

Quality and Performance Report

May 2017



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

Performance Summary

May

RAG Movement

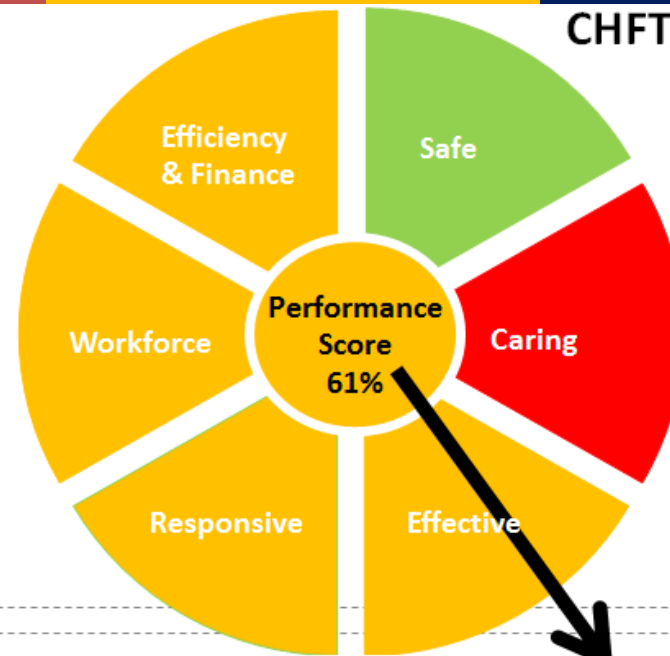
May's Performance Score has fallen to 61% for the Trust. The SAFE domain remains GREEN although Harm Free Care and Pressure Ulcers have deteriorated. The RESPONSIVE domain remains Amber failing to meet the Emergency Care Standard and the 2 week wait target which was missed for the first time in over 12 months. CARING has deteriorated to RED due to a number of FFT targets being missed.

EPR has impacted on the provision of several indicators this month including 18 weeks admitted and non-admitted, VTE, coding and day case rates.

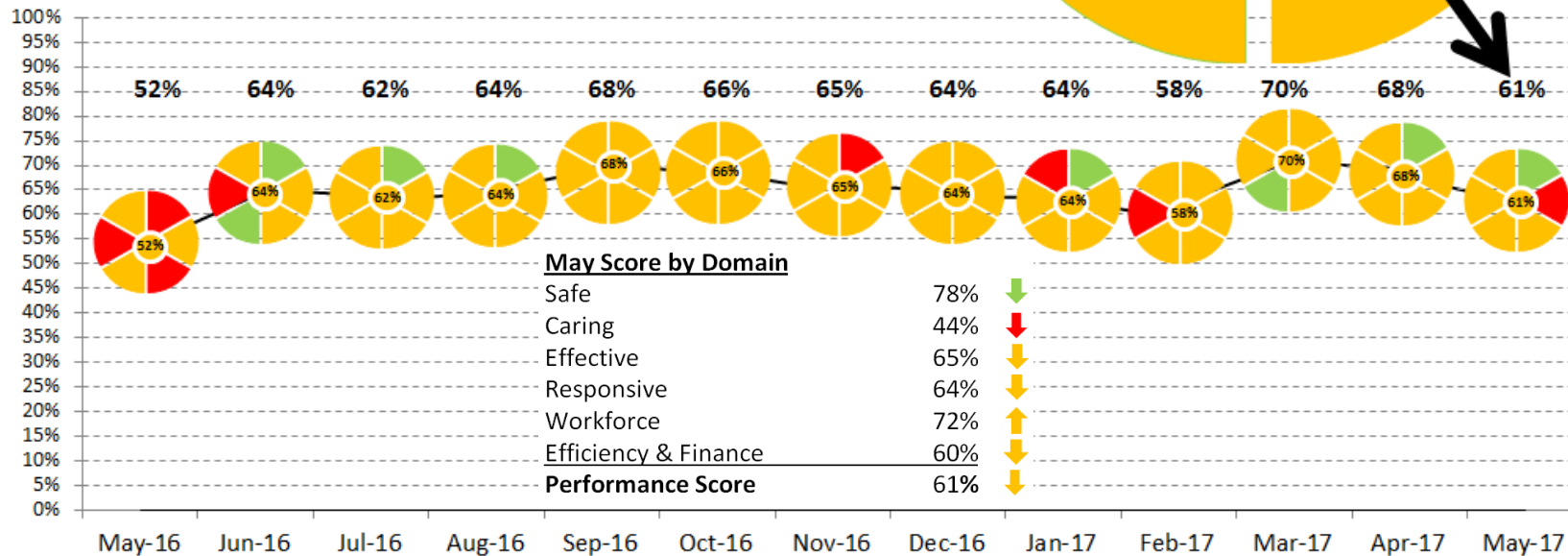
CHFT

SINGLE OVERSIGHT FRAMEWORK

SAFE	Emergency C-Section Rate
VTE Assessments	Never Events
CARING	FFT IP FFT Maternity
FFT Community FFT OP	FFT A&E
Mixed sex accommodation breaches	% Complaints closed
EFFECTIVE	
CDiff Cases	Avoidable Cdiff
MRSA	SHMI
HSMR	HSMR - Weekend
Emergency Readmissions GHCCG	Emergency Readmissions CCCG







Total performance score



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

Carter Dashboard

		Current Month Score	Previous Month	Trend	Target
 CARING	Friends & Family Test (IP Survey) - % would recommend the Service	98.3%	98.2%	↑	96.3%
	Inpatient Complaints per 1000 bed days	2.4	1.8	↑	TBC
 EFFECTIVE	Average Length of Stay - Overall	4.41	5.12	↑	5.17
	Delayed Transfers of Care	2.70%	2.28%	↓	5%
	Green Cross Patients (Snapshot at month end)	119	114	↓	40
	Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	100.37	↓	100
	Theatre Utilisation (TT) - Trust	81.7%	84.9%	↓	92.5%
<div>Arrow direction count</div> <div>↔ 1 ↑ 7 ↓ 11</div>					
 RESPONSIVE	% Last Minute Cancellations to Elective Surgery	0.93%	0.53%	↓	0.6%
	Emergency Care Standard 4 hours	85.11%	95.09%	↓	95%
	% Incomplete Pathways <18 Weeks	94.33%	94.97%	↓	92%
	62 Day GP Referral to Treatment	91.2%	84.3%	↑	85%
 SAFE	% Harm Free Care	93.96%	94.51%	↓	95.0%
	Number of Outliers (Bed Days)	1048	334	↓	495
	Number of Serious Incidents	4	3	↓	0
	Never Events	0	0	↔	0

MOST IMPROVED

Improved: Sickness Absence rate (%) achieved 3.6% in April (target 4%) with both long and short term sickness achieving target.

Improved: Friends & Family Test (IP and Maternity Survey) - % would recommend the Service - although FFT performance has struggled in some areas these 2 areas reached a peak in May at 98.3% and 98.6% respectively.

Improved: Falls per 1000 bed days was at its lowest position for over 12 months.

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

MOST DETERIORATED

Deteriorated: Friends & Family Test - % Response Rate (Inpatients, Outpatients and A&E) and % Would Recommend the Service across Outpatients, A&E and Community.

Deteriorated: Two Week Wait From Referral to Date First Seen reduced to 84%. First time 93% target has been missed for over 12 months. Key issue for May was reduction in capacity due to last minute departure of agency locums due to IR35 and booking centre pressures post-EPR deployment.

Deteriorated: Emergency Care Standard 4 hours. Two areas of pressure, EPR deployment and Middle Grade doctor capacity. The former was a known risk at deployment but impact was greater than anticipated due to access issues, capacity management and high volumes of attendances. Middle Grade availability post IR35 has had a significant impact particularly overnight where availability and quality has been inconsistent.

ACTIONS

Action: Divisional action plans to be presented at June Performance Review meetings.

Action: Additional admin capacity invested into booking centre to support registration and management of backlogs. Additional capacity found to support some specialties however June continued to see pressures around capacity. Additional escalation process established and brought forward from 7 to 5 days. Deep dive being undertaken in July to ensure sustainable improvement actions are clear.

Action: Supported teams with additional staff both clinical and the EPR team. Prioritised some key changes with several elements eg Tap and Go still to be concluded. Tracking is a specific issue for AED Coordinators and developing a business case to implement admin tracking roles. Middle Grades: Several doctors have now moved to Trust contracts however still dependent on high cost agency staff. Reviewing business continuity arrangements.

PEOPLE, MANAGEMENT & CULTURE: WELL-LED		Current Month Score	Previous Month	Trend	Target
Doctors Hours per Patient Day					
Care Hours per Patient Day		8.0	7.9	↑	
Sickness Absence Rate		3.61%	3.71%	↑	4.0%
Turnover rate (%) (Rolling 12m)		12.00%	11.83%	↓	12.3%
Vacancy		393.09	434.53	↑	NA
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q2		82%	Different division sampled each quarter. Comparisons not applicable		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q2		64%	Different division samples each quarter. Comparisons not applicable		

OUR MONEY		Current Month Score	Previous Month	Trend
Income vs Plan var (£m)		-£2.17	-£0.66	●
Expenditure vs Plan var (£m)		£2.29	£0.74	●
Liquidity (Days)		-24.40	-27.28	●
I&E: Surplus / (Deficit) var - Control Total basis (£m)		£0.00	£0.03	●
CIP var (£m)		-£0.11	-£0.07	●
UOR		3	3	●
Temporary Staffing as a % of Trust Pay Bill		12.18%	13.71%	●

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none">% Harm Free Care - Performance has dipped slightly to 93.96% and remains below target. Harms in Falls, Ulcers and Catheter Associated UTIs were noted as contributing to this performance level. A deep dive review has now been completed and will be shared through divisional teams and improvement leads.Number of Category 4 Pressure Ulcers Acquired at CHFT - there were 4 in April. Focused work with heightened awareness around moisture damage and categorisation of skin damage. ESR pressure ulcer module being undertaken by RN. Emphasis on improvement work for early assessment and accountability of individual RN is a contributing factor in the investigation findings.
	<ul style="list-style-type: none">Complaints closed within timeframe - Of the 39 complaints closed in May 2017, 62% of these were closed within target timeframe. The number of overdue complaints was 26 at the end of May; which is a 36.3% increase from the end of April. This increase was to be expected with the introduction of EPR in the beginning of May, which has had a knock on effect on workload within the Divisions. The overall percentage for complaints closed within target timeframe last year (2016-17) was 45%.Friends & Family Test (IP Survey) - Response Rate - EPR implementation has had an impact on most inpatient areas across the organisation especially those with a high turnover of patients. There is a new process for obtaining the patient stay number for the FFT postcards which is not fully embedded in practice currently.Friends and Family Test Outpatient - Response Rate - EPR implementation has affected the process of sending text messages out to families. The texts sent out have reverted to the landline numbers rather than mobile numbers which has directly affected the potential numbers of families who are able to respond.
Caring	<ul style="list-style-type: none">Friends and Family Test Outpatients Survey - % would recommend the Service - There have been difficulties in appointments and outpatient clinics with the transition from PAS to EPR in the month of May. Additional staff have supported the OPD appointment service and the team have worked on the frontline to resolve issues as they have come to light. The Matron is overseeing the actions taken in each department to improve services and some practical improvements have occurred.Friends and Family Test A & E Survey - Response Rate - dropped further to 4.8% in month. The ED team have reviewed this indicator and agreed an improvement plan for implementation in Quarter 1 and improved performance in quarter 2. The technical issue with texting also further compounded on performance.Friends and Family Test A & E Survey - % would recommend the Service - at 75% reflecting a month where both departments were very busy with longer waits than normally experienced particularly for non-admitted patients who are the reported patients for this indicator.Friends and Family Test Community Survey - Community FFT reported 88% would recommend the service against a 96% national average. The division is waiting for the new server that has been ordered to move to the new web form for collecting FFT data which will provide more accurate and helpful information about how services can be improved.
	<ul style="list-style-type: none">Number of MSSA Bacteraemias - Post 48 Hours - 5 in month in Medicine. Analysis is being undertaken by the lead ICPN And Consultant microbiologist and findings will be discussed initially at infection control performance board and then disseminated to the Division through PSQB.Mortality Reviews - The completion rate for Level 1 reviews reduced to 25.66% in March with 2016/17 at 40.06% compared to 2015/16 position which was 48.8%. From a screening mortality review point of view, the completion rate will continue to fall; a decision has been made to focus on the Structured Judgement (2nd level) reviews rather than the roll out of screening reviews to consultants.Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge - May's performance shows a deterioration following 3 good consecutive months. There were a number of spikes in Trauma activity and additional challenges with the introduction of EPR. Anaesthetic Trauma lead challenging Anaesthetic practices and sustained improvements in performance anticipated.Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG - Has now missed target for last 3 months. Calderdale Community services continue to focus efforts on supporting people on discharge in order to prevent people being readmitted to hospital once discharged. The Virtual ward service contacts patients over 60 who have had an emergency medical admission and will provide advice, home visit and support where necessary. Community matrons and specialist matrons review any patient on their caseload that has been admitted or readmitted and review the reasons. A piece of work has been undertaken to fast track referrals by the community falls team if the matrons identify that their patients are at high risk of falling in order to reduce the risk of these patients being readmitted.

Background Context

The Electronic Patient Record (EPR) was deployed in May which required signficiant clinical, administrative and managerial input. Whilst deployment was good and staff were outstanding it has presented some challenges within the Trust, particularly in relation to productivity, capacity and the recording and reporting of data. The Trust continues to work through these issues alongside teams from Cymbio who were enlisted during go-live to assist with subsequent data quality issues.

Normal meeting arrangements were suspended with leaders and managers covering 24/7 to ensure staff were supported through deployment and Early Live Support. The Knowledge Portal was suspended and weekly reporting was unavailable for a period.

The Appointment team have had a challenging month, some data migration issues impacted on bookings and in parallel the staff had to learn the new system; this combination led to patients waiting longer to get through. These areas are continuing to improve through dedicated support and a temporary move away from Partial booking.

Flow was challenging in May as a result of continued high demand and the implementation of new systems with ward round productivity and TTO management a particular challenge. Staff were supported to ensure patients were safe and cared for, staff's own wellbeing was monitored and support given where required.

Issues affecting ECS performance have equally come from factors outside the Emergency Care directorate, including within the Medical Division, other divisions across the Trust and factors outside of the Trust in terms of peak bed days and green cross delays. In particular further nursing home closures have occured and for other homes direct CHFT support has been required. A review of the position is scheduled to be presented to July AED Delivery Board.

At CRH ward 8C has remained open throughout the month of May and at HRI ward 4 and the additional 6 beds on MAU have also remained open during this period to manage flow.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours was at 85.11% for May predominately due to EPR deployment and Middle grade availability and quality, the latter being an ongoing risk to recovery and sustainability. Stroke - % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has reduced to 54.2% in month. 41% Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 48% target. % Last Minute Cancellations to Elective Surgery increased to 0.93%, highest since May 2016. Two Week Wait From Referral to Date First Seen - reduced to 84%. First time 93% target has been missed for over 12 months. Divisional action plans to be presented at June Performance Review meetings. 38 Day Referral to Tertiary - at 28.57% still well below the 85% target and below 42.4% achieved in 2015/16. Appointment Slot Issues on Choose & Book increased to 33% in May. Action plans to be presented at divisional Performance Review meetings.

Workforce	<ul style="list-style-type: none"> Return to work Interviews dropped significantly in month to 45.5%, worst position since June 2016.
	<ul style="list-style-type: none"> Finance: Reported year to date Deficit position in line with agreed control total of £6.14m, <ul style="list-style-type: none"> Capital expenditure is below plan, Cash position is in line with plan at £1.90m. Delivery of CIP is behind the planned level at £1.31m against a planned level of £1.43m. A Use of Resources score of level 3, in line with the plan. <p>The Month 2 planned position is a deficit of £6.14m on a control total basis, including year to date Sustainability and Transformation funding (STF) of £1.01m. However, the financial position is extremely precarious with activity and income below the planned level. EPR implementation has had a significant short term impact on both productivity and the capture of activity data. Prior to any action being taken to assume either clawback of activity capture or overlay of other non-recurrent benefits, the month 2 position was a deficit of £10.8m, a £3.7m adverse variance to plan.</p>

Finance	<p>Month 2 prior to action: adverse variance to plan (£3.7m)</p> <p>Add back: Assessment of missing activity data £2.6m</p> <p>Non-recurrent benefits £1.1m</p> <p>Month 2 position to report: nil variance to plan £0.0m</p> <p>Total reported agency spend in month was £1.14m; lower than the planned value of £1.62m and the NHS Improvement Agency Ceiling, however this value excludes agency expenditure capitalised as part of EPR implementation costs.</p> <p>The number of reported Agency Cap breaches was the highest for 12 months with a significant increase in the number of Nursing Price Cap breaches.</p> <p>The forecast continues to assume that the Trust will achieve its Control Total and secure the £10.1m STF allocation.</p> <p>However, the risk of failing to achieve our target deficit of £15.94m has increased and immediate action is required to stabilise the financial position.</p>
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Background Context

Vacancies remain a challenge across all disciplines and the IR35 impact has been particularly prevalent in Medical staffing.

The Community Division management team have been undertaking a number of service reviews to support the commissioners as they review services that predominantly provide support to prevent admissions or focus on early supported discharge.

The team have been working with colleagues in Orthopaedics to prepare for the MSK Single point of access Go-Live which happened on 1st June.

The implementation of EPR in May has had a significant impact upon the capture and coding of both admitted and non-admitted activity. A large estimate has therefore been required to reflect the anticipated impact of inputting or correcting this backlog within the Cerner system. The reported clinical activity position in the Finance section is therefore after this adjustment has been made and capacity has been agreed to ensure this is all accurately input before freeze date. Commissioners are aware.

GP referrals were up 17.6% compared to May 2016 and this was linked to the reopening of the Electronic Referral Service (ERS) in May which saw 2 weeks of referrals in the first week of May as a result of the planned closure in April.

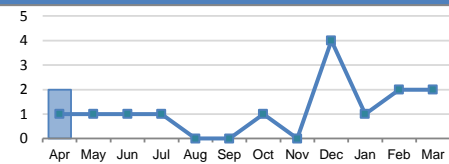
Safe, Effective, Caring, Responsive - Community Key messages

[illegible]

Dashboard - Community

Safe

Community acquired grade 3 or 4 pressure ulcers



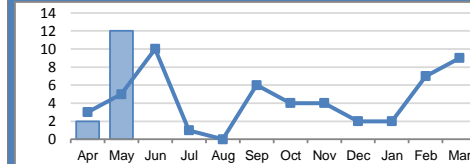
One month in arrears

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



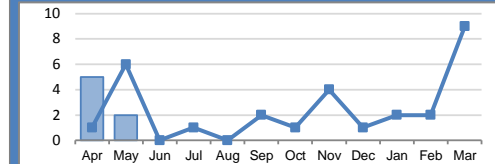
One month in arrears

Incidents - New Harms



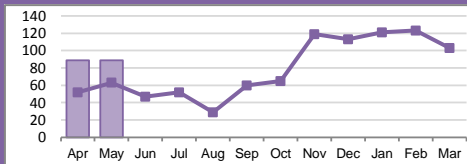
Bar Chart = 17/18 figures Line graph = 16/17 figures

Medication Incidents

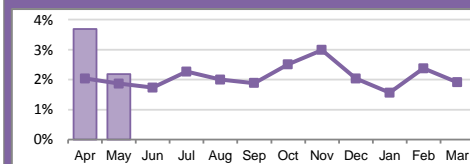


Effective

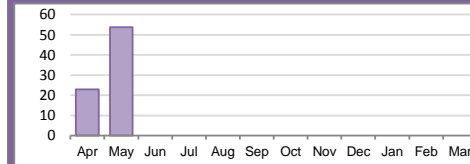
Number of Hospital admissions avoided by Community Nursing services



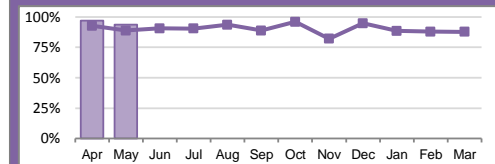
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

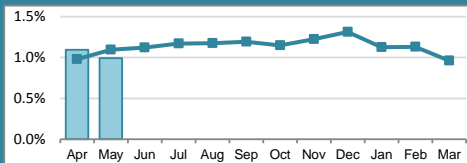


House Bound leg ulcers healed within 12 weeks

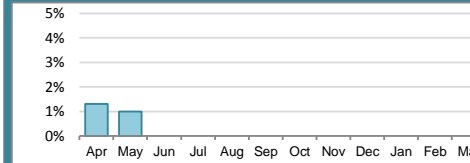


Caring

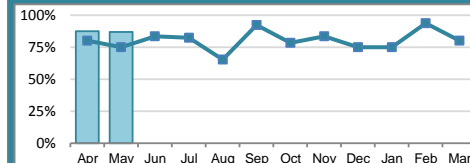
Community No Access Visits Adult Nursing



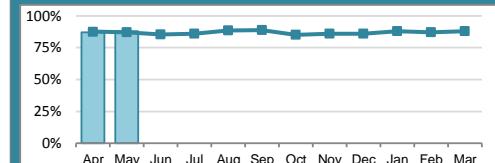
Intermediate Care Readmission rate



End of life patient died in preferred place of death

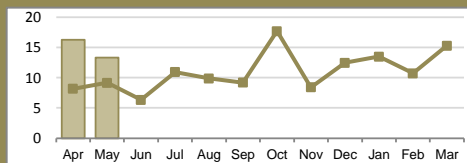


Friends and Family Test- Likely to recommend

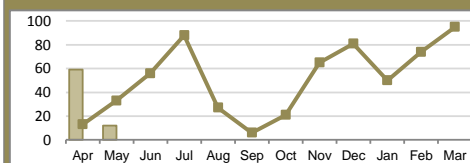


Responsive

Average time to start of reablement (days)



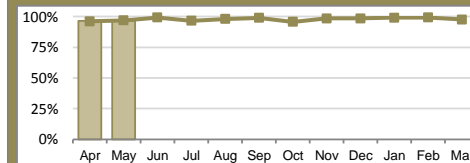
Appointment Slot Issues for MSK & Podiatry



MSK

Podiatry

Waiting Times - 18 week RTT

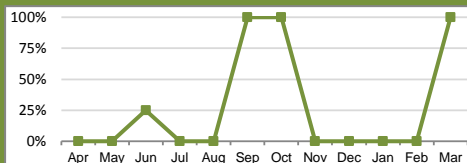


Waiting Times - Physiotherapy Routine (Weeks)

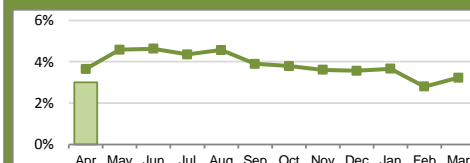


Well Led

% Complaints closed within target timeframe

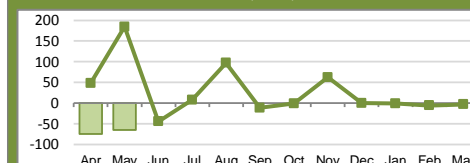


Staff sickness rate

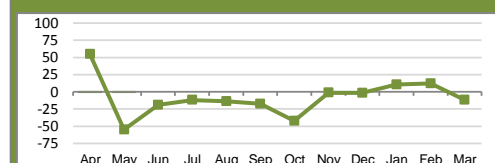


One month in arrears

Finance - Planned variance against actual (£'000)



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



Safe - Key messages

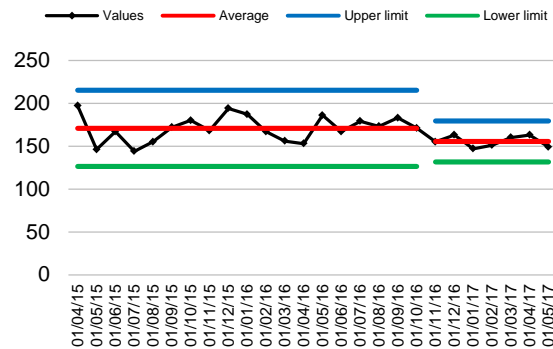
Area	Reality	Response	Result
Falls	Inpatient falls improved in-month and sustained improvement is seen on the SPC chart over time.	Work ongoing with a range of interventions, as identified in the trust action plan, being implemented. There continues to be learning from investigations into falls.	Expected Delivery Date: End of Q2 2017/18 Accountable: ADN Medicine
% Harm Free Care	Performance has deteriorated in-month to 93.6%.	A deep dive review has now been completed and shared through divisional teams and with the improvement leads for Falls, Pressure Ulcers, CAUTI and VTE. Improvement plans to be reviewed aligned to findings.	Improvements expected by quarter 2 2017/18. Accountable: Deputy Chief Nurse
Pressure Ulcers (Month Behind)	There were 4 category 4 pressure ulcers in April (data in arrears) 3 within the Medical Division and 1 within the Community Division.	The improvement collaborative is under review to ensure key themes from RCAs are focussed into improvement actions. The Lead Nurse for Tissue Viability will review uptake of e-learning package on ESR. The Lead Nurse with Matrons will review compliance with risk assessments on admission.	Improvements expected by Q3 Accountable Deputy Chief Nurse
Percentage of SI's investigations where reports submitted within timescale	7 reports sent to CCG in May – 2 of these were within 60 days, the remaining 5 were completed within agreed extended timescales.	The Risk Management managers are continuing to work with investigators to deliver timely investigations. A collaborative approach to improve performance across the Divisions will be led by the AD for Quality.	Sustained improvements not expected until quarter 2 2017/18. Accountable: AD Quality
Elective C-Section Rate	May performance above threshold by 1.4% at 11.4%. CHFT remains at Y&H average of 10.6% (Q3 16/17)	No immediate additional action deemed necessary. Performance within reasonable tolerance. Awaiting results of 2016-2017 audit of maternal and clinical decision making for elective C-section. Guidelines and booking process critically reviewed; confirm in line with NICE standards.	Accountable: FSS HOM/ADN

Safe - Key measures

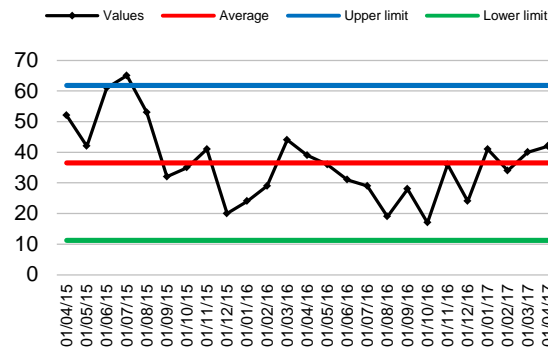
16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17		YTD	Annual Target		Monthly Target
Falls / Incidents and Harm Free Care																			
All Falls	1989	186	167	179	173	183	171	155	163	147	151	160	163	149	319		Monitoring Trajectory		
Inpatient Falls with Serious Harm	42	5	2	2	6	3	3	2	1	0	1	10	5	4	9		Monitoring Trajectory		
Falls per 1000 bed days	7.9	8.4	7.9	8.3	8.2	9.1	8.4	7.7	7.7	6.7	7.7	7.7	7.8	6.9	7.4		Monitoring Trajectory		
% Harm Free Care	94.26%	93.94%	91.88%	95.42%	95.14%	93.71%	95.78%	93.92%	95.17%	93.99%	94.06%	92.71%	94.51%	93.96%	94.24%		>=95%	95.00%	
Number of Serious Incidents	66	7	3	2	4	7	8	7	8	5	4	8	3	4	7		Monitoring Trajectory		
Number of Incidents with Harm	2063	203	176	178	161	150	167	152	178	159	158	193	157	158	299		Monitoring Trajectory		
Percentage of Duty of Candour informed within 10 days of Incident	36.66%	91.67%	100.00%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.00%		95.00%	95.00%	
Never Events	2	1	0	0	0	0	0	1	0	0	0	0	0	0	0		0	0	
Percentage of SIs investigations where reports submitted within timescale (60 days unless extension agreed)	97.90%	66.00%	0.00%	100.00%	0.00%	33.00%	66.66%	66.66%	20.00%	0.00%	0.00%	7.69%	25.00%	28.60%	24.30%		100%	100%	
Maternity																			
Elective C-Section Rate	9.30%	9.50%	9.90%	9.10%	9.60%	7.20%	11.10%	10.30%	9.50%	9.80%	7.40%	8.70%	10.10%	11.40%	10.70%		<=10% Threshold	10.00%	
Emergency C-Section Rate	13.99%	11.85%	15.40%	16.22%	15.57%	11.89%	13.06%	11.61%	14.97%	13.60%	15.55%	14.86%	11.70%	13.00%	12.30%		<=15.6% Threshold	15.60%	
Total C-Section Rate	23.31%	21.30%	25.30%	25.30%	25.20%	19.10%	24.60%	21.90%	24.49%	23.40%	22.97%	23.58%	21.81%	24.32%	23.04%		<=26.2% Threshold	26.20%	
% PPH ≥ 1500ml - all deliveries	3.30%	2.40%	3.40%	5.00%	2.80%	3.50%	3.10%	1.30%	2.50%	2.90%	4.30%	5.00%	2.00%	2.50%	2.20%		<=3.0%	3.00%	
Antenatal Health Visiting Contact by 32 Weeks	100.33%	114.80%	101.20%	112.60%	107.60%	125.90%	87.60%	81.10%	88.70%	87.40%	100.00%	93.70%	95.50%	92.35%	93.93%		>=90%	90.00%	
Pressure Ulcers																			
Number of Trust Pressure Ulcers Acquired at CHFT	374	36	31	29	19	28	17	36	24	41	34	40	42	Under Validation	42		Monitoring Trajectory		
Pressure Ulcers per 1000 bed days	1.5	1.6	1.5	1.4	0.9	1.4	0.8	1.8	1.1	1.9	1.7	1.9	2.0	Under Validation	2.0		Monitoring Trajectory		
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	26	16	21	13	18	16	22	12	27	24	29	29	Under Validation	29		Monitoring Trajectory		
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	10	14	8	6	9	1	14	12	10	9	10	9	Under Validation	9		Monitoring Trajectory		
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	0	1	0	0	1	0	0	0	4	1	0	4	Under Validation	4		0	0	
Percentage of Completed VTE Risk Assessments	95.11%	95.14%	95.25%	95.14%	95.10%	95.14%	95.07%	95.20%	95.02%	95.03%	95.07%	95.86%	Under Validation	Under Validation	Under Validation		>=95%	95.00%	
Safeguarding																			
Alert Safeguarding Referrals made by the Trust	155	16	9	10	11	18	12	16	9	10	11	13	19	25	44		Not applicable		
Alert Safeguarding Referrals made against the Trust	109	10	8	10	9	5	11	10	3	12	12	12	13	11	24		Not applicable		
Medical Reconciliation	85.11%	Not available until June 16	83.00%	81.00%	86.00%	87.00%	84.00%	87.00%	87.00%	In arrears	In arrears	In arrears	In arrears	In arrears	85.11%		Not applicable		
Health & Safety Incidents													16	22	38		0	0	
Health & Safety Incidents (RIDDOR)	15	2	2	1	1	3	1	2	1	0	1	0	2	3	5		0	0	

Safe -SPC Charts

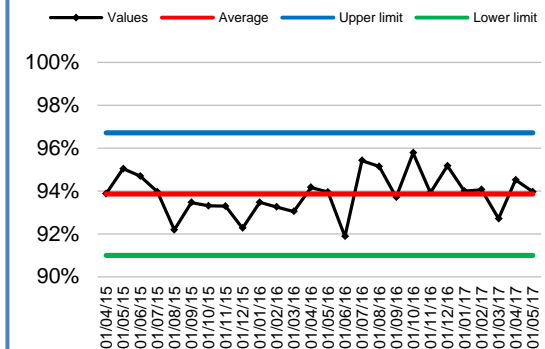
Number of Falls



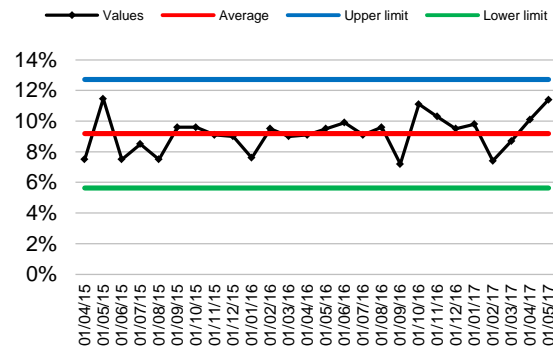
Number of Pressure Ulcers



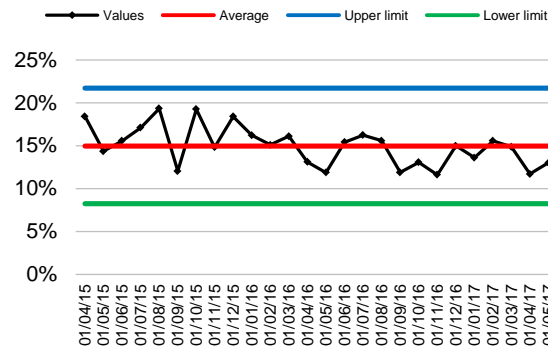
% of Harm Free Care



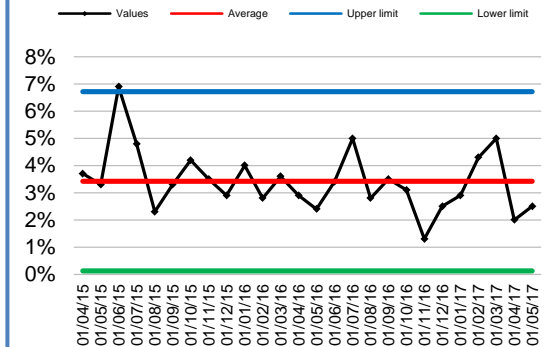
Elective C Section Rate



Emergency C Section Rate



Major PPH >1500mls



Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % would recommend % Response Rate	Due to a technical issue the text service did not operate correctly during May resulting in a low response rate. In the FSS Outpatient Survey 84.1% families would recommend the service and 11.9% would not. This is a drop in performance from the previous month. There have been difficulties in appointments and outpatient clinics with the transition from PAS to EPR.	The Outpatient teams continue to review associated comments to identify themes. As previously reported there is an improvement focus on car parking (Acre Mill) and reducing waiting times. Additional staff have supported the OPD appointment service and the team have worked on the frontline to resolve issues as they have come to light. The Matron is overseeing the actions taken in each department to improve services and some practical improvements have occurred e.g. reduced car parking costs for delays in OPD setting.	Improvement is expected in Q3 Accountable: GM and Matron for OPD
Friends & Family Test - AE % Response Rate % would recommend the Service	Due to a technical issue the text service did not operate correctly during May resulting in a low response rate and a decline in the % would recommend.	<p>The ED team will continue to focus on the actions agreed including through the safety huddles and at team meetings with a focus on ensuring FFT cards for feedback are proactively available on each shift</p> <p>Investigate the feedback reponses.</p>	<p>Improvement expected in June data</p> <p>Accountable: Matron for ED/ADN Medicine</p>
Friends and Family Test Community Survey - % would recommend the Service	Community FFT reports 88% would recommend the service against a 96% national average.	The division is waiting for the new server that has been ordered to move to the new web form for collecting FFT data which will provide more accurate and helpful information about how services can be improved.	<p>Improvement expected in Q2 following the implementation of the new collection process which is expected to be fully in place by the end of June 2017.</p> <p>Accountable: Head of Therapy Professions</p>
Friends & Family Test (Inpatient) - % Response Rate	There has been a significant decline in the response rate due to identifying the correct number on EPR required on the FFT postcards.	All divisions have been asked to ensure ward clerks are aware which number is required to be placed on cards and where this is located on EPR.	Improvement expected in July 2017 following embedding of new process.

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 39 complaints closed in May 2017, 62% of these were closed within target timeframe. The number of overdue complaints was 26 at the end of May; which is a 36.3% increase from the end of April. This increase was likely to be associated with the introduction of EPR at the beginning of May, which has had a knock-on effect on workload within the Divisions. The overall percentage for complaints closed within target timeframe last year (2016-17) was 45%.	Work with the Divisions in order to continue to improve the complaints handling process. Complaint scales are monitored weekly, which highlights all breaches and potential breaches to the Complaint leads for each Division. Each breached complaint is investigated weekly.	Performance expected to be back on track from Q2 2017, when the EPR issue has been resolved.
	In May 2017 SAS closed 47% of their complaints within the agreed timescale, Medicine 63% and FSS 88%.		Accountable : Head of Risk and Governance and Divisional Leads

Complaints Background

The Trust received 49 new complaints in May and re-opened 9 complaints, making a total number of 58 complaints, this is a marked increase of 30% from April.

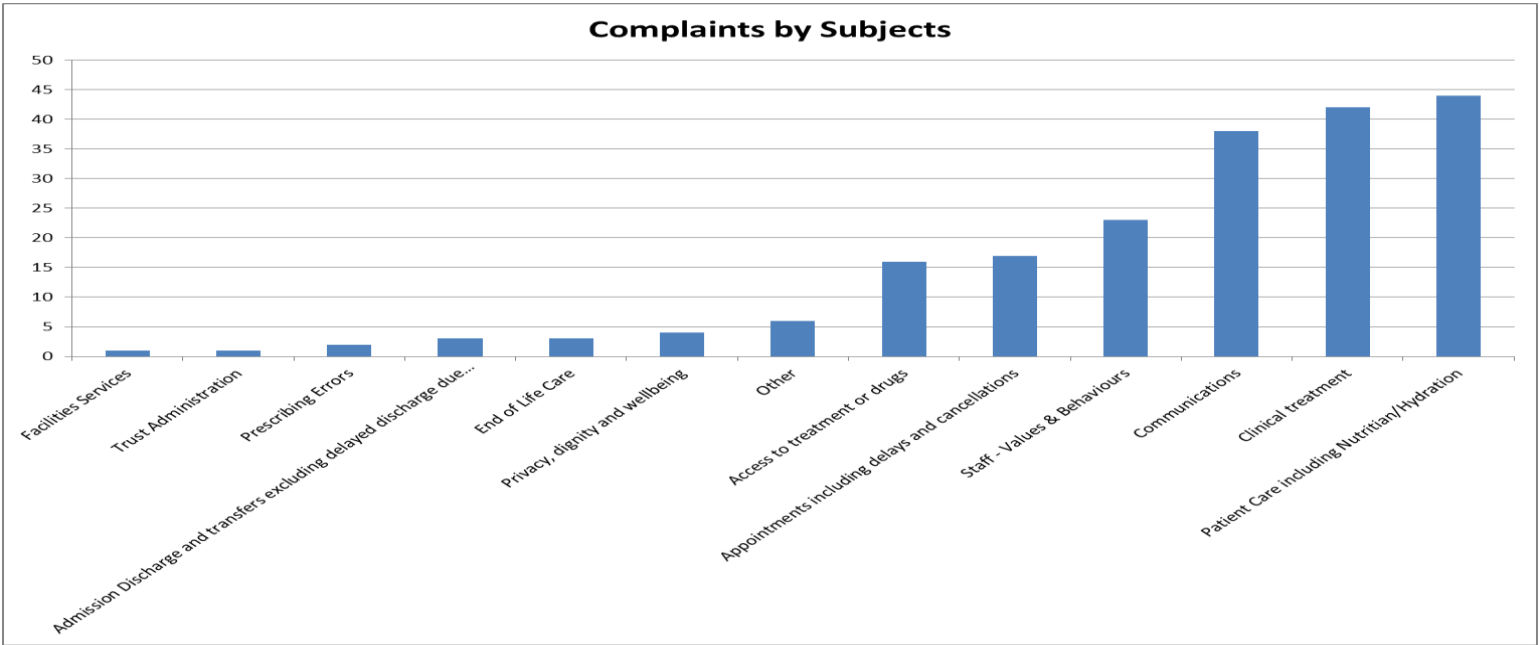
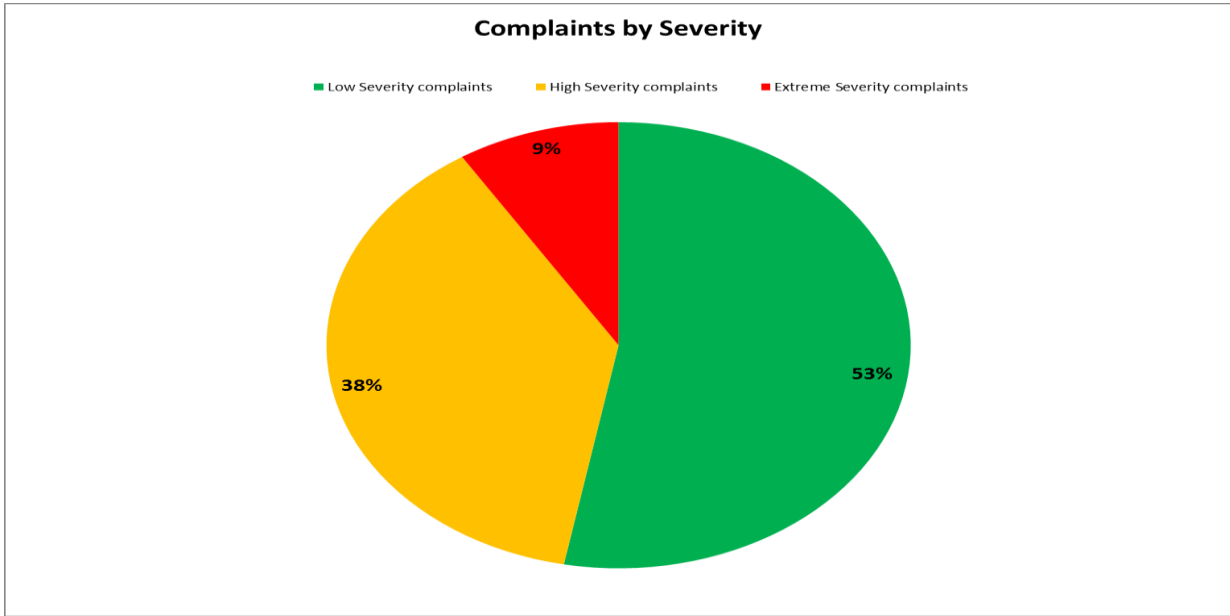
The top 3 Complaints subjects remain:

Patient Care including Nutrition/Hydration
Clinical Treatment
Communications

These have remained the top subjects since June 2016 and form part of the discussions at the Patient Experience Group

Severity: The Trust received 5 new Red complaints in May. (3 Medicine Division, 1 Community Division and 1 SAS Division).

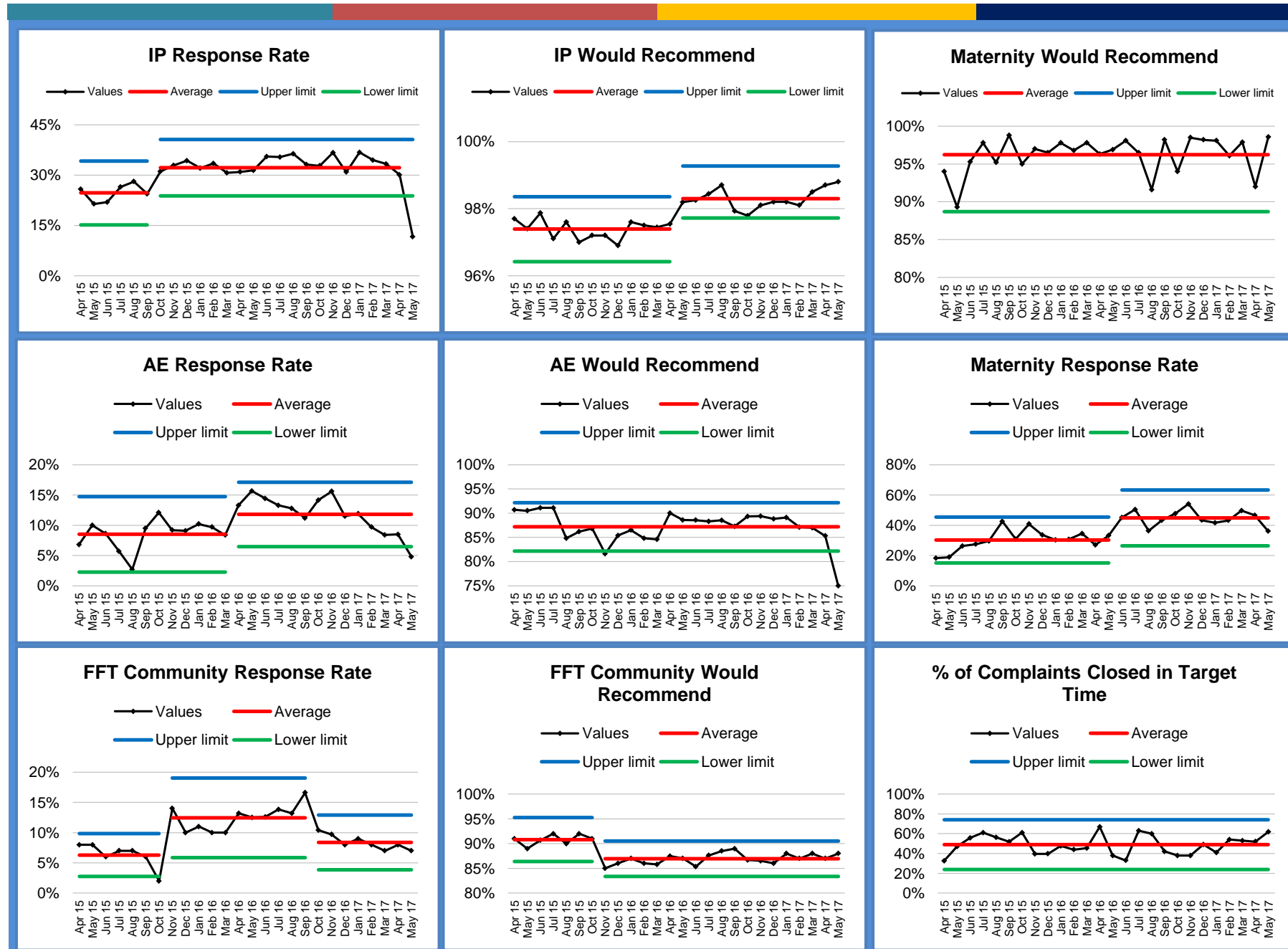
PHSO Cases:
There were no new Ombudsman / PHSO case received in May.



Caring - Key measures

16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	45.00%	38.00%	33.00%	63.00%	60.00%	42.00%	38.00%	38.00%	49.00%	41.00%	54.00%	53.00%	52.00%	62.00%	57.73%	95.00%	95.00%	
Total Complaints received in the month	610	57	49	54	60	47	49	51	43	44	50	19	43	58	101	Monitoring Trajectory		
Complaints re-opened	78	5	5	6	5	6	9	7	7	9	4	6	5	9	14	Monitoring Trajectory		
Inpatient Complaints per 1000 bed days	2.10	2.40	2.23	2.42	2.55	2.23	2.30	2.44	2.07	1.82	2.34	2.40	1.80	2.40	2.10	Monitoring Trajectory		
No of Complaints closed within Timeframe	311	25	23	25	29	29	20	40	25	19	29	19	31	24	55	Monitoring Trajectory		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	34.00%	31.41%	35.53%	35.39%	36.40%	33.16%	32.79%	36.70%	30.90%	36.80%	34.50%	33.30%	30.10%	11.60%	21.50%	>=28.0% / >=25.9% from Jan 17		
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	97.70%	97.75%	97.94%	98.20%	97.43%	97.29%	97.60%	97.70%	97.70%	97.60%	98.00%	98.20%	98.30%	98.30%	>=96.0% / >=96.3% from Jan 17		
Friends and Family Test Outpatient - Response Rate	12.00%	12.79%	12.20%	12.60%	12.70%	11.80%	12.60%	11.20%	10.60%	11.50%	11.70%	10.60%	11.00%	3.80%	8.20%	>=5.0% / >=5.3% from Jan 17		
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	90.79%	90.60%	90.90%	90.60%	91.50%	90.90%	90.90%	91.40%	90.90%	90.90%	90.90%	91.20%	86.00%	90.30%	>=95% / >=95.7% from Jan 17		
Friends and Family Test A & E Survey - Response Rate	12.70%	15.66%	14.44%	13.28%	12.80%	11.18%	14.16%	15.60%	11.50%	11.90%	9.70%	8.40%	8.50%	4.80%	6.50%	>=14.0% / >=13.3% from Jan 17		
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	88.58%	88.56%	88.32%	88.51%	87.27%	89.34%	89.40%	88.80%	89.10%	87.10%	87.00%	85.30%	75.00%	81.30%	>=90.0% / >=86.5% from Jan 17		
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	33.16%	45.11%	50.42%	36.30%	43.30%	47.70%	54.10%	43.40%	41.60%	43.20%	49.70%	46.60%	36.20%	39.70%	>=22.0% / >=20.8% from Jan 17		
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	96.90%	98.09%	96.48%	91.60%	98.20%	94.00%	98.50%	98.20%	98.10%	96.10%	97.90%	92.00%	98.60%	96.00%	>=96.9% / >=97% from Jan 17		
Friends and Family Test Community - Response Rate	11.20%	12.52%	12.60%	13.84%	13.20%	16.60%	10.40%	9.70%	8.00%	9.00%	8.00%	7.00%	8.00%	7.00%	7.50%	>=3.4% / >=3.5% from Jan 17		
Friends and Family Test Community Survey - % would recommend the Service	87.27%	87.04%	85.37%	87.61%	88.51%	89.00%	86.70%	86.50%	86.00%	88.00%	87.00%	88.00%	87.00%	88.00%	87.50%	>=96.2% / >=96.6% from Jan 17		
Maternity																		
Proportion of Women who received Combined 'Harm Free' Care	77.25%	75.50%	83.10%	75.40%	78.80%	79.20%	76.20%	77.27%	In Arrears	In Arrears	In Arrears	In Arrears	In Arrears	In Arrears	In Arrears	>=70.9%	70.9%	
Caring																		
Number of Mixed Sex Accommodation Breaches	5	0	0	0	3	0	0	0	0	0	2	0	0	0	0	0	0	

Caring - SPC Charts



Caring - What our patients are saying

Some of the positive feedback we have received

H01 - Everyone seems to do their best to make sure everything runs smoothly. Their patience and kindness is beyond reproach. I was informed about what was happening and why, every step of the way.

8C - Everything was lovely on Ward 8C and so were the meals. Very friendly staff on Ward 8C, nothing too much trouble and always a smile.

8D - Really amazing care by Registrar and Nursing staff, very attentive and kept me informed of what was happening and why. Gave me help and advice all the way through. Felt very safe and cared for. Staff always smiling.

7BC - The care, patience, dedication and devotion of every single member of the Nursing and medical staff has been absolutely first class. Throughout the 3 months' stay, been so well looked after. The care and treatment could not have been any better. Very grateful and thankful for everything.

H11- I was treated extremely well by everyone concerned, from Cleaners, dinner ladies and especially the Nurses. Every single one of them looked after me as if I was one of their own. What would we do without them? Everything went very, very, very well. I wish you all well for the future.

DAYCAS - Everything seems to be of excellent standard. The whole time spent was a very friendly and reassuring experience.

Where can we improve

Faster medications on discharge.

Better choice on food menu - too much repetition. Drinking cups are on the heavy side for people with poor hand grip. Lighter cups please!

More facilities are needed for full time wheelchair users, both to get onto the beds provided and also when a commode is needed.

More communication about what was going on with my treatment (but this was understandable, given the circumstances).

Noise on the ward at night.

Just the visiting times for non-family members - maybe have a time in the morning?

Effectiveness - Key messages

Area	Reality	Response	Result
Number of MSSA Bacteraemias - Post 48 Hours	<p>There were 5 cases of MSSA Bacteraemia reported in-month all within the Medical Division.</p>	<p>All cases will be investigated and reviewed through PSQB.</p> <p>Analysis being undertaken by the lead ICPN And Consultant microbiologist . Findings will be discussed initially at infection control performance board and then disseminated to the Division through PSQB</p>	<p>Reduction in number of cases - timescale and action plan dependent on findings from the IPC lead review</p> <p>Accountable : ADN</p>
Mortality	<p>Local SHMI - Relative Risk (1yr Rolling Data)</p> <p>Within the latest SHMI release (January - December 16) CHFT has improved further to 105.</p> <p>Hospital Standardised Mortality Rate (12 months Rolling Data April 16 - March 17) has increased very slightly to 100.85. The weekday/weekend split shows a 4 point difference with weekday rate continuing at < 100.</p> <p>Crude Mortality has increased to 1.54% in month.</p>	<p>SHMI</p> <p>Respiratory and Stroke ISR action plans in place.</p> <p>Mortality Reviews</p> <p>From a screening mortality review point of view, the completion rate will continue to fall; a decision has been made to focus on the Structured Judgement (2nd level) reviews rather than the roll out of screening reviews to consultants, largely as a result of EPR.</p>	<p>SHMI</p> <p>Expected Delivery Date: SHMI continues to improve with each release.</p> <p>HSMR</p> <p>Expected Delivery Date: performance is expected to continue to improve over the coming months.</p> <p>Mortality review</p> <p>Accountable: Plan agreed with DD’s, Medical Director and Associate Medical Director</p>
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	<p>May's performance shows a deterioration following 3 good consecutive months. Several factors have influenced performance - a number of spikes in Trauma activity and additional challenges with the implementation of EPR have made an impact.</p> <p><i>Source - National Hip Fracture Database - Based on discharge date.</i></p>	<p>Ongoing work from the #NoF team to agree guidelines to standardise practice, improve efficiency of the Trauma list utilisation (sending for patients early, avoiding delays between cases). The accurate capture of admission time on EPR has now been resolved.</p>	<p>Plan to achieve consistently over 80% of patients to theatre within 36 hours working towards the 85% standard.</p> <p>Accountable : General Manager Orthopaedics</p>

Effectiveness - Key measures

	16/17	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	2	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	3	1	4	4	3	3	1	2	2	2	5	0	2	2	<=25	< = 2
Avoidable number of Clostridium Difficile Cases	6	2	0	0	1	0	1	0	0	0	1	0	0	0	0	<=21	< = 2
Number of MSSA Bacteraemias - Post 48 Hours	11	1	0	1	1	0	2	1	2	1	1	0	2	5	7	<=12	1
Number of E.Coli - Post 48 Hours	47	3	0	10	3	4	1	5	4	7	2	6	0	2	2	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.24%	95.64%	95.33%	95.27%	95.77%	95.64%	95.88%	96.33%	96.30%	95.70%	95.02%	95.33%	95.23%	In arrears	95.23%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.85%	0.41%	0.61%	0.43%	0.20%	0.19%	0.00%	0.22%	0.47%	0.24%	0.00%	0.22%	0.00%	0.22%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.65%	0.41%	0.00%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.94%	0.43%	0.22%	0.33%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	108.05	112.02	112.02	108.05	108.05	108.05	105.00	105.00	105.00	In arrears	In arrears	In arrears	In arrears	In arrears	105.00	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.59	109.38	108.67	106.12	105.00	102.94	103.74	101.97	101.55	100.59	100.37	100.85	In arrears	In arrears	100.85	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	108.08	112.71	112.17	111.87	108.03	104.61	108.05	105.34	108.51	108.08	105.18	103.86	In arrears	In arrears	103.86	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	98.28	108.22	107.36	104.34	104.08	102.43	102.43	100.93	99.49	98.28	98.90	99.95	In arrears	In arrears	99.95	<=100	100
Mortality Reviews	40.06%	47.70%	39.10%	34.20%	33.30%	40.40%	42.20%	46.20%	45.80%	45.79%	32.65%	25.66%	In arrears	In arrears	In arrears	100%	100%
Crude Mortality Rate	1.39%	1.60%	1.32%	1.17%	1.22%	0.94%	1.31%	1.18%	1.57%	1.89%	1.61%	1.48%	1.30%	1.54%	1.43%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.94%	99.94%	99.00%	99.94%	99.93%	99.95%	99.93%	99.92%	99.92%	99.94%	99.94%	99.95%	99.87%	99.91%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	99.22%	99.14%	99.14%	99.08%	99.26%	99.09%	98.77%	98.82%	98.97%	99.27%	99.04%	99.19%	98.95%	99.07%	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	8.60%	8.70%	9.58%	9.40%	8.20%	8.20%	8.90%	8.30%	8.50%	9.10%	8.90%	9.00%	8.80%	In arrears	10.50%	<=9.5% / <=9.0% from Jan 17	
Average co-morbidity score	4.1	4.16	3.9	3.93	4.08	3.92	3.92	4.1	4.23	4.39	4.31	4.54	4.74	In arrears	4.06	>=4.4 / >=4.61 from Jan 17	
Average Diagnosis per Coded Episode	5.15	5.05	5.1	5.05	5.14	5.11	5.06	5.24	5.31	5.37	5.42	5.43	5.67	5.5	5.59	>=5.3/ >=5.5 from Jan 17	
CHFT Research Recruitment Target	2324	76	173	303	397	67	393	548	147	57	38	321	95	71	166	>=1473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	67.40%	75.00%	64.10%	72.00%	84.10%	60.00%	78.70%	75.00%	52.20%	83.30%	83.30%	78.57%	55.88%	62.50%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	79.57%	76.69%	73.64%	73.88%	78.23%	76.56%	77.46%	75.91%	75.18%	75.06%	74.80%	79.25%	75.91%	77.60%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.70%	8.10%	6.92%	7.41%	7.04%	7.60%	8.16%	7.82%	7.60%	6.69%	8.34%	8.10%	8.70%	In arrears	8.70%	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.90%	9.54%	8.49%	7.66%	7.43%	6.75%	8.33%	7.50%	7.43%	8.58%	7.12%	7.80%	7.10%	In arrears	7.10%	<=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	3.20%	2.90%	4.33%	2.40%	2.26%	0.47%	2.17%	2.48%	3.54%	3.32%	5.05%	4.60%	3.80%	In arrears	3.80%	<=10%	10%

Responsive - Key messages

Area	Reality	Response	Result
Cancer	2 week wait position deteriorated in May 2017 to 84% caused by 2 key issues: a) last minute withdrawal of capacity by agency locum due to IR35 b) Referral registration issues following implementation of EPR and subsequent challenges within the Appointment Centre.	Additional capacity sought where able and additional Consultant cover for Dermatology indentified (highest breach areas due to IR35). Support provided to Appointment Centre and associated fasttrack teams to accelerate EPR usage.	Divisional action plans for all failing cancer targets to be presented at June Performance Review meetings. Expect to see an improvement in June but return to full delivery not expected until July.
	In Addition, fast track capacity has been lost since the Fire in Endoscopy in February 2017 which is affecting Hysteroscopy capacity.	Revised escalation process agreed bringing tolerance down from 7 days to 5 supported by daily use of the Cymbio dashboard on fasttracks breaching 7 days.	Accountable: DOps all divisions
	38 Day Referral to Tertiary at 28.57% in month.	All patient that have cancer and take 104 days or more will be classed as an orange incident and investigated, once they have gone to the Divisional panel they will need to be signed off by the Cancer lead and Medical Director. Actions shared across divisions.	
Emergency Care Standard 4 hours	The Trust recognises that improving patient flow through the Emergency Department and the hospital through to discharge into the community is essential in achieving the ECS. ECS -<4 hours - 85.1% in month and YTD 89.9%.	There is a rota review meeting weekly to look at all rotas together (medical, nursing and ENP's) - Nursing rota is being amalgamated into one rota cross-site to assist in skill-mix and sharing of agency backfill. Implementation 23rd July for single nursing rota. Successfully recruited 6 Paediatric nurses on a rotational post (Medicine working with FSS to implement this). Junior doctor interviews and recruitment on-going - will have no junior gaps (FY1&2) from August. Gaps in Middle Grade medical cover are identified and agency staffing requested but the quality and availability can be variable leaving the 24/7 running of 2 departments a challenge which is further impacted by current Consultant gaps meaning several out-of-hours shifts with no Consultant cover.	Performance remained variable in June with 1 week of very low performance. A deep dive requested and a more comprehensive recovery plan for flow and AED developed for presentation to WEB alongside the IPR in June.
	Following EPR go-live the ECS performance deteriorated as clinical teams learnt to use the new system combined with middle grade medical staffing issues post-IR35. The department was taking longer in all aspects of documentation and patient care. Performance started to improve towards the end of the month and delivered close to 92% in the last week. Issues affecting ECS performance have equally come from factors outside the Emergency Care directorate, including within the Medical Division, other divisions across the Trust and factors outside of the Trust in terms of peak bed days and green cross delays.	YAS validation - SOP being developed and looking at ways in which EPR can support through a run of 'first contact' list.	
	A&E Ambulance Handovers 30-60 mins (Validated) - 91 in-month. The number of YAS breaches increased in month due to the implementation of EPR. The validation process requires a SOP to assist in data cleansing. A&E Ambulance 60+ mins -4 in month Again the number increased in month due to implentation of EPR. Information required to validate is not easily accessed in the new system.	Agreement on the 5 principles by all specialties to assist with flow within and out of the department.	
Stroke	% Stroke patients spending 90% of their stay on a stroke unit has reduced to 87.9% in month. The team is improving dramatically by ensuring that there is always space for patients to be admitted onto the ASU. The difficulty now is ensuring any patients that are admitted to HRI and then found to be a stroke get transferred to the stroke unit. There have been delays in discharges on the rehabilitation wards due to P.O.C and Nursing home placements, this in turn leads to less access to the ASU ward.	Education is needed to all Doctors stating if a patient is admitted to their wards, that they should be transferred to the ASU, if safe for the patient. The Stroke team with the acute and emergency directorate have put together an options appraisal paper to implement an assessment area alongside the A&E department so that more Neurological patients can be reviewed by a Consultant and Thrombolysis nurse; this is in-line with the ISR recommendations.	September 2017 - This should all lead to a sustained increase in performance across the Stroke services although this is dependent on a successfull outcome of working with social services and ensuring beds are available on the ASU.
	% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival has reduced to 54.2% in month. This is due to late diagnosis of stroke by doctors and also patients going to HRI when the stroke unit is at CRH.	Continue to monitor the scans on a daily basis.	Increased improvement for the 4-hour target, quick assessment, 1 hour scan improvement as the correct patients will have their scan at an appropriate time.
	% Stroke patients Thrombolysed within 1 hour was 75% in month. 40.98% Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 48% target.		Ensure the 1 hour scan improves month on month Lead :- M Overton GM Accountable : GM IMS Directorate

Responsive - Key measures

	16/17	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD	Target	Threshold/ Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	94.20%	93.40%	95.07%	94.41%	94.66%	94.38%	94.86%	94.02%	92.49%	92.19%	93.45%	97.40%	95.09%	85.11%	89.90%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1248	144	92	120	75	73	78	73	162	188	114	21	39	355	394	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	14	13	13	6	13	12	9	24	8	9	4	3	91	94	0	0
A&E Ambulance 60+ mins	7	1	0	0	0	1	0	1	1	2	1	0	0	4	4	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	20.91%	22.06%	22.04%	20.95%	20.62%	21.59%	21.38%	21.40%	19.41%	20.42%	20.03%	19.99%	18.47%	17.93%	18.43%	>=40%	40.00%
Delayed Transfers of Care	2.26%	2.31%	2.58%	3.39%	2.49%	2.04%	2.80%	2.07%	1.36%	1.35%	1.44%	2.36%	2.28%	2.70%	2.49%	<=5%	5.00%
Green Cross Patients (Snapshot at month end)	129	90	94	91	104	109	100	83	109	153	126	129	114	119	119	<=40	<=40
Number of Outliers (Bed Days)	9733	1363	838	688	997	838	840	284	779	1153	579	259	334	1048	1382	<=5940	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	59.26%	84.21%	86.57%	83.64%	85.00%	85.96%	89.66%	74.55%	80.33%	88.89%	94.55%	93.33%	87.93%	90.29%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	48.15%	60.34%	61.19%	67.86%	68.33%	70.18%	69.49%	45.45%	63.49%	64.81%	80.00%	75.60%	54.20%	63.46%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	50.00%	88.89%	66.67%	100.00%	85.71%	83.33%	75.00%	37.50%	75.00%	100.00%	66.67%	87.50%	75.00%	81.25%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	32.14%	39.66%	39.71%	40.35%	28.33%	38.60%	33.90%	29.09%	44.44%	34.55%	37.50%	43.75%	40.98%	42.20%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	90.88%	91.88%	91.02%	92.34%	90.89%	90.27%	92.28%	90.10%	90.13%	90.43%	90.02%	90.77%	92.20%	91.00%	91.61%	>90%	90.00%
Maternal smoking at delivery	9.68%	8.41%	8.02%	9.13%	10.02%	11.07%	9.77%	9.91%	8.16%	10.07%	12.20%	9.20%	9.47%	10.23%	9.84%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.65%	1.04%	0.56%	0.70%	0.54%	0.65%	0.52%	0.68%	0.49%	0.49%	0.63%	0.80%	0.53%	0.93%	0.73%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	0	0	0	0	0	0	0	0	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	98.36%	98.49%	98.32%	98.49%	98.28%	98.37%	98.35%	98.23%	98.38%	98.53%	98.33%	98.19%	98.51%	Not Available	96.67%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	92.42%	92.06%	92.30%	92.20%	92.18%	91.63%	91.17%	92.26%	91.41%	90.84%	91.09%	91.37%	Not Available	91.42%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	96.01%	96.35%	96.32%	95.49%	96.10%	95.60%	96.13%	95.64%	95.58%	95.33%	95.14%	94.97%	94.33%	94.33%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	195	121	132	137	113	98	79	126	130	126	173	174	Not Available	174	0	0
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Diagnostic Waiting List Within 6 Weeks	99.25%	99.86%	99.92%	99.74%	99.83%	99.84%	99.78%	99.90%	99.93%	99.48%	99.50%	94.73%	90.98%	99.33%	94.38%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.61%	97.99%	97.93%	98.32%	98.19%	97.57%	98.81%	97.28%	97.73%	95.66%	98.24%	98.34%	97.11%	84.00%	89.72%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	93.71%	97.66%	93.71%	93.57%	97.86%	96.40%	97.37%	95.87%	97.09%	94.70%	96.53%	93.46%	94.54%	94.14%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	99.16%	99.25%	100.00%	100.00%	98.55%	99.34%	100.00%	100.00%	100.00%	99.15%	100.00%	100.00%	100.00%	100.00%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.97%	100.00%	100.00%	96.15%	100.00%	100.00%	95.00%	97.44%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
38 Day Referral to Tertiary	42.40%	68.18%	38.10%	41.67%	38.89%	36.00%	40.74%	36.84%	38.10%	43.75%	60.00%	20.00%	36.36%	28.57%	32.56%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	86.96%	94.68%	91.45%	89.58%	91.62%	88.11%	89.44%	92.57%	89.53%	86.43%	90.40%	84.42%	91.21%	88.10%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	88.00%	92.86%	93.33%	100.00%	94.12%	85.71%	85.71%	100.00%	94.44%	57.14%	100.00%	91.67%	94.44%	92.86%	>=90%	90%
104 Referral to Treatment	97.88%	98.55%	100.00%	98.03%	98.61%	97.60%	96.76%	95.77%	97.30%	97.67%	98.57%	96.09%	94.59%	99.45%	97.32%	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	16.14%	15.28%	12.55%	16.61%	15.56%	10.91%	14.25%	19.20%	14.00%	15.15%	27.51%	28.06%	33.00%	In arrears	33.00%	<=5%	5.00%
Data Completeness																	
Community Care Data Completeness - Referral to Treatment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Community Care Data Completeness - Service Referrals	98.29%	98.30%	98.20%	98.20%	98.50%	98.20%	98.32%	98.25%	98.60%	98.35%	98.50%	97.66%	97.70%	97.70%	97.70%	>=50%	50.00%
Community Care Data Completeness - Care Contacts	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%

Area	Reality	Response	Result
Sickness Absence	Sickness absence rate is currently 3.61% (YTD). This is an improved position from the same point in 2016 (4.39%).	Sickness absence trends continue to improve from last year's position. HR Business Partners are working with line managers on a one to one basis where hotspot areas are identified to offer focused advice.	31st March 2018
	Long term sickness absence is under target for April 2017 at 2.45% (2.45% YTD). This is a decrease from 2.74% in March 2017. This is an improved position compared with 2.83% at the same point in April 2016.	This includes the development of management plans for staff on long term sickness absence setting out clear options to facilitate a return to work.	Accountable : Executive Director of Workforce and OD.
	Short term sickness absence is above target for April 2017 at 1.15% (1.15% YTD). This is a decrease from 1.58% in March 2017. This is an improved position compared with 1.55% at the same point in April 2016.	Line managers are also offered one to one coaching sessions, refresher training on the Attendance Management Policy and use of the associated toolkit.	
	During April 2017 the 3 Departments with 10 or more employees and the highest sickness absence rates are :	HR Advisors are identifying sickness absence with no Return to Work Interview and will contact line managers to understand the reasons why.	
	CRH Eye Clinic 47117712.28% CRH Medical Staff A&E 47122611.67% Orthopaedic OPD 47110411.32%	Weekly 'Confirm and Challenge' meetings, led by Director of Operations or Associate Director of Nursing, continue to take place within Divisions to performance manage wards and departments against workforce targets.	
Recruitment		To improve the accuracy of sickness recording, guidance is available on the intranet in relation to the reporting of sickness absence on ESR self-service. There is additional guidance available on inputting sickness absence on e-rostering and how to complete the monthly absence recording form.	
		Following an analysis on the reasons for absence, mental health remains as one of the top three reasons. In response, colleagues have been encouraged to attend the mindfulness course. Employees also receive support from Occupational Health and staff counsellors.	
		A Health and Wellbeing booklet has been developed and circulated to all line managers for promotion to all staff. The booklet focuses on wellbeing and includes guidance and support on the Occupational Health Service including counselling, stress management, smoking, alcohol and exercise.	
	213.03 FTE qualified staff nurse vacancies.	An update on the Trust Recruitment Improvement plan has been presented at Executive Board and Workforce (Well Led) Committee in June 2017. The Recruitment Improvement plan was developed following the Stepchange report in February 2016 based on the 64 recommendations and was presented to the executive team and Workforce (Well Led) Committee in December 2016. The Executive Board requested that Recruitment commission a further report from Stepchange to review the progress made in Q4 2016/17. Stepchange returned in March 2017 and created the recruitment process review and presented their findings. Significant improvements have been made in publishing adverts (85% advertised within 3 days of approval), closing adverts and commencing shortlisting (managers notified within 24 hours), inviting to interview including reminders to candidates (88% within 1 day), conditional offer process (50% sent within 2 days of new starter checklist received) and pre employment checks (reduced from 43.4 days to 26.3 on average). Further work is required is improved the requisition form and visibility to managers (approval is taking on average 14 days plus 4 days chasing missing information/documents), shortlisting being completed within 3 days (on average this takes managers 9 days to complete) and interview process – recording DNAs, improved reminders and information being returned (on average the new start checklist is returned 7 days after interview).	31st March 2018
	The Healthcare Scientists staff group has the highest Vacancy Rate at 22.2% with 29.92 FTE vacancies as at 1st June 2017.	Since the Stepchange review in April 2017, the Recruitment and Medical HR departments have implemented a new recruitment system, Trac to the Trust. Trac gives recruiting managers visibility to all of their vacancies, right through from authorisation for the advert, through to start date. It also allows them to keep up to date with any communication with candidates. Attendance at the training sessions for appointment managers has been good and further sessions have been planned at both CRH and HRI during July. Appointing managers also receive a weekly update on their vacancies, allowing the Recruitment and Medical HR department to focus their attention on any areas of the recruitment process which are experiencing longer than expected recruitment times.	Accountable : Medical Director Director of Nursing Chief Operating Officer Executive Director of Workforce and OD
	In month turnover rate of 0.89% down from 1.15% in April2017.	In addition, Trac supports the Trust in implementing 4 of the recommendations from the Stepchange recruitment process review and will allow the Trust to report on a full range of vacancy/recruitment data.	
	12 month rolling turnover is 12.0% for May2017, a slight increase from 11.89% in April 2017.	Applicants from International recruitment trip to the Philippines are progressing. 120 offers were made in country, since March 2017; 3 candidates have withdrawn, 90 are completing their training for the International English Language Test System (IELTS), 20 are due to take their IELTS exam before the end of August and 6 have passed their IELTS and are progressing with their NMC application.	
	As at 1st June 2017 the 3 Departments with 10 or more FTE and the highest number of vacancies are:	The Medical HR Team have undertaken a number of activities to improve recruitment to vacant posts. Since January 2017, the Trust has offered substantive consultant posts in Acute Medicine, Diabetes and Endocrinology, Stroke Medicine, Emergency Medicine and Ophthalmology. Another joint Divisional advert was published in the BMJ 25th March 2017. As a result of this second collaborative advert, offers have been made to substantive Consultant posts in a number of areas including Emergency Medicine.	
	Ward 2AB CRH SSU 47071014.29FTE Health Visiting Teams 47146813.40 FTE Doctors MAU 47070210.60 FTE	The Trust has established CESR programmes within a number of different specialties. A Task and Finish Group has been set up in order to implement the CESR programme. The group consist of Clinicians, Medical Education, Finance, General Managers and HR representatives. There is an advert currently in the BMJ for CESR opportunities in Emergency Medicine. The group have agreed a template Job Description whcih divisional teams can use to tailor to their needs according to the specialty. Specialties exploring this route include Radiology, Respiratory Medicine, Cardiology, Care of the Elderly and Anaesthetics. Recent adoption of the SAS charter by the Trust and the development of a protocol for attributing activity to a Senior SAS doctor will support the development of CESR roles. The Deputy Medical Director will be meeting with current SAS stakeholders to progress and embed this opportunity within the Trust.	
	There were a number of adjustments made to the establishment in April 2017 through the Business Planning process for the new financial year. There was an increase of 72.23 ftes linked to increased activity and a further 29.65 ftes linked to pressures and developments. Establishment was also added for the Enhanced Care Team of 20 ftes.	Work has been undertaken to promote the role of Physician Associates (PAs) within the Trust, and the business case was approved to recruit new PAs across Medical, Surgery and Anaesthetics and Families and Specialist Services. Interviews were held 10th June and 16 offers were made. The posts will be in Medicine and Surgery.	
	The addition of these to the establishment, whilst the staff in post fte decreased slightly, led to an increase in vacancies.		

Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	The updated Information Governance e-learning tool remains unavailable until further notice, however, an interim e-learning tool has been released which employees can now access via ESR. Compliance has increased from 74.57% in April to 76.61% in May.	Executive Board supported the introduction of an appraisal season for 2017/2018 which will run from 1st July to 31st October (to avoid overlapping with EPR implementation). From 1 April 2018 the appraisal season will run from 1 April to 30 June and annually thereafter.	31st March 2018
	Infection Control compliance has increased from 75.41% in April to 77.19% in May.	A Workforce and OD summit was held 15th May 2017, the purpose of which was to develop tools to address the specific issues highlighted by Divisions. Following the summit a paper was presented at EB 15th June 2017 highlighting 8 issues impacting on Mandatory Training compliance and recommendations for resolving these issues.	Accountable : Executive Director of Workforce and OD
	Fire Safety compliance has increased from 74.66% in April to 78.06% in May.	HR Business Partners are working with Divisions to develop plans and trajectories by the end of June 2017 to demonstrate the Division’s compliance against the target for appraisals and mandatory training for 2017/2018.	
		Additional support mechanisms will be introduced to help Divisions to deliver against the targets for Mandatory Training and Appraisals.	

Workforce Information - Key measures

16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17		YTD	Target	Threshold/Monthly	
Sickness YTD																			
Sickness Absence rate (%)	4.32%	4.31%	4.44%	4.44%	4.40%	4.33%	4.33%	4.37%	4.41%	4.42%	4.38%	4.32%	3.61%	*	3.61%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red		
Long Term Sickness Absence rate (%)	2.74%	2.85%	2.94%	2.94%	2.93%	2.90%	2.86%	2.85%	2.86%	2.83%	2.79%	2.74%	2.45%	*	2.45%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red		
Short Term Sickness Absence rate (%)	1.58%	1.45%	1.50%	1.50%	1.47%	1.43%	1.47%	1.52%	1.55%	1.58%	1.60%	1.58%	1.15%	*	1.15%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red		
Sickness Monthly																			
Sickness Absence rate (%)	-	4.25%	4.72%	4.44%	4.21%	3.99%	4.33%	4.63%	4.71%	4.52%	4.02%	3.71%	3.61%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red		
Long Term Sickness Absence rate (%)	-	2.89%	3.13%	2.94%	2.88%	2.75%	2.61%	2.79%	2.95%	2.62%	2.28%	2.29%	2.45%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red		
Short Term Sickness Absence rate (%)	-	1.35%	1.59%	1.50%	1.34%	1.24%	1.72%	1.84%	1.76%	1.90%	1.73%	1.41%	1.15%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red		
Attendance Management KPIs																			
Sickness returns submitted per month (%)	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*	-	100.00%	100% Green 95%-99% Amber <95% Red		
Return to work Interviews (%)	66.28%	44.35%	52.41%	58.35%	66.40%	61.20%	71.93%	69.36%	78.80%	69.08%	76.37%	71.06%	45.52%	*	-	100.00%	90% Green 65%-89% Amber <65% Red		
Number of cases progressing/not progressing from short term absence to long term absence	-	53/566	75/615	88/577	79/512	79/546	89/760	103/737	97/763	119/773	77/678	88/603	97/514	*	-	-			
Long Term Sickness cases with a defined action plan	-	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% Green 95%-99% Amber <95% Red		
Number of short term absence cases managed at each stage in the formal procedure	-	441	493	557	536	609	693	716	913	913	905	1065	944	*	-	-			
Number of visits to dedicated intranet web pages.	-	1519	1874	1924	3004	3584	3584	3628	3999	4102	4371	3436	2684	2885	-	-			
Staff in Post																			
Staff in Post Headcount	6096	5820	5844	5846	5898	5939	5984	6006	6007	6060	6065	6096	6066	6068	-	-			
Staff in Post (FTE)	5305.80	5076.20	5099.00	5094.40	5141.20	5173.40	5213.40	5233.80	5233.90	5281.40	5281.10	5305.80	5274.40	5278.92	-	-			
Staff Movements																			
Turnover rate (%)	-	0.87%	1.32%	1.17%	1.16%	1.28%	0.86%	0.82%	0.88%	0.72%	0.73%	0.96%	1.15%	0.89%	-	-			
Executive Turnover (%)	-	0.00%	0.00%	6.67%	0.00%	0.00%	6.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-			
Turnover rate (%) (Rolling 12m)	11.58%	14.36%	14.33%	14.20%	14.12%	13.04%	12.92%	12.54%	12.35%	11.90%	11.95%	11.58%	11.89%	12.00%	-	-			
Vacancies																			
Establishment (Position FTE)**	5603.00	5575.37	5618.44	5591.64	5592.37	5568.30	5597.54	5587.55	5598.85	5589.78	5587.99	5603.00	5738.96	5681.65	-	-			
Vacancies (FTE)**	305.58	496.71	514.63	487.76	459.03	376.35	402.49	355.07	355.20	299.59	292.53	305.58	434.53	393.09	-	-			
Vacancies (%)**	5.45%	8.91%	9.16%	8.72%	8.21%	6.76%	7.19%	6.35%	6.34%	5.36%	5.24%	5.45%	7.57%	6.92%	-	-			
Proportion of Temporary (Agency) Staff	-	5.55%	4.82%	4.59%	4.29%	4.03%	3.59%	2.89%	3.14%	3.69%	3.54%	4.34%	3.10%	*	-	-			
Agency Spend*	£23.44M	£2.44M	£2.31M	£2.25M	£2.17M	£1.87M	£1.78M	£1.47M	£1.55M	£1.95M	£1.68M	£1.85M	£1.36M	*	£1.36M	-			
Hard Truths																			
Hard Truths Summary - Nurses/Midwives	-	90.06%	83.01%	78.60%	80.42%	81.12%	83.35%	85.63%	85.77%	85.65%	84.68%	82.22%	85.31%	88.82%	-	100.00%			
Hard Truths Summary - Day Care Staff	-	105.97%	100.77%	102.16%	101.30%	102.80%	101.80%	104.46%	104.00%	103.32%	105.10%	106.89%	106.35%	105.91%	-	100.00%			
Hard Truths Summary - Night Nurses/Midwives	-	94.58%	92.27%	89.76%	87.55%	88.38%	89.67%	92.01%	90.93%	91.92%	90.45%	88.25%	91.90%	95.96%	-	100.00%			
Hard Truths Summary - Night Care Staff	-	119.17%	119.55%	116.88%	116.33%	120.21%	123.61%	124.33%	123.36%	125.59%	133.04%	132.45%	116.05%	115.04%	-	100.00%			
FFT Staff																			
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)		79% (Q1)		80% (Q2)						% (Q4)			*	*	-	-			
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)		60% (Q1)		61% (Q2)						% (Q4)			*	*	-	-			
Mandatory Training																			
Fire Safety (1 Year Refresher) (Rolling 12m)							64.74%	66.94%	69.58%	70.99%	68.52%	73.07%	74.66%	78.06%	-	77.56%	100% planned position (100% at 31 March 2018)		
Information Governance (1 Year Refresher) (Rolling 12m)							70.65%	70.47%	70.55%	64.86%	60.29%	71.84%	74.57%	76.61%	-	76.53%	100% planned position (100% at 31 March 2018)		
Infection Control (1 Year Refresher) (Rolling 12m)							71.35%	70.74%	71.89%	68.94%	66.23%	73.28%	75.41%	77.19%	-	77.73%	100% planned position (100% at 31 March 2018)		
Manual Handling (2 Year Refresher) (Rolling 12m)		88.25%	88.89%	89.18%	88.06%	87.71%	88.05%	88.49%	88.77%	89.25%	89.80%	91.00%	91.47%	90.47%	-	92.50%	100% planned position (100% at 31 March 2018)		
Safeguarding (3 Year Refresher) (Rolling 12m)		81.09%	81.37%	81.90%	80.98%	80.70%	80.60%	80.73%	81.44%	82.07%	83.05%	84.68%	85.51%	85.04%	-	87.23%	100% planned position (100% at 31 March 2018)		
Appraisal																			
Appraisal (1 Year Refresher) (Year To Date)		4.28%	6.77%	11.33%	18.22%	31.16%	52.94%	62.39%	71.49%	77.15%	82.94%	96.57%	0.81%	2.77%	2.77%	0.00%	0% planned position (100% at 31 October 2017)		
Appraisal (1 Year Refresher) (Rolling)								75.97%	77.23%	80.34%	83.91%	96.57%	92.17%	87.62%	-	100.00%			

*

Data one month behind

**

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

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

Workforce

WORKFORCE

Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	60	47	78	213	- 5	393
Staff in post (WTE)	637	1,232	532	1,663	1,224	5,289
% Vacancies	9%	4%	13%	11%	0%	7%

Vacancies

At the end of Month 2 the Trust was carrying 393 vacancies, 7% of the total establishment. Medical vacancies remain unchanged at 13%. Nursing vacancies have reduced slightly to 11% of establishment.

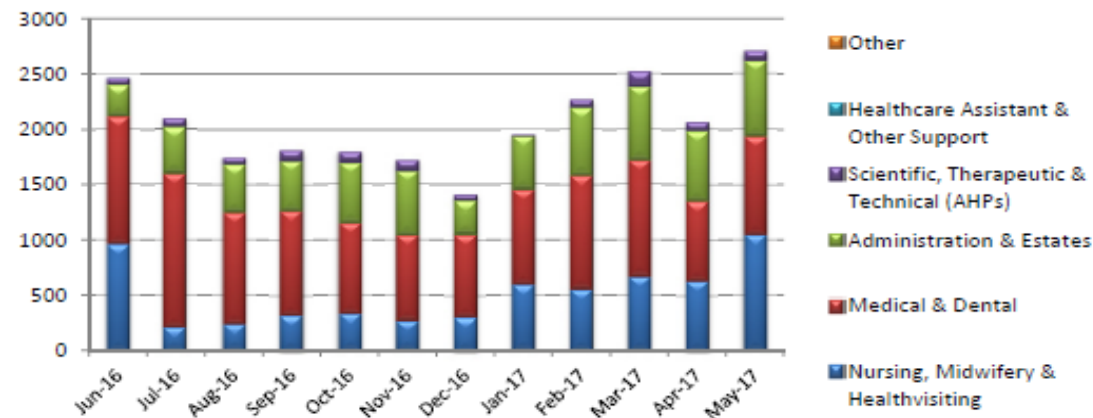
Agency rate cap

Overall Cap breaches were higher than at any point previously in the last 12 months, with a particular increase in Nursing breaches.

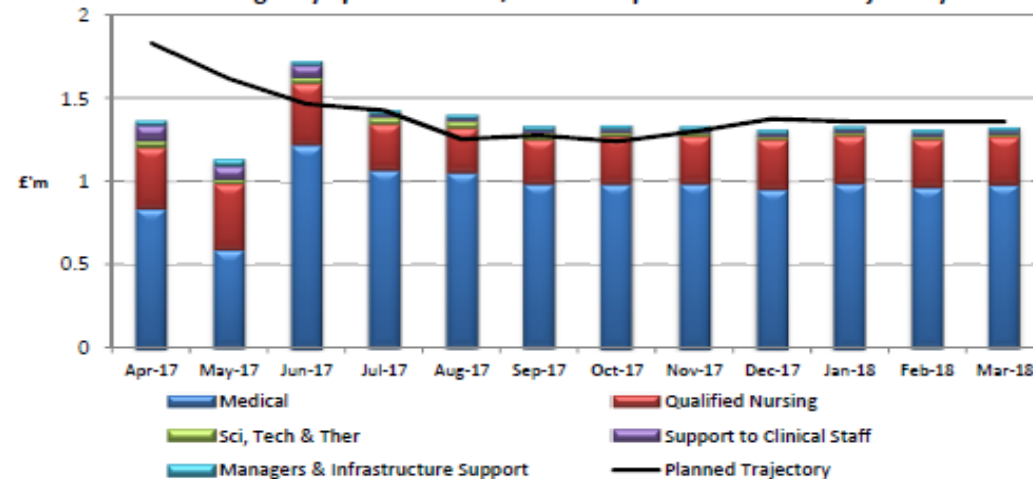
Agency ceiling

Total reported agency spend in month was £1.14m; lower than the planned value of £1.62m and the NHS Improvement Agency Ceiling. This value excludes agency expenditure capitalised as part of EPR implementation costs. There has been some reduction in the underlying level of Agency expenditure compared to 16/17 levels linked to staff moving onto payroll and the filling of vacancies, but Divisions are forecasting higher levels of agency expenditure for future months and whilst the Trust is forecasting to achieve the £16.86m ceiling for the year, this remains a risk.

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



Hard Truths: Safe Staffing Levels

Description	Aggregate Position	Trend	Variation
Registered Staff Day Time Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	88.82% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% -WARD 5AD : 70.3% -WARD 17 : 68.1%
Registered Staff Night Time Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	95.96% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% -WARD 3ABCD : 64.4% -WARD 18 : 12.0%
Clinical Support Worker Day Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	105.91 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at day <75% -WARD 17 : 66.7% -WARD 8AB : 65.9% -WARD 15 : 66.7%
Clinical Support Worker Night Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	115.04 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% -WARD NICU : 64.5%

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	Main Specialty on Each Ward	DAY						NIGHT					
		Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual		
CRH MAU	GENERAL MEDICINE	2376	2266.1	1539	1639	95.4%	106.5%	1364	1531	1023	874.5	112.2%	85.5%
HRI MAU	GENERAL MEDICINE	2743.5	2548.5	1674	2207.3	92.9%	131.9%	1364	1669	1023	1452	122.4%	141.9%
WARD 2AB	GENERAL MEDICINE	1906.5	1697.8	1209	1492.5	89.1%	123.4%	1364	1452	682	748	106.5%	109.7%
HRI Ward 5 (previously ward 4)	GERIATRIC MEDICINE	1674	1582	1209	1608.5	94.5%	133.0%	1023	1100	1023	1364	107.5%	133.3%
HRI Ward 11 (previously Ward 5)	CARDIOLOGY	2083.5	1918	1014	1027.9	92.1%	101.4%	1364	1327	682	649	97.3%	95.2%
WARD 5AD	GERIATRIC MEDICINE	2139	1503.5	1581	2135.5	70.3%	135.1%	1364	1320	1364	1381	96.8%	101.2%
WARD 5C	GENERAL MEDICINE	1069.5	1043	837	864.5	97.5%	103.3%	682	693	341	462	101.6%	135.5%
WARD 6	GENERAL MEDICINE	1674	1607	1209	1089.5	96.0%	90.1%	1023	1012	682	682	98.9%	100.0%
WARD 6BC	GENERAL MEDICINE	1674	1770.5	1209	1272.5	105.8%	105.3%	1364	1386	682	704	101.6%	103.2%
WARD 5B	GENERAL MEDICINE	1209	945	744	1283.5	78.2%	172.5%	682	693	682	836	101.6%	122.6%
WARD 6A	GENERAL MEDICINE	976.5	878.5	976.5	749	90.0%	76.7%	682	682	341	495	100.0%	145.2%
WARD 8C	GENERAL MEDICINE	1069.5	845.5	976.5	1153	79.1%	118.1%	682	683	341	403	100.1%	118.2%
WARD CCU	GENERAL MEDICINE	1674	1473.5	372	340	88.0%	91.4%	1023	1052	0	24	102.8%	-
WARD 6D	GENERAL MEDICINE	1674	1439.9	837	863.5	86.0%	103.2%	1023	1313	682	781	128.3%	114.5%
WARD 7AD	GENERAL MEDICINE	1674	1468	1581	1757.3	87.7%	111.2%	1023	1100	1023	1056	107.5%	103.2%
WARD 7BC	GENERAL MEDICINE	1674	1576	1581	1572	94.1%	99.4%	1023	1100	1023	979	107.5%	95.7%
WARD 8	GERIATRIC MEDICINE	1441.5	1286	1209	2059	89.2%	170.3%	1023	913	1023	1573	89.2%	153.8%
WARD 12	MEDICAL ONCOLOGY	1674	1319	837	765	78.8%	91.4%	1023	858	341	627	83.9%	183.9%
WARD 17	GASTROENTEROLOGY	2046	1393.88	1209	1072.5	68.1%	88.7%	1023	682	682	682	66.7%	100.0%
WARD 21	REHABILITATION	1209	1079.5	976.5	1194.5	89.3%	122.3%	682	737	682	694	108.1%	101.8%
ICU	CRITICAL CARE	3900	3519.45	795	663.5	90.2%	83.5%	3921.5	3449	0	0	88.0%	-
WARD 3	GENERAL SURGERY	945.5	1086	761.5	818	114.9%	107.4%	713	713	356.5	356.5	100.0%	100.0%
WARD 8AB	TRAUMA & ORTHOPAEDICS	1068	893	964	764.5	83.6%	79.3%	977.5	644.5	264.5	437	65.9%	165.2%
WARD 8D	ENT	821.5	814.5	821.5	719.5	99.1%	87.6%	713	552	0	172.5	77.4%	-
WARD 10	GENERAL SURGERY	1302	1296	589	759.5	99.5%	128.9%	1069.5	861	356.5	713	80.5%	200.0%
WARD 15	GENERAL SURGERY	1566	1429.5	1083.5	1097	91.3%	101.2%	1069.5	713	356.5	1058	66.7%	296.8%
WARD 19	TRAUMA & ORTHOPAEDICS	1751.5	1423	1286.5	1444.5	81.2%	112.3%	1069.5	1035	1069.5	1115.5	96.8%	104.3%
WARD 20	TRAUMA & ORTHOPAEDICS	1999.5	1572.5	1410.5	1461	78.6%	103.6%	1069.5	1012	1069.5	1069.4	94.6%	100.0%
WARD 22	UROLOGY	1178	1115	1178	1117.5	94.7%	94.9%	713	713	713	713	100.0%	100.0%
SAU HRI	GENERAL SURGERY	1891	1658.5	977.5	914	87.7%	93.5%	1426	1368.5	356.5	379.5	96.0%	106.5%
WARD LDRP	OBSTETRICS	4278	3794.1	945.5	731	88.7%	77.3%	4278	3862	713	667	90.3%	93.5%
WARD NICU	PAEDIATRICS	2247.5	1950.5	930	713.5	86.8%	76.7%	2139	1943.5	713	460	90.9%	64.5%
WARD 1D	OBSTETRICS	1242	1242.5	356.5	360	100.0%	101.0%	713	713	356.5	343.5	100.0%	96.4%
WARD 3ABCD	PAEDIATRICS	3140.5	2604	1208	777.5	82.9%	64.4%	2495.5	2444	356.5	341.8	97.9%	95.9%
WARD 4C	GYNAECOLOGY	713	713	465	405.5	100.0%	87.2%	713	735.5	356.5	356.5	103.2%	100.0%
WARD 9	OBSTETRICS	1069.5	966	356.5	328	90.3%	92.0%	713	713	356.5	310.5	100.0%	87.1%
WARD 18	PAEDIATRICS	793.5	741	138	16.5	93.4%	12.0%	713	701.5	0	23	98.4%	-
Trust		63568.5	56459.73	37047	39237.5	88.82%	105.91%	45307.5	43476.5	21716.5	24983.2	95.96%	115.04%

Hard Truths: Safe Staffing Levels

Care Hours per Patient Day

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

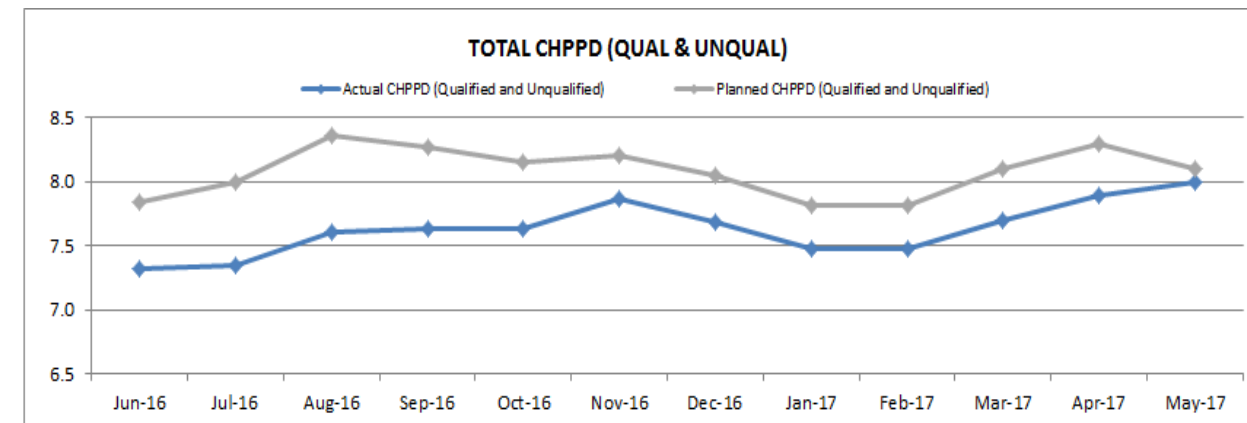
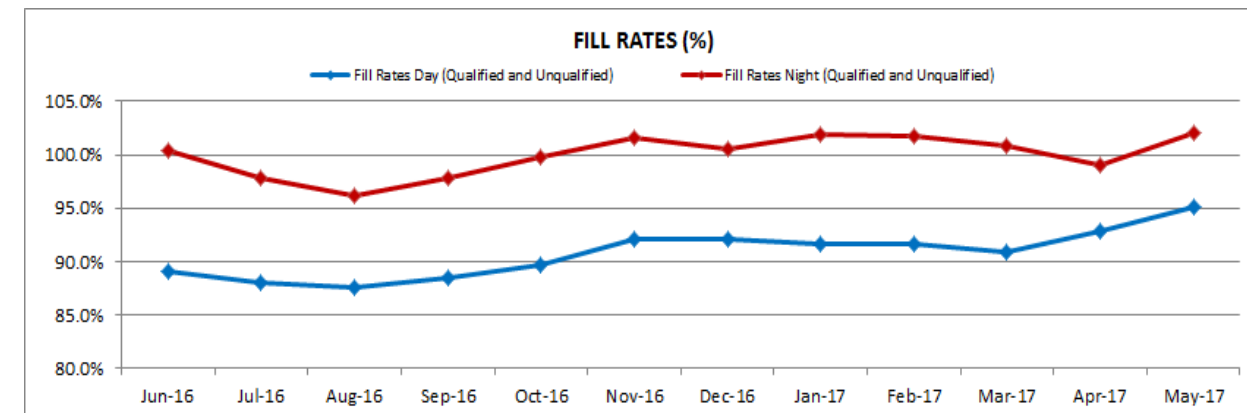
	Mar-17	Apr-17	May-17
Fill Rates Day (Qualified and Unqualified)	90.90%	92.80%	95.10%
Fill Rates Night (Qualified and Unqualified)	100.90%	99.10%	102.10%

Planned CHPPD (Qualified and Unqualified)	8.1	8.3	8.1
Actual CHPPD (Qualified and Unqualified)	7.7	7.9	8

A review of May 2017 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 22 clinical areas of the 37 reviewed having CHPPD less than planned.

2 areas reported CHPPD as planned. 13 areas reported CHPPD slightly in excess of those planned.

Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.



EXECUTIVE SUMMARY: Trust Financial Overview as at 31st May 2017 - Month 2

KEY METRICS

	Key Metrics												
	M2				YTD (MAY 2017)				Forecast 17/18				
	Plan	Actual	Var		Plan	Forecast	Var		Plan	Forecast	Var		
	£m	£m	£m		£m	£m	£m		£m	£m	£m		
I&E: Surplus / (Deficit) Control Total basis	(£2.10)	(£2.12)	(£0.02)	🟡	(£6.14)	(£6.14)	£0.00	🟢	1	(£15.94)	(£15.94)	£0.00	🟢
Agency Expenditure	(£1.62)	(£1.14)	£0.48	🟢	(£3.45)	(£2.50)	£0.95	🟢	1	(£16.86)	(£16.33)	£0.53	🟢
Capital	£2.31	£1.78	£0.53	🟡	£3.66	£3.08	£0.58	🟡	1	£14.39	£14.39	£0.00	🟢
Cash	£1.91	£1.90	(£0.01)	🟡	£1.91	£1.90	(£0.01)	🟡	1	£1.91	£1.90	(£0.00)	🟡
Borrowing (Cumulative)	£71.76	£71.69	(£0.07)	🟢	£71.76	£71.69	(£0.07)	🟢	1	£87.62	£87.62	(£0.00)	🟢
CIP	£0.73	£0.69	(£0.04)	🟡	£1.43	£1.31	(£0.11)	🟡	1	£20.00	£20.00	(£0.00)	🟢
Use of Resource Metric	3	3		🟡	3	3		🟡	1	3	3		🟡

INCOME AND EXPENDITURE SUMMARY

	M2				YTD (MAY 2017)				Forecast 17/18			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Actual	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
Total Income	£31.59	£30.08	(£1.51)	●	£61.22	£59.05	(£2.17)	●	£374.74	£371.29	(£3.45)	●
Pay	(£20.77)	(£20.14)	£0.63	●	(£41.60)	(£40.54)	£1.06	●	(£241.10)	(£238.86)	£2.24	●
Non Pay	(£10.88)	(£9.97)	£0.92	●	(£21.70)	(£20.47)	£1.23	●	(£124.55)	(£122.78)	£1.77	●
Total Expenditure	(£31.66)	(£30.11)	£1.55	●	(£63.29)	(£61.00)	£2.29	●	(£365.65)	(£361.64)	£4.01	●
EBITDA	(£0.06)	(£0.03)	£0.04	●	(£2.08)	(£1.96)	£0.12	●	£9.09	£9.65	£0.56	●
Non Operating Expenditure	(£2.03)	(£2.10)	(£0.08)	●	(£4.05)	(£4.20)	(£0.15)	●	(£38.93)	(£39.49)	(£0.56)	●
Surplus / (Deficit)	(£2.09)	(£2.13)	(£0.04)	●	(£6.12)	(£6.15)	(£0.03)	●	(£29.84)	(£29.84)	£0.00	●
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	●	(£0.02)	£0.01	£0.03	●	£13.90	£13.90	£0.00	●
Less: Incentive / Bonus STF funding												
Surplus / (Deficit) Control Total basis	(£2.10)	(£2.12)	(£0.02)	●	(£6.14)	(£6.14)	£0.00	●	(£15.94)	(£15.94)	£0.00	●

CLINICAL ACTIVITY

	M2				YTD (MAY 2017)				Forecast 17/18			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Actual	Var	
Elective	677	546	(131)	●	1,257	1,116	(141)	●	7,958	7,770	(188)	●
Non-Elective	4,298	4,408	111	●	8,436	8,622	187	●	50,873	50,975	102	●
Daycase	3,241	3,088	(152)	●	6,019	5,883	(135)	●	38,132	38,987	854	●
Outpatient	30,589	26,764	(3,825)	●	56,809	52,410	(4,399)	●	359,602	349,020	(10,582)	●
A&E	13,766	13,659	(108)	●	26,045	26,325	279	●	155,414	155,693	279	●
Other NHS Non-Tariff	133,801	144,058	10,257	●	260,529	265,662	5,133	●	1,622,121	1,627,975	5,854	●
Other NHS Tariff	11,311	11,688	378	●	21,538	20,804	(734)	●	133,242	132,430	(812)	●
Total	197,683	204,211	6,529		380,633	380,823	190		2,367,343	2,362,850	(4,493)	

- Reported year to date Deficit position in line with agreed control total of £6.14m,
- Capital expenditure is below plan,
- Cash position is in line with plan at £1.90m.
- Delivery of CIP is behind the planned level at £1.31m against a planned level of £1.43m.
- A Use of Resources score of level 3, in line with the plan.

The Month 2 planned position is a deficit of £6.14m on a control total basis, including year to date Sustainability and Transformation funding (STF) of £1.01m. However, the financial position is extremely precarious with activity and income below the planned level. EPR implementation has had a significant short term impact on both productivity and the capture of activity data. Prior to any action being taken to assume either clawback of activity capture or overlay of other non-recurrent benefits, the month 2 position was a deficit of £10.8m, a £3.7m adverse variance to plan.

Month 2 prior to action: adverse variance to plan (£3.7m)

Add back: Assessment of missing activity data £2.6m
Non-recurrent benefits £1.1m

Month 2 position to report: nil variance to plan £0.0m

Total reported agency spend in month was £1.14m; lower than the planned value of £1.62m and the NHS Improvement Agency Ceiling, however this value excludes agency expenditure capitalised as part of EPR implementation costs. The number of reported Agency Cap breaches was the highest for 12 months with a significant increase in the number of Nursing Price Cap breaches.

The forecast continues to assume that the Trust will achieve its Control Total and secure the £10.1m STF allocation. However, the risk of failing to achieve our target deficit of £15.94m has increased and immediate action is required to stabilise the financial position.

Safe

Caring

Effective

Responsive

Workforce

Efficiency/Finance

Activity

CQUIN

Summary

Activity

Income

Workforce

Expenditure

STF

CIP

SLR

Capital

Cash

UOR

Forecast

Risks

Trust Financial Overview as at 31st May 2017 - Month 2

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M2

CLINICAL ACTIVITY

	M2 Plan	M2 Actual	Var	
Elective	1,257	1,116	(141)	
Non-Elective	8,436	8,622	187	
Daycase	6,019	5,883	(135)	
Outpatient	56,809	52,410	(4,399)	
A&E	26,045	26,325	279	
Other NHS Non-Tariff	260,529	265,662	5,133	
Other NHS Tariff	21,538	20,804	(734)	
Total	380,633	380,823	190	

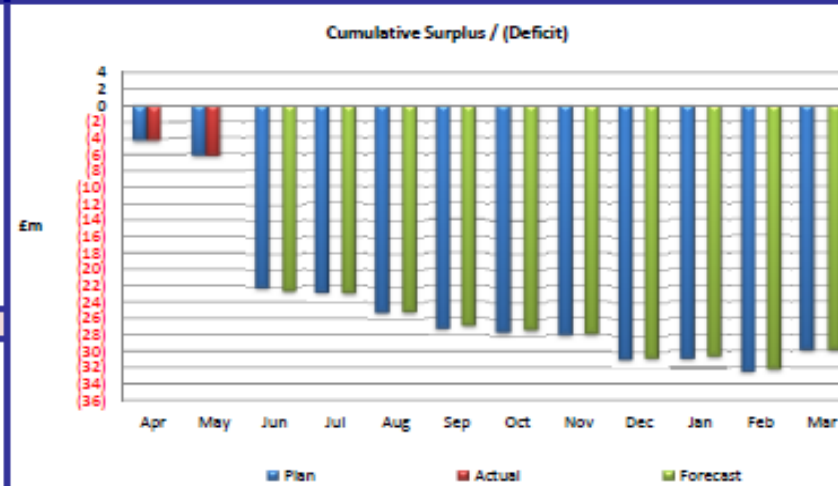
TRUST: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Elective	£3.53	£3.12	(£0.41)	
Non Elective	£15.87	£15.93	£0.06	
Daycase	£4.19	£4.08	(£0.10)	
Outpatients	£6.61	£5.99	(£0.61)	
A & E	£3.22	£3.25	£0.02	
Other-NHS Clinical	£19.56	£18.40	(£1.16)	
CQUIN	£1.17	£1.11	(£0.06)	
Other Income	£7.06	£7.16	£0.10	
Total Income	£61.22	£59.05	(£2.17)	
Pay	(£41.60)	(£40.54)	£1.06	
Drug Costs	(£5.83)	(£5.60)	£0.23	
Clinical Support	(£5.44)	(£4.53)	£0.91	
Other Costs	(£8.40)	(£8.31)	£0.09	
PFI Costs	(£2.03)	(£2.03)	£0.00	
Total Expenditure	(£63.29)	(£61.00)	£2.29	
EBITDA	(£2.08)	(£1.96)	£0.12	
Non Operating Expenditure	(£4.05)	(£4.20)	(£0.15)	
Surplus / (Deficit)	(£6.12)	(£6.15)	(£0.03)	
Less: Items excluded from Control Total	(£0.02)	£0.01	£0.03	
Surplus / (Deficit) Control Total basis	(£6.14)	(£6.14)	£0.00	

DIVISIONS: INCOME AND EXPENDITURE

	M2 Plan	M2 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£2.57	£2.07	(£0.50)	
Medical	£4.33	£3.99	(£0.34)	
Families & Specialist Services	(£0.55)	(£0.98)	(£0.43)	
Community	£0.49	£0.63	£0.14	
Estates & Facilities	(£4.39)	(£4.45)	(£0.05)	
Corporate	(£5.01)	(£5.00)	£0.01	
THIS	(£0.12)	(£0.08)	£0.04	
PMU	£0.44	£0.40	(£0.04)	
Central Inc/Technical Accounts	(£3.24)	(£2.74)	£0.50	
Reserves	(£0.67)	£0.00	£0.67	
Unallocated CIP	£0.03	£0.00	(£0.03)	
Surplus / (Deficit)	(£6.12)	(£6.15)	(£0.03)	

TRUST SURPLUS / (DEFICIT)

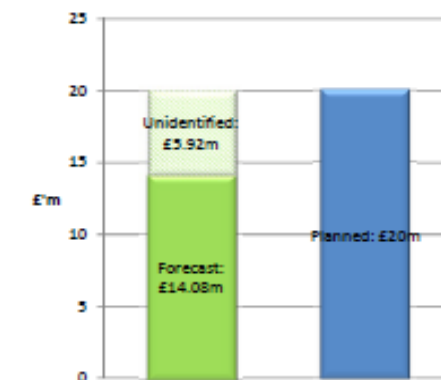


KEY METRICS

	Year To Date			Year End Forecast			
	M2 Plan	M2 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
N&E Surplus / (Deficit)	(£6.14)	(£6.14)	£0.00	(£15.94)	(£15.94)	£0.00	
Capital	£3.66	£3.08	£0.58	£14.39	£14.39	£0.00	
Cash	£1.91	£1.90	(£0.01)	£1.91	£1.90	(£0.00)	
Loans	£71.76	£71.69	(£0.07)	£87.62	£87.62	(£0.00)	
CIP	£1.43	£1.31	(£0.11)	£20.00	£20.00	(£0.00)	
Use of Resource Metric	3	3		3	3		

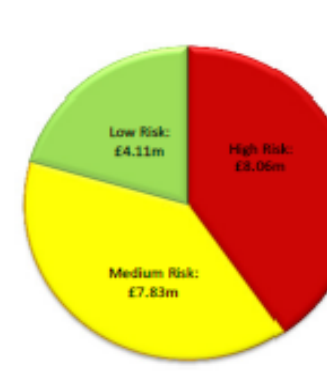
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £20m

CIP - Risk



Total Forecast

£20m

YEAR END 2017/18

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	7,958	7,770	(188)	
Non-Elective	50,873	50,975	102	
Daycase	38,132	38,987	854	
Outpatient	359,602	349,020	(10,582)	
A&E	155,414	155,693	279	
Other NHS Non-Tariff	1,622,121	1,627,975	5,854	
Other NHS Tariff	133,242	132,430	(812)	
Total	2,367,343	2,362,850	(4,493)	

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£22.36	£22.29	(£0.07)	
Non Elective	£95.53	£94.41	(£1.11)	
Daycase	£26.51	£26.78	£0.27	
Outpatients	£41.84	£40.76	(£1.08)	
A & E	£19.24	£19.26	£0.02	
Other-NHS Clinical	£122.22	£120.74	(£1.48)	
CQUIN	£6.99	£6.80	(£0.20)	
Other Income	£40.05	£40.26	£0.20	
Total Income	£374.74	£371.29	(£3.45)	
Pay	(£241.10)	(£238.86)	£2.24	
Drug Costs	(£35.34)	(£35.14)	£0.19	
Clinical Support	(£32.76)	(£30.90)	£1.85	
Other Costs	(£44.27)	(£44.32)	(£0.05)	
PFI Costs	(£12.19)	(£12.42)	(£0.23)	
Total Expenditure	(£365.65)	(£361.64)	£4.01	
EBITDA	£9.09	£9.65	£0.56	
Non Operating Expenditure	(£38.93)	(£39.49)	(£0.56)	
Surplus / (Deficit)	(£29.84)	(£29.84)	£0.00	
Less: Items excluded from Control Total	£13.90	£13.90	£0.00	
Surplus / (Deficit) Control Total basis	(£15.94)	(£15.94)	£0.00	

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£21.30	£20.80	(£0.50)	
Medical	£28.72	£28.38	(£0.34)	
Families & Specialist Services	(£0.61)	(£1.04)	(£0.43)	
Community	£2.36	£2.36	(£0.00)	
Estates & Facilities	(£25.71)	(£25.77)	(£0.05)	
Corporate	(£29.94)	(£29.92)	£0.01	
THIS	(£0.08)	(£0.08)	(£0.00)	
PMU	£2.75	£2.75	(£0.00)	
Central Inc/Technical Accounts	(£29.92)	(£30.15)	(£0.23)	
Reserves	(£2.00)	(£0.45)	£1.55	
Unallocated CIP	£3.30	£3.30	£0.00	
Surplus / (Deficit)	(£29.84)	(£29.84)	£0.01	

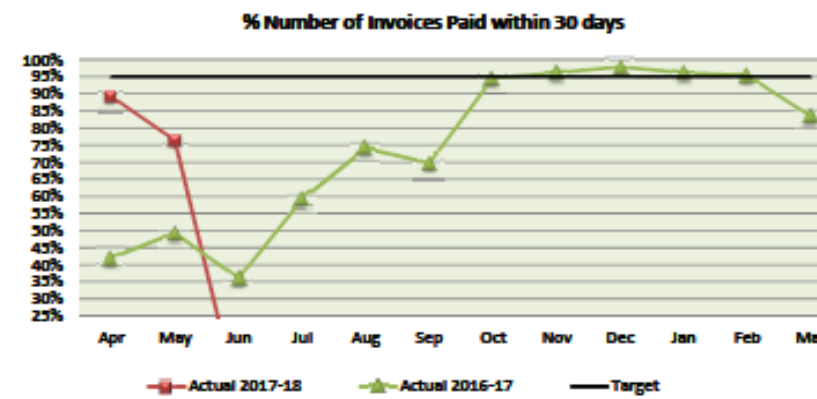
Trust Financial Overview as at 31st May 2017 - Month 2

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

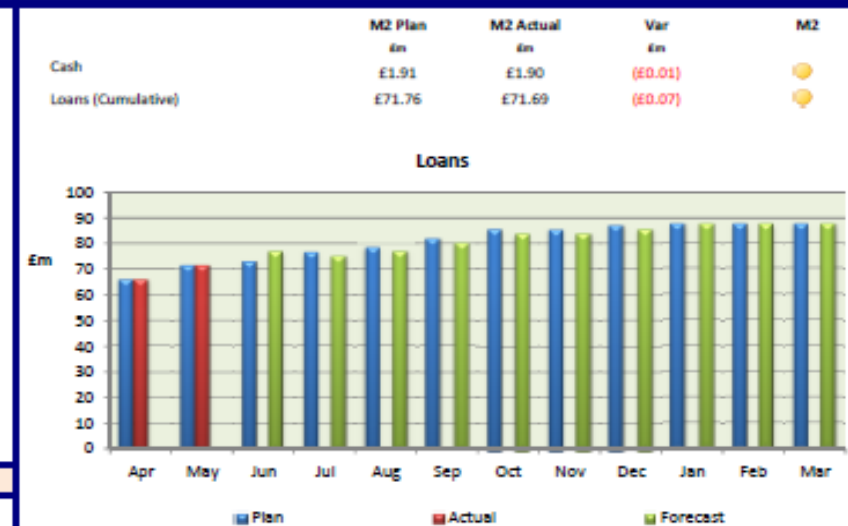
WORKING CAPITAL



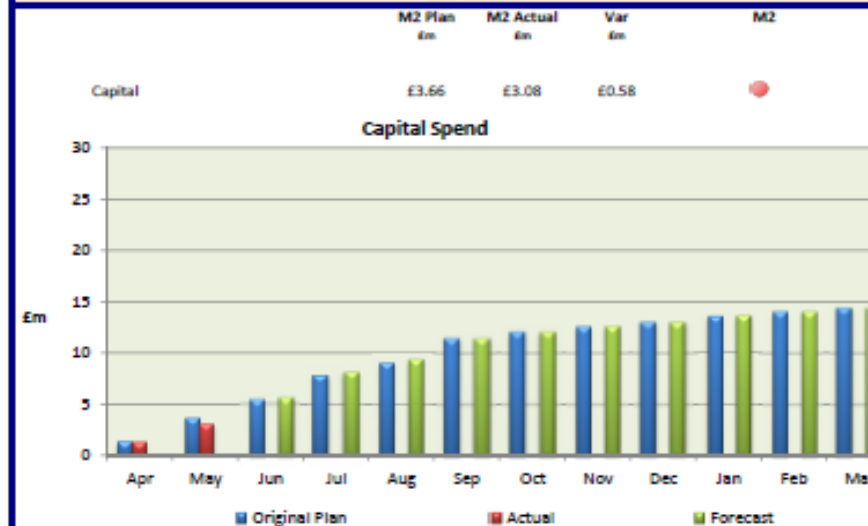
BETTER PAYMENT PRACTICE CODE



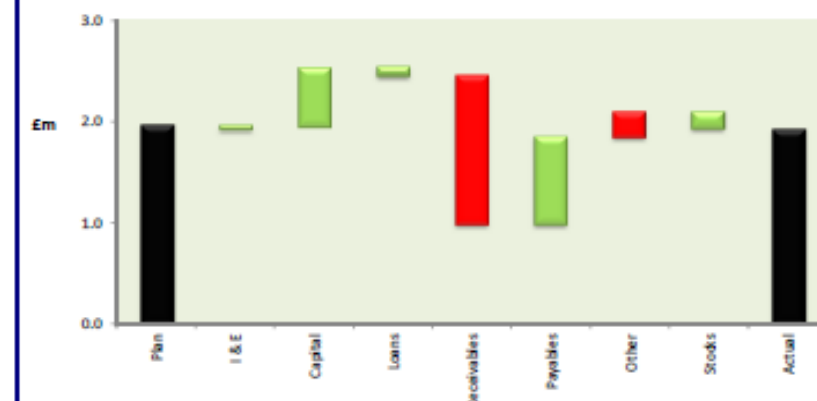
CASH



CAPITAL



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £6.15m versus a planned deficit of £6.12m. This includes £0.02m net benefit excluded for Control Total purposes: The I&E impact of Donated Assets (£0.02m).
- The year to date position assumes receipt of the full allocation of Sustainability and Transformation Funding (STF) of £1.01m.
- Activity continued to be behind plan in Month 2, driven by lower than planned Outpatient and Elective activity. In addition to this underlying underperformance, £2.6m of clinical income has been included as an estimate to reflect coding and capture issues linked to EPR implementation.
- Capital expenditure year to date is behind plan at £3.08m against a planned £3.66.
- Cash balance is as planned at £1.90m.
- Trust borrowing in month was slightly below the planned level. Year to date the Trust has borrowed £10.74m to support the deficit and delayed STF funding.
- CIP schemes delivered £1.31m, £0.11m less than the year to date target of £1.43m.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 2 (planned as 1).

NOTES

- The Trust is forecasting to achieve the planned year end Control Total deficit of £15.93m. This excludes a planned £14m impairment and the I&E impact of Donated Assets which are excluded from the deficit for Control Total purposes and therefore have no impact on our STF allocation or UOR metric.
- The forecast assumes full receipt of the allocated £10.1m STF Funding, recovery of £2.6m estimated clinical income and a return to planned activity levels from Month 3.
- The forecast assumes full delivery of the £20m CIP target, of which £5.54m is currently unidentified.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £28.76m in this financial year to support both Capital and Revenue plans. The total loan balance by year end is forecast to be £87.62m as planned.
- Capital expenditure is forecast for the full year as planned at £14.39m, supported by the final £8m instalment of an existing Capital Loan facility.

RAG KEY:

(Excl: UOR)



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

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

RAG KEY: UOR

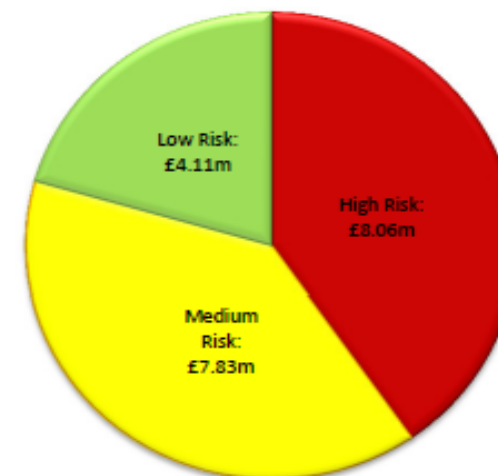


All UOR metrics are at the planned level
 Overall UOR as planned, but one or more component metrics are worse than planned
 Overall UOR worse than planned

COST IMPROVEMENT PROGRAMME

17/18 CIP					
Division	Plan	Forecast			
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m
Corporate Services	0.79	0.57	0.23	0.79	0.69
Health Informatics	0.55	0.55	0.00	0.55	0.63
Medicine	4.35	3.36	1.00	4.36	3.85
PMU	0.30	0.30	0.00	0.30	0.30
Surgery & Anaesthetics	4.89	4.88	0.09	4.97	5.69
Families & Specialist Services	4.36	2.96	0.45	3.41	3.35
Community	0.30	0.29	0.01	0.30	0.48
Estates & Facilities	1.16	1.04	0.11	1.15	1.26
Unallocated	3.30	0.78	3.40	4.18	0.78
Grand Total	20.00	14.72	5.28	20.00	17.03

CIP - Risk

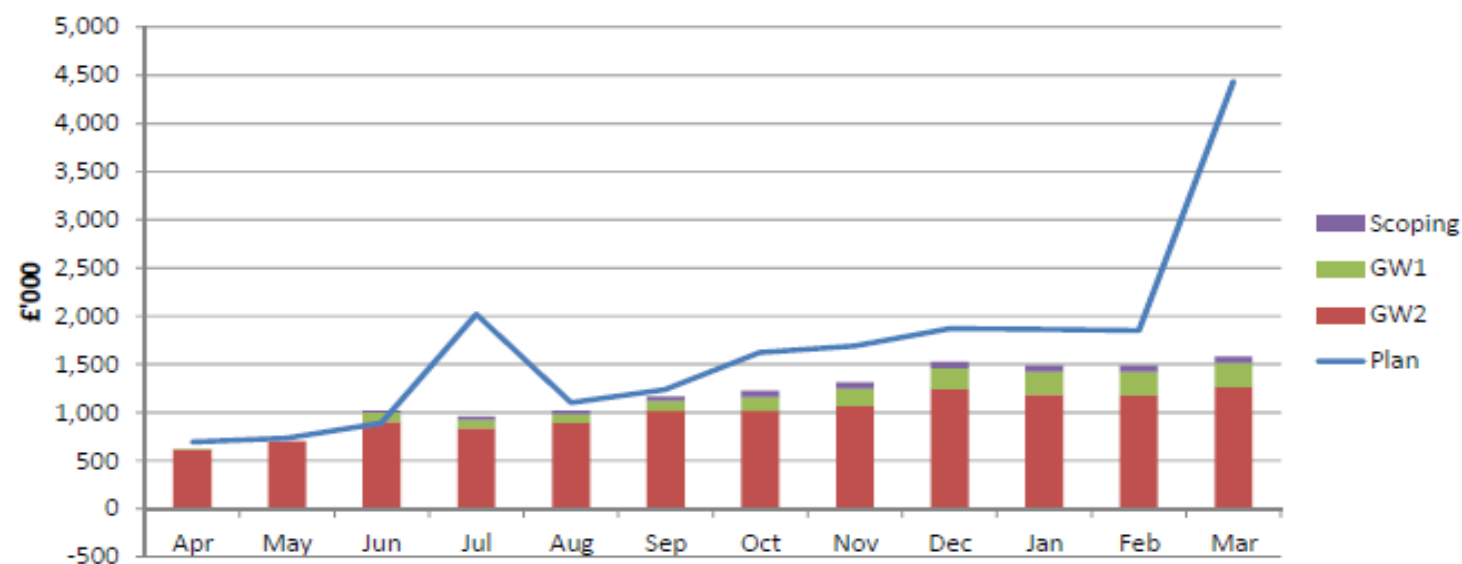


£1.31m of CIP has been delivered in the year to date against a plan of £1.43m, an under performance of £0.11m. This under performance accounts has contributed to the requirement to release contingency reserves in order to achieve the Control Total.

At this early stage in the year, the Trust is forecasting full achievement of the £20m of CIP target, but it should be noted that £5.91m of this forecast CIP remains unidentified, (an increase compared to Month 1), and £8.06m is flagged as high risk. The total CIP identified is £14.08m, with £11.9m of this forecast saving at Gateway 2.

Of the £20m CIP target, only £14.72m is forecast to be a recurrent saving. With some schemes starting part way through the year the full year effect of these schemes that will be carried forward into 18/19 is £17.03m, (£14.72m in 17/18 and the remaining £2.31m in 18/19). However, the 18/19 part year effect is not enough to offset the Non-Recurrent element of £5.28m and unless further recurrent schemes are identified this year, this shortfall of almost £3m will carry forward into next year, increasing the CIP challenge beyond the standard annual efficiency requirement.

CIP Profile by Month



CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	693	732	890	2,017	1,102	1,239	1,620	1,690	1,869	1,862	1,850	4,436	20,000
GW2	612	698	902	836	893	1,021	1,017	1,069	1,244	1,186	1,176	1,264	11,919
GW1	5	4	102	88	94	102	143	180	216	238	250	250	1,663
Scoping	-	-	13	34	34	43	63	63	63	63	63	68	503
Unidentified	-	-	10	1,043	61	74	403	391	370	362	351	2,850	5,915
Total Forecast	617	694	1,028	2,000	1,082	1,239	1,625	1,702	1,893	1,848	1,839	4,432	20,000

FORECAST

YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£22.36	£22.29	(£0.07)	●
Non Elective	£95.53	£94.41	(£1.11)	●
Daycase	£26.51	£26.78	£0.27	●
Outpatients	£41.84	£40.76	(£1.08)	●
A & E	£19.24	£19.26	£0.02	●
Other-NHS Clinical	£122.22	£120.74	(£1.48)	●
CQUIN	£6.99	£6.80	(£0.20)	●
Other Income	£40.05	£40.26	£0.20	●
Total Income	£374.74	£371.29	(£3.45)	●
Pay	(£241.10)	(£238.86)	£2.24	●
Drug Costs	(£35.34)	(£35.14)	£0.19	●
Clinical Support	(£32.76)	(£30.90)	£1.85	●
Other Costs	(£44.27)	(£44.32)	(£0.05)	●
PFI Costs	(£12.19)	(£12.42)	(£0.23)	●
Total Expenditure	(£365.65)	(£361.64)	£4.01	●
EBITDA	£9.09	£9.65	£0.56	●
Non Operating Expenditure	(£38.93)	(£39.49)	(£0.56)	●
Surplus / (Deficit)	(£29.84)	(£29.84)	£0.00	●
Less: Items excluded from Control Total	£13.90	£13.90	£0.00	●
Surplus / (Deficit) Control Total basis	(£29.84)	(£15.94)	£0.00	●

KEY METRICS

	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£15.94)	(£15.94)	£0.00	●
Capital	£14.39	£14.39	£0.00	●
Cash	£1.91	£1.90	(£0.00)	●
Borrowing	£87.62	£87.62	(£0.00)	●
CIP	£20.00	£20.00	(£0.00)	●
Use of Resource Metric	3	3	0	●

The forecast continues to assume that the Trust will achieve its Control Total and secure the £10.1m STF allocation. However, the risk of failing to achieve our target deficit of £15.94m has increased and immediate action is required to stabilise the financial position.

The Control Total excludes: Impairments, Donated Asset Income and Donated Asset Depreciation. Both plan and forecast include an impairment of £14m for EPR that is excluded from Control Total.

The forecast makes the following key assumptions:

- That the Trust is able to recover the £2.6m of estimated income in the year to date position.
- That EPR data capture issues are resolved quickly and that clinical activity returns to the planned level from Month 3 or income is recovered by the year end.
- That Divisional recovery plans can be put in place to maintain the position in line with control total from month 3 to month 12.
- That the Trust will achieve the necessary conditions to secure the £10.1m Sustainability & Transformation Fund (STF) allocation in full for both the finance (70%) and A&E performance (30%) elements of the target.
- That the Trust will achieve cost improvement savings of £20m, of which £5.92m is currently unidentified.
- That any further adverse non recurrent revenue impact of the EPR implementation will either be capitalised or offset by additional savings.
- That a programme of additional budgetary grip and control is implemented with immediate effect.

Risks:

- **Planned activity delivery and commissioner affordability:**

Clinical Activity doesn't return to the planned level post EPR; there is a delay in this recovery; or Commissioner QIPP plans are achieved in line with Contract values. The Trust will need to ensure that costs are reduced to compensate any associated loss of income.

- **CQUIN:**

The forecast assumes full delivery against CQUIN targets.

- **CIP risk:**

Only £14.08m of the £20m CIP target has been identified. The majority of this unidentified CIP is profiled in the last 6 months of the year, but despite this the Trust is already off plan year to date.

- **Sustainability & Transformation Funding (STF):**

Receipt of STF funding is contingent upon both achieving the Control Total and A&E performance. The Trust is awaiting final confirmation of the trajectory for the A&E 4 hour wait target, but it has been confirmed that 15% of the STF funding will be reliant on achievement of this A&E target. Current guidance suggests that the Trust will be expected to maintain a level of performance at least as high as that achieved in 16/17, but capped at 95%. Early indications are that EPR implementation has impacted on our performance in May.

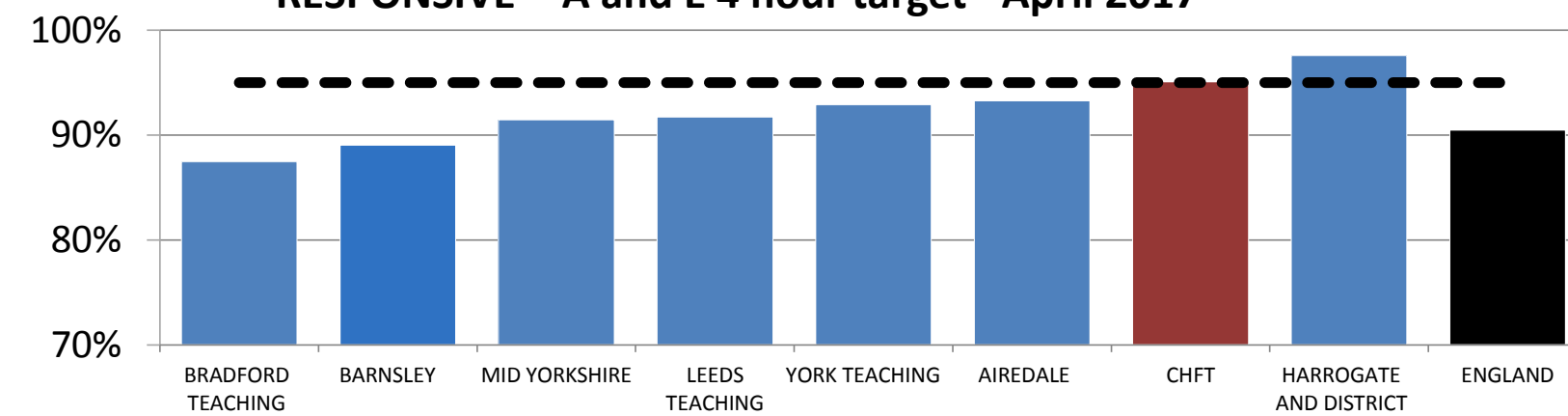
- **Apprentice Levy:**

Against payment of £1m Apprentice Levy, £0.9m was assumed to be recoverable. The emergence of further guidance suggests that it will be extremely challenging for the Trust to recover the full planned value.

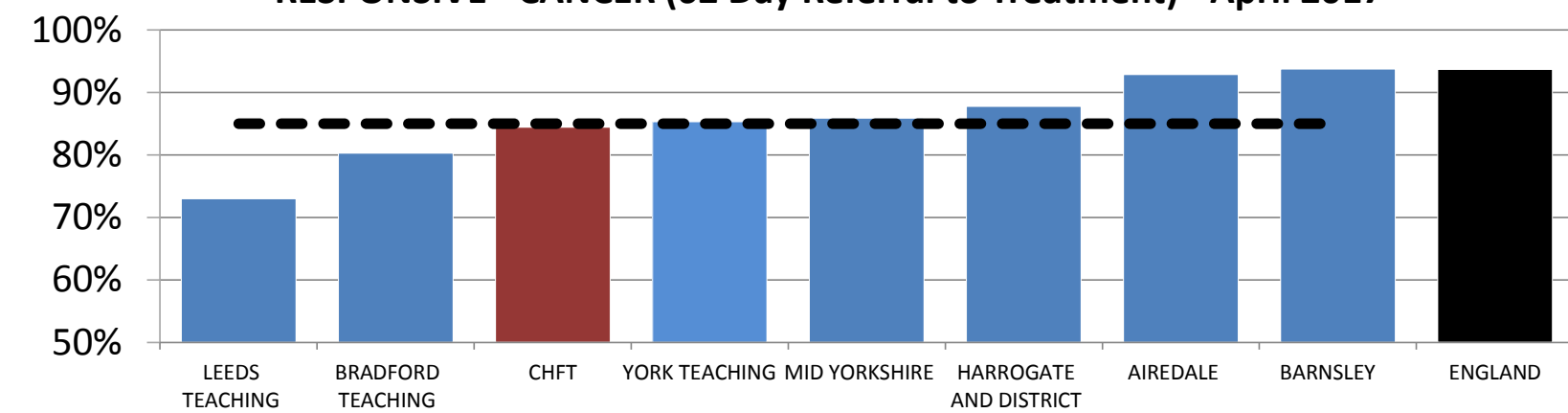
A total £2m of Contingency Reserves are in place for this financial year to offset any emerging risks. One third of this Reserve has already been released to offset pressures in the year to date position.

Benchmarking - Selected Measures

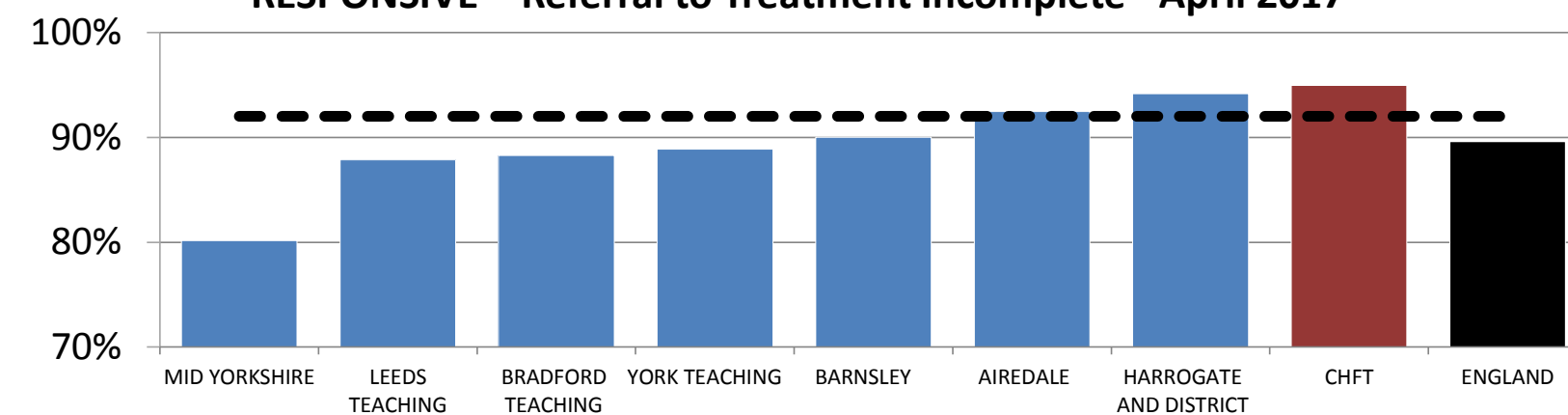
RESPONSIVE - A and E 4 hour target - April 2017



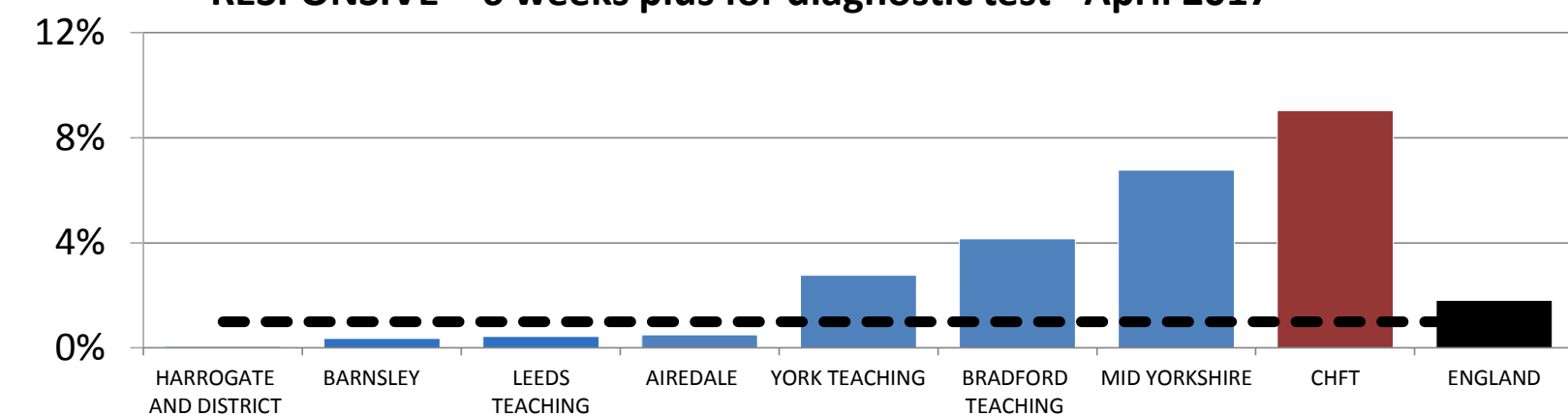
RESPONSIVE - CANCER (62 Day Referral to Treatment) - April 2017



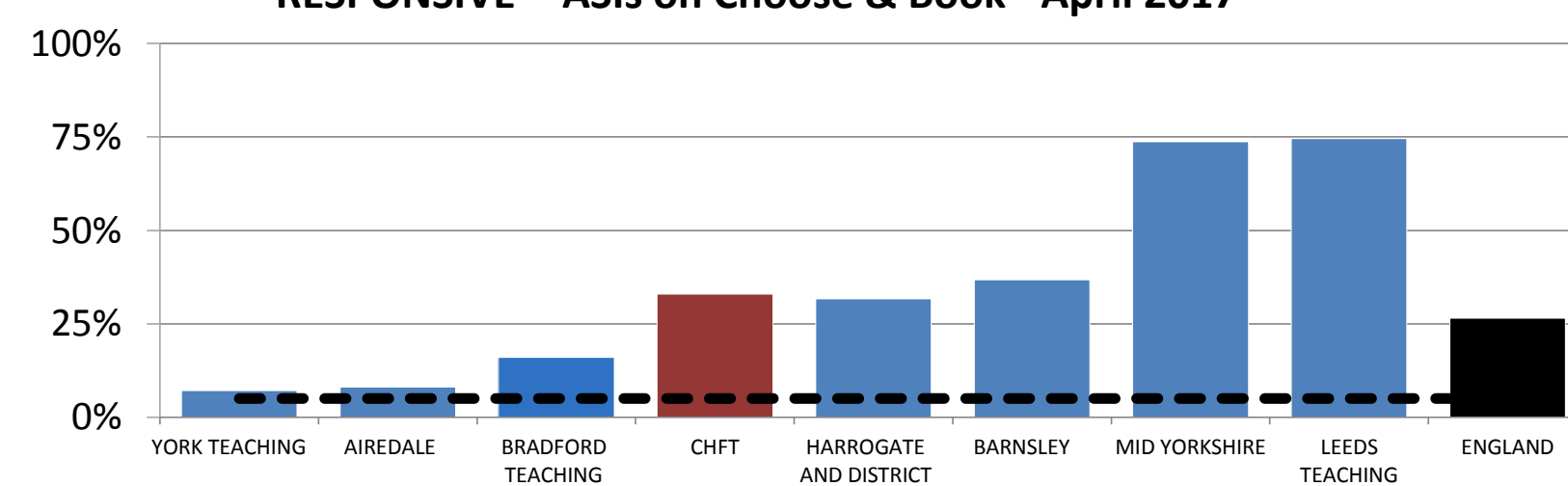
RESPONSIVE - Referral to Treatment Incomplete - April 2017



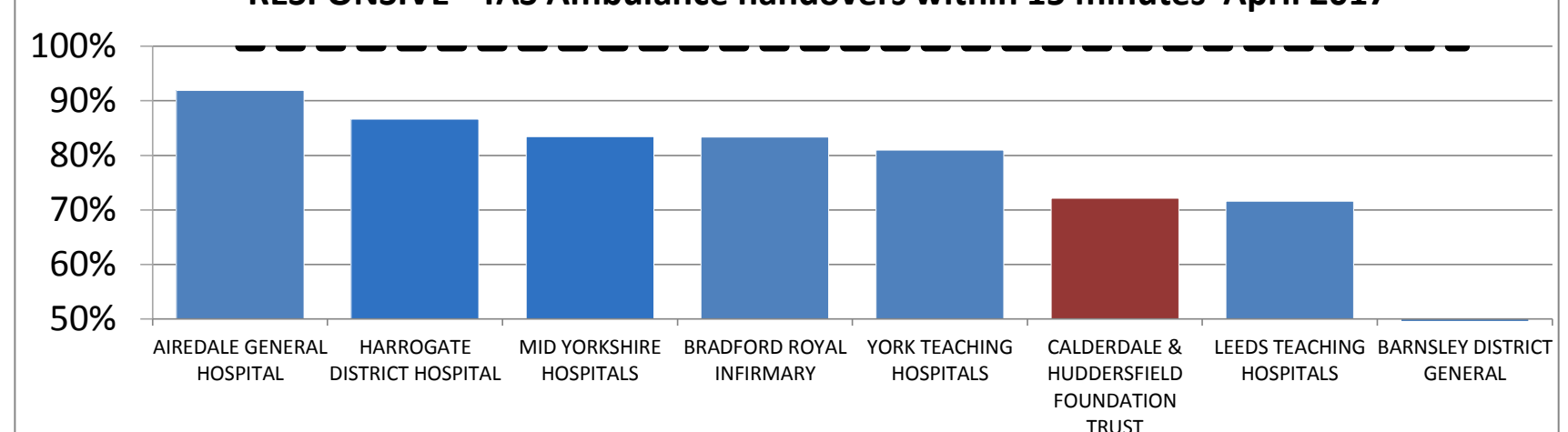
RESPONSIVE - 6 weeks plus for diagnostic test - April 2017



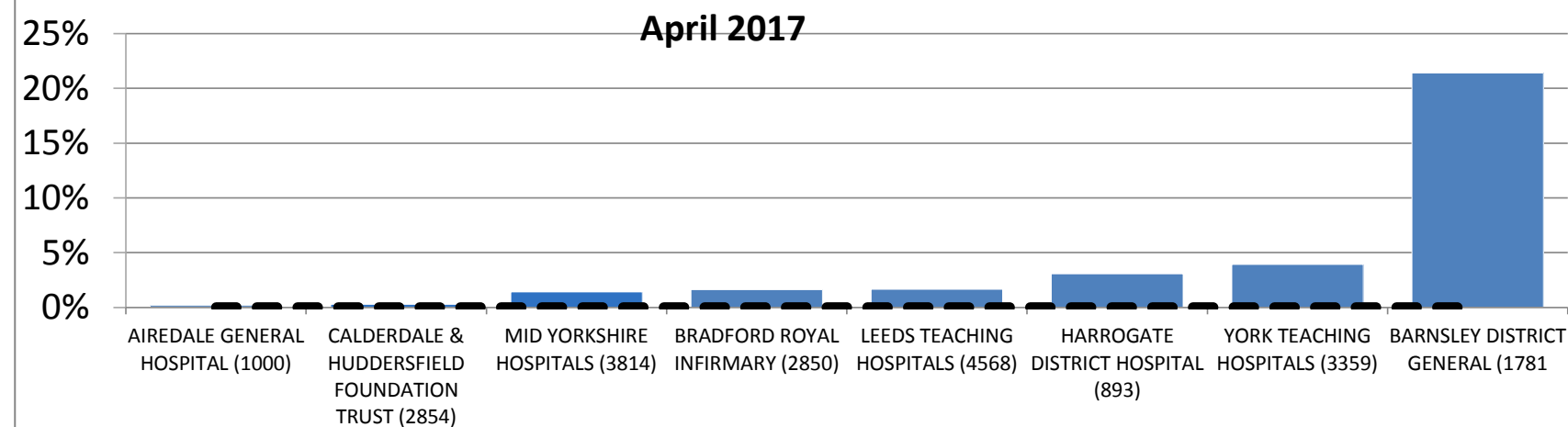
RESPONSIVE - ASIs on Choose & Book - April 2017



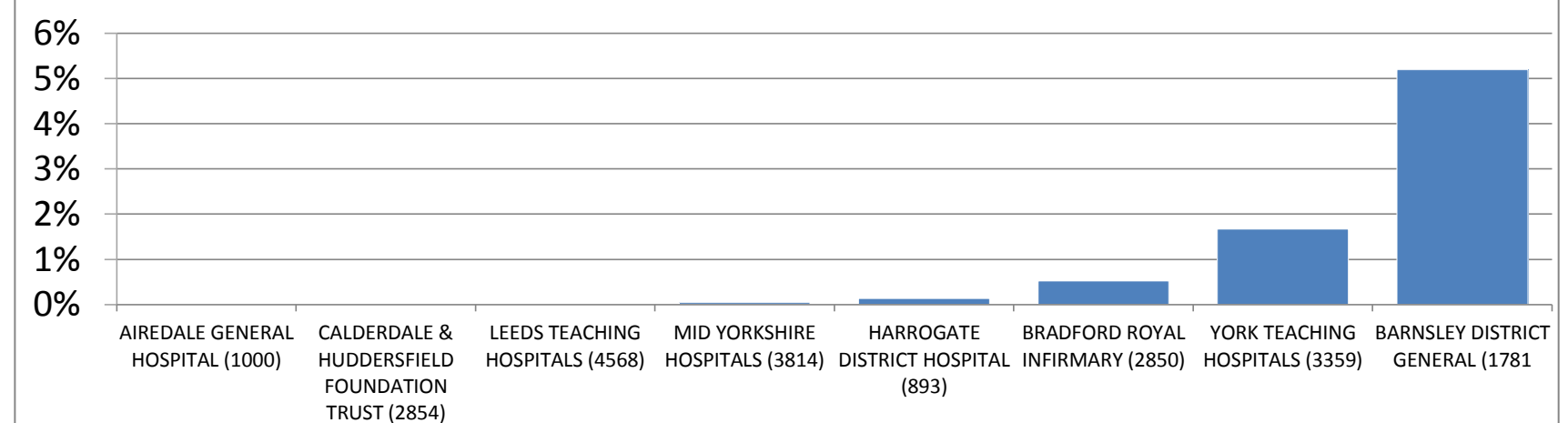
RESPONSIVE - YAS Ambulance handovers within 15 minutes April 2017



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes April 2017

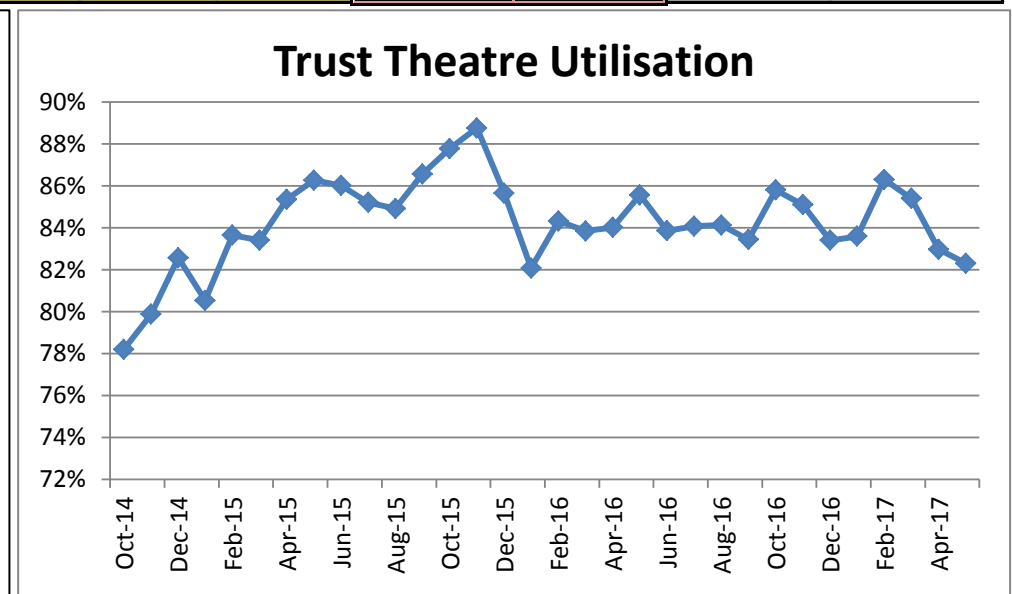
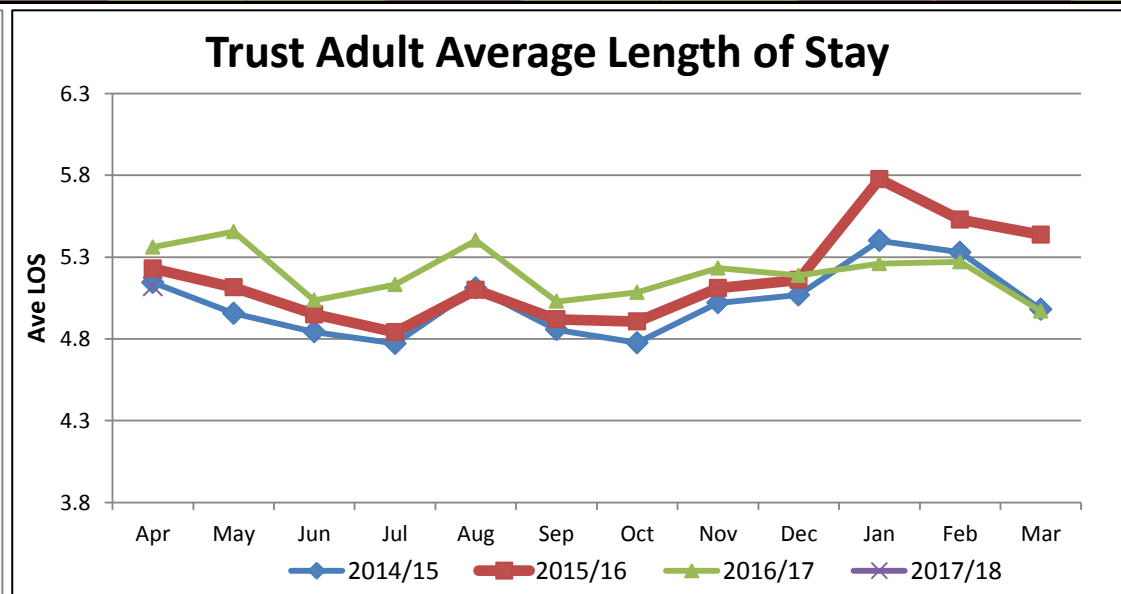
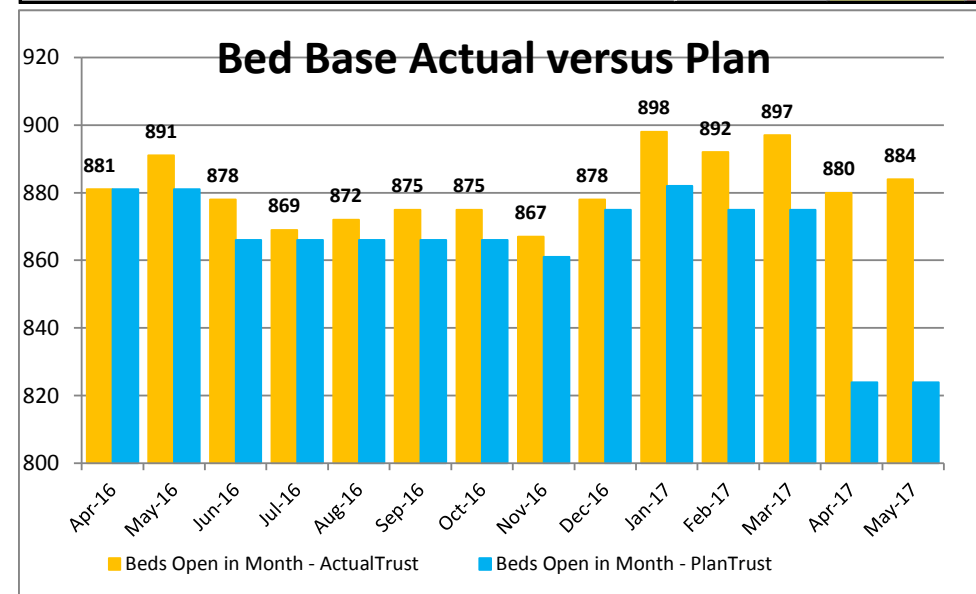


RESPONSIVE - YAS Ambulance handovers > 60 minutes - April 2017



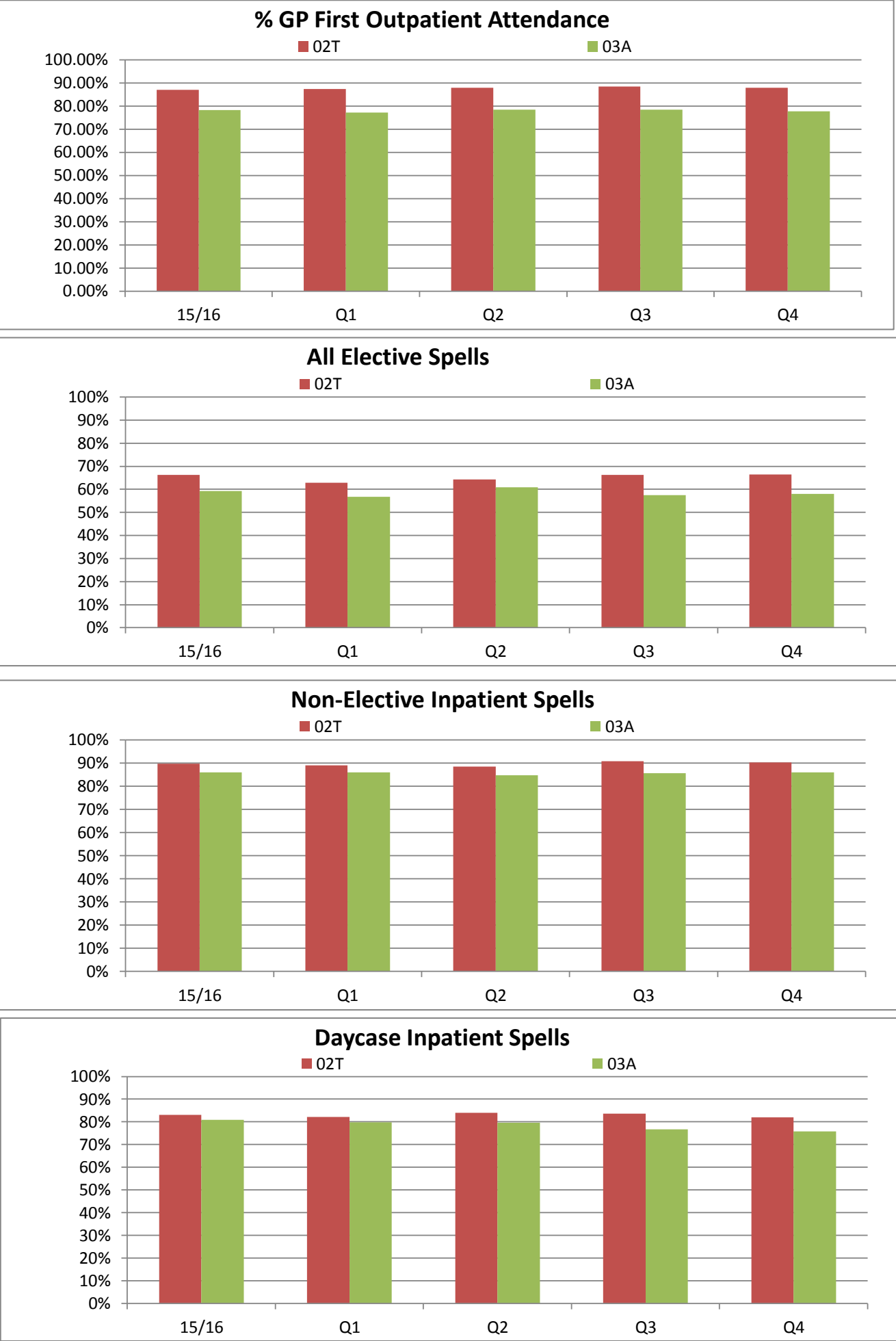
Efficiency & Finance - Key measures

16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17		YTD	Target	Threshold/M onthly
Did Not Attend Rates																		
First DNA	6.33%	6.48%	6.15%	6.68%	6.57%	6.47%	5.76%	6.27%	6.70%	6.45%	5.91%	5.94%	6.83%	In arrears	6.83%		<=7%	7.00%
Follow up DNA	6.49%	6.45%	6.81%	7.37%	6.99%	6.58%	6.46%	6.20%	6.38%	6.10%	6.04%	5.94%	5.92%	In arrears	5.92%		<=8%	8.00%
Average length of stay																		
Average Length of Stay - Overall	5.19	5.45	5.03	5.12	5.39	5.01	5.09	5.23	5.19	5.26	5.27	4.99	5.12	In arrears	5.12		<=5.17	5.17
Average Length of Stay - Elective	2.55	2.72	2.72	2.74	2.81	2.48	2.58	2.58	2.57	2.32	2.38	2.53	2.57	In arrears	2.57		<=2.85	2.85
Average Length of Stay - Non Elective	5.74	5.97	5.51	5.61	5.94	5.59	5.61	5.87	5.65	5.84	5.90	5.54	5.45	In arrears	5.45		<=5.63	5.63
Day Cases																		
Day Case Rate	86.87%	87.23%	86.63%	86.30%	87.80%	86.20%	87.01%	87.32%	87.54%	87.00%	85.79%	85.58%	86.85%	In arrears	86.85%		>=85%	85.00%
Failed Day Cases	1462	99	146	121	116	151	130	120	99	130	104	128	105	In arrears	105		120	1440
Elective Inpatients with zero LOS	1579	114	122	133	134	151	104	117	116	137	153	193	96	In arrears	96		136	1632
Beds																		
Beds Open in Month - Plan	875	881	866	866	866	866	866	861	875	882	875	875	824	824	824		Not applicable	
Beds Open in Month - Actual	897	891	878	869	872	875	875	867	878	898	892	897	880	884	884		Not applicable	
Hospital Bed Days per 1000 population - Adults	52.46	52.50	50.80	49.70	49.60	49.10	52.20	51.90	52.50	57.60	53.50	55.60	49.91	56.21	56.21		15/16 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	8.24	8.50	8.20	8.40	7.90	8.20	8.60	8.20	8.50	8.40	8.30	8.90	9.14	9.80	9.80		15/16 Baseline	
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	85.59%	86.81%	86.98%	84.10%	83.78%	86.18%	86.08%	84.72%	82.33%	86.15%	85.48%	82.97%	82.30%	82.62%		>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	92.40%	94.67%	87.32%	88.63%	95.55%	90.68%	92.21%	93.66%	91.18%	92.61%	97.86%	94.03%	96.06%	93.76%	94.81%		>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	78.20%	78.09%	76.21%	80.72%	75.14%	76.83%	77.81%	75.86%	73.34%	75.62%	79.83%	80.67%	82.24%	69.47%	75.54%		>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	80.98%	81.00%	80.63%	81.83%	83.43%	84.02%	80.95%	82.96%	81.10%	77.71%	77.76%	81.66%	77.64%	71.58%	74.32%		>=85%	85.00%
Theatre Utilisation (TT) - Trust	84.50%	85.60%	83.85%	84.07%	84.70%	83.43%	85.80%	85.10%	83.40%	83.59%	86.30%	85.40%	84.90%	81.69%	83.10%		>=90%	90.00%



Activity - Key measures (Market Share)

	15/16	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
GP First Outpatient Attendance								
% Market Share - 02T Calderdale	86.99%	87.31%	87.94%	88.39%	87.95%	87.80%	86.99%	0.81%
% Market Share - 03A Greater Huddersfield	78.20%	77.22%	78.41%	78.47%	77.67%	77.75%	78.20%	-0.45%
% Market Share - Other Contracted CCG's	1.30%	1.58%	1.46%	1.57%	1.37%	1.47%	1.30%	0.17%
Market Size - 02T Calderdale	42173	11663	11002	11142	11274	45081	42173	
Market Size - 03A Greater Huddersfield	42177	11378	10368	10694	10804	43244	42177	
Market Size - Other Contracted CCG's	451746	112221	112973	115130	116378	456702	451746	
All Elective Spells								
% Market Share - 02T Calderdale	66.27%	62.89%	64.34%	66.24%	66.38%	64.98%	66.27%	-1.29%
% Market Share - 03A Greater Huddersfield	59.34%	56.68%	60.88%	57.42%	58.00%	58.26%	59.34%	-1.08%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%	0.86%	1.11%	0.91%	0.91%	0.00%
Market Size - 02T Calderdale	6120	1517	1517	1475	1532	6041	6120	
Market Size - 03A Greater Huddersfield	6068	1489	1595	1517	1619	6220	6068	
Market Size - Other Contracted CCG's	60698	14751	14367	14479	14394	57991	60698	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	89.72%	88.95%	88.38%	90.78%	90.24%	89.58%	89.72%	-0.14%
% Market Share - 03A Greater Huddersfield	85.86%	85.89%	84.71%	85.54%	85.89%	85.51%	85.86%	-0.35%
% Market Share - Other Contracted CCG's	0.77%	0.71%	0.71%	0.79%	0.76%	0.74%	0.77%	-0.03%
Market Size - 02T Calderdale	22689	5749	5687	5921	5912	23269	22689	
Market Size - 03A Greater Huddersfield	23453	5862	5631	5804	5832	23129	23453	
Market Size - Other Contracted CCG's	244792	62418	62115	63707	63717	251957	244792	
Daycase Spells								
% Market Share - 02T Calderdale	83.06%	82.25%	84.01%	83.62%	81.99%	82.91%	83.06%	-0.15%
% Market Share - 03A Greater Huddersfield	80.85%	79.79%	79.55%	76.68%	75.76%	77.74%	80.85%	-3.11%
% Market Share - Other Contracted CCG's	0.87%	0.88%	0.87%	0.91%	0.94%	0.90%	0.87%	0.03%
Market Size - 02T Calderdale	27741	7533	7907	7841	7706	30987	27741	
Market Size - 03A Greater Huddersfield	28973	7594	7970	8252	8079	31895	28973	
Market Size - Other Contracted CCG's	281616	70315	71369	70694	72935	285313	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 Quarter 3 2016/17, 88.39% 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 0.75 percentage points when compared with the 15/16 baseline.

This report will be updated quarterly the next update due to be July 2017.

Comparing Quarter 3 market share position with Quarter 2 it can be noted that for Calderdale CCG the CHFT proportion of delivered market share has **increased** for all areas with the exception of day cases.

Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the non-elective and day case activity than it did in Quarter 2.

The proportion of market share CHFT delivers for the remaining CCGs with which it has a formal contract has increased in all activity areas reportable when comparing Quarter 3 with Quarter 2.

Activity - Key measures

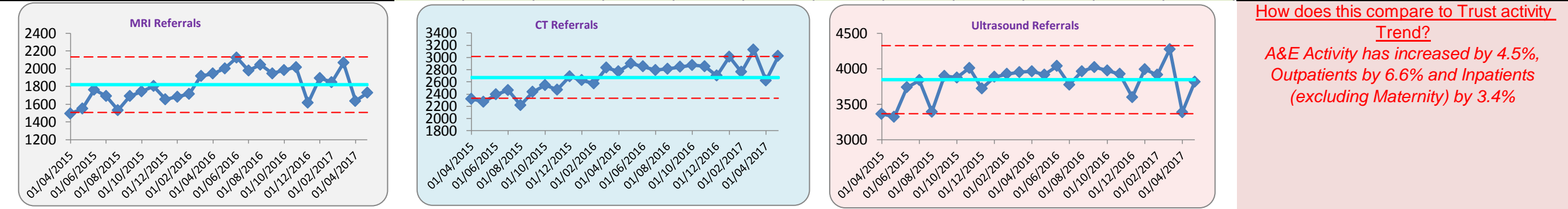
	16/17	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	44807	3862	3917	3559	3708	3783	3664	3697	3308	3897	3517	4115	2578	4578	7156	-6.00%
03A - NHS GREATER HUDDERSFIELD CCG	38305	3140	3486	3107	3135	3223	3123	3247	2878	3056	3079	3528	2119	3692	5811	-10.00%
03J - NHS NORTH KIRKLEES CCG	3629	313	350	290	269	312	333	331	264	312	261	301	223	391	614	2.00%
02R - NHS BRADFORD DISTRICTS CCG	2768	265	274	206	236	246	249	252	176	215	183	223	125	302	427	-16.00%
03R - NHS WAKEFIELD CCG	706	65	61	65	49	46	66	54	69	57	47	69	48	103	151	23.00%
02W - NHS BRADFORD CITY CCG	359	34	40	29	33	26	39	35	28	24	22	24	19	34	53	-10.00%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	408	38	48	30	27	43	38	45	16	38	14	29	15	19	34	-58.00%
03C - NHS LEEDS WEST CCG	116	4	10	9	8	12	14	11	8	11	11	9	9	18	27	93.00%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	48	8	3	7	5	1	2	4	4	3	3	3	4	4	8	-42.86%
03G - NHS LEEDS SOUTH AND EAST CCG	23	1	1	1	3	4	3	2	3	1	0	3	3	2	5	25.00%
02V - NHS LEEDS NORTH CCG	27	2	3	3	2	0	2	1	3	2	2	4	1	1	2	0.00%
Other	961	76	134	112	86	80	98	65	53	61	55	60	36	59	95	-40.25%
Total	92157	7808	8327	7418	7561	7776	7631	7744	6810	7677	7194	8368	5180	9203	14383	-8.10%
% Change on Previous year	4.2%	10.0%	7.7%	-2.1%	12.6%	-0.9%	-2.7%	6.6%	5.7%	2.7%	-3.4%	6.9%	-34.0%	17.9%	-8.1%	
Activity																
% of spells with > 5 ward movements (No Target)	0.09%	0.08%	0.10%	0.10%	0.10%	0.08%	0.09%	0.04%	0.12%	0.10%	0.13%	0.11%	0.10%	0.19%	0.15%	0.1%

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	97	49	96	291	3	118	271	616	221	36	-14	66	In arrears	66	
% Day Case Variance against Contract	4.9%	3.3%	1.5%	3.1%	9.3%	0.1%	3.8%	8.4%	24.7%	7.2%	1.2%	-0.4%	2.4%	In arrears	2.4%	
Elective Variance against Contract	-937	-124	-104	-54	-104	-75	-92	-87	-6	-64	-56	-65	-7	In arrears	-7	
% Elective Variance against Contract	-10.7%	-17.6%	-13.5%	-7.4%	-14.2%	-9.7%	-12.5%	-11.2%	-0.9%	-8.6%	-7.9%	-8.0%	-1.8%	In arrears	-1.8%	
Non-elective Variance against Contract	-205	-99	140	-60	-106	-10	87	-179	-95	53	53	101	74	In arrears	74	
% Non-elective Variance against Contract	-0.3%	-2.3%	3.3%	-1.4%	-2.3%	0.2%	2.3%	-3.5%	-2.1%	0.6%	1.1%	2.2%	1.2%	In arrears	1.2%	
Outpatient Variance against Contract	13612	1483	1963	-876	1361	550	1513	2289	2656	2064	397	334	80	In arrears	80	
% Outpatient Variance against Contract	4.0%	5.5%	6.6%	-3.1%	4.8%	1.9%	5.3%	7.7%	11.6%	7.3%	1.5%	1.1%	0.1%	In arrears	0.1%	
Accident and Emergency Variance against Contract	2778	960	301	825	120	726	285	204	553	-96	-633	-256	188	In arrears	188	
% Accident and Emergency Variance against Contract	1.9%	7.6%	2.4%	6.6%	1.0%	6.0%	2.3%	1.7%	4.5%	-0.8%	-5.3%	-1.9%	1.5%	In arrears	1.5%	

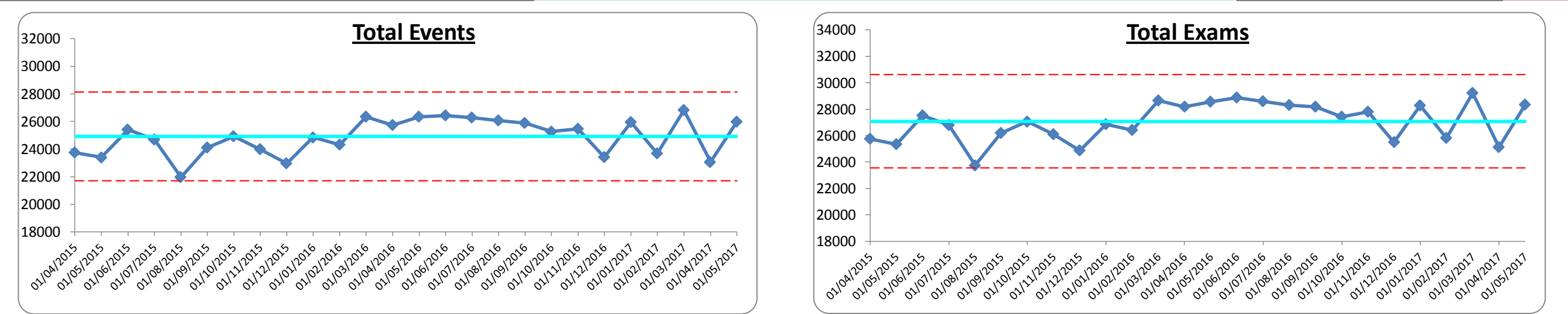
Please note further details on the referral position including commentary is available within the appendix.

Radiology Summary of Activity of Key Modalities - May 2017

Referrals into Service																		
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD 17/18	YTD 16/17	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	3366	3956	-590	-15%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	5644	5675	-31	-1%
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	4646	4677	-31	-1%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	32747	35323	-2576	-7%
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	7207	7885	-678	-9%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	53610	57516	-3906	-7%



Activity																		
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD 17/18	YTD 16/17	Increase	%
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	49,027	52,048	-3021	-6%
MRI	1623	1749	1700	1881	1773	1718	1638	1745	1607	1674	1642	1851	1599	1692	3291	3372	-81	-2%
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	1192	1264	-72	-6%
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	940	1013	-73	-7%
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	1074	-1074	-100%
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	1137	0	1137	-
Unknown	10	11	6	15	15	4	8	8	12	6	8	12	13	9	22	21	1	5%
CT	2611	2565	2622	2695	2640	2467	2520	2527	2486	2601	2438	2,746	2,308	2,605	4,913	5,176	-263	-5%
General Radiology	15,682	16,384	16,165	16,052	15,859	16,000	15,844	15,606	14,400	16,266	14,597	16,688	14,441	15,322	29,763	32,066	-2,303	-7%
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,374	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	4,361	4,449	-88	-2%
Ultrasound	3,525	3,460	3,630	3,393	3,404	3,318	3,023	3,280	2,688	2,999	2,807	3,045	2,661	4,038	6,699	6,985	-286	-4%
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	53,473	56,705	-3,232	-6%
MRI	1722	1835	1806	1970	1693	1828	1735	1854	1719	1768	1727	1966	1680	1762	3442	3557	-115	-3%
HRI - MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	1256	1354	-98	-7%
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	981	1086	-105	-10%
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	1096	-1096	-100%
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	1178	0	1178	-
Unknown	10	11	7	15	16	4	9	8	12	5	8	12	15	12	27	21	6	29%
CT	3862	3675	3913	3926	3909	3639	3657	3764	3683	3890	3606	4022	3416	3874	7,290	7,537	-247	-3%
General Radiology	16,415	17,048	16,821	16,705	16,580	16,663	16,478	16,255	14,881	16,878	15,181	17,391	15,019	15,932	30,951	33,463	-2,512	-8%
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	4,367	4,465	-98	-2%
Ultrasound	3,874	3,809	4,007	3,743	3,744	3,663	3,303	3,623	2,963	3,310	3,082	3,356	2,958	4,465	7,423	7,683	-260	-3%
Unknown	0	0	0	0											0	0	0	#DIV/0!



Waiting List at Month End																		
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD 17/18	YTD 16/17	Increase	%
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872				
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928				
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539				

Number of Exams reported																		
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	37055	38240	-1185	-3%
Insourced (Extras)	680	1001	1221	1145	813	1232	902	1110	587	859	399	257	330	714	1044	1681	-637	-38%
Locum Radiologist/Sonographer	2390	2394	1598	1345	1197	1047	935	1030	635	602	573	728	233	315	548	4784	-4236	-89%
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	4980	5616	-636	-11%
Outsourced	3305	2287	2512	2871	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	7997	5592	2405	43%
Total	28208	27705	27372	26152	27564	26981	27149	28438	24965	28925	24906	27159	23519	28105	51624	55913	-4289	-8%
% Outsourced	12%	8%	9%	11%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	15%	10%	5%	
% Insourced/Outsourced	14%	12%	14%	15%	11%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	13%	5%	

CQUIN - Key measures

Goal reference (National)	Indicator name	Provider type relevant for	Expected Financial Value of	Expected Financial Value of Q1	PERFORMANCE REQUIREMENTS				ACTUAL PERFORMANCE				Risk to Q1
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1a	Improvement of health and wellbeing of NHS staff	Acute & Community	£225,000	TBC	N/A	N/A	N/A	5% point or greater improvement	N/A				No Q1 Requirement
1b	Healthy food for NHS staff, visitors and patients	Acute & Community	£225,000	TBC	Evidence should be provided that shows a substantive change has been moved in shifting to healthier products Reduction in % of sugar/salt products displayed /Increase in healthier alternatives /Avoidance of overt				N/A				No Q1 Requirement
1c	Improving the uptake of flu vaccinations for frontline clinical staff	Acute & Community	£225,000	TBC	N/A	N/A	70%	N/A	N/A				No Q1 Requirement
2a	Timely identification of patients with sepsis in emergency departments and acute inpatient settings	Acute	£101,250	TBC	90%	90%	90%	90%	In Arrears				Screening Compliance at 90% 16/17. Partial Compliance likely, new system may affect data
2b	Timely treatment of sepsis in emergency departments and acute inpatient settings	Acute	£101,250	TBC	90%	90%	90%	90%	In Arrears				Inpatient screening around 60%. Partial Compliance likely
2c	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	Acute	£101,250	TBC	25%	50%	75%	90%	In Arrears				No risk to achievement once data has been captured. Ended on 80% in 16/17
2d	Reduction in antibiotic consumption per 1,000 admissions	Acute	£101,250	TBC	N/A	N/A	N/A	1% reduction for those trusts with 2016 consumption indicators below 2012/14 median	N/A				No Q1 Requirement
4	Improving services for people with mental health needs who present to A&E	Acute	£270,000	TBC	MH Trust & Acute Trust to review frequent A&E attenders (> 10-15 times in last 12 mnths). Identify subset who would benefit from assessment, review & care plan with MH staff. Once identified, the No. of ppl in it and the No. of 2016/17 attendances is recorded as baseline			20% reduction in A&E attendances of those within the selected cohort of frequent attenders in 2016/17 who would benefit from mental health and	Patients still be identified				Awaiting identification of patients to be targeted for interventions. Likely to achieve
6	Advice & Guidance	Acute	£337,500	TBC	Agree specialties with highest GP refs for AG implementation, set trajectory cover specialties responsible for > 35% of GP refs. Agree timetable/plan intro of AG to specialties during 17/18. Agree local quality standard for AG, inc 80% of asynchronous responses within 2 days			A&G Services operational for specialties covering at least 35% of total GP referrals by start of Q4 and sustained across the quarter Quality standards for provision of A&G met	Plans to be agreed				Plans to be agreed. Likely to be achieved.
7	E-referrals	Acute	£168,750	TBC	Providers supply plan to deliver Q2, Q3, Q4 targets:	80% of Referrals to 1st O/P Services able to be received through e-RS.	90% of Referrals to 1st O/P Services able to be received through e-RS.	100% of Referrals to 1st O/P Services able to be received through e-RS. Evidence that slot polling 2.5% point increase	Plans to be agreed				Plans to be agreed. Likely to be achieved.
8a	Supporting proactive and safe discharge	Acute	£472,500	TBC	Baseline from HES for Q3/Q4 16/17.			discharge to usual place of residence: across Q3 and 4 2017/18 OP as increase to	Baseline collated				No Risk - Achieved through existing submission
9a	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	Acute	£8,438	TBC	Q1 achieving three milestones a) completing an information systems audit; b) training staff to deliver brief advice and c) collect baseline data	Q2 onwards – payment is available for high or improving performance across the indicators; performance data will be submitted on a quarterly basis to Unify	Q2 onwards – payment is available for high or improving performance across the indicators; performance data will be submitted on a quarterly basis to Unify	Q2 onwards – payment is available for high or improving performance across the indicators; performance data will be submitted on a quarterly basis to Unify	Confirmation of training and audit required.				Risk - Training plans to be confirmed before quarter end
9b	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	Acute	£33,750	TBC									
9c	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	Acute	£42,188	TBC									
9d	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	Acute	£42,188	TBC									
9e	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	Acute	£42,188	TBC									
10	Improving the assessment of wounds	Community	£405,000	TBC	Completion of Audit to provide baseline figure for the No. of pts with chronic wounds that have		NA	Trajectory met	Awaiting Audit Completion				No Q1 Requirement
11	Personalised care and support planning	Community	£337,500	TBC	NA	Submission of a plan to ensure care &	Provider to identify the number of patients as	Provider to confirm what proportion of	NA				No Q1 Requirement
8b	Supporting proactive and safe discharge (Community)	Community	£472,500	TBC	NA	(i) Map and streamline existing discharge	NA	Or By the end of Q4	NA				No Q1 Requirement
9a	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	Community	£16,875	TBC	Q1 achieving three milestones a) completing an information systems audit; b) training staff to deliver brief advice and c) collect baseline data	Q2 onwards – payment is available for high or improving performance across the indicators; performance data will be submitted on a quarterly basis to Unify	Q2 onwards – payment is available for high or improving performance across the indicators; performance data will be submitted on a quarterly basis to Unify	Q2 onwards – payment is available for high or improving performance across the indicators; performance data will be submitted on a quarterly basis to Unify	Confirmation of training and audit required.				Risk - Training plans to be confirmed before quarter end
9b	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	Community	£67,500	TBC									
9c	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	Community	£84,375	TBC									
9d	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	Community	£84,375	TBC									
9e	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	Community	£84,375	TBC									

Appendices

Appendix - Appointment Slot Issues

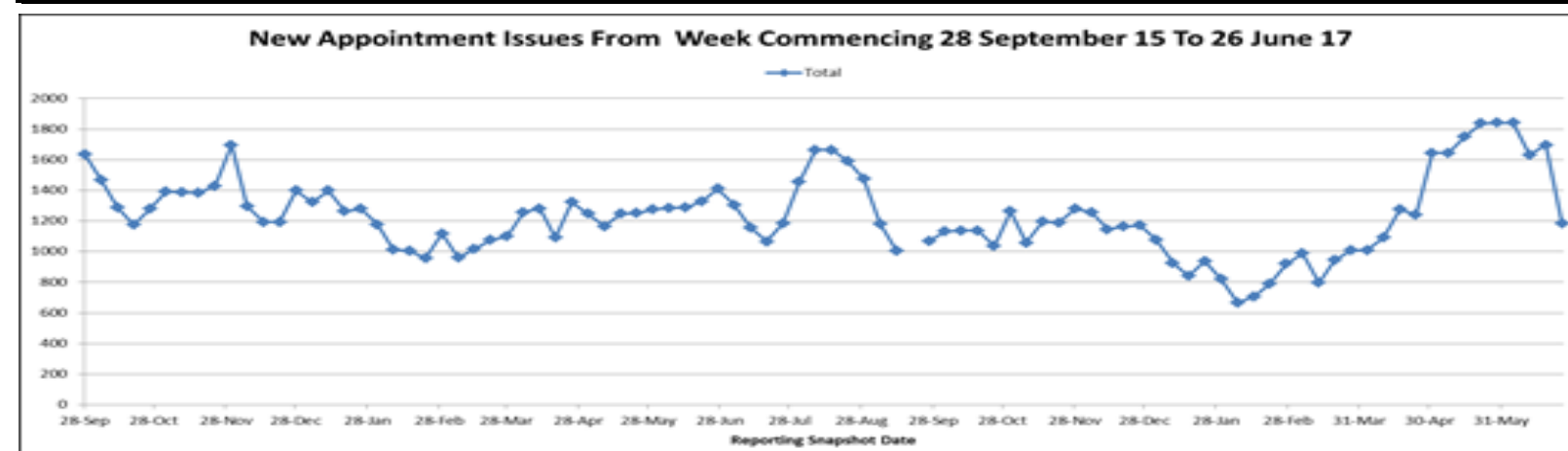
ASIs

As at 23rd May 2017 there were 1,775 referrals awaiting appointments of which 495 were e-referrals. This was a reduction of 49 referrals from 22nd July 2015 position of 1,824 but is an in-month increase of 489.

The top 4 specialties for E-referral ASIs backlog are: Ophthalmology, Colorectal, Neurology, Maxillofacial and General Surgery with smaller backlogs also in Paediatrics and Gastroenterology.

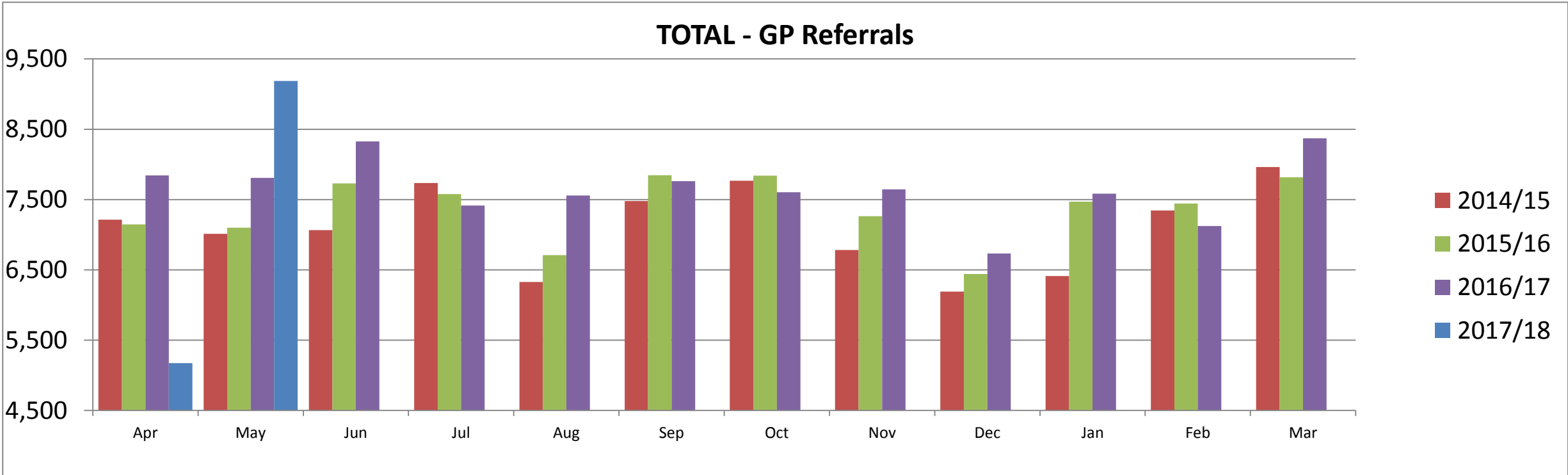
The increase has happened outside of the e-referral system.

As of 26th June	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	2	15	12	8	10	13	15	34	28	95	50	33	11		328
Cardiology		7	4	1	4	2	6	8	7	18	1	1			59
Gastro		1	5	4	3	4	4	8	4	16	6	2			57
Neurology			2	2	1	2	3	9	13	43	38	28	10		153
Surgery	50	21	51	57	23	42	32	36	28	127	241	65	21	27	822
Colorectal	7	3	4	9	1	4	2	9	7	23	41	17	4		131
General Surgery	18	1	28	23	3	5	4	7	11	34	58	9	1	3	206
Ophthalmology	3	3	1	11	3	4	12	2	1	33	94	24	9	7	207
Plastics	1	1	3	3	5	3	2	3		14	7	6	6	13	67
Urology	3	2	2	5	1	11	8	6	8	11	6	5	1	2	71
Vascular	8	3	11	3	7	8		4		10	4	3		1	62
FSS	4	4	4	8		2	2	1	1	6	15	4	1	1	53
Paediatrics	1	2	1	8		1	2	1	1	6	15	4	1	1	44
Totals	56	40	67	73	33	57	49	71	58	229	306	102	33	28	1202



Appendix - Referrals

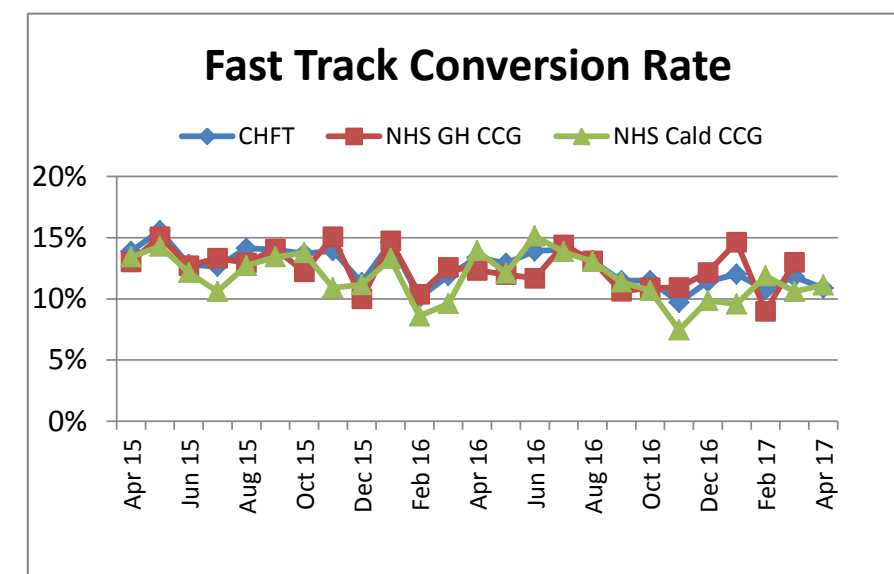
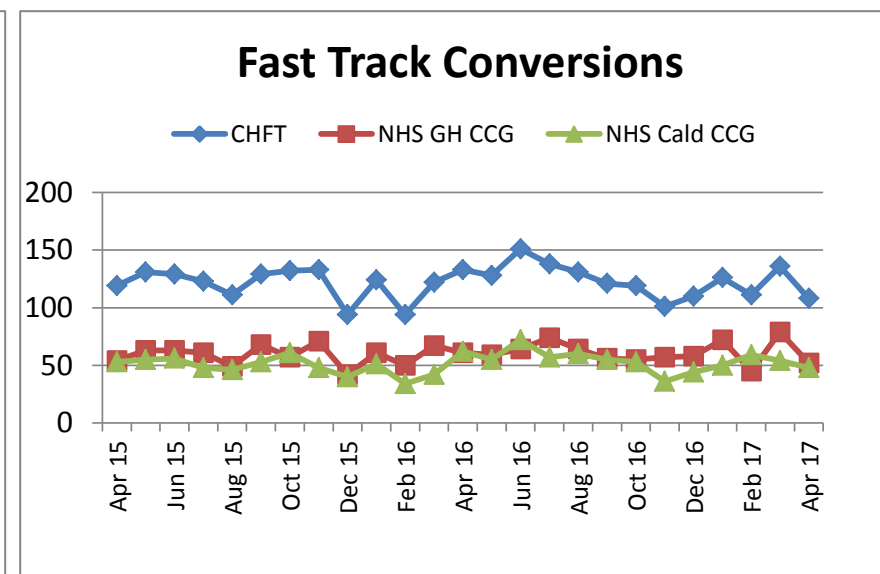
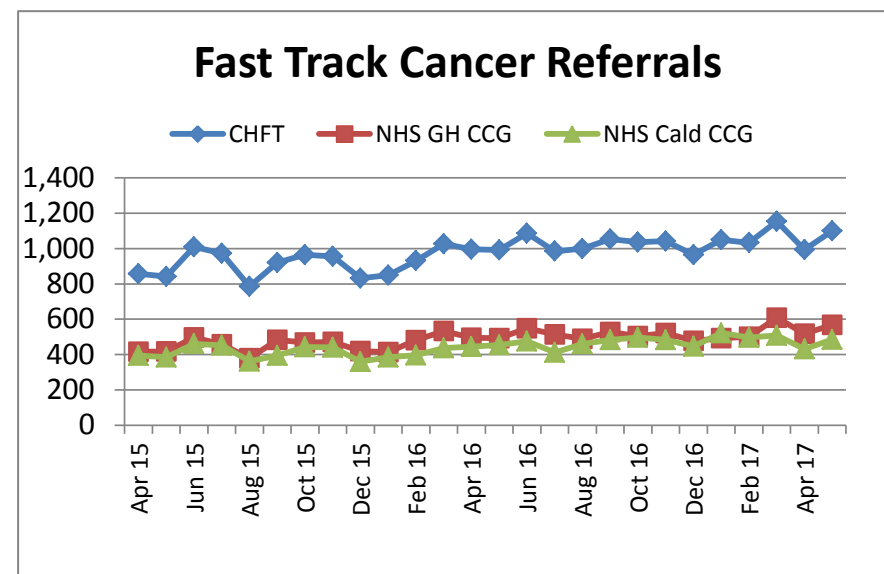
- GP Referrals up 17.9% in May 2017 compared with May 2016. With the implementation of EPR it was necessary to close the Electronic Referral Service (ERS) for a period of one week at the end of April 2017. When the service was re-opened in early May referrals required in April will have been made in May.
- In May 2017, there were 21 working days, one more than in May 2016 so an increase of 5% could be expected.
- With the increase in May GP referrals the YTD position is now 8.1% down on the same period last year. As there have been 2 less working days in comparison a decrease of 4.9% could be expected.
- NHS Calderdale GP referrals have seen a decrease of 6% (512) for the year to date principally due to Orthopaedics 20% (136), General Medicine 49% (148).
- NHS Greater Huddersfield GP referrals have seen a decrease of 10% (674) for the year to date principally due to Orthopaedics 57% (340), General Medicine 58% (280) and Gynaecology 31% (150).
- For 2017/18 YTD there has been a GP referral increase for NHS North Kirklees (2%, 10 referrals), NHS Wakefield (23%, 28 referrals) and Leeds West (93%, 13 referrals). NHS Heywood , Middleton and Rochdale CCG have seen a large decrease of 58% (47 referrals). Bradford District's referrals have decreased markedly also (16%, 83 referrals).
- The movements described above will be analysed at specialty level next month.



Activity - Key measures

16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17		YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																	
NHS CALDERDALE CCG Referrals	5730	455	476	412	460	483	496	483	447	522	497	509	431	485	916	3.9%	
NHS CALDERDALE CCG Conversions	658	55	72	57	60	55	53	36	44	50	59	54	48	in arrears			
NHS CALDERDALE CCG Conversion Rate	11.7%	12.1%	15.1%	13.8%	13.0%	11.4%	10.7%	7.5%	9.8%	9.6%	11.9%	10.6%	11.1%	In arrears			
NHS GREATER HUDDERSFIELD CCG Referrals	6214	492	548	514	489	527	505	521	477	492	501	608	517	567	1084	5.4%	
NHS GREATER HUDDERSFIELD CCG Conversions	748	59	64	74	64	56	55	57	58	72	45	79	52	in arrears			
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	12.0%	11.7%	14.4%	13.1%	10.6%	10.9%	10.9%	12.2%	14.6%	9.0%	13.0%	10.1%	In arrears			
Other CCG Referrals	446	44	62	59	50	44	35	37	41	35	35	37	46	34	80	-27.9%	
Other CCG Conversions	81	14	15	7	7	10	11	8	8	4	7	3	0	in arrears			
Other CCG Conversion Rate	18.2%	31.8%	24.2%	11.9%	14.0%	22.7%	31.4%	21.6%	19.5%	11.4%	20.0%	8.1%	0.0%	In arrears			
CHFT Fast Track Referrals	12390	991	1086	985	999	1054	1036	1041	965	1049	1033	1154	994	1086	2080	2.9%	
CHFT Fast Track Conversions	1487	128	151	138	131	121	119	101	110	126	111	136	100	in arrears			
CHFT Fast Track Conversion Rate	12.1%	12.9%	13.9%	14.0%	13.1%	11.5%	11.5%	9.7%	11.4%	12.0%	10.7%	11.8%	10.1%	in arrears			
% Change on Previous year																	

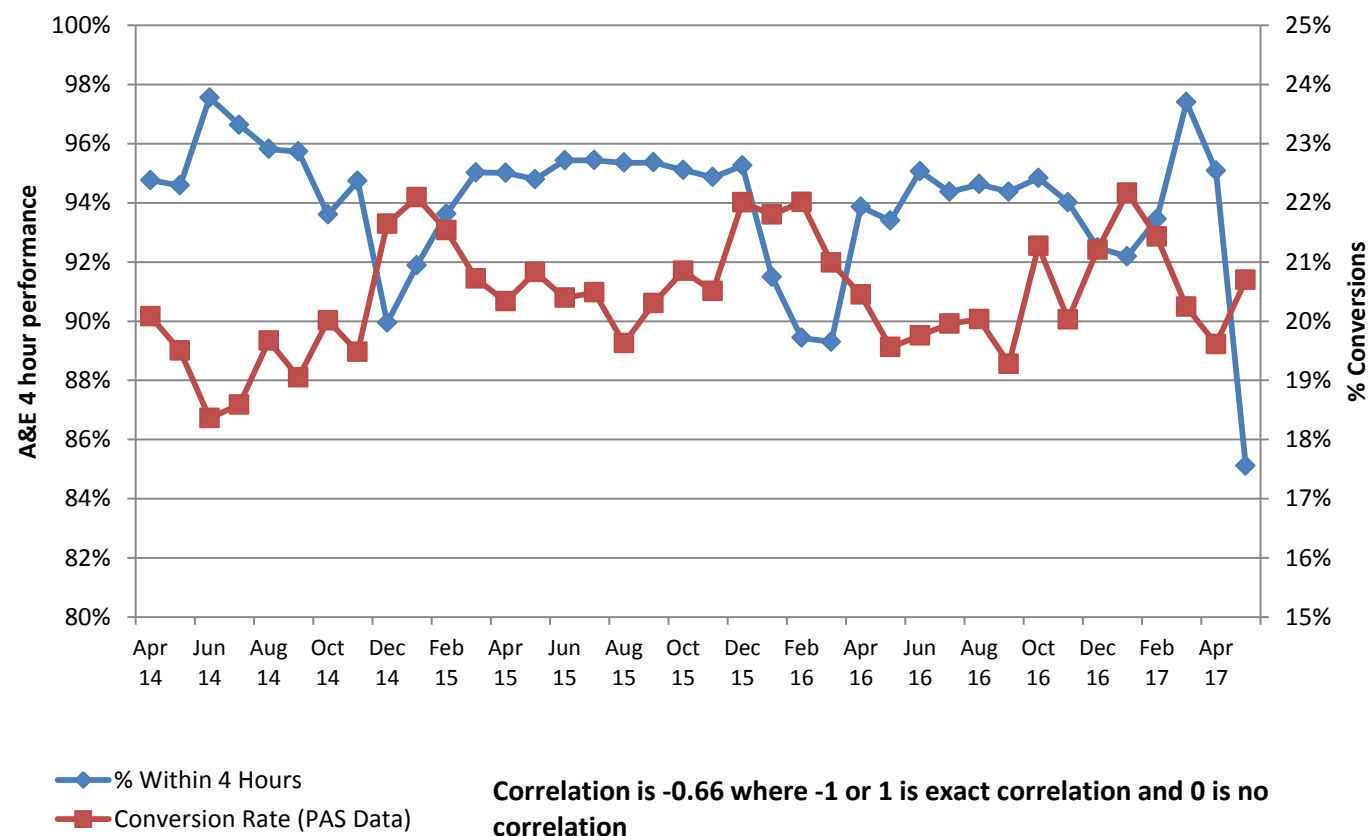
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.



Appendix - A and E Conversion rates and Delayed Transfers

16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17		YTD	YTD % Change
Analysis of A and E activity including conversions to admission																	
A and E Attendances	151,354	13,588	12,781	13,307	12,155	12,911	12,915	12,238	12,735	12,385	11,252	12,967	12,396	13,267	25,663	-0.2%	
A and E 4 hour Breaches	8,794	897	630	749	653	726	666	732	957	967	737	337	609	1,975	2,584	57.6%	
A and E 4 hour performance	94.2%	93.4%	95.1%	94.4%	94.6%	94.4%	94.8%	94.0%	92.5%	92.2%	93.5%	97.4%	95.1%	85.1%	89.9%	-4.2%	
Admissions via Accident and Emergency	30,922	2,658	2,525	2,656	2,435	2,489	2,747	2,451	2,701	2,746	2,411	2,625	2,431	2,746	5,177	0.8%	
% A and E Attendances that convert to admissions	20.4%	19.6%	19.8%	20.0%	20.0%	19.3%	21.3%	20.0%	21.2%	22.2%	21.4%	20.2%	19.6%	20.7%	20.2%	-1.4%	

A&E 4 hour target performance and conversion to admissions evaluation April 2014 to May 2017



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 14th June 2017	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	60	63	0	123
Awaiting Completion of Assessment	46	41	0	87
Awaiting Care package in own home	4	7	0	11
Awaiting Nursing Home Placement	4	2	0	6
Awaiting Residential Home Placement	4	3	0	7
Awaiting further non-acute NHS Care	1	0	0	1
Disputes	0	1	0	1
Awaiting Community Equipment & Adaptions	0	6	0	6
Housing - patient not covered by Care Act	1	0	0	1
Awaiting Public Funding	0	3	0	3

Appendix - Cancer - By Tumour Group

16/17		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD	Target	Threshold/Monthly
62 Day Gp Referral to Treatment																	
Breast	99.24%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Gynaecology	86.67%	87.50%	95.83%	60.00%	100.00%	80.00%	100.00%	77.78%	75.00%	50.00%	71.43%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Haematology	89.23%	83.33%	78.95%	83.33%	100.00%	73.33%	100.00%	100.00%	100.00%	83.33%	100.00%	100.00%	50.00%	86.67%	73.91%	>=85%	85.00%
Head & Neck	74.03%	42.86%	100.00%	50.00%	66.67%	100.00%	60.00%	60.00%	100.00%	100.00%	50.00%	100.00%	80.00%	75.00%	76.92%	>=85%	85.00%
Lower GI	80.95%	66.67%	100.00%	100.00%	80.00%	100.00%	87.50%	54.55%	90.00%	66.67%	44.44%	90.91%	80.00%	71.43%	75.00%	>=85%	85.00%
Lung	91.52%	100.00%	95.24%	85.71%	81.25%	90.91%	88.89%	90.91%	95.83%	92.31%	92.31%	84.62%	66.67%	78.95%	73.53%	>=85%	85.00%
Sarcoma	85.71%	-	100.00%	-	100.00%	100.00%	-	-	-	-	-	0.00%	-	-	-	>=85%	85.00%
Skin	96.52%	100.00%	91.30%	100.00%	100.00%	87.10%	93.33%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	>=85%	85.00%
Upper GI	79.72%	72.73%	100.00%	100.00%	77.78%	88.89%	62.50%	83.33%	88.89%	82.35%	86.67%	50.00%	50.00%	86.67%	70.37%	>=85%	85.00%
Urology	91.48%	90.00%	94.74%	93.62%	88.89%	97.06%	87.10%	93.75%	90.24%	91.89%	85.00%	93.10%	89.13%	95.45%	92.22%	>=85%	85.00%
Others	79.31%	100.00%	100.00%	100.00%	100.00%	-	100.00%	100.00%	0.00%	50.00%	-	50.00%	-	-	66.67%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	98.29%	93.33%	100.00%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	70.83%	>=93%	93.00%
Breast	98.75%	96.02%	98.83%	98.63%	98.74%	98.73%	99.29%	98.56%	99.44%	100.00%	99.30%	98.78%	96.18%	93.71%	94.88%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Gynaecology	98.30%	99.00%	100.00%	100.00%	98.84%	98.92%	98.97%	98.97%	97.10%	93.83%	97.85%	98.13%	98.78%	74.76%	85.41%	>=93%	93.00%
Haematology	97.67%	100.00%	100.00%	100.00%	93.33%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	90.91%	66.67%	74.29%	>=93%	93.00%
Head & Neck	94.54%	95.74%	92.11%	99.11%	96.70%	92.45%	100.00%	95.80%	98.80%	88.04%	97.06%	100.00%	91.92%	74.65%	81.74%	>=93%	93.00%
Lower GI	97.93%	98.09%	97.74%	97.14%	99.43%	98.29%	100.00%	99.49%	98.49%	99.29%	97.46%	98.27%	97.31%	97.04%	97.18%	>=93%	93.00%
Lung	96.63%	100.00%	100.00%	100.00%	93.55%	89.19%	94.12%	100.00%	93.75%	94.59%	97.44%	100.00%	100.00%	97.67%	98.68%	>=93%	93.00%
Sarcoma	98.00%	100.00%	88.89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	94.12%	>=93%	93.00%
Skin	97.08%	99.35%	97.93%	97.29%	97.16%	97.37%	96.81%	92.55%	96.15%	97.50%	98.18%	96.86%	97.73%	74.83%	81.99%	>=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	96.94%	98.10%	97.50%	97.83%	98.96%	99.10%	98.02%	96.23%	94.40%	91.09%	97.22%	96.58%	97.06%	82.57%	89.57%	>=93%	93.00%
Urology	99.18%	99.23%	100.00%	98.97%	100.00%	100.00%	100.00%	99.15%	100.00%	93.88%	100.00%	100.00%	100.00%	94.69%	97.30%	>=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 “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"> ECS 4 hour target Stroke - % of patients admitted directly to the stroke unit within 4 hours RTT target for incomplete pathways Cancer standards
Caring	<ul style="list-style-type: none"> % Complaints closed within target timeframe Friends and family test (Would recommend and Response rate) 	Workforce	<ul style="list-style-type: none"> Sickness & Absence (%) YTD Mandatory Training
Effective	<ul style="list-style-type: none"> MRSA Avoidable Clostridium difficile cases 	Finance	

Glossary of acronyms and abbreviations

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