Tertiary</p> <p>Medicine: In Lung cancer we referred 2 patients to Leeds and both were after day 38, these are complex patients and we are reviewing the IPT document with Leeds.</p> <p>Surgery: Delays remain from previous month, although there has been some improvement. Some issues remain with time to diagnosis particularly in Upper GI.</p> <p>FSS: In August Gynaecology services had four 38 day referral to tertiary breaches.</p> <p>2 were complex patients requiring multiple diagnostic tests including local and central MDT discussion.</p> | <p>38 day to Referral to Tertiary</p> <p>Lung Actions: The Acute Directorate does have an action plan for the Lung service.</p> <p>It has been made more difficult with not having substantive Consultants to care for Cancer patients and EBUS capacity has been a slight issue due to lack of available trained personnel, with vacancies and holidays.</p> <p>Issues with time to diagnosis in Upper GI. Being investigated as to cause and solution.</p> <p>Issues with Urology patients undergoing procedures at Bradford due to Bradford Surgeons either on leave or left the Trust.</p> <p>Maureen Overton contacting Bradford.</p> <p>This will be the subject of a deep dive.</p> <p>RCA's currently being completed for all 4 Gynaecology cases to determine if any of the breaches were avoidable. Information for presentation at FSS PRM meeting September following Divisional review and actions.</p> | <p>Expected Delivery Date: October 2016</p> <p>Timely diagnosis and referral to specialist centre for patients requiring further treatment. No avoidable breaches.</p> <p>Accountable : Lead Cancer Manager, General Manager for the Acute Directorate, GM for General Surgery, Clinical Director and General Manger, Womens services</p> |

Responsive - Key measures

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | Target | Threshold/ Monthly |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|------------|---------|---------|-----------------------|
| Accident & Emergency | | | | | | | | | | | | | | | | | |
| Emergency Care Standard 4 hours | 93.88% | 95.36% | 95.37% | 95.11% | 94.87% | 95.26% | 91.49% | 89.44% | 89.30% | 93.87% | 93.40% | 95.07% | 94.36% | 94.59% | 94.25% | >=95% | 95.00% |
| A and E 4 hour target - No patients waiting over 8 hours | 1351 | 57 | 60 | 72 | 69 | 84 | 192 | 250 | 273 | 108 | 144 | 92 | 120 | 75 | 539 | M | M |
| A&E Ambulance Handovers 30-60 mins (Validated) | 103 | 2 | 3 | 7 | 6 | 1 | 13 | 12 | 20 | 10 | 14 | 13 | 13 | 6 | 56 | 0 | 0 |
| A&E Ambulance 60+ mins | 23 | 1 | 2 | 0 | 0 | 2 | 8 | 2 | 7 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| A&E Trolley Waits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| Patient Flow | | | | | | | | | | | | | | | | | |
| % Daily Discharges - Pre 12pm | 19.47% | 17.28% | 17.03% | 16.20% | 14.85% | 16.47% | 15.09% | 15.62% | 14.41% | 20.90% | 22.02% | 22.00% | 20.95% | 20.64% | 21.31% | >=40% | 40.00 |
| Delayed Transfers of Care | 5.13% | 7.45% | 5.30% | 4.60% | 4.50% | 4.50% | 3.35% | 3.38% | 3.30% | 2.90% | 2.31% | 2.58% | 3.40% | 2.49% | 2.74% | <=5% | 5.00% |
| Green Cross Patients (Snapshot at month end) | 98 | 62 | 71 | 91 | 91 | 79 | 91 | 115 | 98 | 93 | 90 | 94 | 91 | 104 | 104 | <=40 | <=40 |
| Number of Outliers (Bed Days) | 9428 | 628 | 598 | 508 | 730 | 781 | 1035 | 989 | 883 | 1115 | 1363 | 838 | 688 | 997 | 5001 | <=495 | <=495 |
| Stroke | | | | | | | | | | | | | | | | | |
| % Stroke patients spending 90% of their stay on a stroke unit | 83.00% | 73.40% | 74.60% | 97.80% | 84.60% | 80.00% | 94.40% | 81.30% | 83.70% | 80.00% | 59.26% | 83.93% | 89.83% | 91.43% | 80.00% | >=90% | 90.00% |
| % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival | 60.67% | 48.40% | 83.00% | 65.40% | 60.00% | 66.70% | 58.30% | 56.70% | 67.60% | 49.02% | 48.15% | 64.81% | 67.92% | 74.29% | 59.14% | >=90% | 90.00% |
| % Stroke patients Thrombolysed within 1 hour | 55.20% | 28.57% | 80.00% | 50.00% | 80.00% | 50.00% | 57.10% | 100.00% | 80.00% | 66.67% | 50.00% | 88.89% | 66.67% | 100.00% | 74.07% | >=55% | 55.00% |
| % Stroke patients scanned within 1 hour of hospital arrival | 34.70% | 31.75% | 39.58% | 36.54% | 35.00% | 40.54% | 20.83% | 45.95% | 24.32% | 40.40% | 30.40% | 40.70% | 41.67% | 44.44% | 41.67% | >=48% | 48.00% |
| Maternity | | | | | | | | | | | | | | | | | |
| Antenatal Assessments < 13 weeks | 91.60% | 91.10% | 90.40% | 92.40% | 92.10% | 91.60% | 88.10% | 89.80% | 93.80% | 90.15% | 91.88% | 91.02% | 92.83% | 90.60% | 91.32% | >90% | 90.00% |
| Maternal smoking at delivery | 9.90% | 10.20% | 9.80% | 9.30% | 8.50% | 8.20% | 7.80% | 10.20% | 9.70% | 10.40% | 8.40% | 8.00% | 9.10% | 8.70% | 9.00% | <=11.9% | 11.90% |
| Cancellations | | | | | | | | | | | | | | | | | |
| % Last Minute Cancellations to Elective Surgery | 0.67% | 0.51% | 0.76% | 0.43% | 0.59% | 0.75% | 0.62% | 0.69% | 0.96% | 0.71% | 1.04% | 0.56% | 0.70% | 0.54% | 0.71% | <=0.6% | 0.60% |
| Breach of Patient Charter (Sitreps booked with 28 days of cancellation) | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No of Urgent Operations cancelled for a second time | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 week Pathways (RTT) | | | | | | | | | | | | | | | | | |
| % Non-admitted Closed Pathways under 18 weeks | 98.47% | 98.55% | 98.67% | 98.48% | 98.62% | 98.44% | 98.32% | 98.39% | 98.17% | 98.42% | 98.49% | 98.32% | 98.49% | 98.28% | 98.40% | >=95% | 95.00% |
| % Admitted Closed Pathways Under 18 Weeks | 91.92% | 92.03% | 91.64% | 90.20% | 91.63% | 92.04% | 92.21% | 91.86% | 91.96% | 92.12% | 92.42% | 92.06% | 92.30% | 92.20% | 92.22% | >=90% | 90.00% |
| % Incomplete Pathways <18 Weeks | 95.70% | 95.44% | 96.07% | 95.80% | 96.04% | 95.45% | 95.95% | 95.80% | 95.70% | 96.16% | 96.01% | 96.35% | 96.32% | 95.46% | 95.46% | >=92% | 92.00% |
| 18 weeks Pathways >=26 weeks open | 139 | 174 | 137 | 98 | 94 | 126 | 152 | 127 | 139 | 186 | 195 | 121 | 132 | 137 | 137 | 0 | 0 |
| RTT Waits over 52 weeks Threshold > zero | 0 | 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% | 0.00% | 0 | 0 |
| % Diagnostic Waiting List Within 6 Weeks | 99.54% | 99.48% | 98.56% | 99.82% | 99.94% | 99.65% | 98.48% | 99.71% | 99.52% | 99.71% | 99.86% | 99.92% | 99.74% | 99.83% | 99.81% | >=99% | 99.00% |
| Cancer | | | | | | | | | | | | | | | | | |
| Two Week Wait From Referral to Date First Seen | 97.34% | 93.78% | 97.82% | 98.73% | 96.84% | 97.06% | 98.86% | 99.27% | 98.95% | 94.97% | 97.99% | 97.93% | 98.32% | 98.35% | 97.53% | >=93% | 93.00% |
| Two Week Wait From Referral to Date First Seen: Breast Symptoms | 95.82% | 98.60% | 98.47% | 94.85% | 95.89% | 94.05% | 96.85% | 96.55% | 96.55% | 90.07% | 93.71% | 97.66% | 93.63% | 93.57% | 93.61% | >=93% | 93.00% |
| 31 Days From Diagnosis to First Treatment | 99.81% | 100.00% | 100.00% | 100.00% | 99.12% | 99.30% | 100.00% | 99.09% | 100.00% | 99.14% | 100.00% | 99.24% | 100.00% | 100.00% | 99.66% | >=96% | 96.00% |
| 31 Day Subsequent Surgery Treatment | 99.15% | 100.00% | 100.00% | 100.00% | 96.77% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | >=94% | 94% |
| 31 day wait for second or subsequent treatment drug treatments | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | >=98% | 98% |
| 38 Day Referral to Tertiary | 49.54% | 35.30% | 60.00% | 72.20% | 68.80% | 57.90% | 7.10% | 59.10% | 52.90% | 47.06% | 68.18% | 40.91% | 41.67% | 38.46% | 47.96% | >=85% | 85.00% |
| 62 Day GP Referral to Treatment | 91.19% | 93.94% | 88.24% | 91.77% | 95.00% | 93.98% | 91.04% | 94.53% | 89.40% | 92.31% | 88.24% | 94.57% | 91.56% | 88.46% | 91.28% | >=85% | 85% |
| 62 Day Referral From Screening to Treatment | 95.74% | 100.00% | 100.00% | 95.65% | 88.24% | 96.67% | 94.44% | 100.00% | 100.00% | 90.48% | 88.00% | 93.75% | 92.31% | 100.00% | 92.05% | >=90% | 90% |
| 104 Referral to Treatment | 98.22% | 98.50% | 99.36% | 98.20% | 97.90% | 100.00% | 97.10% | 98.44% | 97.81% | 100.00% | 98.55% | 100.00% | 98.05% | 98.48% | 99.05% | 100.00% | 100.00% |
| Elective Access | | | | | | | | | | | | | | | | | |
| Appointment Slot Issues on Choose & Book | 18.60% | 34.50% | 19.60% | 18.60% | 17.80% | 13.00% | 9.90% | 15.52% | 16.80% | 16.50% | 15.28% | 12.60% | 16.60% | In arrears | 16.16% | >=5% | 5.00% |
| Data Completeness | | | | | | | | | | | | | | | | | |
| Community care - referral to treatment information completeness | 50.00% | 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 | 98.06% | 98.77% | 97.92% | 97.85% | 98.81% | 98.30% | 97.86% | 97.76% | 97.68% | 98.63% | 98.53% | 98.34% | 98.42% | 98.70% | 98.50% | >=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% |

Workforce - Monitor Key messages

| Area | Reality | Response | Result |
|------|---------|----------|--------|
|------|---------|----------|--------|

Sickness Absence

1. Long term absence is above target at 3.15% (3.03% YTD).
2. Short term absence is below target at 1.29% (1.41% YTD).
3. Return to work interviews are not consistently undertaken or recorded.

100% of long term sickness absence has a 'wrap round' management plan. This is monitored on a routine basis and reported to the Board monthly.

Cases moving from short term to long term are monitored and reviewed by the end of 2nd week each month.

Return to work forms analysed to ensure short term absence is managed in accordance with policy triggers.

Monthly analysis of e-roster to identify missing return to work dates. Support and guidance provided to Line Managers.

Guidance on reporting of absence for junior doctors circulated by Director of Medical Education.

As a consequence of the deep dive presentation Divisions have been provided with a detailed breakdown of long term and short term sickness and return to work interviews at cost centre level.

Expected Delivery Date: December 2016

Accountable : Director of Workforce and OD.

Vacancies

1. 39 Consultant vacancies across hard to fill specialties.
2. 218.41 FTE qualified staff nurse vacancies.
3. 0.94% turnover rate.

International recruitment continuing for qualified nursing posts with Executive Board approval to expand search to India and the Philippines - Autumn 2016.

42 newly qualified nurses commence employment with the Trust - September 2016.

Recruitment process improvements – May to September 2016.

Scoping work commenced with Huddersfield University in relation to Band 4 Associate Nursing Posts.

Leaver survey/interview process approved by Executive Board on 28 July 2016.

Expected Delivery Date: 30 September 2016

Accountable :

Medical Director
Director of Nursing
Chief Operating Officer
Director of Workforce and OD

Workforce - Monitor Key messages

| Area | Reality | Response | Result |
|------|---------|----------|--------|
|------|---------|----------|--------|

| | | | |
|-----------|---|---|---|
| Appraisal | There is an absence of a sanction for non-compliance. | Appraisal compliance to be monitored monthly through the divisional performance meetings | Expected Delivery Date: 30 September 2016 |
| | The appraisal scheduler tool which captures planned activity has not in previous years been fully or consistently utilised. | Proposal for a link to incremental pay progression and mandatory training and appraisal compliance approved by Executive Board for implementation from 1 April 2017. Pilot to run in Workforce and Organisation Directorate in Q3 2016/2017. | Accountable : Director of Workforce and OD. |
| | Limited opportunity for appraiser training. | | |
| | Compliance is measured against a nominal 8% per month target. | Following the audit of the use of the appraisal scheduler throughout August 2016 most Divisions/Corporate service now have populated appraisal plans for the year. | |
| | | Appraisal activity is now measured against planned activity. A proposal for a pilot three-step appraisal training programme is being costed as part of a business case for resource for the Education and Learning Group. In advance of this an in-house designed and delivered appraisal master class will be piloted in September. Once evaluated this will be offered more widely in the organisation. | |

| | | | |
|--------------------|--|--|---|
| Mandatory Training | The functionality of the Oracle Learning Management (OLM) system in the national Electronic Staff Record (ESR) is limited and is not user friendly which has deterred some colleagues from using the tool enabling them to be fully compliant. | Business case for replacement learning management system approved by Commercial Investment Strategy Committee in July. Anticipated procurement timetable is at least 6 months followed by an implementation period of 6 months. The estimated 'go live' date is August 2017. | Expected Delivery Date: 30 September 2016 |
| | A specific functionality limitation has been highlighted regarding refresher training and the length of 'window' prior to renewal. This is currently set at 3/12 months before compliance expires. | Proposal for a link to incremental pay progression and mandatory training and appraisal compliance approved by Executive Board for implementation from 1 April 2017. Pilot to run in Workforce and Organisation Directorate in Q3 2016/2107. | Accountable : Director of Workforce and OD. |
| | There is an absence of a sanction for non-compliance. | | |
| | Compliance is measured against a nominal 8% per month target. | As at 31st July 2016 mandatory training compliance is measured against planned activity. | |
| | | Executive Board decision on 21st July 2016 to focus on compliance in 2016/2017 due to EPR implementation on 4 elements of mandatory training - Information Governance, Fire Safety, Infection Control and Manual Handling. | |

| | | | | | | | |
|------|-----------|--------|------------|-----------|--------------------|-------|----------|
| Safe | Effective | Caring | Responsive | Workforce | Efficiency/Finance | CQUIN | Activity |
|------|-----------|--------|------------|-----------|--------------------|-------|----------|

Workforce Information - Key measures

| | | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | Target | Threshold/Monthly | | | | |
|--|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------------------------------|---------|---------|---------|---------|---------|---|-----------------------------------|--|--|--|--|
| Sickness YTD | | | | | | | | | | | | | | | | | | | | | | |
| Sickness Absence rate (%) | 4.60% | 4.43% | 4.38% | 4.44% | 4.52% | 4.57% | 4.61% | 4.62% | 4.60% | 4.35% | 4.29% | 4.44% | 4.44% | * | 4.44% | 4.00% | =< 4.00% - Green 4.01 -4.5 Amber >4.5% Red | | | | | |
| Target date - 31 Dec 2016 | | | | | | | | | | | | | | | | | | | | | | |
| Long Term Sickness Absence rate (%) | 3.10% | 3.10% | 3.05% | 3.05% | 3.09% | 3.12% | 3.12% | 3.11% | 3.10% | 2.83% | 2.88% | 2.99% | 3.03% | * | 3.03% | 2.70% | =< 2.7% Green 2.71% -3.0% Amber >3.0% Red | | | | | |
| Target date - 31 Dec 2016 | | | | | | | | | | | | | | | | | | | | | | |
| Short Term Sickness Absence rate (%) | 1.50% | 1.33% | 1.33% | 1.39% | 1.43% | 1.45% | 1.49% | 1.51% | 1.50% | 1.52% | 1.41% | 1.45% | 1.41% | * | 1.41% | 1.30% | =< 1.3% - Green 1.31% -1.5% Amber >1.5% Red | | | | | |
| Target date - 31 Dec 2016 | | | | | | | | | | | | | | | | | | | | | | |
| Sickness Monthly | | | | | | | | | | | | | | | | | | | | | | |
| Sickness Absence rate (%) | - | 4.23% | 4.13% | 4.77% | 5.08% | 5.02% | 4.95% | 4.67% | 4.41% | 4.35% | 4.23% | 4.75% | 4.43% | * | - | 4.00% | =< 4.00% - Green 4.01 -4.5 Amber >4.5% Red | | | | | |
| Long Term Sickness Absence rate (%) | - | 2.95% | 2.80% | 3.03% | 3.34% | 3.42% | 3.12% | 2.99% | 2.95% | 2.83% | 2.93% | 3.21% | 3.15% | * | - | 2.70% | =< 2.7% Green 2.71% -3.0 Amber >3.0% Red | | | | | |
| Short Term Sickness Absence rate (%) | - | 1.28% | 1.34% | 1.74% | 1.74% | 1.61% | 1.83% | 1.67% | 1.46% | 1.52% | 1.29% | 1.54% | 1.29% | * | - | 1.30% | =< 1.3% - Green 1.31% -1.5% Amber >1.5% Red | | | | | |
| Attendance Management KPIs | | | | | | | | | | | | | | | | | | | | | | |
| Sickness returns submitted per month (%) | 76.00% | | | | | | | | 100% | 100% | 100% | 100% | 100% | 100% | * | - | 100.00% | 100% Green 95%-99% Amber <95% Red | | | | |
| Target date - 30 April 2016 | | | | | | | | | | | | | | | | | | | | | | |
| Return to work Interviews (%) | 38.00% | | | | | | | | 43.15% | 33.10% | 34.60% | 44.35% | 52.41% | 58.35% | * | - | 100.00% | 100% Green 95%-99% Amber <95% Red | | | | |
| Target date - 31 Dec 2016 | | | | | | | | | | | | | | | | | | | | | | |
| Number of cases progressing/not progressing from short term absence to long term absence | - | | | | | | | | *** | 9 / 556 | 12/606 | 18/583 | 39/630 | 43/571 | * | - | - | | | | | |
| Long Term Sickness cases with a defined action plan | - | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | * | - | 100.00% | 100% Green 95%-99% Amber <95% Red | | | | | | | | | | | |
| Target date - 30 April 2016 | | | | | | | | | | | | | | | | | | | | | | |
| Number of short term absence cases managed at each stage in the formal procedure | - | *** | 344 | 385 | 441 | 493 | 557 | * | - | - | - | | | | | | | | | | | |
| Number of visits to dedicated intranet web pages. | - | 1261 | 1514 | 1339 | 1519 | 1874 | 1924 | * | - | - | - | | | | | | | | | | | |
| Staff in Post | | | | | | | | | | | | | | | | | | | | | | |
| Staff in Post Headcount | 5820 | 5697 | 5745 | 5693 | 5724 | 5715 | 5747 | 5800 | 5820 | 5801 | 5817 | 5842 | 5845 | 5872 | - | - | - | | | | | |
| Staff in Post (FTE) | 5084.37 | 4940.88 | 4986.33 | 4955.72 | 4992.46 | 4984.26 | 5018.65 | 5073.64 | 5084.37 | 5062.92 | 5075.76 | 5099.59 | 5098.53 | 5122.72 | - | - | - | | | | | |
| Staff Movements | | | | | | | | | | | | | | | | | | | | | | |
| Turnover rate (%) | - | 1.24% | 2.36% | 0.97% | 1.22% | 1.04% | 1.17% | 0.65% | 1.32% | 0.83% | 0.87% | 1.27% | 1.10% | 0.94% | - | - | - | *** | | | | |
| Turnover rate (%) (Rolling 12m) | 15.71% | 15.67% | 16.68% | 16.48% | 16.49% | 16.55% | 16.76% | 16.72% | 15.71% | 14.79% | 14.28% | 14.20% | 14.02% | 13.72% | - | - | - | | | | | |
| Vacancies | | | | | | | | | | | | | | | | | | | | | | |
| Establishment (Position FTE)** | 5572.34 | | | | | | | | 5410.68 | 5572.34 | 5575.34 | 5575.37 | 5618.44 | 5591.64 | 5592.37 | - | - | | | | | |
| Vacancies (FTE)** | 495.19 | | | | | | | | 387.12 | 495.19 | 494.92 | 496.71 | 514.63 | 487.76 | 459.03 | - | - | | | | | |
| Vacancies (%)** | 8.89% | | | | | | | | 7.15% | 8.89% | 8.88% | 8.91% | 9.64% | 8.72% | 8.21% | - | - | | | | | |
| Agency Spend* | £19.93M | | | | | | | | | | £2.13M | £2.44M | £2.30M | £2.25M | * | £9.12M | - | | | | | |
| Hard Truths | | | | | | | | | | | | | | | | | | | | | | |
| Hard Truths Summary - Nurses/Midwives | - | 84.61% | 87.47% | 87.82% | 88.66% | 90.18% | 89.54% | 90.18% | 89.58% | 90.51% | 90.06% | 83.01% | 78.60% | 80.42% | - | 100.00% | | | | | | |
| Hard Truths Summary - Day Care Staff | - | 94.76% | 94.31% | 99.69% | 97.29% | 99.51% | 101.73% | 99.51% | 102.83% | 103.59% | 105.97% | 100.77% | 102.16% | 101.30% | - | 100.00% | | | | | | |
| Hard Truths Summary - Night Nurses/Midwives | - | 86.91% | 89.37% | 90.67% | 92.54% | 94.18% | 95.39% | 94.18% | 95.40% | 94.84% | 94.58% | 92.27% | 89.76% | 87.55% | - | 100.00% | | | | | | |
| Hard Truths Summary - Night Care Staff | - | 111.02% | 110.06% | 113.43% | 111.27% | 111.86% | 116.04% | 111.92% | 119.06% | 120.13% | 119.17% | 119.55% | 116.88% | 116.33% | - | 100.00% | | | | | | |
| FFT Staff | | | | | | | | | | | | | | | | | | | | | | |
| FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1 | 82% (Q4) | | | | | | | | | | | | | | | 79% | - | | | | | |
| FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q1 | 64% (Q4) | | | | | | | | | | | | | | | | 60% | - | | | | |
| Mandatory Training | | | | | | | | | | | | | | | | | | | | | | |
| Fire Safety (1 Year Refresher) | 73.38% | 31.50% | 34.40% | 60.80% | 61.80% | 63.50% | 68.70% | 73.10% | 73.40% | 7.52% | 11.54% | 13.10% | 20.27% | 24.87% | 24.87% | 100.00% | 18% (100% at 31 March 17) | | | | | |
| Information Governance (1 Year Refresher) | 84.24% | 70.30% | 70.90% | 72.20% | 72.90% | 76.50% | 79.10% | 82.30% | 84.20% | 5.68% | 8.27% | 12.19% | 18.16% | 24.04% | 24.04% | 100.00% | 20% (100% at 31 March 17) | | | | | |
| Infection Control (1 Year Refresher) | 85.07% | 31.40% | 39.20% | 49.30% | 58.40% | 66.70% | 73.00% | 80.90% | 85.10% | 6.07% | 8.49% | 12.38% | 18.63% | 24.49% | 24.49% | 100.00% | 19% (100% at 31 March 17) | | | | | |
| Manual Handling (2 Year Refresher) | 86.73% | 31.30% | 39.30% | 58.60% | 65.40% | 72.00% | 77.40% | 83.10% | 86.70% | 88.36% | 88.25% | 88.89% | 89.18% | 88.06% | 88.06% | 100.00% | 100% Green 95%-99% Amber <95% Red | | | | | |
| Appraisal | | | | | | | | | | | | | | | | | | | | | | |
| Appraisal (1 Year Refresher) | 78.57% | 14.46% | 25.17% | 33.42% | 45.70% | 56.50% | 60.10% | 74.10% | 78.57% | 1.68% | 4.28% | 6.77% | 11.33% | 18.22% | 18.22% | 100.00% | 43.7% (100% at 31 March 17) | | | | | |

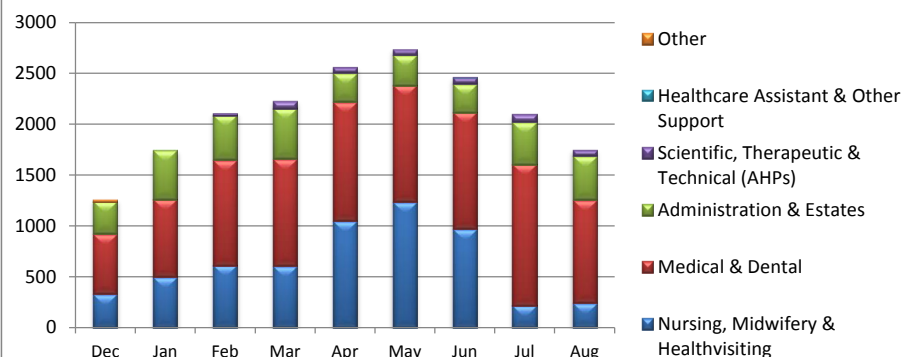
* Data one month behind
 ** Vacancy information is updated monthly and is based on the funded establishment in ESR, this is fed by the establishment information stored in the Trust's financial systems.

Workforce

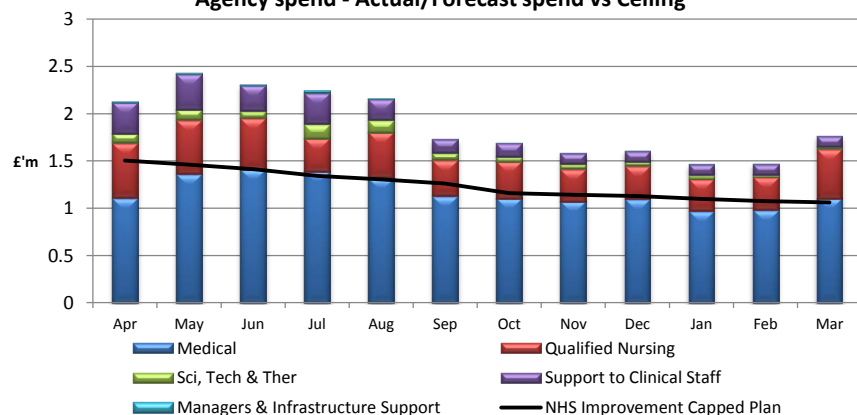
Vacancies

| | Sci, Tech & Ther | Admin & Estates | Medical | Nursing | Support to Clinical | Total |
|---------------------|------------------|-----------------|---------|---------|---------------------|-------|
| Vacancies (WTE) | 22 | 35 | 96 | 218 | 89 | 460 |
| Staff in post (WTE) | 639 | 1,182 | 514 | 1,642 | 1,152 | 5,129 |
| % Vacancies | 3% | 3% | 16% | 12% | 7% | 8% |

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Ceiling



For 2016/17 the Trust has been given a £14.95m ceiling level for agency expenditure by NHS Improvement (NHSI). The Trust is under close scrutiny by NHSI on this measure due to both the level of spend in 2015/16 totalling £19.93m and the ongoing high run rate. Whilst expenditure has reduced again slightly in month it remains significantly above the ceiling trajectory, threatening both compliance with the ceiling but also delivery of the overall control total deficit and has cash implications. Capped hourly rates for agency staff were also introduced by NHSI in 2015/16 and from July 2016 performance is being monitored against the additional measure of wage cap paid to the individual as well as the overall price cap and use of approved procurement frameworks.

Vacancies

In overall terms at the end of Month 5 the Trust was carrying 460 vacancies, a rate of 8% of the total establishment. Whilst this number is a decrease for the second month in succession (down from 521, 9% in June), the highest vacancy rates continue to be in directly patient facing staff groups, medical and nursing staffing at 16% and 12% respectively. In order to suppress the unaffordable use of agency staff, recruitment to these posts is a priority.

Agency rate cap

During monitoring period, since last December the capped rate has been reducing on a stepped basis with the latest reductions being applied from April 2016 and further rate reduction from July 2016.

The number of breaches reported in April increased, partly as a result of the reduced cap rate threshold but on a level playing field from April onwards the number of breaches increased again in May. Reliance on agency nursing reduced in June and has been held at the lower level as use of the highest rate nursing agency (Thornbury) has now ceased except for in exceptional circumstances, nursing breaches are averaging c.60 shifts per week. The number of Medical staff breaches remains the highest area, averaging c.250 shift breaches per week. The number of breaches has stabilised at just over 400 shifts per week over the last six weeks, with no further significant reductions across any of the staff groups.

Agency ceiling

In respect of the £14.95m agency ceiling, NHSI has issued the Trust with a trajectory against which to measure month on month performance. For Month 5, against a trajectory of £1.31m, actual spend is £2.17m. Divisional forecasts, which in themselves are reliant upon operational actions and a greater level of constraint going forwards, project a **full year spend of £22.60m** illustrated by staff group on the graph opposite. This anticipates an improvement from October onwards but is still significantly in excess of the £14.95m ceiling.

Hard Truths: Safe Staffing

Introduction

This is a routine, monthly report to the Board of Directors which will provide headlines on the nursing workforce staffing position in August 2016.

Fill Rates

Average fill rates reported to Unify for Registered Nurse (RN) on both day and night shifts decreased in August on both sites in comparison to July 2016, resulting in average fill rates of less than 90% (Table 1).

Average fill rates for care staff on both sites' remain above 100%.

Table 1: Average Fill Rates Registered Nurses and Care Staff

| Average Fill Rates: | Registered Nurses | | Care Staff | |
|---------------------|-------------------|--------|------------|---------|
| | Day | Night | Day | Night |
| August 2016 HRI | 81.57% | 87.56% | 102.64% | 117.44% |
| August 2016 CRH | 78.97% | 86.40% | 100.74% | 115.16% |
| July 2016 HRI | 81.20% | 91% | 104.10% | 119% |
| July 2016 CRH | 80.70% | 89.00% | 101.30% | 114% |
| June 2016 HRI | 87.10% | 94.00% | 104.90% | 128.60% |
| June 2016 CRH | 83.70% | 92.00% | 96.30% | 110.10% |

Table 2: Wards with fill rates 75% or below

| | June | | July | | August | |
|-----------------|-------|--------|------|--------|--------|--------|
| | Ward | % rate | Ward | % rate | Ward | % rate |
| Wards below 75% | 5AD | 75.0% | 5AD | 75.0% | 5AD | 75.0% |
| | 5B | 69.2% | 5B | 57.8% | 5B | 69.5% |
| | 8AB | 75.0% | 8AB | 75.0% | 8AB | 75.0% |
| | 17 | 72.4% | 17 | 71.6% | 17 | 75.0% |
| | | | 6BC | 74.6% | 6BC | 74.6% |
| | | | CCU | 68.5% | CCU | 70.7% |
| | | | 15 | 72.0% | 15 | 63.4% |
| | | | 19 | 71.7% | 19 | 70.1% |
| | | | 5 | 70.6% | 8 | 63.6% |
| | | | | | 12 | 74.26% |
| | | | | | 9CRH | 73.1% |
| | Total | 4 | 9 | | 11 | |

Hard Truths: Safe Staffing (2)

August fill rates for Registered Nurses resulted in eleven clinical areas in comparison to nine in July 2016 reporting average fill rates below 75%.

Ward 5AD continues to regularly report average fill rates of less than 75% (Day shift) due to the proportion of Registered Nurses working long days against planned workforce model. Ward 5AD currently also has a high level of vacancies for band 5 staff nurses.

Ward 5B reported average fill rate of 69.5% for Day shifts in July 2016 due to an increasing level of vacancy within the area.

CCU reported average fill rate of 70.7% for day shifts and 64.9% night shifts for August 2016. This has been attributed to an increase in empty beds and therefore staff were deployed to other ward areas.

Ward 8 reported average fill rates of 63.6% on night shifts for August 2016 due to a level of vacancy within this clinical area. They have not achieved the planned work force model of 3 RNs and have to rely on support from additional HCAs to reduce the risk / meet patient needs. This has resulted in registered nurse to patient ratio in excess of 1:10.

Ward 17 reported average fill rate for Registered Nurses on the night shift in August 2016 of below 75% which has been attributed to the team not achieving their workforce model on the night shift in conjunction with the new GI bleed protocol and a level of vacancy in this clinical area.

Ward 12 at HRI reported fill rates of 74.26 on nights in August 2016. This is due to a level of vacancy, they also backfill their gaps with Healthcare assistants as they are unable to fill with appropriately trained agency staff.

6B/C reported average fill rates of 74.6% on days during August 2016. This has been attributed to an increased level of vacancy.

Ward 15 reported fill rates of 63.4% on nights in August 2016 which has been attributed to the team running below establishment due to an increased level of vacancy.

Ward 19 reported fill rates of 70.1% for days, attributed to an increased level of vacancy.

Ward 8AB reported average fill rates of less than 75% for both day and night shift for August 2016. This is in part due to 8B having vacant beds and staff being redeployed to other areas, further impacted by an increased level of vacancy.

Ward 9 reported fill rates of 73.1% on day shifts due to a level of vacancy.

Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; realisation of supervisory time for band 7 registered nurses and for care staff supporting reduced fill rate of registered nurse hours.

Hard Truths: Safe Staffing (3)

Ward 15 reported fill rates for care staff at 216.1% for nights in August 2016. This is attributed to reduced RN fill rates & support staffing level increased to compensate for this.

Table 2: Rag Rating of Average Fill Rates Clinical Areas August 2016

| | Day | | Night | | Total |
|------------------------------------|-----|------------|-------|------------|-------|
| | RN | Care Staff | RN | Care Staff | |
| Average fill rate | | | | | |
| Red (less than 75% fill rate) | 6 | 1 | 6 | 0 | 13 |
| Amber (75 – 89% fill rate) | 28 | 11 | 8 | 3 | 50 |
| Green (90 – 100% fill rate) | 3 | 7 | 21 | 10 | 41 |
| Blue (greater than 100% fill rate) | 1 | 17 | 2 | 20 | 40 |

The total proportion of areas rag rated red is the same this month at 6. Areas rag rated amber has increased from: 25 in July to 28 in August for qualified staff.

Care Hours Per Patient Day

CHFT submitted Care Hours Per Patient Day (CHPPD) for the first time in June 2016.

A review of August's 2016 CHPPD data indicates that the combined (RN and Care staff) metric resulted in 30 clinical areas of the 37 reviewed had CHPPD less than planned. 2 areas reported CHPPD as planned. 5 areas reported CHPPD slightly in excess of those planned.

| Area | Planned CHPPD | Actual CHPPD | Supporting Information |
|---------|---------------|--------------|---|
| Ward 5B | 6.3 | 7 | Acuity of patients increased with resulting 1-1 requests |
| Ward 6A | 5.6 | 6.4 | Additional HCA hours have been worked on 6A - reviewed this month divisionally. Weekly review of rosters will ensure staffing resources are utilised fully. |
| Ward 18 | 11.9 | 12.2 | Staff work flexibly cross site in Paediatrics to manage the workload on a daily basis within the workforce model. There were some instances where children needed 1:1 supervision due to Safeguarding during the month of August. |
| Ward 8C | 6.2 | 6.3 | Acuity of patients increased with additional 1-1 shifts requested to planned workforce model this month |
| Ward 10 | 5.8 | 6 | This is due to additional one to ones on the ward due to acuity of patients |

Internal Never Events

One clinical area reported having less than the minimum 2 RN's on duty at all times in August 2016

Ward 6B reported less than x2 RN's during the night shift on the 8-8-16. This was due to short term absence and failure of agency staff to report on shift. The night sister was able to support this area.

Hard Truths: Safe Staffing (4)

Vacancies and Retention

Registered nurse vacancies reported via ESR have decreased in August 2016 by 8.54 WTE to 215.36 WTE posts. 51.79 wte HCA vacancies have been reported via ESR in August 2016 which are being reviewed by divisional teams as early indications suggest this figure may in reality be lower.

Recruitment events continue with monthly recruitment to band 5 nurses and additional events targeting areas with high levels of vacancies such as Medical Assessment Unit; Operating Department and Emergency Department.

Engagement of third year student nurses at local universities has been completed (Leeds, Bradford, Huddersfield, UCLAN). A welcome event to meet both the senior nursing team and ward teams was completed on 20th June 2016 with 48 recruits attending. However only 36 have accepted offers on employment.

International recruitment activity from the EEA has reduced as anticipated following the introduction of IELTS. The Corporate Risk Register has been updated in light of the reduction in availability of nurses within the EEA. The nursing workforce team continue to work with our provider agency to recruit nurses from the EEA.

An additional recruitment event is to take place on the 15th October 2016 at HRI. Clinical Teams from across the divisions have been invited to present their areas & display work they are doing to encourage recruitment. The event will be supported by HR & Occupational Health colleagues – with the goal being to attract potential candidates & interview them on the day. The event will be promoted via social media & the university networks.

The Nursing Workforce team are working with the Workforce and Development and Procurement teams to develop an overseas nursing campaign to recruit a cohort of 75 nurses. The indicative timeline for recruiting from overseas is considerably longer than EU recruitment and can take 12 months from start of process to commencing employment.

The Nursing Workforce team have been working with the Communications team to improve information available through the CHFT website for external candidates considering a career at CHFT.

The Nursing Strategy Group has a sub group reviewing opportunities to develop new roles within the nursing workforce including Advanced Clinical Practitioners; Associate Nurses and Assistant Practitioners. The subgroup have commenced preliminary work with a local further education college to consider a higher apprentice qualification for assistant practitioners within the nursing workforce. The sub group have also completed an application to Health Education England to be a test pilot site for the nursing associate national bid.

Conclusion

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.

FINANCIAL POSITION

YEAR TO DATE POSITION: M5

| | M5 Plan £m | M5 Actual £m | Var £m | |
|-----------------------------|---------------|-----------------|-----------|---|
| Total Income | £152.21 | £154.15 | £1.94 | ● |
| Total Expenditure | (£151.77) | (£154.05) | (£2.28) | ● |
| EBITDA | £0.44 | £0.10 | (£0.34) | ● |
| Non Operating Expenditure | (£10.63) | (£10.17) | £0.46 | ● |
| Deficit excl. Restructuring | (£10.20) | (£10.07) | £0.12 | ● |
| Restructuring Costs | £0.00 | £0.00 | £0.00 | ● |
| Surplus / (Deficit) | (£10.20) | (£10.07) | £0.12 | ● |

YEAR END 2016/17

| | Plan £m | Forecast £m | Var £m | |
|-----------------------------|------------|----------------|-----------|---|
| Total Income | £371.12 | £375.42 | £4.30 | ● |
| Total Expenditure | (£361.96) | (£367.02) | (£5.06) | ● |
| EBITDA | £9.16 | £8.40 | (£0.76) | ● |
| Non Operating Expenditure | (£25.26) | (£24.46) | £0.80 | ● |
| Deficit excl. Restructuring | (£16.10) | (£16.06) | £0.04 | ● |
| Restructuring Costs | £0.00 | £0.00 | £0.00 | ● |
| Surplus / (Deficit) | (£16.10) | (£16.06) | £0.04 | ● |

KEY METRICS: YEAR TO DATE M5

| | <u>Year To Date</u> | | | |
|--------------------------------------|---------------------|-----------------|-----------|---|
| | M5 Plan £m | M5 Actual £m | Var £m | |
| I&E: Surplus / (Deficit) | (£10.20) | (£10.07) | £0.12 | ● |
| Capital | £7.98 | £6.50 | £1.48 | ● |
| Cash | £1.95 | £4.56 | £2.61 | ● |
| Borrowing | £46.54 | £54.34 | £7.79 | ● |
| CIP | £3.58 | £4.98 | £1.41 | ● |
| Financial Sustainability Risk Rating | 2 | 2 | | ● |

KEY METRICS: YEAR END 2016/17

| | <u>Year End: Forecast</u> | | | |
|--------------------------------------|---------------------------|----------------|-----------|---|
| | Plan £m | Forecast £m | Var £m | |
| I&E: Surplus / (Deficit) | (£16.10) | (£16.06) | £0.04 | ● |
| Capital | £28.22 | £27.61 | £0.61 | ● |
| Cash | £1.95 | £1.90 | (£0.05) | ● |
| Borrowing | £67.87 | £67.51 | (£0.36) | ● |
| CIP | £14.00 | £14.05 | £0.05 | ● |
| Financial Sustainability Risk Rating | 2 | 2 | | ● |

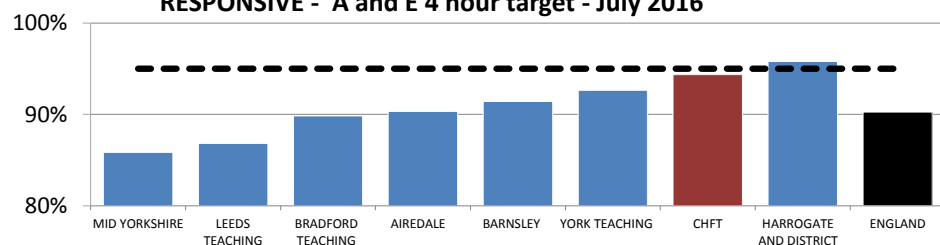
RAG KEY: ● Actual / Forecast is on plan or an improvement on plan
 (Excl: Cash) ● Actual / Forecast is worse than planned by <2%
 ● Actual / Forecast is worse than planned by >2%

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

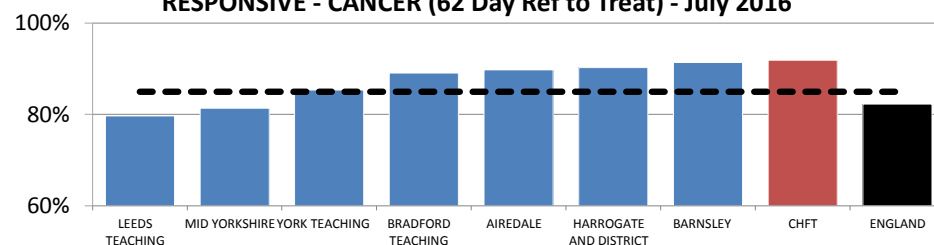
RAG KEY - Cash: ● At or above planned level or > £21.2m (20 working days cash)
 ● < £21.2m (unless planned) but > £10.6m (10 working days cash)
 ● < £10.6m (less than 10 working days cash)

Benchmarking - Selected Measures

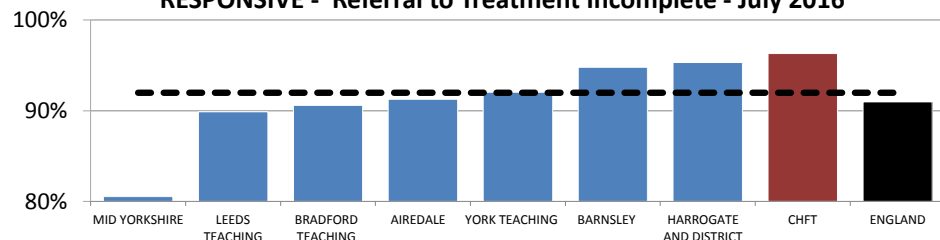
RESPONSIVE - A and E 4 hour target - July 2016



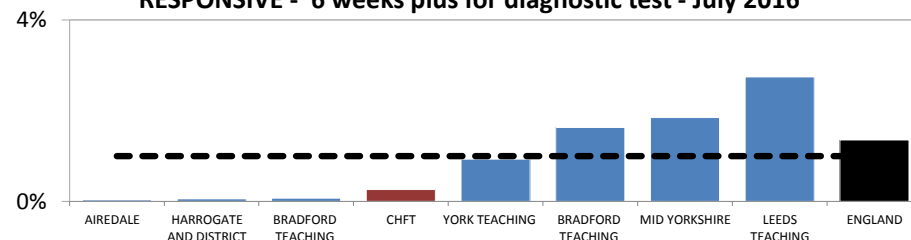
RESPONSIVE - CANCER (62 Day Ref to Treat) - July 2016



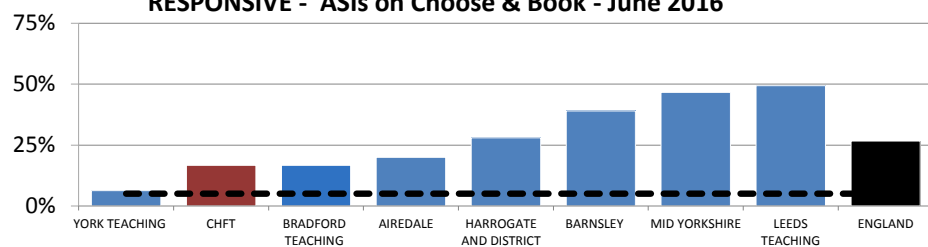
RESPONSIVE - Referral to Treatment Incomplete - July 2016



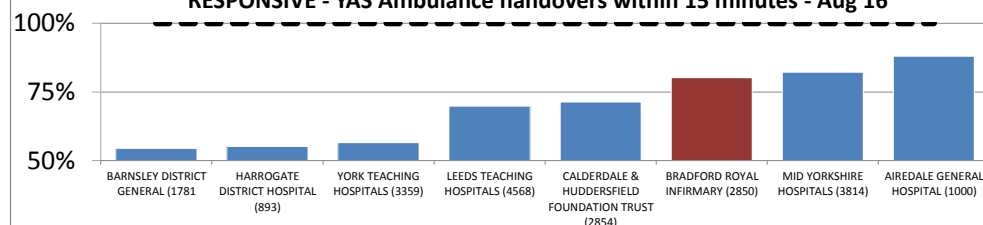
RESPONSIVE - 6 weeks plus for diagnostic test - July 2016



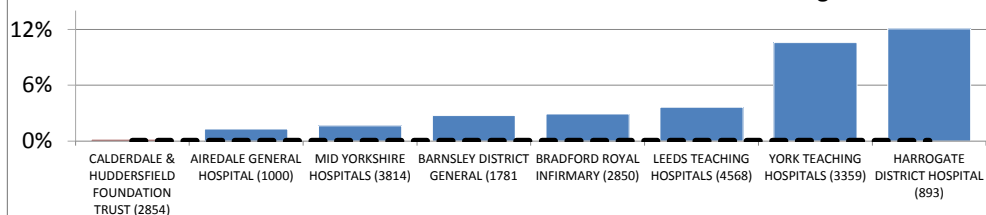
RESPONSIVE - ASIs on Choose & Book - June 2016



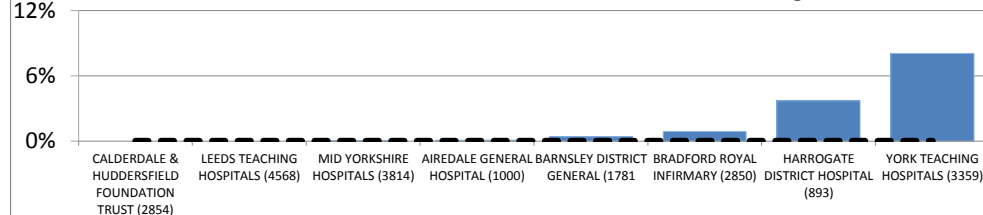
RESPONSIVE - YAS Ambulance handovers within 15 minutes - Aug 16



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes - Aug 16



RESPONSIVE - YAS Ambulance handovers > 60 minutes - Aug 16



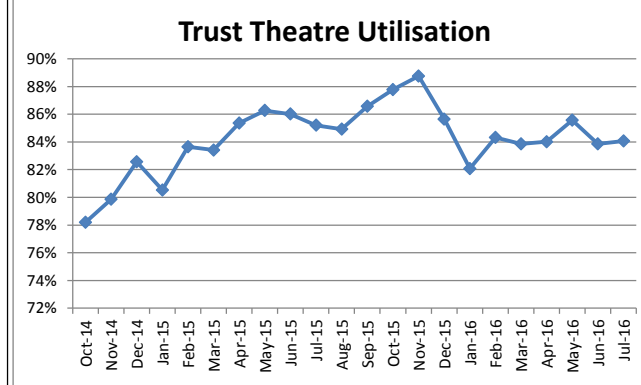
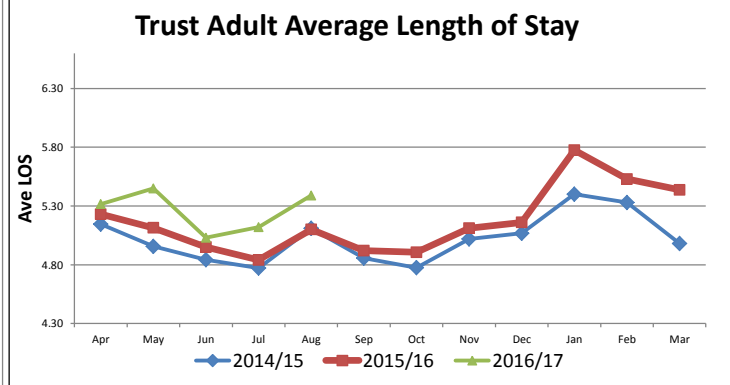
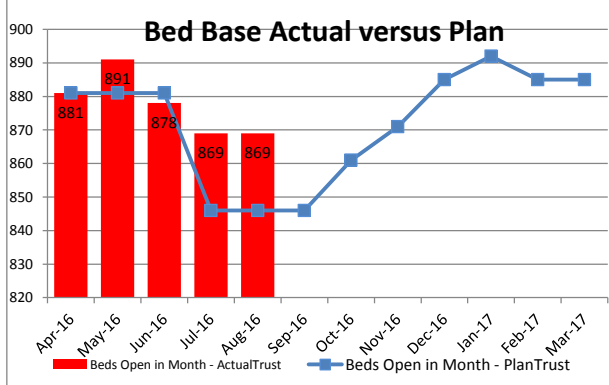
Efficiency & Finance - Efficiency Key Messages

| Area | Reality | Response | Result |
|---------------------|--|---|---|
| Theatre Utilisation | <p>Improvements in month for 3 of the 4 theatre departments with HRI Main theatre achieving 95.6% highest utilisation since February.</p> <p>Theatres have been impacted by patient flow issues which have impacted upon start times and cancellations which adversely affect utilisation.</p> <p>Robust escalation process in place for 'on day cancellations' to ensure any that can be avoided are actioned.</p> | Work is ongoing across all aspects of theatre scheduling to improve utilisation. | <p>Anticipated improvement in cancellations (Sitrep and non sit rep reportable) will improve theatre utilisation and contracted activity.</p> <p>Accountable: GM for Theatres</p> |
| | <p>The month 5 position is driven by a continued over-performance within day case activity of 3.3%, with elective activity levels continuing below plan by 14% .</p> <p>There has been a large increase within General Surgery (12%) in month across endoscopy following previous lack of capacity through sickness and vacancies. There has also been an increase in Urology (11%) due to a vacancy through retirement now covered by an agency locum.</p> <p>Outpatient activity overall has seen a significant increase above the month 5 plan by 4.7% which is a shift and increase when compared to month 4 when activity was 2.8% below plan. The specialties with the more significant over-performances within first attendances in month 5 are ENT and T&O. Under-performances continue within General Surgery.</p> | The division will be monitoring through the EPR capacity templates to ensure achievement of the Division's Annual plan. | Accountable : Surgical General Managers |

Surgical Activity Variance

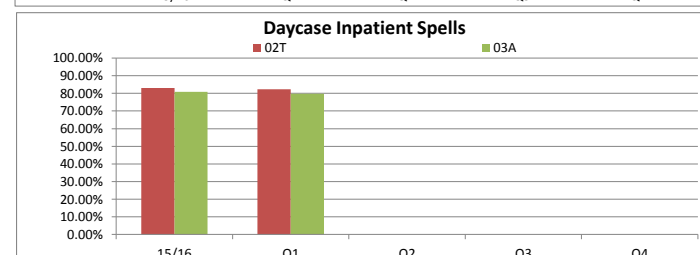
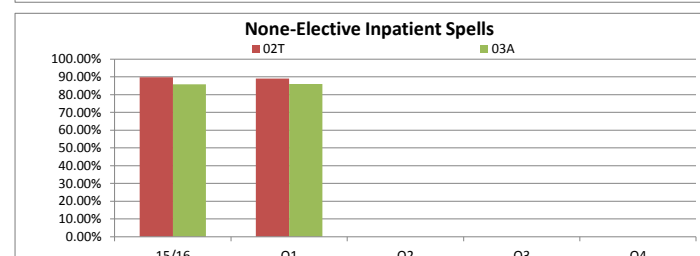
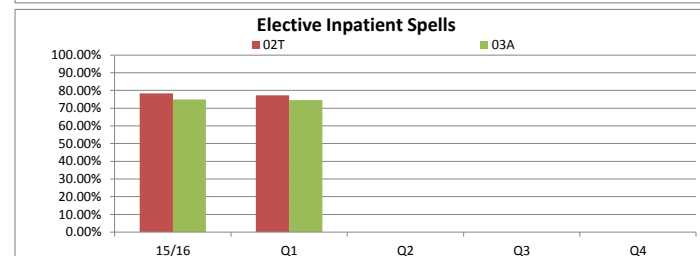
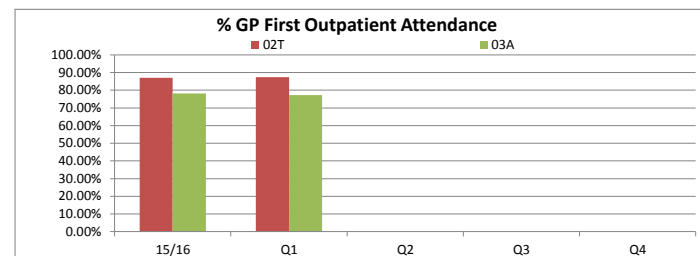
Efficiency & Finance - Key measures

| 15/16 | | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | Target | Threshold/M onthly |
|---|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|----------------|-----------------------|
| Did Not Attend Rates | | | | | | | | | | | | | | | | | |
| First DNA | 6.80% | 7.07% | 6.52% | 6.64% | 6.55% | 7.22% | 6.37% | 6.26% | 6.80% | 6.64% | 6.48% | 6.15% | 6.68% | 6.36% | 6.45% | <=7% | 7.00% |
| Follow up DNA | 7.70% | 7.91% | 8.19% | 7.54% | 7.21% | 7.63% | 6.79% | 6.60% | 7.17% | 6.56% | 6.45% | 6.81% | 7.37% | 6.91% | 6.82% | <=8% | 8.00% |
| Average length of stay | | | | | | | | | | | | | | | | | |
| Average Length of Stay - Overall | 5.17 | 5.11 | 4.88 | 4.91 | 5.11 | 5.16 | 5.78 | 5.53 | 5.45 | 5.32 | 5.45 | 5.03 | 5.12 | 5.39 | 5.26 | <=5.17 | 5.17 |
| Average Length of Stay - Elective | 2.85 | 2.90 | 2.82 | 2.73 | 2.89 | 2.80 | 3.25 | 2.92 | 3.07 | 2.50 | 2.67 | 2.68 | 2.69 | 2.72 | 2.66 | <=2.85 | 2.85 |
| Average Length of Stay - Non Elective | 5.63 | 5.57 | 5.34 | 5.36 | 5.62 | 5.60 | 6.24 | 5.96 | 5.79 | 5.87 | 5.97 | 5.51 | 5.61 | 5.94 | 5.78 | <=5.63 | 5.63 |
| Day Cases | | | | | | | | | | | | | | | | | |
| Day Case Rate | 85.00% | 84.52% | 84.74% | 84.55% | 84.30% | 86.34% | 86.35% | 87.90% | 88.50% | 87.41% | 87.23% | 86.63% | 86.30% | 87.80% | 87.07% | >=85% | 85.00% |
| Failed Day Cases | 1440 | 116 | 147 | 136 | 119 | 93 | 103 | 112 | 93 | 118 | 99 | 146 | 121 | 116 | 600 | 120 | 1320 |
| Elective Inpatients with zero LOS | 1630 | 136 | 152 | 132 | 142 | 122 | 135 | 110 | 97 | 105 | 114 | 122 | 134 | 135 | 610 | 136 | 1496 |
| Beds | | | | | | | | | | | | | | | | | |
| Beds Open in Month - Plan | | 809 | 809 | 809 | 820 | 835 | 866 | 878 | 878 | 881 | 881 | 881 | 846 | 846 | 846 | Not applicable | |
| Beds Open in Month - Actual | | 849 | 855 | 872 | 873 | 878 | 922 | 906 | 890 | 881 | 891 | 878 | 869 | 869 | 869 | Not applicable | |
| Theatre Utilisation | | | | | | | | | | | | | | | | | |
| Theatre Utilisation (TT) - Main Theatre - CRH | 86.05% | 85.64% | 89.70% | 88.07% | 88.30% | 85.93% | 80.13% | 81.36% | 83.99% | 87.41% | 85.59% | 86.81% | 86.98% | 84.10% | 86.17% | >=92.5% | 92.50% |
| Theatre Utilisation (TT) - Main Theatre -HRI | 94.92% | 89.87% | 93.13% | 96.00% | 99.25% | 95.01% | 92.02% | 101.14% | 88.36% | 89.04% | 94.67% | 87.32% | 88.63% | 95.55% | 91.07% | >=92.5% | 92.50% |
| Theatre Utilisation (TT) - HRI DSU | 78.04% | 75.31% | 79.83% | 81.42% | 82.36% | 76.33% | 76.58% | 79.92% | 78.00% | 75.08% | 78.09% | 76.21% | 80.72% | 75.14% | 77.00% | >=92.5% | 92.50% |
| Theatre Utilisation (TT) - HRI SPU | 82.73% | 84.41% | 81.97% | 80.01% | 81.94% | 80.94% | 82.01% | 83.98% | 84.68% | 79.95% | 81.00% | 80.63% | 81.83% | 83.43% | 81.33% | >=92.5% | 92.50% |
| Theatre Utilisation (TT) - Trust | 85.60% | 86.07% | 85.25% | 84.38% | 83.92% | 85.57% | 87.05% | 88.18% | 84.67% | 81.77% | 84.65% | 83.82% | 84.13% | 84.70% | 84.37% | >=92.5% | 92.50% |



Activity - Key measures (Market Share)

| | 15/16 | Q1 | Q2 | Q3 | Q4 | YTD | Target | YTD % Change |
|---|--------|---------------|----|----|----|---------------|--------|--------------|
| GP First Outpatient Attendance | | | | | | | | |
| % Market Share - O2T Calderdale | 86.99% | 87.31% | | | | 87.31% | 86.99% | 0.32% |
| % Market Share - O3A Greater Huddersfield | 78.20% | 77.22% | | | | 77.22% | 78.20% | -0.98% |
| % Market Share - Other Contracted CCG's | 1.30% | 1.58% | | | | 1.58% | 1.30% | 0.28% |
| Market Size - O2T Calderdale | 42173 | 11663 | | | | 11663 | 42173 | |
| Market Size - O3A Greater Huddersfield | 42177 | 11378 | | | | 11378 | 42177 | |
| Market Size - Other Contracted CCG's | 451746 | 112221 | | | | 112221 | 451746 | |
| Elective Inpatient Spells | | | | | | | | |
| % Market Share - O2T Calderdale | 78.25% | 77.19% | | | | 77.19% | 78.25% | -1.06% |
| % Market Share - O3A Greater Huddersfield | 74.96% | 74.47% | | | | 74.47% | 74.96% | -0.49% |
| % Market Share - Other Contracted CCG's | 0.80% | 0.80% | | | | 0.80% | 0.80% | 0.00% |
| Market Size - O2T Calderdale | 34631 | 9263 | | | | 9263 | 34631 | |
| Market Size - O3A Greater Huddersfield | 36053 | 9270 | | | | 9270 | 36053 | |
| Market Size - Other Contracted CCG's | 375492 | 92770 | | | | 92770 | 375492 | |
| Non-Elective Inpatient Spells | | | | | | | | |
| % Market Share - O2T Calderdale | 89.72% | 88.95% | | | | 88.95% | 89.72% | -0.77% |
| % Market Share - O3A Greater Huddersfield | 85.86% | 85.89% | | | | 85.89% | 85.86% | 0.03% |
| % Market Share - Other Contracted CCG's | 0.77% | 0.71% | | | | 0.71% | 0.77% | -0.06% |
| Market Size - O2T Calderdale | 22689 | 5749 | | | | 5749 | 22689 | |
| Market Size - O3A Greater Huddersfield | 23453 | 5862 | | | | 5862 | 23453 | |
| Market Size - Other Contracted CCG's | 244792 | 62418 | | | | 62418 | 244792 | |
| Daycase Spells | | | | | | | | |
| % Market Share - O2T Calderdale | 83.06% | 82.25% | | | | 82.25% | 83.06% | -0.81% |
| % Market Share - O3A Greater Huddersfield | 80.85% | 79.79% | | | | 79.79% | 80.85% | -1.06% |
| % Market Share - Other Contracted CCG's | 0.87% | 0.88% | | | | 0.88% | 0.87% | 0.01% |
| Market Size - O2T Calderdale | 27741 | 7533 | | | | 7533 | 27741 | |
| Market Size - O3A Greater Huddersfield | 28973 | 7594 | | | | 7594 | 28973 | |
| Market Size - Other Contracted CCG's | 281616 | 70315 | | | | 70315 | 281616 | |



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 2015/16 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 Q1 2016/17, 87.31% of the total GP sourced Outpatient Calderdale CCG purchased activity was carried out by Calderdale and Huddersfield NHS Foundation Trust. This was an increase in market share of 0.32% when compared with the 15/16 baseline.

This report will be updated quarterly.

Activity - Key measures

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | YTD % Change |
|---|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------------|
| GP referrals to all outpatients | | | | | | | | | | | | | | | | |
| 02T - NHS CALDERDALE CCG | 41532 | 3194 | 3681 | 3693 | 3368 | 2989 | 3555 | 3437 | 3651 | 3779 | 3857 | 3890 | 3565 | 3689 | 18780 | 9.3% |
| 03A - NHS GREATER HUDDERSFIELD CCG | 38613 | 2921 | 3465 | 3423 | 3206 | 2862 | 3171 | 3241 | 3367 | 3319 | 3152 | 3525 | 3111 | 3081 | 16188 | 2.3% |
| 03J - NHS NORTH KIRKLEES CCG | 2830 | 193 | 222 | 243 | 224 | 198 | 246 | 296 | 299 | 288 | 311 | 351 | 283 | 265 | 1498 | 36.1% |
| 02R - NHS BRADFORD DISTRICTS CCG | 3055 | 232 | 271 | 273 | 265 | 213 | 283 | 244 | 250 | 241 | 267 | 270 | 199 | 222 | 1199 | -4.8% |
| 03R - NHS WAKEFIELD CCG | 444 | 26 | 40 | 37 | 29 | 25 | 35 | 48 | 52 | 58 | 65 | 61 | 63 | 49 | 296 | 65.4% |
| 02W - NHS BRADFORD CITY CCG | 519 | 58 | 53 | 66 | 41 | 49 | 39 | 40 | 37 | 26 | 34 | 39 | 29 | 30 | 158 | -17.7% |
| 01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | 206 | 8 | 22 | 23 | 19 | 9 | 25 | 35 | 30 | 42 | 38 | 48 | 30 | 27 | 185 | 320.5% |
| 03C - NHS LEEDS WEST CCG | 78 | 6 | 10 | 6 | 3 | 5 | 7 | 4 | 11 | 8 | 3 | 8 | 10 | 7 | 36 | 9.1% |
| 02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG | 63 | 7 | 3 | 5 | 7 | 5 | 6 | 2 | 6 | 5 | 7 | 3 | 7 | 5 | 27 | -10.0% |
| 03G - NHS LEEDS SOUTH AND EAST CCG | 19 | 0 | 2 | 0 | 4 | 2 | 0 | 1 | 0 | 2 | 2 | 3 | 3 | 2 | 12 | 0.0% |
| 02V - NHS LEEDS NORTH CCG | 19 | 0 | 2 | 0 | 4 | 2 | 0 | 1 | 0 | 2 | 2 | 3 | 3 | 2 | 12 | -54.5% |
| Other | 993 | 64 | 74 | 71 | 96 | 82 | 103 | 90 | 99 | 76 | 70 | 114 | 91 | 73 | 424 | 7.6% |
| Total | 88371 | 6711 | 7846 | 7841 | 7263 | 6442 | 7471 | 7438 | 7803 | 7845 | 7806 | 8313 | 7392 | 7452 | 38808 | 7.0% |
| % Change on Previous year | 3.5% | 6.1% | 4.9% | 0.9% | 7.1% | 4.0% | 16.3% | 1.0% | -3.0% | 9.8% | 10.0% | 7.5% | -2.5% | 11.0% | 7.0% | |
| Activity | | | | | | | | | | | | | | | | |
| % of spells with > 5 ward movements (No Target) | 0.06% | 0.03% | 0.09% | 0.06% | 0.06% | 0.06% | 0.02% | 0.16% | 0.04% | 0.08% | 0.08% | 0.10% | 0.10% | 0.10% | 0.09% | 0.0% |

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--------|--------|--------|-------|--------|--------|--|
| ACTIVITY VARIANCE AGAINST CONTRACT | | | | | | | | | | | | | | | | |
| Day Case Variance against Contract | | | | | | | | | | 8 | 97 | 49 | 96 | 306 | 557 | |
| % Day Case Variance against Contract | | | | | | | | | | 0.3% | 3.3% | 1.5% | 3.1% | 9.8% | 3.6% | |
| Elective Variance against Contract | | | | | | | | | | -109 | -124 | -104 | -54 | -104 | -494 | |
| % Elective Variance against Contract | | | | | | | | | | -14.8% | -17.6% | -13.5% | -7.4% | -14.0% | -13.4% | |
| Non-elective Variance against Contract | | | | | | | | | | -90 | -99 | 140 | -60 | -89 | -198 | |
| % Non-elective Variance against Contract | | | | | | | | | | -2.1% | -2.3% | 3.3% | -1.4% | -2.2% | -0.9% | |
| Outpatient Variance against Contract | | | | | | | | | | -122 | 1483 | 1963 | -876 | 1352 | 3800 | |
| % Outpatient Variance against Contract | | | | | | | | | | -0.4% | 5.5% | 6.6% | -3.1% | 4.7% | 2.7% | |
| Accident and Emergency Variance against Contract | | | | | | | | | | -212 | 960 | 301 | 825 | 120 | 1994 | |
| % Accident and Emergency Variance against Contract | | | | | | | | | | -1.7% | 7.6% | 2.4% | 6.6% | 1.0% | 3.2% | |

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

CQUIN - Key Messages

| Area | Reality | Response | Result |
|---------------------------------|---|---|--|
| CQUINS | | | |
| Staff Wellbeing: | <p>The Staff Wellbeing is on plan to hit all Q1 Targets. A risk is being raised in achieving the third element, regarding 75% of front line staff receiving the Flu Vaccination. The previous year achieved a year end position of 53%.</p> | <p>The campaign planning is underway, a number of events have taken place in Q1/Q2 to engage with the vaccinators from last year and address what barriers there were.</p> | <p>Expected Delivery Date: The Campaign starts in October 16 and ends 31st December 16. Performance will be monitored weekly during this stage.</p> |
| | <p>The final payment is staged, 0-64% vaccinated = £0 64-75% vaccinated 50% payment = £324,701.15</p> | <p>A full action plan has been drawn up with engagement from the falls team and regular staff stories have features in CHFT news in preparation for the campaign.</p> | <p>Accountable: Director of Workforce and OD</p> |
| Sepsis | <p>The Sepsis CQUIN is meeting all Q2 targets. Targets are set each quarter in agreement with the commissioners and aligned with internal improvement trajectories. The Q4 targets are however nationally set and may prove challenging.</p> | <p>All patients being seen in A&E are now being screened for sepsis during the triage stage, and further engagement work will be carried out in other emergency admission areas, such as MAU, SAU and Ward 12.</p> | <p>Expected Delivery Date: On track at present and ongoing improvement expected month in month. Q3 performance will be more indicative of the likely Q4 position .</p> |
| | | <p>A Development Matron with focus on Sepsis is in post and will be working with the wards to promote awareness and establish improvement trajectories across the hospital. This is having a noticeable impact on ward level screening.</p> | <p>Accountable: ADN Medicine</p> |
| Antimicrobial Resistance | <p>Q1 target was met, and this CQUIN is now looking ahead to Q4, when there is a requirement to see:</p> | <p>The 1% reduction will be against a baseline of 13/14 consumption. Raw data for 13/14, 14/15 and 15/16 shows that consumption has been steadily increasing. this make the 1% reduction even more challenging. High consuming wards will be the focus of improvement work in Q2.</p> | <p>Internal trajectories will be set following the release of data from PHE following submission of baseline figures. This however does not prevent the improvement work from commencing. The highest consuming wards will be identified by the end of June and improvements are expected to be seen at the end of Q2 onwards.</p> |
| | <p>1) The 1% reduction in the consumption of Carbopenum 1% reduction in the consumption of Tazobactam 1% in overall antibiotics consumption</p> <p>Concerns have been raised with the CCG that implementing the 1% reduction is likely to impact on safety and quality of care, we are hoping to negotiated a revised position, that achieves a</p> | | <p>Accountable: Director of Pharmacy</p> |

CQUIN - Key measures

| £ Annual Value | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | YTD | Target | Threshold/Monthly |
|---|---------------|--|---------|---------|--|------------|--------|--------|--------|--------|--------|--------|--------|-----------------------------------|-----------------------------------|-------------------------|
| Staff Well Being | | | | | | | | | | | | | | | | |
| Well Being Initiatives | £649,402.30 | Plan in Development for three Initiatives - Mental Health, Physical Health, MSK access | | | Plan in Development for three Initiatives - Mental Health, Physical Health, MSK access | | | | | | | | | Qrtly Written Rpt to Commissioner | | |
| Healthy Food for Visitors | £649,402.30 | submit national data collection returns by July | | | | | | | | | | | | | Qrtly Written Rpt to Commissioner | |
| Flu Vaccination Uptake | £649,402.30 | Campaign Starts in October 16 | | | | | | | | | | | | | >75% | >75% |
| Sepsis | | | | | | | | | | | | | | | | |
| % of patients Screened (admission Units) | £129,880.46 | 48.00% | 40.00% | 100.00% | 96.00% | 100.00% | | | | | | | | 63.00% | >90% | >90% |
| % of patients receiving Antibiotic in timeframe and undertake Antibiotic Review (admission units) | £194,820.69 | 79.00% | 73.00% | 70.00% | in arrears | in arrears | | | | | | | | 72.92% | Yr End = To be agreed post Q2 | Q1 = Baseline Data Only |
| % of patients Screened (Inpatients) | £129,880.46 | 8.00% | 10.00% | 2.00% | 4.00% | 24.00% | | | | | | | | 6.67% | >90% | Q1 = Baseline Data Only |
| % of patients receiving Antibiotic in timeframe and undertake Antibiotic Review (inpatients) | £194,820.69 | 17.00% | 56.00% | 50.00% | in arrears | in arrears | | | | | | | | 43.00% | Yr End = To be agreed post Q2 | Q1 = Baseline Data Only |
| Antimicrobial Resistance | | | | | | | | | | | | | | | | |
| Antibiotic Consumption - All | £259,760.92 | Raw Baseline Data Submitted. Awaiting Calculations from PHE | | | | | | | | | | | | Awaiting PHE | TBC - Post Q1 data | Q1 = Baseline Data Only |
| Antibiotic Consumption - Carbopenum | £129,880.46 | | | | | | | | | | | | | | TBC - Post Q1 data | Q1 = Baseline Data Only |
| Antibiotic Consumption - piperacillin - tazobactam | £129,880.46 | | | | | | | | | | | | | | TBC - Post Q1 data | Q1 = Baseline Data Only |
| Empiric review of antibiotic prescriptions within 72 hours | £129,880.46 | 72.00% | 96.00% | 94.00% | 89.00% | 86.00% | | | | | | | | 88.00% | >90% | Q1 = >25% |
| Safety Huddle (SH) Roll Out | | | | | | | | | | | | | | | | |
| Number of Wards with SHs in place | £1,168,924.14 | 2 | | | 2 | | | | | | | | | 2 | 8 | 2 |
| Ulcer performance on SH ward | | In arrears | | | In arrears | | | | | | | | | In arrears | TBC - Post Q1 data | Q1 = Baseline Data Only |
| Falls performance on SH ward | | In arrears | | | In arrears | | | | | | | | | In arrears | TBC - Post Q1 data | Q1 = Baseline Data Only |
| Self Administration of Medication | | | | | | | | | | | | | | | | |
| % of patients assessed for self medication | £389,641.38 | 75.00% | 100.00% | 100.00% | 77.00% | 75.00% | | | | | | | | 78.05% | >=50% | 50.00% |
| Hospital at Night | | | | | | | | | | | | | | | | |
| Roll out of System | £1,168,924.14 | Technical specification complete, testing started | | | In Progress - On Track | | | | | | | | | | Qrtly Written Rpt to Commissioner | |
| Community Experience | | | | | | | | | | | | | | | | |
| Service Users experience of Community Care | £519,521.84 | Reporting tool in development | | | In Progress - Data to be collected from September 16 | | | | | | | | | | TBC - Post Q1 data | Q1 = Tool Dev |
| NHS ENGLAND CQUINS | | | | | | | | | | | | | | | | |
| Dose Banding Intravenous SACT | £20,000.00 | In Progress | | | In Progress | | | | | | | | | | TBC - Post Q1 data | Q1 = Baseline Data Only |
| Activation for LTC Patients - HIV Embedding Self Management (Patient Activated Management) | £50,000.00 | In Progress | | | In Progress | | | | | | | | | | TBC - Post Q1 data | Not Due until Q2 |
| Optimal Device | £20,000.00 | In Progress | | | In Progress | | | | | | | | | | TBC - Post Q1 data | Q1 = Baseline Data Only |
| QIPP | £233,121.00 | In Progress | | | In Progress | | | | | | | | | | TBC - Post Q1 data | Multiple |

Appendices

Appendices

Appendix - Appointment Slot Issues

ASIs

In the month of May, 1033 patients were unable to book an appointment at the first attempt and were “deferred to provider” for booking. The data confirms that 488 (47.2%) of these patients were allocated appointments on the same or next working day. Excluding these patients who were given an appointment within 24 hours reduces the Trust's ASI position for May to just 7%. This is similar to April and a month on month improvement (February 39% and March 40%). Early data for June 2016 suggests this has again reduced to 12%.

As at the 26th August there were 1496 referrals awaiting appointment of which 500 are e-referrals. This is a reduction of 328 referrals from the 22nd July 2015 position of 1824.

The top 3 specialties for E-referral ASIs backlog are: Ophthalmology, Maxillofacial and Colorectal. Specialty action plans are in place to continue to reduce the ASIs over the forthcoming weeks.

| | Plastics | | | Ophthalmology | | | Maxillofacial | | | Colorectal | | |
|-----------|----------|-------|-------|---------------|-------|-------|---------------|-------|-------|------------|-------|-------|
| | ERS | Paper | Total | ERS | Paper | Total | ERS | Paper | Total | ERS | Paper | Total |
| 0 Weeks | 0 | 0 | 0 | 22 | 0 | 22 | 0 | 0 | 0 | 2 | 4 | 6 |
| 1 Week | 0 | 2 | 2 | 11 | 3 | 14 | 1 | 66 | 67 | 8 | 4 | 12 |
| 2 Week | 0 | 1 | 1 | 21 | 18 | 39 | 1 | 81 | 82 | 21 | 9 | 30 |
| 3 Weeks | 0 | 3 | 3 | 19 | 22 | 41 | 0 | 54 | 54 | 21 | 10 | 31 |
| 4 Weeks | 1 | 8 | 9 | 26 | 36 | 62 | 0 | 32 | 32 | 11 | 9 | 20 |
| 5 Weeks | 0 | 9 | 9 | 25 | 17 | 42 | 0 | 57 | 57 | 8 | 3 | 11 |
| 6 Weeks | 1 | 13 | 14 | 27 | 10 | 37 | 0 | 31 | 31 | 15 | 6 | 21 |
| 7 Weeks | 6 | 3 | 9 | 6 | 23 | 29 | 0 | 0 | 0 | 5 | 4 | 9 |
| 8 Weeks | 1 | 5 | 6 | 2 | 21 | 23 | 0 | 0 | 0 | 2 | 6 | 8 |
| 3 Months | 13 | 27 | 40 | 35 | 58 | 93 | 0 | 2 | 2 | 5 | 9 | 14 |
| 4 Months | 1 | 7 | 8 | 3 | 11 | 14 | 0 | 0 | 0 | 3 | 5 | 8 |
| 5 Months | 0 | 0 | 0 | 0 | 6 | 6 | 0 | 1 | 1 | 0 | 3 | 3 |
| 6 Months | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| >6 Months | | | | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 23 | 78 | 101 | 197 | 228 | 425 | 2 | 324 | 326 | 101 | 72 | 173 |

ASI at Census Date upto W/C 15/8/2016



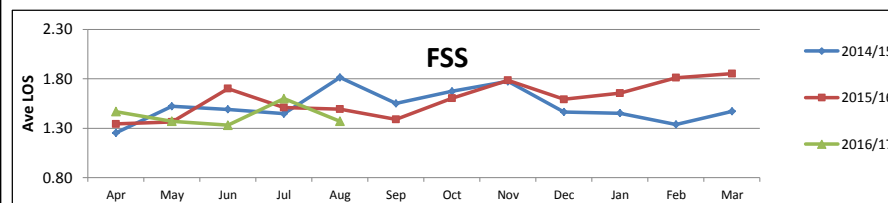
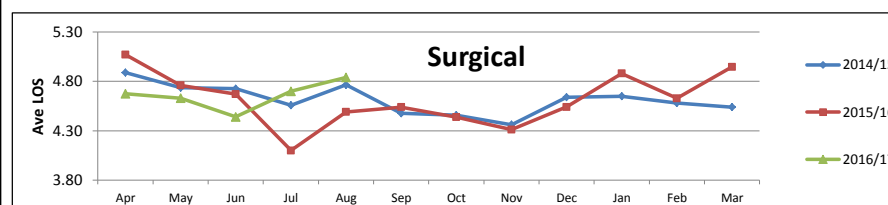
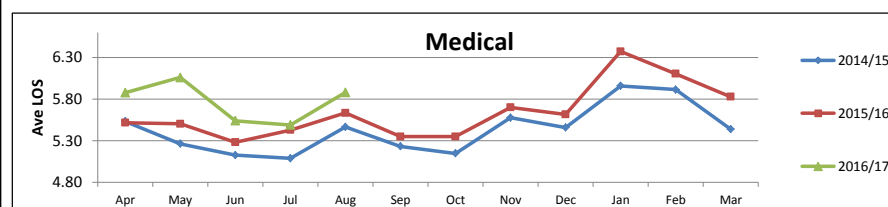
Appendix - Efficiency Key Measures

BEDS

| Divisional Breakdown of Bed Base - Actual versus Plan - 2016 / 2017 | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| Surgical Bed Base Plan | 213 | 213 | 213 | 193 | 193 | 193 | 193 | 193 | 193 | 193 | 193 | 193 |
| Surgical Bed Base Actual | 209 | 213 | 209 | 207 | 207 | | | | | | | |
| FSS Bed Base Plan - Adult | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| Paediatrics | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 | 43 |
| Mother | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 |
| Cots (inc NICU) | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| FSS Bed Base Plan - TOTAL | 202 | 202 | 202 | 202 | 202 | 202 | 202 | 202 | 202 | 202 | 202 | 202 |
| FSS Bed Base Actual | 202 | 202 | 202 | 202 | 202 | | | | | | | |
| Medical Bed Base Plan core | 451 | 451 | 451 | 451 | 451 | 451 | 451 | 451 | 451 | 451 | 451 | 451 |
| Flex | 15 | 15 | 15 | 0 | 0 | 0 | 15 | 25 | 39 | 46 | 39 | 39 |
| Medical Bed Base Plan - TOTAL | 466 | 466 | 466 | 451 | 451 | 451 | 466 | 476 | 490 | 497 | 490 | 490 |
| Medical Bed Base Actual | 470 | 476 | 467 | 460 | 463 | | | | | | | |
| TRUST Bed Base Plan - TOTAL | 881 | 881 | 881 | 846 | 846 | 846 | 861 | 871 | 885 | 892 | 885 | 885 |
| TRUST Bed Base - ACTUAL | 881 | 891 | 878 | 869 | 872 | | | | | | | |
| Beds Above (+ve) / Below (-ve) Plan | 0 | 10 | -3 | 23 | 26 | | | | | | | |

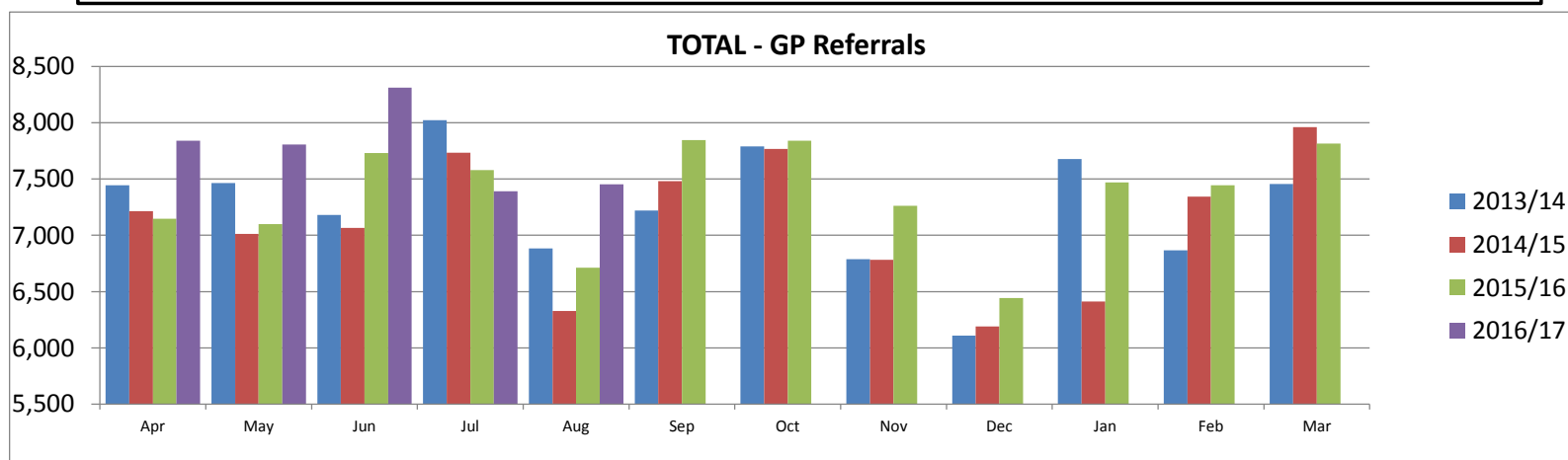
AVERAGE LENGTH OF STAY

- Trust length of stay (LOS) increased from 5.12 in July to 5.39 in August with increase relating to the Medical and Surgical divisions.
- Medical IP LOS in month increased to 5.9 days, with YTD position now at 5.8 days. (16/17 plan is 5.6 days)
- Contributing factors to worsening position as follows:
 - Increase in Medical green X patients – from 81 to 89 as at 31 August 2016 (profile set at 45)
 - Increase in number of outliers - avg of 19 patients per day in August 2016
 - Bed occupancy levels at 94% in month and 94% YTD.
 - Still a lack of nursing home / intermediate care beds / social work assessments.
 - In the Surgical division it was the non-elective LOS that increased, specifically within the specialties of ENT and Orthopaedics.



Appendix - Referrals

- GP Referrals up 11% in August 2016 compared with August 2015.
- However there were 2 more working days in August 16 so an increase of 10% was to be expected.
- YTD there have been 2 more working days compared with April to August 15 so the increase in GP referrals of 7% is certainly marked. The 2 extra working days equates to only 1.9% growth.
- Non GP referrals (38% of all referrals) are up 10.1% YTD, the specialties contributing being Trauma and Orthopaedics, Obstetrics, Gynaecology, Oral Surgery, Ophthalmology, General Surgery and Cardiology.
- NHS Calderdale GP referrals have seen an increase (more than expected) of 9.3% (1,592) YTD principally due to Urology 17% (137), Orthopaedics 17% (521), ENT 19% (342), Cardiology 30% (195) and Dermatology 18% (211).
- NHS Greater Huddersfield GP referrals increase is much less at only 2.3%. Trauma and Orthopaedics 5% (71) and Pain Management 27% (69) have had notable reductions in referrals. Large YTD increases are to be found in Ophthalmology 9% (114), Gastroenterology 9.4% (72) and Rheumatology 14.2% (46).
- YTD there have been notable GP referral increases for NHS North Kirklees (36%, 397 referrals, numerous practices, Undercliffe surgery in particular, Neurology and ENT receiving many extra referrals), NHS Wakefield (65%, 117 referrals, half of the increase from Middlestown practice, Neurology receiving many extra referrals) and particularly NHS Heywood, Middleton and Rochdale (over 320%, 141 referrals, chief rises in Paediatrics, Dermatology and ENT).
- Last month a decrease in referrals from Bradford Districts CCG was reported. August 16 figures were similar to August 15 but when considering the 2 extra working days it can be confirmed that the decline continues. This relates to a decrease in ENT referrals following the marked increase in 15/16 when Bradford Trusts service was unavailable
- The high level dashboard relating to market share has been developed as advised last month and is to be found in the



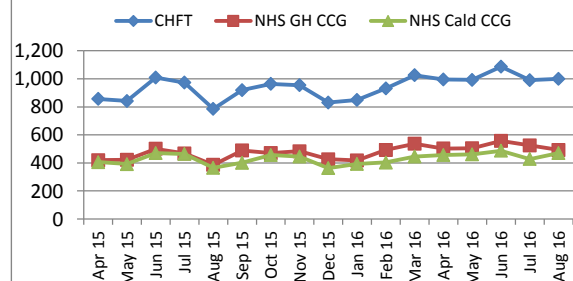
Activity - Key measures

| 15/16 | | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | YTD % Change |
|--|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------|-------|--------------|
| Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions) | | | | | | | | | | | | | | | | |
| NHS CALDERDALE CCG Referrals | 5014 | 365 | 401 | 457 | 445 | 364 | 393 | 403 | 446 | 456 | 462 | 487 | 428 | 470 | 1833 | 5.8% |
| NHS CALDERDALE CCG Conversions | 622 | 48 | 54 | 66 | 52 | 45 | 52 | 34 | 44 | 65 | 58 | 70 | 45 | in arrears | 238 | 7.2% |
| NHS CALDERDALE CCG Conversion Rate | 12.4% | 13.2% | 13.5% | 14.4% | 11.7% | 12.4% | 13.2% | 8.4% | 9.9% | 14.3% | 12.6% | 14.4% | 10.5% | In arrears | 13.0% | |
| | | | | | | | | | | | | | | | | |
| NHS GREATER HUDDERSFIELD CCG Referrals | 5521 | 386 | 489 | 470 | 483 | 426 | 418 | 492 | 537 | 503 | 505 | 557 | 525 | 493 | 2090 | 15.5% |
| NHS GREATER HUDDERSFIELD CCG Conversions | 731 | 52 | 70 | 56 | 74 | 43 | 62 | 54 | 71 | 62 | 61 | 63 | 61 | In arrears | 247 | -0.4% |
| NHS GREATER HUDDERSFIELD CCG Conversion Rate | 13.2% | 13.5% | 14.3% | 11.9% | 15.3% | 10.1% | 14.8% | 11.0% | 13.2% | 12.3% | 12.1% | 11.3% | 11.6% | In arrears | 11.8% | |
| | | | | | | | | | | | | | | | | |
| Other CCG Referrals | 410 | 39 | 32 | 39 | 26 | 41 | 38 | 36 | 43 | 37 | 25 | 43 | 38 | 37 | 143 | -2.1% |
| Other CCG Conversions | 83 | 14 | 8 | 11 | 6 | 5 | 10 | 6 | 6 | 7 | 9 | 7 | 2 | In arrears | 25 | -26.5% |
| Other CCG Conversion Rate | 20.2% | 35.9% | 25.0% | 28.2% | 23.1% | 12.2% | 26.3% | 16.7% | 14.0% | 18.9% | 36.0% | 16.3% | 5.3% | in arrears | 17.5% | |
| | | | | | | | | | | | | | | | | |
| CHFT Fast Track Referrals | 10945 | 790 | 922 | 966 | 954 | 831 | 849 | 931 | 1026 | 996 | 992 | 1087 | 991 | 1000 | 4066 | 10.2% |
| CHFT Fast Track Conversions | 1436 | 114 | 132 | 133 | 132 | 93 | 124 | 94 | 121 | 134 | 128 | 140 | 108 | in arrears | 510 | 1.2% |
| CHFT Fast Track Conversion Rate | 13.1% | 14.4% | 14.3% | 13.8% | 13.8% | 11.2% | 14.6% | 10.1% | 11.8% | 13.5% | 12.9% | 12.9% | 10.9% | in arrears | 12.5% | |
| % Change on Previous year | | | | | | | | | | | | | | | | |

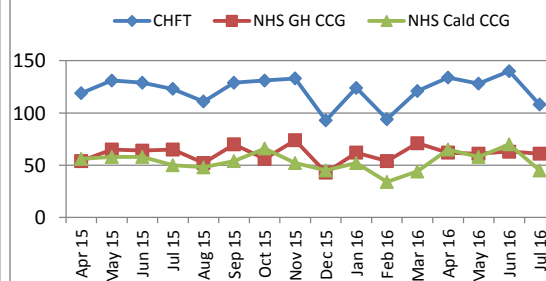
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.

YTD referrals excludes most recent month to enable reliable conversion rate YTD comparison.

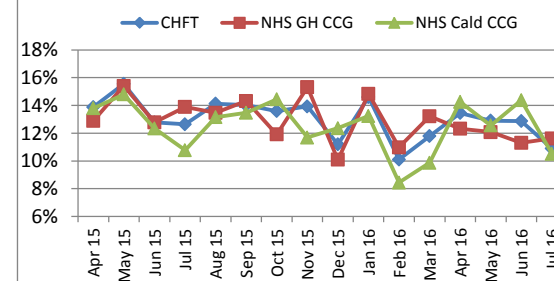
Fast Track Cancer Referrals



Fast Track Conversions



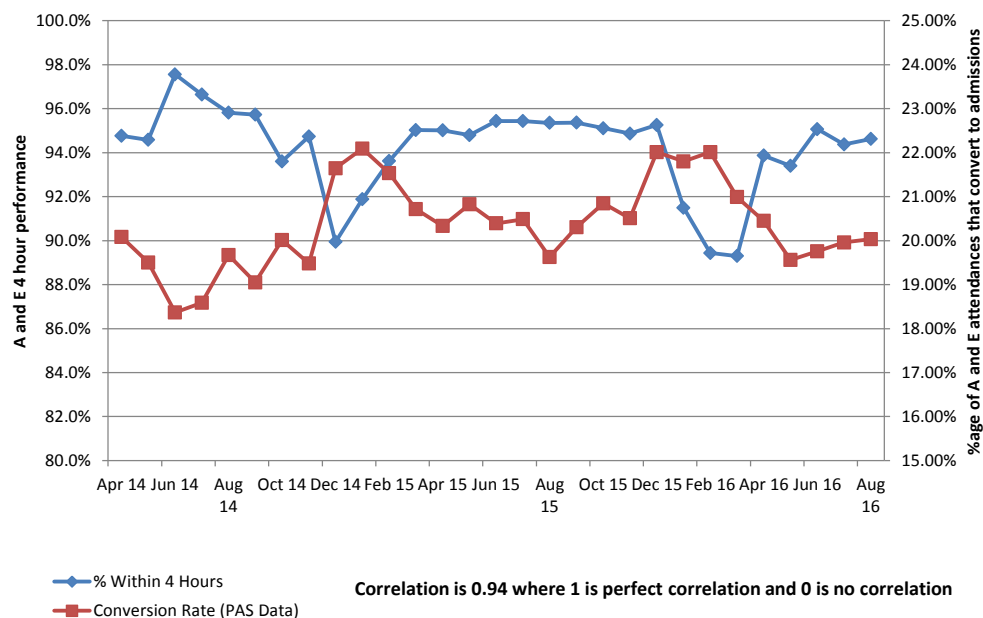
Fast Track Conversion Rate



Appendix - A and E Conversion rates and Delayed Transfers

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | YTD % Change |
|--|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|
| Analysis of A and E activity including conversions to admission | | | | | | | | | | | | | | | | |
| A and E Attendances | 147,625 | 11,992 | 12,106 | 12,495 | 11,950 | 12,040 | 12,399 | 11,712 | 13,372 | 12,120 | 13,588 | 12,781 | 13,307 | 12,155 | 63,951 | 29.0% |
| A and E 4 hour Breaches | 9,030 | 557 | 561 | 611 | 613 | 571 | 1,055 | 1,237 | 1,431 | 743 | 897 | 630 | 749 | 653 | 3,672 | 53.4% |
| A and E 4 hour performance | 93.9% | 95.4% | 95.4% | 95.1% | 94.9% | 95.3% | 91.5% | 89.4% | 89.3% | 93.9% | 93.4% | 95.1% | 94.4% | 94.6% | 94.3% | -1.0% |
| Admissions via Accident and Emergency | 30,770 | 2,353 | 2,458 | 2,605 | 2,451 | 2,650 | 2,703 | 2,578 | 2,807 | 2,478 | 2,658 | 2,525 | 2,656 | 2,435 | 12,752 | 25.5% |
| % A and E Attendances that convert to admissions | 20.8% | 19.6% | 20.3% | 20.8% | 20.5% | 22.0% | 21.8% | 22.0% | 21.0% | 20.4% | 19.6% | 19.8% | 20.0% | 20.0% | 19.9% | -2.8% |

A and E 4 hour target performance and conversion to admissions evaluation April 14 to August 2016



| Delayed Transfers of Care : Snapshot on 2 September 2016 | Calderdale | Kirklees | Other | Total |
|--|------------|----------|-------|-------|
| Total number of patients on TOC Pathway | 103 | 63 | 3 | 169 |
| Patients awaiting assessment by a Social Worker | 32 | 6 | 2 | 40 |
| Ongoing assessments inc. SW, Therapy, BIM, Case Conference, MCA, DST | 21 | 23 | 0 | 44 |
| Awaiting 24 hour care, res or nursing | 11 | 12 | 1 | 24 |
| Awaiting Package of Care inc. re-ablement | 30 | 17 | 0 | 47 |
| Awaiting housing | 2 | 0 | 0 | 2 |
| Awaiting short stay or transitional bed | 2 | 1 | 0 | 3 |
| Awaiting Intermediate Care bed | 5 | 4 | 0 | 9 |

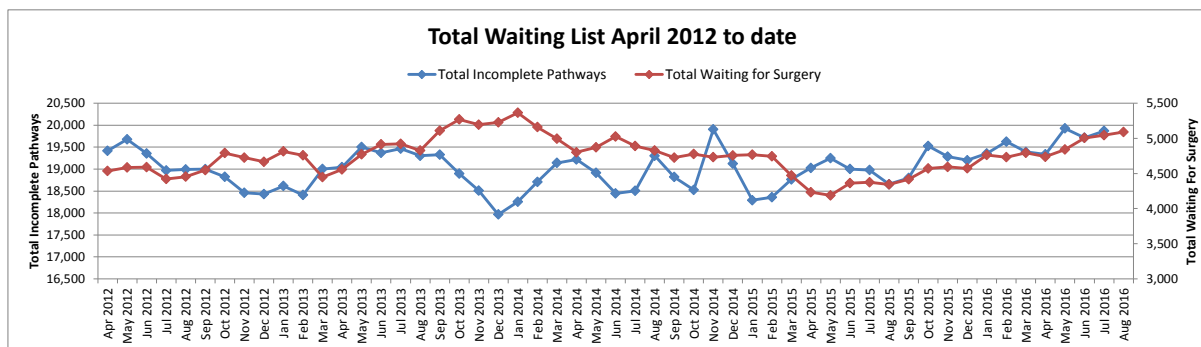
Appendix - Responsive Key Measures

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Target | Threshold |
|---|--------|--------|--------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|----------------|---------------|
| Outpatient Total Waiting List | | | | | | | | | | | | | | | | |
| GP/GDP sourced referrals | 9,014 | 8,993 | 9,452 | 9,533 | 9,112 | 8,728 | 8,921 | 9,258 | 9,298 | 9,505 | 9,300 | 9,255 | 9,297 | 9,196 | Not applicable | |
| Other sourced referrals | 8,548 | 8,994 | 8,850 | 8,537 | 8,428 | 8,296 | 8,107 | 8,389 | 8,037 | 8,515 | 8,880 | 9,067 | 9,360 | 9,342 | Not applicable | |
| GP/GDP Total Referrals | 17,562 | 17,987 | 18,302 | 18,070 | 17,540 | 17,024 | 17,028 | 17,647 | 17,335 | 18,020 | 18,180 | 18,322 | 18,657 | 18,538 | Not applicable | |
| Elective Total Waiting List | | | | | | | | | | | | | | | | |
| 18 week pathway | 4,314 | 4,344 | 4,418 | 4,570 | 4,593 | 4,573 | 4,763 | 4,732 | 4,794 | 4,738 | 4,842 | 5,006 | 5,046 | 5,089 | Not applicable | |
| Non 18 week pathway | 4,340 | 4,565 | 4,640 | 4,719 | 4,729 | 4,792 | 4,833 | 4,877 | 4,956 | 4,944 | 4,976 | 5,029 | 5,029 | 5,064 | Not applicable | |
| 18 Week Pathways Not on Active List | 172 | 186 | 192 | 181 | 207 | 170 | 155 | 166 | 153 | 207 | 260 | 225 | 230 | 227 | Not applicable | |
| 18 Weeks Pathways Unavailable | 274 | 354 | 287 | 227 | 289 | 373 | 231 | 231 | 254 | 238 | 293 | 313 | 336 | 310 | Not applicable | |
| 18 Weeks Pathways Total | 9,100 | 9,449 | 9,537 | 9,697 | 9,818 | 9,908 | 9,982 | 10,006 | 10,157 | 10,127 | 10,371 | 10,573 | 10,641 | 10,690 | Not applicable | |
| Referral to Treatment (RTT) | | | | | | | | | | | | | | | | |
| RTT Total incomplete waiting list | 19,390 | 18,655 | 18,799 | 19,525 | 19,282 | 19,201 | 19,355 | 19,625 | 19,390 | 19,337 | 19,927 | 19,716 | 19,869 | 20,122 | Not applicable | |
| RTT Waiting 18 weeks and over (backlog) | 833 | 1,052 | 764 | 820 | 758 | 873 | 783 | 825 | 833 | 743 | 796 | 759 | 817 | 908 | Not applicable | |
| % Non-admitted Closed Pathways under 18 weeks | 98.47% | 98.55% | 98.67% | 98.48% | 98.62% | 98.44% | 98.32% | 98.39% | 98.17% | 98.42% | 98.49% | 98.32% | 98.49% | 98.28% | >=95% | 95.00 |
| % Admitted Closed Pathways Under 18 Weeks | 91.92% | 92.03% | 91.64% | 90.20% | 91.63% | 92.04% | 92.21% | 91.86% | 91.96% | 92.12% | 92.42% | 92.06% | 92.30% | 92.20% | >=90% | 90.00% |
| % Incomplete Pathways <18 Weeks | 95.70% | 95.44% | 96.07% | 95.80% | 96.04% | 95.45% | 95.95% | 95.80% | 95.70% | 96.16% | 96.01% | 96.35% | 96.32% | 95.46% | >=92% | 92.00% |
| 18 weeks Pathways >=26 weeks open | 139 | 174 | 137 | 98 | 94 | 126 | 152 | 127 | 139 | 186 | 195 | 121 | 132 | 137 | 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 |
| % Diagnostic Waiting List Within 6 Weeks | 99.54% | 99.48% | 98.56% | 99.82% | 99.94% | 99.65% | 98.48% | 99.71% | 99.52% | 99.71% | 99.86% | 99.92% | 99.74% | 99.83% | >=99% | 99.00% |

RTT KEY MESSAGES:

Total number of patients on waiting list (including outpatients, diagnostics, surgery) = 20122

Total number of patients waiting over 18 weeks = 908.



Appendix - Cancer - By Tumour Group

| | 15/16 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | YTD | Target | Threshold/ Monthly |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|-----------------------|
| 62 Day Referral to Treatment | | | | | | | | | | | | | | | | | |
| Breast | 98.75% | 100.00% | 81.82% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 92.86% | 100.00% | 97.98% | >=85% | 85.00% |
| Gynaecology | 85.71% | 100.00% | 50.00% | 100.00% | 100.00% | 84.62% | 75.00% | 77.78% | 70.00% | 100.00% | 87.50% | 95.83% | 60.00% | 100.00% | 92.98% | >=85% | 85.00% |
| Haematology | 91.27% | 71.43% | 85.71% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 60.00% | 100.00% | 83.33% | 78.95% | 83.33% | 100.00% | 86.67% | >=85% | 85.00% |
| Head & Neck | 74.58% | 100.00% | 100.00% | 71.43% | 100.00% | 66.67% | 66.67% | - | 80.00% | 100.00% | 42.86% | 100.00% | 50.00% | 66.67% | 66.67% | >=85% | 85.00% |
| Lower GI | 92.70% | 100.00% | 100.00% | 83.33% | 80.00% | 84.62% | 100.00% | 93.33% | 100.00% | 80.00% | 83.33% | 100.00% | 100.00% | 78.95% | 86.89% | >=85% | 85.00% |
| Lung | 85.02% | 100.00% | 83.33% | 90.48% | 100.00% | 85.71% | 61.54% | 100.00% | 92.31% | 100.00% | 100.00% | 95.24% | 85.71% | 80.00% | 91.80% | >=85% | 85.00% |
| Sarcoma | 70.00% | 0.00% | 50.00% | - | - | - | 100.00% | 100.00% | 100.00% | - | - | 100.00% | - | 100.00% | 100.00% | >=85% | 85.00% |
| Skin | 95.83% | 100.00% | 95.65% | 100.00% | 94.44% | 90.00% | 95.45% | 100.00% | 100.00% | 100.00% | 100.00% | 90.48% | 100.00% | 100.00% | 97.98% | >=85% | 85.00% |
| Upper GI | 87.97% | 100.00% | 88.89% | 70.59% | 100.00% | 100.00% | 92.86% | 57.14% | 37.50% | 75.00% | 72.73% | 100.00% | 100.00% | 77.78% | 83.02% | >=85% | 85.00% |
| Urology | 89.60% | 85.71% | 92.50% | 93.75% | 88.57% | 95.92% | 97.06% | 96.77% | 90.91% | 90.70% | 90.00% | 94.74% | 93.62% | 87.10% | 91.46% | >=85% | 85.00% |
| Others | 95.24% | - | 0.00% | 100.00% | 100.00% | - | 66.67% | - | - | - | 100.00% | 100.00% | 100.00% | - | 100.00% | >=85% | 85.00% |
| 14 Day Referral to Date First Seen | | | | | | | | | | | | | | | | | |
| Brain | 98.73% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 93.33% | 100.00% | 100.00% | 100.00% | 97.67% | >=93% | 93.00% |
| Breast | 97.81% | 98.53% | 97.52% | 98.32% | 98.77% | 97.96% | 98.43% | 99.25% | 97.12% | 99.22% | 96.02% | 98.84% | 98.64% | 98.73% | 98.21% | >=93% | 93.00% |
| Childrens | 96.85% | - | 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 | 96.83% | 90.67% | 97.59% | 98.78% | 94.95% | 91.82% | 97.37% | 98.99% | 100.00% | 96.81% | 99.00% | 100.00% | 100.00% | 100.00% | 99.16% | >=93% | 93.00% |
| Haematology | 97.89% | 100.00% | 90.48% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 90.91% | 100.00% | 100.00% | 100.00% | 93.75% | 96.77% | >=93% | 93.00% |
| Head & Neck | 98.54% | 95.08% | 100.00% | 97.73% | 99.12% | 98.92% | 98.51% | 97.96% | 100.00% | 77.88% | 95.74% | 92.11% | 99.11% | 96.70% | 92.23% | >=93% | 93.00% |
| Lower GI | 98.98% | 98.18% | 99.24% | 97.44% | 98.77% | 99.41% | 100.00% | 100.00% | 100.00% | 89.93% | 98.09% | 97.74% | 97.14% | 99.41% | 96.70% | >=93% | 93.00% |
| Lung | 99.14% | 100.00% | 100.00% | 96.77% | 100.00% | 91.67% | 95.00% | 100.00% | 100.00% | 96.43% | 100.00% | 100.00% | 100.00% | 93.55% | 98.22% | >=93% | 93.00% |
| Sarcoma | 98.68% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 90.91% | 100.00% | 88.89% | 100.00% | 100.00% | 95.92% | >=93% | 93.00% |
| Skin | 93.26% | 83.33% | 96.61% | 100.00% | 90.41% | 93.67% | 100.00% | 99.41% | 97.58% | 98.20% | 99.35% | 97.94% | 97.29% | 97.09% | 97.90% | >=93% | 93.00% |
| Testicular | 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% |
| Upper GI | 97.59% | 95.18% | 95.70% | 100.00% | 99.02% | 98.15% | 100.00% | 99.00% | 98.81% | 98.99% | 98.10% | 97.50% | 97.87% | 98.91% | 98.30% | >=93% | 93.00% |
| Urology | 99.07% | 97.00% | 100.00% | 100.00% | 99.08% | 100.00% | 96.67% | 99.07% | 99.30% | 100.00% | 99.23% | 100.00% | 98.97% | 100.00% | 99.66% | >=93% | 93.00% |

Methodology for calculating the performance score

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

“Key” targets

The proposed “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.

| Domain | Measure | Domain | Measure |
|------------------|--|---------------------------------|--|
| Safe | <ul style="list-style-type: none"> • VTE assessments • Never events | Responsive | <ul style="list-style-type: none"> • Stroke - % of patients admitted directly to the stroke unit within 4 hours • Diagnostics waiting over 6 weeks • Avoidable number of Clostridium difficile cases • A&E 4 hour target • RTT target for incomplete pathways • Cancer standards |
| Effective | <ul style="list-style-type: none"> • MRSA • SHMI • HSMR • Emergency readmissions | Workforce | <ul style="list-style-type: none"> • Sickness & Absence (%) YTD • Mandatory Training |
| Caring | <ul style="list-style-type: none"> • % Complaints closed within target timeframe • Friends and family test | Efficiency & Finance | <ul style="list-style-type: none"> • Net / surplus deficit |

Glossary of acronyms and abbreviations

- **A&E** - Accident & Emergency
- **ADD** - Assistant Divisional Director
- **ADN** - Associate Director of Nursing
- **AED** - Accident & Emergency Department
- **ASI** - Appointment Slot Issue
- **ASU** - Acute Stroke Unit
- **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
- **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
- **Var** - Variance
- **VTE** - Venous Thromboembolism
- **WLI** - Waiting List Initiative
- **WTE** - Whole Time Equivalent
- **YAS** - Yorkshire Ambulance Service