

July 2017

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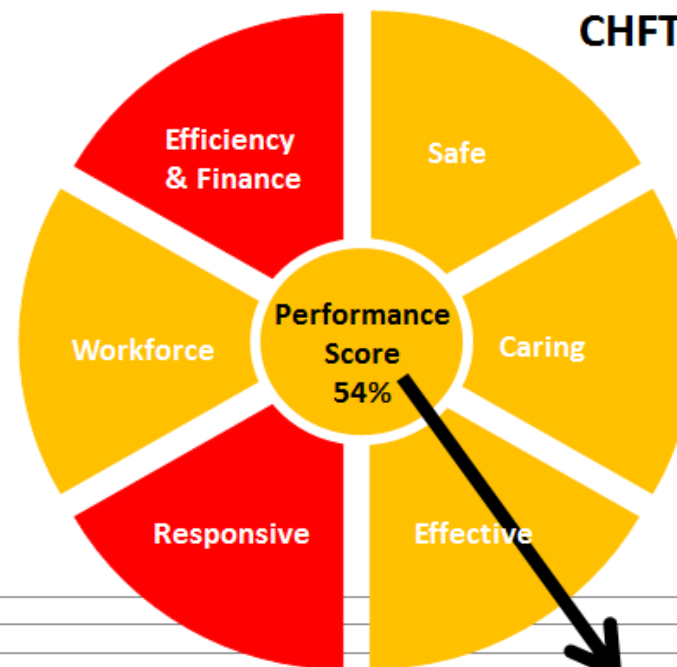
RAG Key	
Not achieving target or threshold	
Achieving target	
Between target and threshold	

Performance Summary

July

RAG Movement

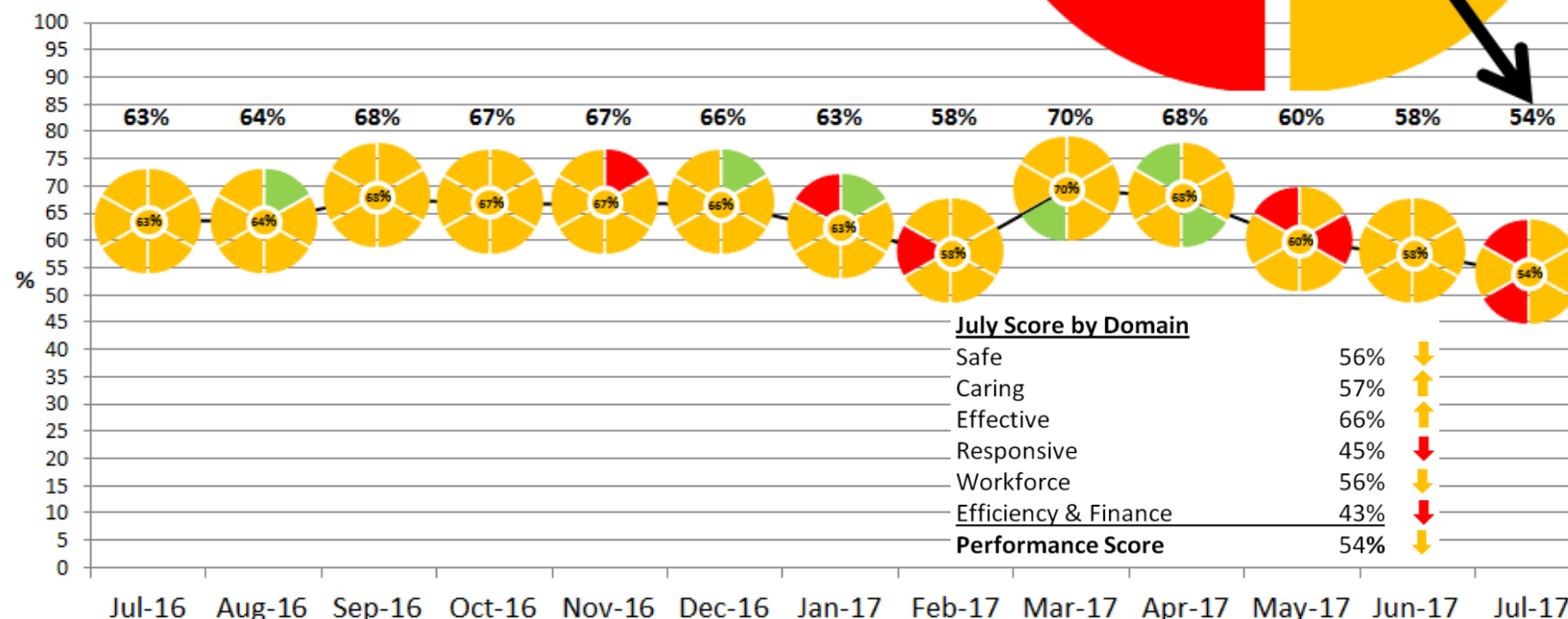
July's Performance Score stands at 54% for the Trust. The RESPONSIVE domain is now RED due to failing to meet the Emergency Care Standard, Diagnostic 6 weeks, both Cancer 2 week wait targets and both Cancer 62 day targets. Finance domain is now also RED due to a deterioration in I&E: Surplus / (Deficit) Control Total Basis and Agency expenditure.



CHFT

SINGLE OVERSIGHT FRAMEWORK

SAFE	Emergency C-Section Rate
VTE Assessments	Never Events
CARING	FFT Maternity
FFT Community FFT OP	FFT IP 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



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	96.1%	95.3%	↑	96.3%
	Inpatient Complaints per 1000 bed days	2.0	1.8	↓	TBC
	Average Length of Stay - Overall	4.32	4.38	↑	5.17
	Delayed Transfers of Care	3.32%	2.80%	↓	5%
EFFECTIVE	Green Cross Patients (Snapshot at month end)	107	77	↓	40
	Hospital Standardised Mortality Rate (1 yr Rolling Data)	98.71	100.85	↑	100
	Theatre Utilisation (TT) - Trust	83.0%	81.8%	↑	92.5%
RESPONSIVE	% Last Minute Cancellations to Elective Surgery	1.05%	0.66%	↓	0.6%
	Emergency Care Standard 4 hours	93.45%	92.03%	↑	95%
	% Incomplete Pathways <18 Weeks	92.63%	92.58%	↑	92%
	62 Day GP Referral to Treatment	83.2%	88.5%	↓	85%
SAFE	% Harm Free Care	94.27%	93.14%	↑	95.0%
	Number of Outliers (Bed Days)	491	575	↑	495
	Number of Serious Incidents	9	6	↓	0
	Never Events	0	0	↔	0

MOST IMPROVED

Improved: Hospital Standardised Mortality Rate (HSMR) is now < 100 for both weekday and weekend for the 12 month period to April 2017.

Improved: Complaints re-opened - only 2 in July. Lowest number in over 12 months.

Improved: Average co-morbidity score/Average Diagnosis per Coded Episode - both areas have peaked in performance following the introduction of EPR and the associated improvement in depth of coding.

MOST DETERIORATED

Deteriorated: Cancer performance across Two Week Waits continued to be poor impacting on both day 38 and 62 days. Issues are a combination of increased referrals through fast track, IR35 and EPR impact.

Deteriorated: 62 Day GP Referral to Treatment/Referral from Screening to Treatment both missed target in-month as expected following poor performance in 2 week waits.

Deteriorated: % Sign and Symptom as a Primary Diagnosis. Since EPR go live the % S&S has increased. This is due to documentation within Power Chart and the admitting primary diagnosis not being updated to the diagnosis at discharge.

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.

Arrow direction count

↔1↑10↓8

PEOPLE, MANAGEMENT & CULTURE: WELL-LED		Current Month Score	Previous Month	Trend	Target
Doctors Hours per Patient Day					
Care Hours per Patient Day		7.6	7.5	↑	
Sickness Absence Rate		4.14%	3.88%	↓	4.0%
Turnover rate (%) (Rolling 12m)		13.13%	12.97%	↓	12.3%
Vacancy		374.98	380.54	↑	NA
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1		81%	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) Q1		63%	Different division samples each quarter. Comparisons not applicable		

OUR MONEY		Current Month Score	Previous Month	Trend
Income vs Plan var (£m)		-£5.27	-£4.24	●
Expenditure vs Plan var (£m)		£5.42	£4.41	●
Liquidity (Days)		-28.09	-22.92	●
I&E: Surplus / (Deficit) var - Control Total basis (£m)		£0.02	£0.02	●
CIP var (£m)		-£1.41	-£0.17	●
UOR		3	3	●
Temporary Staffing as a % of Trust Pay Bill		13.16%	13.51%	●

Calderdale & Huddersfield NHS Foundation Trust

Quality & Performance Report

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Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none">• % Harm Free Care - Performance has improved to 94.27% just below target. The deep dive has highlighted areas for improvement and the need for clarity around data definitions in some instances.• Number of Incidents with Harm - Numbers peaked in July with 206. This is a higher than usual level of incidents with harm but is still within normal variation. The underlying themes are being explored and will be monitored for any trends.• Number of Category 3 and 4 Pressure Ulcers Acquired at CHFT - One Category 4 and a peak of 15 Category 3 pressure ulcers in June. To achieve a sustained reduction in the number of pressure ulcers, the Improvement Collaborative will be relaunched in Q2 to ensure key themes from RCAs are focussed into improvement actions.
Caring	<ul style="list-style-type: none">• Complaints closed within timeframe - Of the 47 complaints closed in July, 46% were closed within target timeframe. The number of overdue complaints was 25 at the end of July; which was a 16% decrease from June. The overall percentage for complaints closed within target timeframe last year (2016-17) was 45%.• Friends & Family Test (IP Survey) - % would recommend the Service - performance remained below target. The Trust recognises that there are specific clinical areas that need to be targeted to improve performance.• Friends and Family Test Outpatients Survey - % would recommend the Service - Performance is still not achieving target. A task and finish group has been established by the ADN to drive forward improvement and monitor impact of interventions.• Friends and Family Test A & E Survey - Response Rate - improved further to 12.5% in month. Leads have been identified on both sites who will drive the FFT completion through the minors stream.• Friends and Family Test A & E Survey - % would recommend the Service - still just below 86.5% target.• Friends and Family Test Community Survey - Community FFT reported 86% would recommend the service against a 96% national average. 4% of people would not recommend services and new FFT system will be running from September.
Effective	<ul style="list-style-type: none">• Number of MRSA Bacteraemias – Trust assigned - 1 in month in Medicine which was the first one since February 2017. This was a cross-transmission.• Number of E.Coli - Post 48 Hours - another 5 in month. Handwashing audits are weekly and FLO (Front line audit) and peer review starts next month.• Mortality Reviews/Crude Mortality Rate - The new Learning from Deaths policy has been approved (24th August) which describes the ambition to perform initial screening reviews on all deaths plus Structured Judgment Reviews on selected cases from September.
	<ul style="list-style-type: none">• % Sign and Symptom as a Primary Diagnosis - Since EPR go live the % S&S has increased. This is due to documentation within Power Chart and the admitting primary diagnosis not being updated to the diagnosis at discharge. Communication is to go out from the Medical Director’s office to clinical teams to highlight the issue and impact of the increase.• Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge - July's performance continued the pattern seen for the last 3 months 20 percentage points below target. CHFT has changed the process so there is better visibility of all Trauma patients which should improve the planning generally and improve the hip fracture patients having surgery in a timely way.

Background Context

July sees the start of holiday season for Trust staff with changes to normal planned activity levels. EPR deployment stabilisation continues with improved inpatient utilisation both medical and nursing. Issues remain with booking and outpatient services with a direct impact on efficiency and productivity. A meeting has been held with Cerner, the EPR partner, where issues were directly demonstrated by front-line users and actions required to improve the position clearly articulated.

Outpatient services have seen a significant impact from the EPR deployment with several elements still waiting for final resolution. This has impacted on high volumes of patients and clinicians from booking services through to correspondence. There has been a decrease on completion of Friends and Family as well as a decrease in overall satisfaction as a result of these issues.

Counting and coding is improving but has still not returned to pre-EPR levels with recovery plans managed through a Data Quality Board. The services of an external data quality team remain on site.

Non-elective demand has been constant and slightly above expected levels however day case and inpatient activity, including Endoscopy, remain challenging.

During July the Surgical Division prepared a mock CQC inspection in Critical Care which was held 4th August with initial feedback positive.

The Division also experienced an increase in sickness absence as well as key vacancies which had an impact on the Division's capacity to provide Trauma, surgeons, operating services at CRH and Pre-op services. As a result there has been a reduced appetite for WLI capacity which has affected the Division's ability to deliver against a number of key metrics.

Work continues to assess IPC compliance and standards of cleanliness with a deep cleaning plan in progress across the HRI site.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none">Emergency Care Standard 4 hours improved to 93.45% for July - The ECS recovery and sustainability Plan actions continue to be worked through and implemented.Stroke - % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival improved to 67% in month. 39% Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 48% target. % Stroke patients spending 90% of their stay on a stroke unit dropped to 82% lowest position since January. A full review of the SSNAP dashboard has been undertaken and an action plan is being developed, specifically targeting potential efficiencies in therapy provision to Stroke.
	<ul style="list-style-type: none">% Diagnostic Waiting List Within 6 Weeks - just missed the 99% target with Medicine Echocardiograms underperforming.Two Week Wait From Referral to Date First Seen - missed the 93% target for the 2nd month. All pathways manually marked to identify factors/delays that create breaches. All actions required to avoid breaches are generated to the General Manager responsible for the area (Radiology/Histology etc.) and chased within 24 hours if no response.Two Week Wait From Referral to Date First Seen: Breast Symptoms - missed the 93% for the first time in last 12 months. A Root Cause Analysis carried out by the General Manager, Lead Breast Nurse and PPC Manager has found an issue with appointments (patients booked as routine not Fast Track). This has created delays and breaches but has now been rectified.38 Day Referral to Tertiary - at 27% still well below the 85% target and below 42.4% achieved in 2016/17.62 Day GP Referral to Treatment - lowest performance in over 12 months at 83%. Impact from failure to meet 2 week waits.62 Day Referral From Screening to Treatment - lowest performance since February at 86%. Back on track to achieve in August.
Workforce	<ul style="list-style-type: none">Sickness Absence rate (%) has increased in-month with long term sickness at highest rate since December. HR Business Partner within Surgery and Anaesthetics has been running drop-in sessions for ward managers to troubleshoot sickness absence cases and share learning with other managers. Following these drop-in sessions monthly Health and Attendance training sessions have been established, commencing in September 2017. These sessions will then be rolled out across all other Divisions.
Finance	<ul style="list-style-type: none">Finance: Reported year to date deficit position in line with agreed control total of £8.72m;<ul style="list-style-type: none">Delivery of CIP is behind the planned level at £2.93m against a planned level of £4.34m;Capital expenditure is £2.55m below plan due to revised timescales;Cash position stands at £4.34m against a planned £1.91m due to timing of receipt of STF;A Use of Resources score of level 3, in line with the plan.The Month 4 reported position is a deficit in line with the planned £8.72m on a control total basis, including year to date Sustainability and Transformation funding (STF) of £2.2m. However, the financial position remains extremely precarious with activity and income continuing to be below the planned level. EPR implementation continues to have a significant impact on both productivity and the capture of activity data. As in recent months, the income position remains inclusive of a level of estimated income based upon activity data not currently correctly represented in EPR. The underlying financial shortfall against the financial plan in the year to date is £5.9m. This is driven by the shortfall in activity and CIP underperformance in the year to date. This has been offset by the release of two thirds of the Trust’s contingency reserves for the year alongside a number of non-recurrent benefits. M4 position prior to action: adverse variance to plan (£5.9m) Non-recurrent benefits M2 £1.1m Non-recurrent benefits M3 £1.5m Non-recurrent benefits M4 £2.0m Release of Contingency Reserves £1.3m Month 4 position to report: nil variance to plan £0.0m The Trust continues to report that the Trust will achieve its Control Total and secure the £10.1m STF allocation. However, the forecast assumes that activity returns to the planned level from August, with no further EPR related income losses. It also assumes that the full £20m CIP target is delivered, whilst the total forecast against identified CIP schemes is currently only £13.76m. The risk of failing to achieve our target deficit of £15.94m therefore remains extremely high and further action is required to stabilise the financial position.

Background Context

Consultant vacancies remain a challenge in Medical specialties particularly AED, Elderly Care and Respiratory which have been further compounded by sickness in Cardiology. Within Surgical specialties Urology and Ophthalmology continue to be underestablished impacting on activity. Where clinical safety is identified as a risk, be that direct inpatient or delayed access, agency staff have been deployed where possible.

Within AED availability of substantive and locum staff has significantly impacted on flow particularly out of hours. In addition EPR has changed the role of the clinical coordinators within AED reducing direct patient facing time. Non-clinical trackers have been recruited to for both departments to ensure appropriate clinical capacity; these postholders start early September.

Several workforce initiatives have been actioned in month with a large cohort of Physician Associates, Advanced Clinical Practitioners and Cardiophysiologists appointed into training to ensure a more robust clinical workforce in the future, this has been positively received by clinical teams.

A large cohort of Enhanced Care Workers to provide 1:1 care commenced in-month improving care and support to vulnerable patients whilst also reducing agency costs.

There has been a considerable focus in July on developing the new model for Rehabilitation with partners. The new model focusses on Rehabilitation being offered through an out of hospital, recovery at home model thus enabling beds in the hospital to be closed.

In terms of capacity management, July has been a positive month, with a reduction in the number of Medical outlier bed days. July has also seen the closure of 7c at CRH and ward 4 at HRI.

The MSK single point of contact has been running now since June and the team have been working hard to ensure the smooth running of the service. This has been challenging due to some of the appointment issues associated with EPR and the challenges of implementing new referrals systems for GPs. Work has progressed on the hand/wrist pathway with ACP's working closely with the consultant to develop skills and knowledge.

The Radiology team have been finalising details of the contract for a new PACS system which will be launched in early 2019. This work is part of the regional Radiology collaborative work.

Safe, Effective, Caring, Responsive - Community Key messages

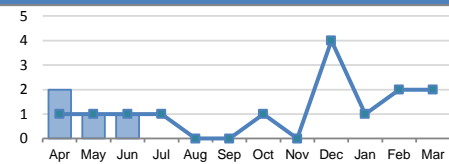


Area	Reality	Response	Result
Safe	<p>Medication Incidents</p> <p>4 medication incidents in Community in July. One of these relates to poor discharge and has been fed back to the ward in question.</p>	<p>Medication incidents</p> <p>Community pharmacist reviews all medication incidents and summarises issues at quarterly PSQB.</p> <p>She has been asked to look at any further actions that could support increased learning around medication incidents in Community in order to reduce prevalence.</p>	<p>Medication Incidents</p> <p>Aim to have a reduced medication incident prevalence and increased learning and awareness of medication incidents across Community staff.</p>
Effective	<p>Readmission rates from Community matron caseload</p> <p>There has been a reduction in readmissions from patients on a Community matron's caseload this month. In recent months there had been a number of readmissions due to falls. This month there were no readmissions as a result of falls.</p>	<p>Readmission rates from Community matron caseload</p> <p>Continue to monitor the readmission reasons and review any actions that can reduce the number of readmissions to hospital for patients of a community matron's caseload.</p> <p>Community matrons now have view access to EPR to support their understanding of their patients when they are admitted to hospital.</p>	<p>Readmission rates from Community matron caseload</p> <p>Maintain a low % of readmissions within 30 days for patients on a Community matron's caseload.</p> <p>By when: October 2017</p> <p>Accountable: Matron Community Nursing services</p>
Caring	<p>End of life patients</p> <p>Continue to focus on ensuring that patients are supported appropriately at the end of their life and that they die in their preferred place of death. All hospital deaths this month were appropriate.</p>	<p>End of life patients</p> <p>Continue to monitor each patient and review each case where the preferred place of death and the actual place of death are different.</p>	<p>End of life patients</p> <p>To support patients and their families so that anyone wishing to die at home gets the support they need to remain at home even when they deteriorate.</p> <p>By when: Review September 2017</p> <p>Accountable: ADN</p>
Responsiveness	<p>Physiotherapy waiting times</p> <p>Physiotherapy waiting times at the end of July were 16 weeks</p>	<p>Physiotherapy waiting times</p> <p>The Physiotherapy service has commenced a telephone assessment service. This is intended to reduce the number of people requiring face to face contact by a Physiotherapist in order to reduce the waiting times and enable people in need of hands-on therapy to receive this in a timely manner.</p> <p>Whilst initial impact wasn't seen in July the waiting list as of 21/8/2017 stands at 8 weeks with an expectation of further improvement in the coming weeks.</p>	<p>Physiotherapy waiting times</p> <p>Physiotherapy waiting times to return to an acceptable performance level by the end of September.</p> <p>By when: September 2017</p> <p>Accountable: Head of Therapies</p>

Dashboard - Community

Safe

Community acquired grade 3 or 4 pressure ulcers



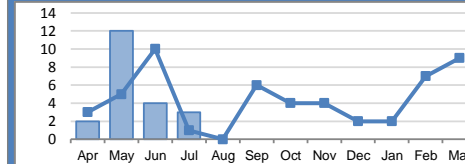
One month in arrears

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



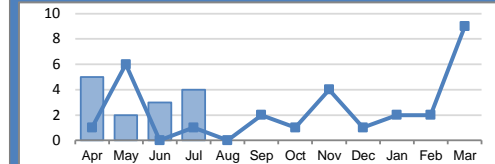
One month in arrears

Incidents - New Harms



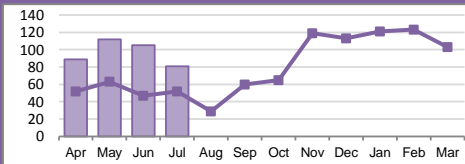
Bar Chart = 17/18 figures Line graph = 16/17 figures

Medication Incidents

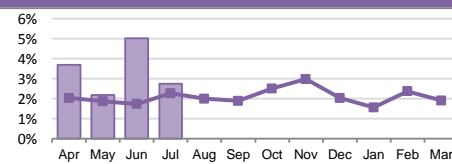


Effective

Number of Hospital admissions avoided by Community Nursing services

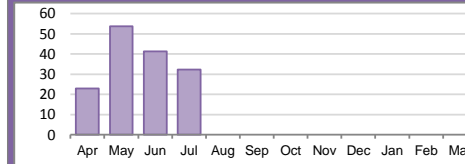


Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days

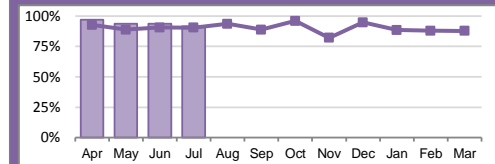


One month in arrears

Intermediate Care Bed base (Average Days)

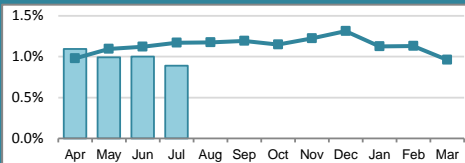


House Bound leg ulcers healed within 12 weeks

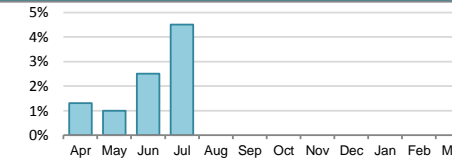


Caring

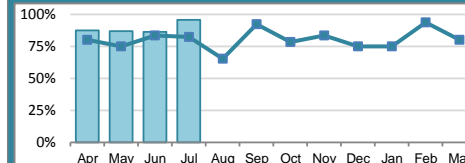
Community No Access Visits Adult Nursing



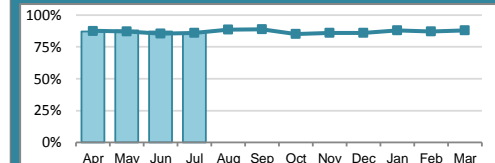
Intermediate Care Readmission rate



End of life patient died in preferred place of death

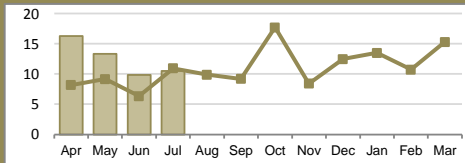


Friends and Family Test- Likely to recommend

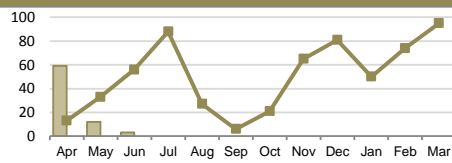


Responsive

Average time to start of reablement (days)

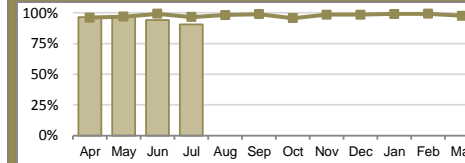


Appointment Slot Issues for MSK & Podiatry

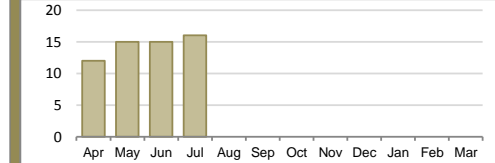


MSK Podiatry

Waiting Times - 18 week RTT

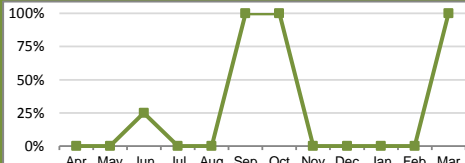


Waiting Times - Physiotherapy Routine (Weeks)

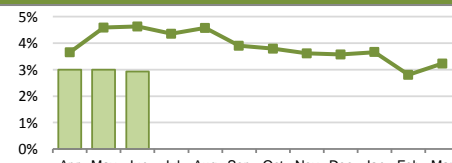


Well Led

% Complaints closed within target timeframe



Staff sickness rate

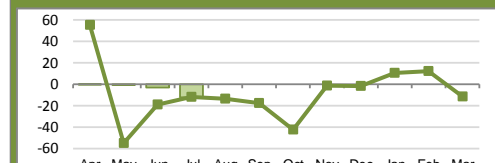


One month in arrears

Finance - Planned variance against actual (£'000)



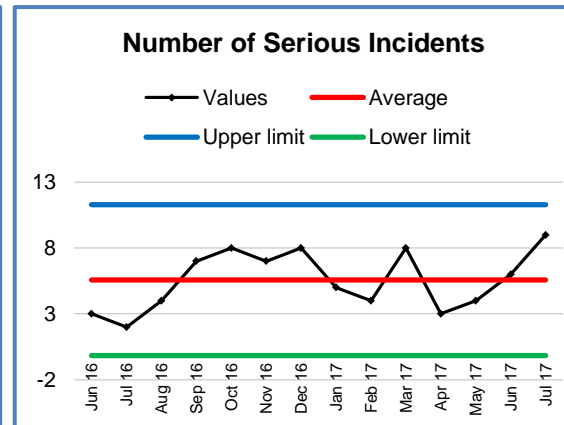
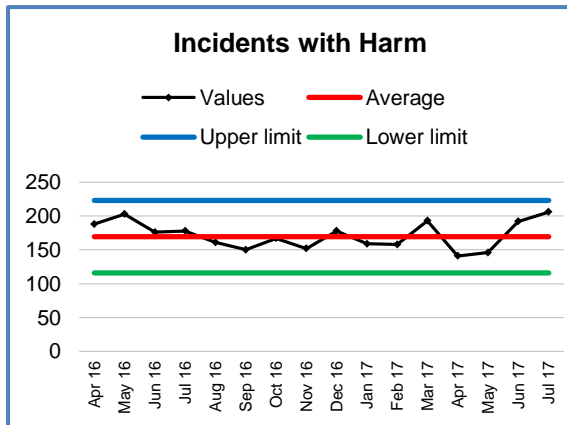
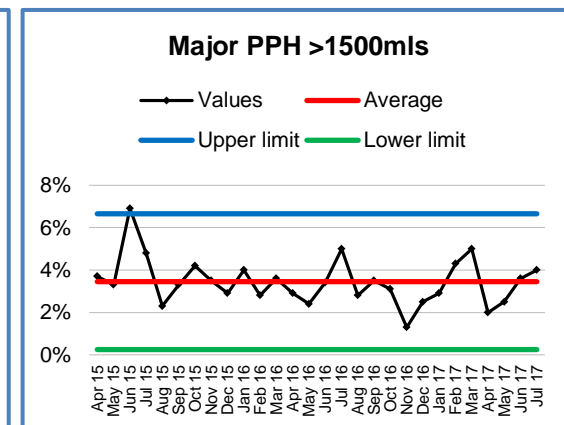
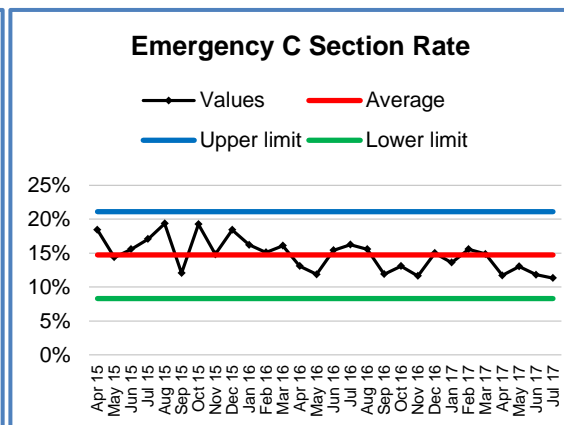
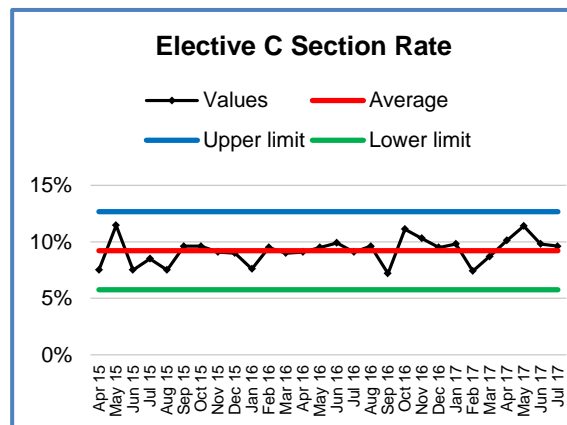
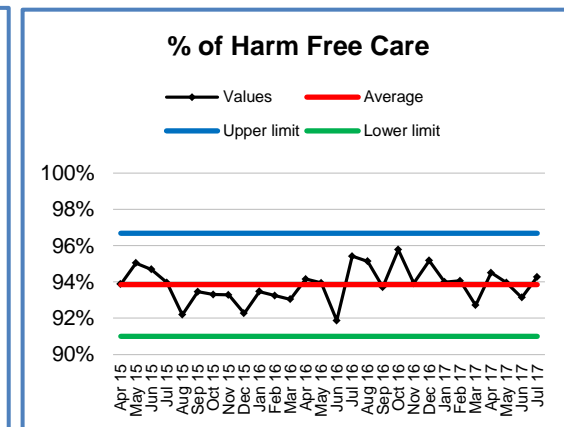
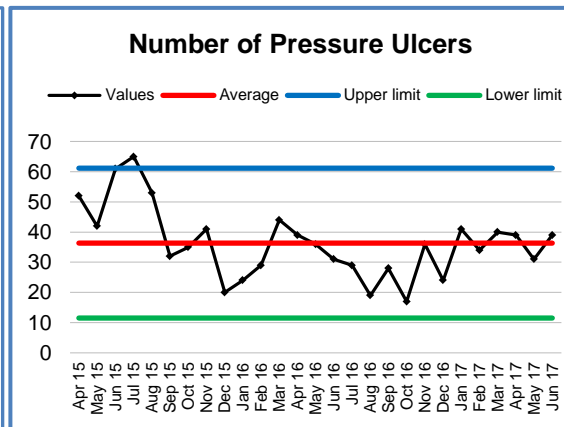
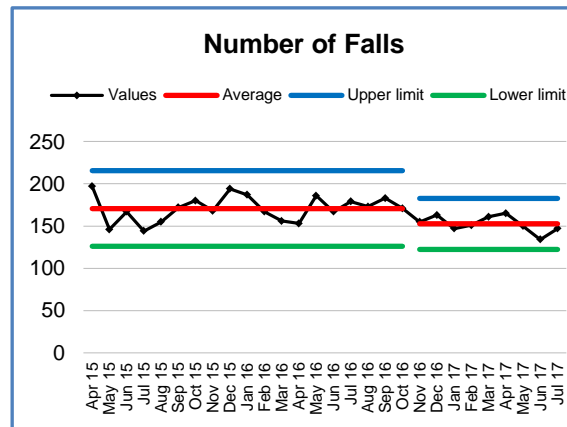
Finance - Planned CIP saving against actual savings (£'000)



Safe - Key messages

Area	Reality	Response	Result
Falls	Inpatient falls increased slightly in-month. However sustained improvement is seen on the SPC chart over time.	We are revisiting the effectiveness of the safety huddles, to ensure we have a standardised agenda and engagement from a multidisciplinary team. The falls champions are key to driving this work forward with support from the ward sisters.	Expected Delivery Date: End of Q2 2017/18 Accountable: ADN Medicine
% Harm Free Care	Performance has improved in-month to 94.27%. The deep dive has highlighted areas for improvement and the need for clarity around data definitions in some instances.	Improvement leads for Falls, Pressure Ulcers, CAUTI and VTE are aware of how each element contributes to overall harm free care. Improvement plans are being aligned to findings.	Improvements expected by Q2 2017/18. Accountable: Deputy Chief Nurse
Number of Incidents with Harm	The number of incidents with harm has increased to 206 in the month of July.	This is a higher than usual level of incidents with harm but is still within normal variation. The underlying themes are being explored and will be monitored for any trends.	Improvements expected by Q2 2017/18. Accountable: Deputy Chief Nurse
Pressure Ulcers (Month Behind)	A slight increase of pressure ulcers in June compared with last month particularly Category 3.	To achieve a sustained reduction in the number of pressure ulcers, the Improvement Collaborative will be relaunched in Q2 to ensure key themes from RCAs are focussed into improvement actions.	Improvements expected by Q3 Accountable Deputy Chief Nurse
Percentage of SI's investigations where reports submitted within timescale	There were 7 reports submitted in July to the CCG, regarding the submission within 60 days. 1 within FSS and 6 within the Medical Division. This gives Trust compliance of 28.57%. The main factor in delays was due to two pressure ulcers not being signed off at the Pressure Ulcer Panel and three reports being submitted within 48 hours of the deadline.	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
% PPH ≥ 1500ml - all deliveries	Slight increase in month, year to date remains in target. All PPH >1500mls reviewed at weekly governance meeting and any clinical practice concerns are escalated to weekly orange panel for review and learning opportunities	Implementation of CHFT PPH Care Bundle (ARREST) to reduce harm and improve outcomes: Auditing practice against the care bundle.	Expected Delivery Date: Met the Q1 2017-2018 plan for PPH and will meet the 3% for Q2 2017/18. Accountable: FSS HOM/ADN
VTE	Since EPR go –live the performance for completion of the VTE forms appears to have reduced. Currently it is unclear as to why the performance has dropped, however there is no evidence that VTE risk assessments are not being completed and the EPR triggers appear to be effective.	The Clinical and Informatics teams are working through the process to better understand the position. Further analysis will be undertaken by the Informatics teams, informed by the clinical leads to better understand the current position. Next steps include review of clinical pathways and admission processes. Findings will be fed back to the Medical Director in September.	Improvement from Q3.

Safe -SPC Charts



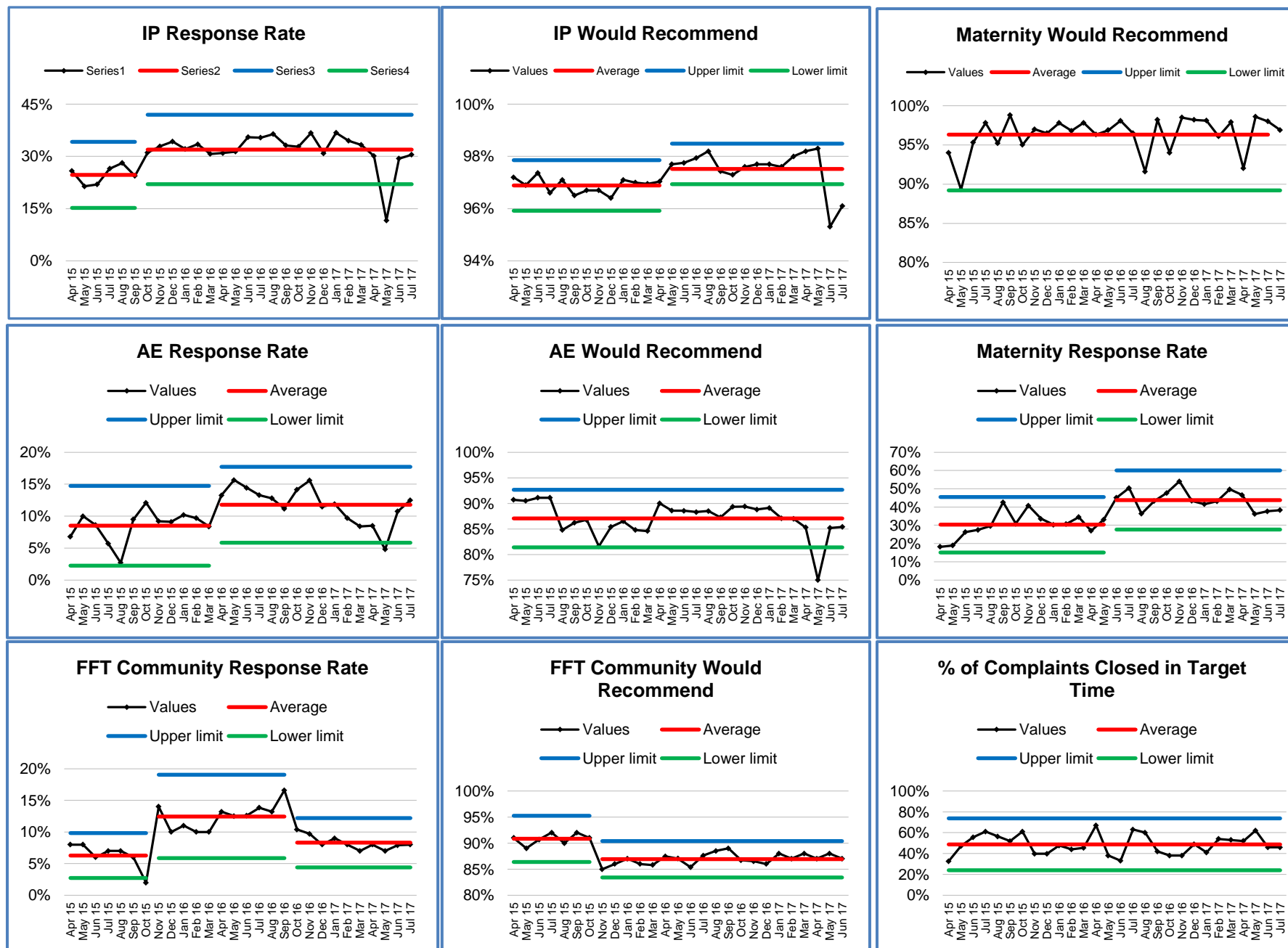
Safe - Key measures

16/17		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17		YTD	Annual Target		Monthly Target
Falls / Incidents and Harm Free Care																			
All Falls	1989	179	173	183	171	155	163	147	151	161	164	150	134	147	595		Monitoring Trajectory		
Inpatient Falls with Serious Harm	42	2	6	3	3	2	1	0	1	11	4	6	6	1	17		Monitoring Trajectory		
Falls per 1000 bed days	7.9	8.3	8.2	9.1	8.4	7.7	7.7	6.7	7.7	7.7	7.8	7.0	6.2	6.8	7.0		Monitoring Trajectory		
% Harm Free Care	94.26%	95.42%	95.14%	93.71%	95.78%	93.92%	95.17%	93.99%	94.06%	92.71%	94.51%	93.96%	93.14%	94.27%	93.97%		>=95%	95.00%	
Number of Serious Incidents	66	2	4	7	8	7	8	5	4	8	3	4	6	9	22		Monitoring Trajectory		
Number of Incidents with Harm	2063	178	161	150	167	152	178	159	158	193	141	146	192	206	685		Monitoring Trajectory		
Percentage of Duty of Candour informed within 10 days of Incident	97.90%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		95.00%	95.00%	
Never Events	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0		0	0	
Percentage of SIs investigations where reports submitted within timescale (60 days unless extension agreed)	36.66%	100.00%	0.00%	33.00%	66.66%	66.66%	20.00%	0.00%	0.00%	7.69%	20.00%	28.60%	40.00%	28.57%	29.29%		100%	100%	
Maternity																			
Elective C-Section Rate	9.30%	9.10%	9.60%	7.20%	11.10%	10.30%	9.50%	9.80%	7.40%	8.70%	10.10%	11.40%	9.80%	9.60%	10.20%		<=10% Threshold	10.00%	
Emergency C-Section Rate	13.99%	16.22%	15.57%	11.89%	13.06%	11.61%	14.97%	13.60%	15.55%	14.86%	11.70%	13.00%	11.80%	11.30%	11.90%		<=15.6% Threshold	15.60%	
Total C-Section Rate	23.31%	25.30%	25.20%	19.10%	24.60%	21.90%	24.49%	23.40%	22.97%	23.58%	21.81%	24.32%	21.60%	20.89%	22.16%		<=26.2% Threshold	26.20%	
% PPH ≥ 1500ml - all deliveries	3.30%	5.00%	2.80%	3.50%	3.10%	1.30%	2.50%	2.90%	4.30%	5.00%	2.00%	2.50%	3.60%	4.00%	3.00%		<=3.0%	3.00%	
Pressure Ulcers																			
Number of Trust Pressure Ulcers Acquired at CHFT	374	29	19	28	17	36	24	41	34	40	39	31	39	under validation	109		Monitoring Trajectory		
Pressure Ulcers per 1000 bed days	1.5	1.4	0.9	1.4	0.8	1.8	1.1	1.9	1.7	1.9	1.9	1.4	1.9	under validation	1.7		Monitoring Trajectory		
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	21	13	18	16	22	12	27	24	29	27	22	24	under validation	73		Monitoring Trajectory		
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	8	6	9	1	14	12	10	9	10	9	8	15	under validation	32		Monitoring Trajectory		
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	0	0	1	0	0	0	4	1	1	3	0	1	under validation	4		0	0	
Percentage of Completed VTE Risk Assessments	95.11%	95.14%	95.10%	95.14%	95.07%	95.20%	95.02%	95.03%	95.07%	95.86%	94.34%	88.31%	91.39%	92.84%	94.09%		>=95%	95.00%	
Safeguarding																			
Alert Safeguarding Referrals made by the Trust	155	10	11	18	12	16	9	10	11	13	19	25	13	8	65		Not applicable		
Alert Safeguarding Referrals made against the Trust	109	10	9	5	11	10	3	12	12	12	13	11	14	16	54		Not applicable		
Health & Safety Incidents	0										16	22	not available	not available	38		0	0	
Health & Safety Incidents (RIDDOR)	15	1	1	3	1	2	1	0	1	0	2	3	not available	not available	5		0	0	

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % would recommend	<p>Performance has improved to pre-EPR levels but is still not achieving target. 88.20% of patients would recommend the service in July.</p>	<p>A task and finish group has been established by the ADN to drive forward improvement and monitor impact of interventions.</p>	<p>Improvement expected at end of Q3</p>
Friends & Family Test - AE % Response Rate % would recommend the Service	<p>A&E % response rate is still below the 13.3% national average at 12.50% in-month. However, there has been an improvement on the performance each month since April 2017.</p> <p>A&E % would recommend has improved in month to 85.4% just below the 86.5% target.</p> <p>The division recognises it has some work to do to improve patient experience in ED. Some focused work on communication and customer care has been identified.</p>	<p>Leads have been identified on both sites who will drive the FFT completion through the minors stream. The response rate from text responses has improved and the work needs to be focussed on the return of the FFT cards, therefore staff are now adding their names to the cards they hand out after collation THIS team returned to the department to recognise and reward performance at department level.</p> <p>New matron has now commenced in post and is looking at further approaches to improve responses rates and team are looking at some focused work on communication and customer care.</p> <p>The FFT improvement forum is attended by PSQ Lead and the lead Matron will also attend this meeting going forwards. A SOP for distribution of the FFT cards has been written, was well received and will be rolled out Trust-wide.</p>	<p>Expected by October 2017 that ED will be delivering a comparable level of response and satisfaction compared to other ED departments locally.</p> <p>Accountable: Matron for ED/ADN Medicine.</p>
Friends and Family Test Community Survey - % would recommend the Service	<p>Community FFT reported 86% would recommend the service against a 96% national average. 4% of people would not recommend services.</p>	<p>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>	<p>Improvement expected in Q2 once the new server is in place.</p> <p>Accountable: Head of Therapy Professions</p>
Friends & Family Test (Inpatient) - % would recommend the Service	<p>% Would Recommend rate for Inpatient Family and Friends has improved from last month to 96.10% in July 2017.</p>	<p>The Trust recognises that it has some specific clinical areas that it needs to target to enhance both response rates and recommendation levels to improve the overall position. Medicine has identified a matron lead to work with the Patient Safety Quality lead in progressing an improvement action plan.</p>	<p>By October 2017 the division anticipates all inpatient areas with the exception of day case will be meeting both main FFT standards.</p> <p>Accountable : Deputy Chief Nurse</p>
Friends & Family Test (Maternity) - % would recommend the Service	<p>Good Performance across all areas in terms of response rate and patient satisfaction. No areas are Rag rated red. Overall 96.9% would recommend. There is a slight dip in performance for antenatal (amber 96.6%), Labour and Birth HRI (amber 93.3%) and Postnatal community care (amber 93.9%)</p>	<p>Deputy Head of Midwifery working with Clinical managers to ensure action planning in place for FFT and a variety of improvement methodologies to improve the woman/family experience. Patient experience added to daily sit report.</p>	<p>Improved Performance from August report onwards. Accountable DHOM and Matron</p>

Caring -SPC Charts



Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 47 complaints closed in July, 46% were closed within target timeframe. The number of overdue complaints was 25 at the end of July; which is a 16% decrease from June. The overall percentage of complaints closed within target timeframe last year (2016-17) was 45%. The focus remains closing overdue complaints.	Work with the Divisions in order to continue to improve the complaints handling process within each Division. 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 as to the reason of delay.	Performance expected to be back on track from Q2 2017. Accountable : Head of Risk and Governance and Divisional Leads
	In July SAS closed 33% of their complaints within the agreed timescale, Medicine 41%, and FSS 50%.		

Complaints Background

The Trust received 47 new complaints in July and re-opened 2 complaints, making a total number of 49 complaints received in July, this is a marked increase of 9% from June.

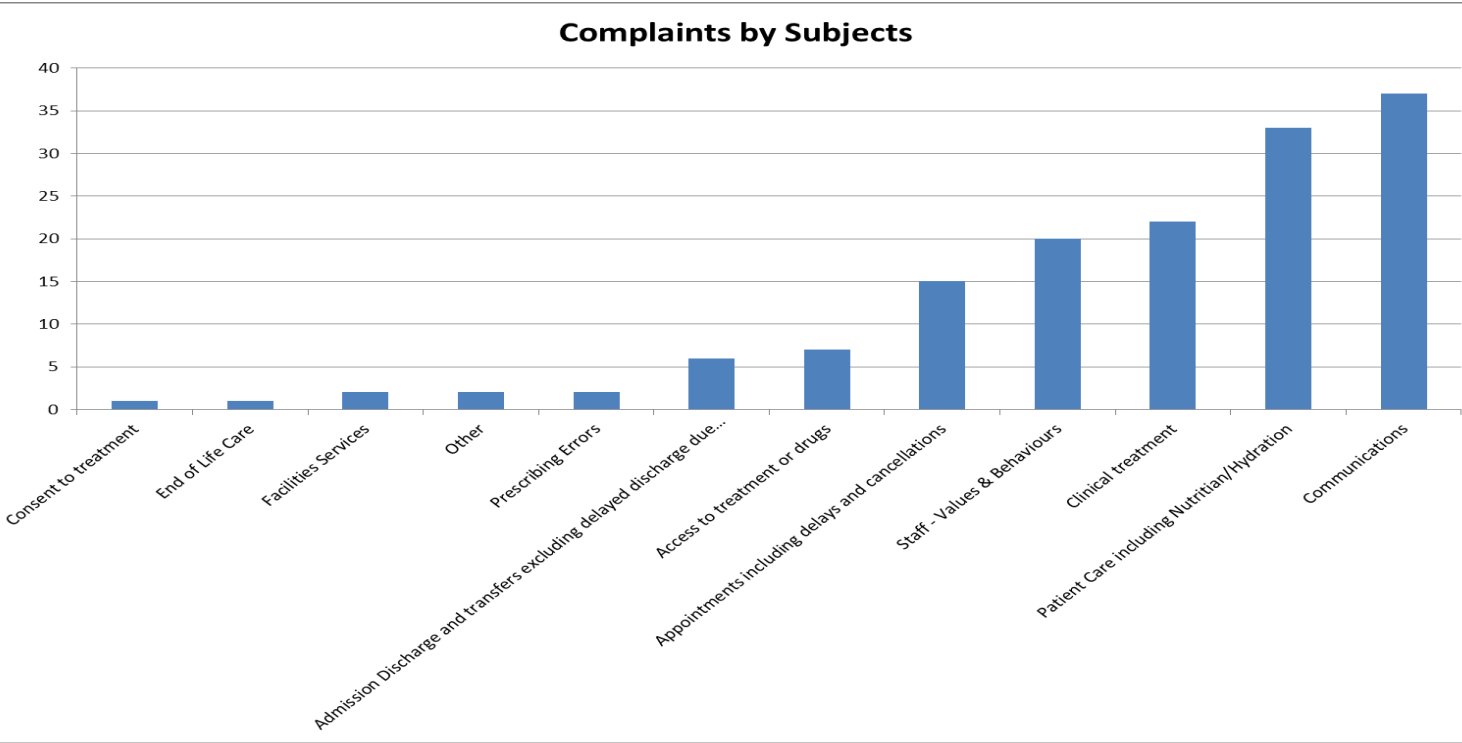
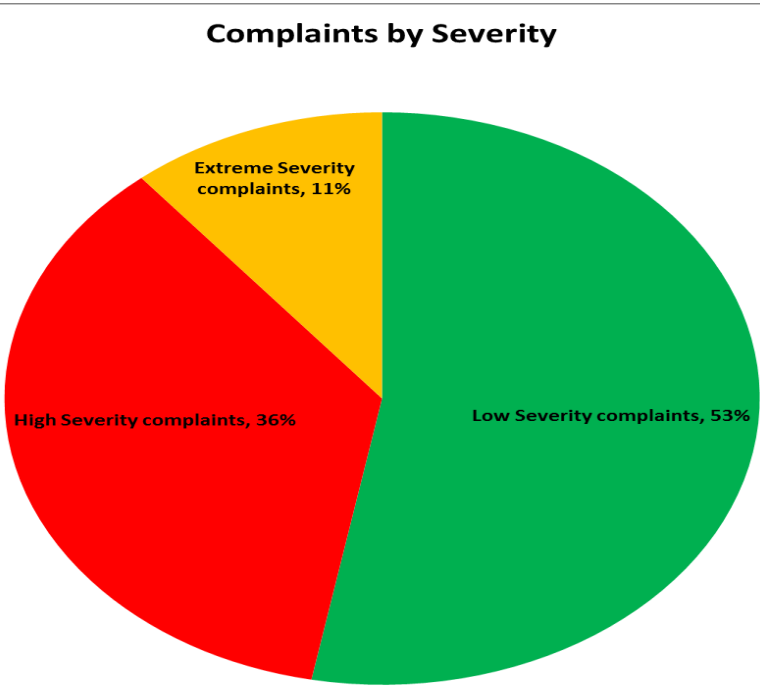
The top 3 Complaints subjects remain:

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 July. (3 Medicine Division and 2 SAS Division).

PHSO Cases:
There have been 2 new Ombudsman / PHSO cases received in July.



Caring - Key measures

16/17		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	45.00%	63.00%	60.00%	42.00%	38.00%	38.00%	49.00%	41.00%	54.00%	53.00%	52.00%	62.00%	46.00%	46.00%	51.77%	95.00%	95.00%
Total Complaints received in the month	610	54	60	47	49	51	43	44	50	53	43	58	41	47	189	Monitoring Trajectory	
Complaints re-opened	78	6	5	6	9	7	7	9	4	6	5	9	4	2	20	Monitoring Trajectory	
Inpatient Complaints per 1000 bed days	2.10	2.40	2.50	2.20	2.30	2.40	2.10	1.80	2.30	2.40	1.80	2.40	1.80	2.00	2.00	Monitoring Trajectory	
No of Complaints closed within Timeframe	311	25	29	29	20	40	25	19	29	19	31	24	21	20	96	Monitoring Trajectory	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	34.00%	35.40%	36.40%	33.20%	32.80%	36.70%	30.90%	36.80%	34.50%	33.30%	30.10%	11.60%	29.40%	30.50%	25.90%	>=28.0% / >=25.9% from Jan 17	
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	97.90%	98.20%	97.40%	97.30%	97.60%	97.70%	97.70%	97.60%	98.00%	98.20%	98.30%	95.30%	96.10%	96.70%	>=96.0% / >=96.3% from Jan 17	
Friends and Family Test Outpatient - Response Rate	12.00%	12.60%	12.70%	11.80%	12.60%	11.20%	10.60%	11.50%	11.70%	10.60%	11.00%	3.80%	8.20%	8.70%	8.30%	>=5.0% / >=5.3% from Jan 17	
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	90.90%	90.60%	91.50%	90.90%	90.90%	91.40%	90.90%	90.90%	90.90%	91.20%	86.00%	89.50%	88.20%	89.50%	>=95% / >=95.7% from Jan 17	
Friends and Family Test A & E Survey - Response Rate	12.70%	13.30%	12.80%	11.20%	14.20%	15.60%	11.50%	11.90%	9.70%	8.40%	8.50%	4.80%	10.70%	12.50%	9.10%	>=14.0% / >=13.3% from Jan 17	
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	88.30%	88.50%	87.30%	89.30%	89.40%	88.80%	89.10%	87.10%	87.00%	85.30%	75.00%	85.20%	85.40%	83.90%	>=90.0% / >=86.5% from Jan 17	
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	50.40%	36.30%	43.30%	47.70%	54.10%	43.40%	41.60%	43.20%	49.70%	46.60%	36.20%	37.70%	38.30%	39.70%	>=22.0% / >=20.8% from Jan 17	
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	96.50%	91.60%	98.20%	94.00%	98.50%	98.20%	98.10%	96.10%	97.90%	92.00%	98.60%	98.00%	96.90%	96.10%	>=96.9% / >=97% from Jan 17	
Friends and Family Test Community - Response Rate	11.20%	13.80%	13.20%	16.60%	10.40%	9.70%	8.00%	9.00%	8.00%	7.00%	8.00%	7.00%	7.90%	8.00%	7.73%	>=3.4% / >=3.5% from Jan 17	
Friends and Family Test Community Survey - % would recommend the Service	87.30%	87.60%	88.50%	89.00%	86.70%	86.50%	86.00%	88.00%	87.00%	88.00%	87.00%	88.00%	87.80%	86.00%	87.20%	>=96.2% / >=96.6% from Jan 17	
Maternity																	
Proportion of Women who received Combined Harm Free Care	77.25%	75.40%	78.80%	79.20%	76.20%	77.27%	83.87%	77.08%	86.36%	72.97%	78.33%	78.57%	78.30%	in arrears	78.40%	>=70.9%	70.9%
Caring																	
Number of Mixed Sex Accommodation Breaches	5	0	3	0	0	0	0	0	2	0	0	0	5	0	5	0	0

Caring - What our patients are saying

Some of the positive feedback we have received

8D - What an amazing team of people! So kind and caring. I honestly don't think it's possible to get a higher level of care from everyone on Ward 8D, Head & Neck Clinic and theatre. I would like to particularly thank my Anaesthetist and apologise to him for being so panicky! Thank you for making a very scary time more bearable. Thank you.

CCUR- The care, treatment and attention I have been lucky enough to receive have been absolutely first class. Extremely professional and competent staff. Everything fully explained to me. All the Doctors, Nurses and staff are amazing. It would be impossible to receive any better care and treatment than I have received. I do know that I wouldn't be here now, without the help of these fantastic people. Long live our NHS!

6BC - Everything, from the Ambulance to being discharged from Ward 6B. The treatment and staff were first class. Nothing was too much trouble for them, they should all be proud.

H10 - I cannot complain about anything regarding care or treatment. The staff (Nurses, Doctors, Cleaners and Students) all treated me with care and understanding. I felt extremely comfortable in every situation. Thank you very much to all the staff at Huddersfield hospital, it will definitely be the only hospital I will use for myself and family!

HSAU - Went Well: Everything went really well. Congratulations to a good working, very friendly team. Highly satisfied and well looked after at all times.

A&E - CRH - The staff were excellent. Top care!

Where can we improve

Extra fans, as it gets too hot.

Mirrors in Gents' showers for shaving.

There were some occasions when I had bloods taken and wasn't told why. I prefer to know exactly what's happening.

I don't understand pay & display parking in an emergency situation.

Slight improvement on information would help when enquiries are made to relatives' questions.

Provision of a seat or stool in the shower room to avoid trying to stand on one leg. Training model for awkward dressing situation, ie around the toes etc for trainees.

Doctors to introduce themselves to patients clearly and explain who they are and what their relationship is to the treatment.

Effectiveness - Key messages

Area	Reality	Response	Result
Number of MRSA Bacteraemias – Trust assigned	There was 1 case of MRSA Bacteraemia reported in month in the Medical Division.	A ward meeting was held the following week attended by Infection Control and the outcome of the fingerprinting has been shared with all staff and they have either all attended their infection control training or plans are in place for this as part of a rolling programme.	An expectation that this will return to 0 next month.
	There was a patient on Ward 5 at the same time with MRSA (swab only, not bacteraemia). The fingerprinting from the culture were a match indicating a cross-transmission from this patient to the bacteraemia patient.	Gavin Boyd (Cons Micro) confirms that this should not be treated as an outbreak and that the robust focus on hand-hygiene is the single action required.	
Number of E.coli - Post 48 Hours	There were 5 cases of E.coli reported in July, 4 within Medicine and 1 within Surgery.	All cases will be investigated and reviewed through PSQB.	Reduction in number of cases - timescale and action plan dependent on findings from the IPC lead review
		Handwashing audits are weekly and FLO (Front line audit) and peer review starts next month. Pilot work to support PERFECT WARD assurance tool to be led by medical Division. Escalation of Estates and domestic cleaning issue to be undertaken promptly by clinical teams. All post E-coli cases will have a casenote review from 1 st September, will also retrospectively look at previous cases going back to June.	Accountable : ADN
Hospital Mortality Measures	Local SHMI/HSMR Performance continues to improve and both measures are reported as being 'as expected'. The latest SHMI release (January - December 16) CHFT has improved further to 104.7 Hospital Standardised Mortality Rate (12 months Rolling Data May 16 - April 17) is now reporting rates < 100 for both weekday and weekend.	The new Learning from Deaths policy has been approved (24th August) which describes the ambition to perform initial screening reviews on all deaths plus Structured Judgment Reviews on selected cases from September.	SHMI: Expected Delivery Date: SHMI continues to improve with each release. HSMR: Expected Delivery Date: performance is expected to continue to improve over the coming months.
	Crude Mortality has remained static at 1.43% in month.		Mortality reviews will improve from September following the introduction of the new Learning from Deaths policy. Accountable: Plan agreed with DD’s, Medical Director and
% Sign and Symptom as a Primary Diagnosis	Since EPR go live the % S&S has increased. This is due to documentation within Power Chart and the admitting primary diagnosis not being updated to the diagnosis at discharge. There is variation at Specialty level but the target is not being achieved by any Division.	Communication is to go out from the Medical Director’s office to clinical teams to highlight the issue and impact of the increase – potential reduced income, patients being assigned to incorrect HSMR groups and increase in excess bed days. The coding team will continue to highlight and work with clinical colleagues to raise awareness of the importance of a	Expectation that this will improve through tackling the specialties that are not achieving the national upper quartile target. Accountable : Associate Medical Director and Clinical Coding Manager
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	Based on discharge date, 65.91% of hip fracture patients were operated on within 36 hours in July compared to 67.44% in June. The YTD figure was 66.19%. There were 38 admissions with #NOF in July of which 29 were operated on within 36 hours - 76.32%. There were 4 patients with clinical reasons for delay to theatre and 5 that were operated on within 48 hours due to lack of capacity. The number of breaches due to non-clinical reasons has significantly reduced since implementation of new pathways as per action plan. There were 11 patients who had breached the < 36 hour target in June that were discharged in July. The BPT is based on discharge date of patient not admission date of patient hence the difference in % achieving BPT.	CHFT has changed the process so there is better visibility of all Trauma patients which should improve the planning generally and improve the hip fracture patients having surgery in a timely way. There is a new guideline for managing hip fracture patients on anticoagulants - previously they had to wait for 48 hours but can now be operated on after 24 hours. This will reduce some of the clinical delays.	Aiming to consistently achieve over 80% of hip fracture patients getting to theatre within 36 hours. Accountable : General Manager Orthopaedics
	Source - National Hip Fracture Database - Based on discharge date.		
Avoidable number of Clostridium Difficile Cases	There were 2 cases of C.Diff within Medicine both avoidable.	Shared learning within the Directorate has heightened awareness of SIGHT acronym regarding prompt isolation as symptomatic patients.	To improve by September.
	One case identified clinical practice, domestic cleaning concerns whilst the other was deemed preventable due to antibiotic prescribing.	Feedback to the Division at PSQB required improvement on overall documentation for symptomatic patients and ICPN supported this with clear guidance re EPR. The Divisional action plan has been revised to reflect recent findings and monitored through Medical PSQB. This is supported by the Trust-wide action plan. ANTT compliance 86.93 % in the Division - further work required to improve compliance by September. Division plan to meet with Infection Control to clarify stool sampling policy for C-Diff as confusion currently exists.	Accountable : ADN

Effectiveness - Key measures

16/17		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	2	0	0	0	0	0	1	0	1	0	0	0	0	1	1	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	4	4	3	3	1	2	2	2	5	0	2	4	2	8	<=25	< = 2
Avoidable number of Clostridium Difficile Cases	6	0	1	0	1	0	0	0	1	0	0	1	0	2	3	<=21	< = 2
Number of MSSA Bacteraemias - Post 48 Hours	11	1	1	0	2	1	2	1	1	0	2	5	2	1	10	<=12	1
Number of E.Coli - Post 48 Hours	47	10	3	4	1	5	4	7	2	6	0	2	5	5	12	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.09%	95.27%	95.77%	95.64%	95.88%	96.33%	96.30%	95.70%	95.02%	93.60%	95.23%	in arrears	in arrears	in arrears	95.23%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.61%	0.43%	0.20%	0.19%	0.00%	0.22%	0.47%	0.24%	0.00%	0.22%	0.00%	0.22%	0.00%	0.11%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.00%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.94%	0.43%	0.22%	0.66%	0.00%	0.34%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.23%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	104.70	108.05	108.05	108.05	104.70	104.70	104.70	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	104.70	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	106.12	105.00	102.94	103.74	101.97	101.55	101.01	101.41	100.85	98.71	in arrears	in arrears	in arrears	98.71	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	103.86	111.87	108.03	104.61	108.05	105.34	108.51	108.66	108.09	103.86	99.75	in arrears	in arrears	in arrears	99.75	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	99.95	104.34	104.08	102.43	102.43	100.93	99.49	98.65	99.94	99.95	98.39	in arrears	in arrears	in arrears	98.39	<=100	100
Mortality Reviews	40.06%	34.20%	33.30%	40.40%	42.20%	46.20%	45.80%	45.79%	32.65%	25.66%	16.40%	0.00%	8.70%	in arrears	12.40%	100%	100%
Crude Mortality Rate	1.39%	1.17%	1.22%	0.94%	1.31%	1.18%	1.57%	1.89%	1.61%	1.48%	1.30%	1.54%	1.47%	1.43%	1.40%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.00%	99.94%	99.93%	99.95%	99.93%	99.92%	99.92%	99.94%	99.94%	99.95%	99.87%	99.88%	99.96%	99.90%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	99.14%	99.08%	99.26%	99.09%	98.77%	98.82%	98.97%	99.27%	99.04%	99.19%	98.95%	99.03%	99.25%	99.05%	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	8.60%	9.40%	8.20%	8.20%	8.90%	8.30%	8.50%	9.10%	8.90%	9.00%	8.80%	11.30%	11.20%	12.10%	10.80%	<=9.5% / <=9.0% from Jan 17	
Average co-morbidity score	4.1	3.93	4.08	3.92	3.92	4.1	4.23	4.39	4.31	4.54	4.74	6.53	6.79	6.82	6.23	>=4.4 / >=4.61 from Jan 17	
Average Diagnosis per Coded Episode	5.15	5.05	5.14	5.11	5.06	5.24	5.31	5.37	5.42	5.43	5.67	5.84	5.95	6.16	5.89	>=5.3/ >=5.5 from Jan 17	
CHFT Research Recruitment Target	2630	303	397	67	393	548	147	57	38	335	97	131	96	144	468	>=1473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	64.10%	72.00%	84.10%	60.00%	78.70%	75.00%	52.20%	83.30%	83.30%	85.71%	64.71%	67.44%	65.91%	66.19%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	73.64%	73.88%	78.23%	76.56%	77.46%	75.91%	75.20%	75.10%	74.80%	79.25%	75.90%	75.90%	72.80%	76.00%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.61%	7.41%	7.04%	7.60%	8.16%	7.82%	7.60%	6.69%	8.34%	8.10%	8.70%	in arrears	in arrears	in arrears	in arrears	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.88%	7.66%	7.43%	6.75%	8.33%	7.50%	7.43%	8.58%	7.12%	7.80%	7.10%	in arrears	in arrears	in arrears	in arrears	<=7.05%	7.05%
% of patients under the care of the community specialist matron who have been readmitted to hospital with the same LTC in less than 30 days	2.70%	2.40%	2.26%	0.47%	2.17%	2.48%	3.54%	3.32%	5.05%	4.60%	3.80%	5.60%	4.60%	in arrears	4.70%	<=10%	10%

Responsive - Key messages

Area	Reality	Response	Result
Cancer	2 week wait position is still underperforming at 92.3% in July.	Upper GI Capacity now allocated with job planned clinics for FastTrack/ASI appointments, weekly meetings held with GM colleague for Gastroenterology to ensure sufficient capacity is in place and rotas are robust and used in the most efficient manner.	Established Data Quality group reviewing issues and remedying at source as well as backlog.
	The main breaching site is Upper GI with 25 breaches due to capacity. Challenges in Haem, Brain and Skin. Skin fast track referrals have increased by 23% in Q1.	A Root Cause Analysis carried out by the General Manager, Lead Breast Nurse and PPC Manager has found an issue with appointments (patients booked as routine not Fast Track). This has created delays and breaches but has now been rectified.	The internal 18 week pathway validation team has been expanded.
	Breast symptomatic = 11 known breaches	Local trusts have been approached (Leeds NHS FT/Christie) for Urology support due to capacity problems at Bradford NHS FT Trust (approaching South Yorks network).	Additional capacity has been sourced in General Surgery via Colorectal Fellow and A&W Colorectal surgeon.
	62 Day GP Referral to Treatment - The figure was 83.17% against a target of 85%. The YTD figure is still on track.	Following the PPC meeting 17th August the Bowel Cancer Screening Programme is on track to achieve in August.	Additional Plastic Surgery capacity has been obtained commencing in August.
	62 Day Referral From Screening to Treatment - This was 85.71% in July 2017 against a target of 90%. The YTD figure was 93.33%	Review business case with executives regarding the future of Dermatology.	An improvement is expected for August for 38 day RTT as extra upper GI capacity has been identified and additional clinics set up.
Emergency Care Standard 4 hours	104 Referral to Treatment - The performance was 90.87% against a target of 100%. The YTD figure was 95.75%		Accountable: DOPs all divisions
	38 Day Referral to Tertiary at 26.67% in month. YTD 30.95% compared to 42.4% in 2016/17.		
	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.	The ECS recovery and sustainability Plan actions continue to be worked through and implemented.	A further increase in the ECS performance for next month (August 2017)
	ECS <4 hours - 93.45% in-month and YTD 91.3%. The ECS has improved in month from 92.03% in June.	6 wte ED trackers are currently in the recruitment process and the remaining 1.7 wte are out to advert. The aim is for all the trackers to start as close together as possible to ensure training is standardised and equitable. Before they start on an interim WFM of long days to ensure cover on both sites 12:00 - 00:00 , 7 days a week. When they are all in post, the WFM will be reviewed and 2 shorter shifts will be in place 7 days a week covering 08:00-00:00.	Accountable: Director of Operations - Medicine
Stroke	A&E Ambulance Handovers 30-60 mins (Validated) - 36 in-month.	Matron for ED is completing a RCA to understand the reasons for the delay in ambulance handover time. Plaster Room reconfiguration task and finish group in place to aim to have the area in use by the end of September. The team have met with YAS to look at working together to understand some of the reasons for the delays that are 30-60 mins. YAS are coming into the department 8th September at Calderdale and 11th September at HRI.	
	A&E Ambulance 60+ mins -1 in month		
	% Stroke patients spending 90% of their stay on a stroke unit has decreased to 82.46% in month with YTD performance at 87.67%. The team is aiming to improve performance by ensuring that there is always space for patients to be admitted onto the ASU. The difficulty remains in ensuring any patients that are admitted to HRI and then found to be a stroke get transferred to the Acute Stroke Unit (ASU). There have been delays in discharges on the rehabilitation wards due to P.O.C. and Nursing home placements which in turn leads to access issues to the ASU.	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.	September 2017 - This should all lead to a sustained increase in performance across the Stroke services although this is dependent on a successful 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 increased to 67.24% in month with YTD position at 61.99% YTD. Due to late diagnosis of stroke by doctors and also patients going to HRI when the stroke unit is at CRH.	A full review of the SSNAP dashboard has been undertaken and an action plan is being developed, specifically targeting potential efficiencies in therapy provision to Stroke.	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 has increased to 88.9% in month.	The directorate monitored the number of patients scanned within one hour for April(20), May(23) and June(25) This appears to be quite consistent. There will be a discussion at the next Stroke CGM as to whether other patients were deemed necessary to have a scan but this could not be provided. The Radiology management teams are aware of the need for change but do not feel that this is feasible at the present time.	Without a change in practice the standard will remain static and the percentage variance will only change with the amount of patients that enter the service.
	38.98% Stroke patients were scanned within 1 hour of hospital arrival (where indicated) against 48% target.		Lead :- M Overton GM Accountable : GM IMS Directorate

Responsive - Key measures

	16/17	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	Target	Threshold/ Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	94.20%	94.41%	94.66%	94.38%	94.86%	94.02%	92.49%	92.19%	93.45%	97.40%	95.09%	85.11%	92.03%	93.45%	91.30%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1248	120	75	73	78	73	162	188	114	21	39	355	144	150	688	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	13	6	13	12	9	24	8	9	4	3	91	23	36	153	0	0
A&E Ambulance 60+ mins	7	0	0	1	0	1	1	2	1	0	0	4	1	1	6	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%	20.95%	20.62%	21.59%	21.38%	21.40%	19.41%	20.42%	20.03%	19.99%	18.43%	12.61%	13.98%	13.90%	13.98%	>=40%	40.00%
Delayed Transfers of Care	2.26%	3.39%	2.49%	2.04%	2.80%	2.07%	1.36%	1.35%	1.44%	2.36%	2.28%	2.70%	2.80%	3.32%	2.78%	<=5%	5.00%
Green Cross Patients (Snapshot at month end)	129	91	104	109	100	83	109	153	126	129	114	119	77	107	107	<=40	<=40
Number of Outliers (Bed Days)	9733	688	997	838	840	284	779	1153	579	259	321	988	575	491	2375	<=5940	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	86.57%	83.64%	85.00%	85.96%	89.66%	74.55%	80.33%	88.89%	94.55%	93.33%	87.93%	88.14%	82.46%	87.67%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	61.19%	67.86%	68.33%	70.18%	69.49%	45.45%	63.49%	64.81%	80.00%	75.56%	54.24%	54.24%	67.24%	61.99%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	66.67%	100.00%	85.71%	83.33%	75.00%	37.50%	75.00%	100.00%	66.67%	87.50%	75.00%	75.00%	88.89%	81.82%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	39.71%	40.35%	28.33%	38.60%	33.90%	29.09%	44.44%	34.55%	37.50%	43.75%	40.98%	35.59%	38.98%	39.65%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	90.88%	92.34%	90.89%	90.27%	92.28%	90.10%	90.13%	90.43%	90.02%	90.77%	92.20%	91.00%	91.09%	90.52%	91.22%	>90%	90.00%
Maternal smoking at delivery	9.68%	9.13%	10.02%	11.07%	9.77%	9.91%	8.16%	10.07%	12.20%	9.20%	9.50%	10.20%	10.70%	11.70%	10.50%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.65%	0.70%	0.54%	0.65%	0.52%	0.68%	0.49%	0.49%	0.63%	0.80%	0.53%	0.93%	0.66%	1.05%	0.79%	<=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%	98.28%	98.37%	98.35%	98.23%	98.38%	98.53%	98.33%	98.19%	98.51%	not available	not available	not available	96.67%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	92.30%	92.20%	92.18%	91.63%	91.17%	92.26%	91.41%	90.84%	91.09%	91.37%	not available	not available	not available	91.42%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	96.32%	95.49%	96.10%	95.60%	96.13%	95.64%	95.58%	95.33%	95.14%	94.97%	94.34%	92.58%	92.63%	92.63%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	132	137	113	98	79	126	130	126	173	174	not available	not available	not available	not available	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%	99.74%	99.83%	99.84%	99.78%	99.90%	99.93%	99.48%	99.50%	94.73%	90.98%	99.33%	99.57%	98.54%	96.24%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.61%	98.32%	98.19%	97.57%	98.81%	97.28%	97.73%	95.66%	98.24%	98.34%	97.11%	84.04%	86.29%	92.30%	89.60%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	93.71%	93.57%	97.86%	96.40%	97.37%	95.87%	97.09%	94.70%	96.53%	93.46%	94.57%	89.20%	91.40%	91.88%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	100.00%	100.00%	98.55%	99.34%	100.00%	100.00%	100.00%	99.15%	100.00%	100.00%	100.00%	100.00%	99.41%	99.83%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	100.00%	100.00%	100.00%	100.00%	96.97%	100.00%	100.00%	96.15%	100.00%	100.00%	95.00%	100.00%	100.00%	98.85%	>=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%	41.67%	38.89%	36.00%	40.74%	36.84%	38.10%	43.75%	60.00%	20.00%	36.36%	30.43%	29.17%	26.67%	30.95%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	91.45%	89.58%	91.62%	88.11%	89.44%	92.57%	89.53%	86.43%	90.40%	84.62%	91.49%	88.52%	83.17%	86.94%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	93.33%	100.00%	94.12%	85.71%	85.71%	100.00%	94.44%	57.14%	100.00%	91.67%	94.74%	100.00%	85.71%	93.33%	>=90%	90%
104 Referral to Treatment	97.88%	98.03%	98.61%	97.60%	96.76%	95.77%	97.30%	97.67%	98.57%	96.09%	94.59%	99.45%	97.81%	90.87%	95.75%	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	16.14%	16.61%	15.56%	10.91%	14.25%	19.20%	14.00%	15.15%	27.51%	28.06%	30.47%	6.44%	11.92%	in arrears	13.54%	<=5%	5.00%
Data Completeness																	
Community Care - Referral to Treatment Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Community Care - Referral Information Completeness	98.29%	98.20%	98.50%	98.20%	98.32%	98.25%	98.60%	98.35%	98.50%	97.66%	99.43%	99.40%	99.47%	99.47%	99.44%	>=50%	50.00%
Community Care - Activity Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%

Area	Reality	Response	Result
Sickness Absence	Total sickness absence rate is currently 3.9% (YTD). This is an improved position from the same point in 2016 (4.44%), and is currently achieving target.	HR Business Partners and HR Advisers continue to work closely with line managers on a one to one basis where hotspot areas are identified to offer focussed advice.	31st March 2018
	Total sickness absence rate in Nursing and Midwifery Staff Group has deteriorated from 3.73% in May to 4.64% in June.	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 and Key Performance Indicators.	Accountable : Executive Director of Workforce and OD.
	Long term sickness absence is 2.93% for June (2.64% YTD) against a target of 2.7%. This is an increase and therefore worsening position from 2.64% in May, and is underperforming for July. However, this is an improved position compared with 3.13% at the same point in June 2016.	In response to the increasing long term sickness absence rates, the HR Business Partner within Surgery and Anaesthetics has been running drop-in sessions for ward managers to troubleshoot sickness absence cases and share learning with other managers. Following these drop-in sessions monthly Health and Attendance training sessions have been established, commencing in September. These sessions will also then be rolled out across all other Divisions in September, led by the HR Business Partners.	
	Short term sickness absence is currently 1.21% for June (1.25 % YTD) against a target of 1.3%. This is a further improvement from 1.24% in May. This is an improved position compared with 1.59% at the same point in June 2016.	In response to the decreasing percentage of return to work interviews completed, a series of initiatives have been introduced to promote the importance of conducting return to work interviews with colleagues. This includes redistribution of support materials, a new Intranet screensaver and information banner, redistribution of guidance notes on recording and ensuring returning to work interviews are an agenda item at all Divisional/Directorate team meetings. HR Advisers continue to make contact with line managers where a return to work interview has not been recorded to ascertain the reason for non compliance. Following consultation with line managers the return to work interview form has been updated to incorporate specific changes requested. With effect from 1st August the return to work interview forms are being input onto ESR by the payroll team to improve the timeliness of the data capture.	
	The Department* with the highest total sickness absence rate, within each Division, in June 2017 is:		
	Surgery & Anaesthetics Medical Staff - Anaesthetics	9.15%	
	Medical Patient Pathway Team	11.40%	
	FSS FSS Medical Secretaries	15.63%	
	Community Elective Orthopaedic Rehabilitation	9.63%	
	Estates General Porters	10.88%	
	<i>*Departments with less than 10 FTE are excluded from this analysis.</i>		
	RTW interview compliance has increased to 63.99% in June from 45.13% in May.		

Recruitment	The Trust has 176.27 FTE qualified staff nurse vacancies.	Applicants from International recruitment trip to the Philippines are progressing. 120 offers have been made since March; 5 candidates have withdrawn, 87 are completing their training for the International English Language Test System (IELTS), 25 have their IELTS exam booked with 14 due to take their IELTS exam before the end of August. There are 9 candidates that have passed their IELTS and are progressing with their NMC application, 1 of which has been successful with their NMC application.	31st March 2018
	The Healthcare Scientists staff group has the highest Vacancy Rate at 24.80% with 33.72 FTE vacancies as at 1st August. This is an increase from 23.9% in June.		Accountable :
	The Trust 12 month rolling turnover is 13.13% for July, a slight increase from 12.97% in June.	From September there will be 2 generic adverts managed centrally by the Head Nurse for Professional & Workforce Development, to support all future band 5 inpatient nurse jobs (ward/departments). Specialist adverts can be advertised and managed within Departments as required.	Medical Director Director of Nursing Chief Operating Officer Executive Director of Workforce and OD
	In-month turnover rate of 1.14% down from 2.24% in June.	The Medical HR Team have been focussed on the recruitment activity associated with Junior Doctor changeover in August. Of the 186 trainees due to commence in post on the 2016 Contract in late July and early August only one doctor did not start as scheduled (due to visa requirements that Health Education England is responsible for). The new trainees due to commence in September and October have been sent their work schedules and pre-employment checks are underway to ensure that they commence in post as planned. All new trainees on the 2016 Contract have been set up with accounts on Allocate to enable them to undertake exception reporting if working hours are breached.	
	As at 1st August the 3 Departments with 10 or more FTE and the highest number of vacancies are :		
	Ward 2AB CRH SSU	14.33	
	Ward 4C Gynaecology CRH	10.29	
	Med Staff Obs & Gynae	9.22	
		We have 6 new starters at Consultant level due to commence in post in August, and plans are in place for another Trust-wide advert for Consultant posts in the BMJ during September. The previous full page colour adverts have produced positive results. The campaign in November 2016 resulted in 8 appointments at Consultant level (1 fixed term contract) and the March 2017 advert resulted in 9 offers at Consultant Level (3 fixed term contracts).	
		A Task and Finish Group was set up in order to implement the CESR programme across a number of specialties. The group consists of Clinicians, Medical Education, Finance, General Managers and HR representatives. To date we have offered 2 Specialty Doctor posts in Emergency Medicine with the intention to utilise the CESR route to consultant level. The Medical Division have recently advertsied for CESR opportunities in Gastroenterology, Respiratory Medicine, Cardiology and Acute Medicine. An open evening is being arranged for all current SAS doctors within the organisation to learn about the CESR opportunities and hear from current post holders going through the programme. Current Specialty Doctors that have already been through the process are happy to share their experience. One of our Radiology Specialty Doctors has recently achieved Specialist registration with the General Medical Council and is now eligible to be appointed to a consultant role.	
	Work has been undertaken to promote the role of Physician Associates (PAs) within the Trust, and 13 offers were made 10th June for posts within Medicine and Surgery. 10 PAs are due to start 2nd October, 1 has withdrawn and 2 are undergoing pre-employment checks.		
	Discussions will take place during August with the new General Manager in Pathology to further understand the high turnover in Healthcare Scientists and potential work that can be done to retain them within the Trust. A retention plan will be developed.		

Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	Appraisal compliance is at 22.39%. This is below the planned position of 40.3% at the end of July, taken from the Divisional/Corporate Functions completed appraisal profilers.	The appraisal season commenced 1st July and all Divisions/Corporate Functions continue to develop plans and trajectories to demonstrate compliance against the target for appraisals and mandatory training for 2017/2018. Medical staff are now correctly recorded on ESR. Junior Doctors will continue their appraisal process with the Deanery and are excluded from Trust reporting. A well-resourced intranet page is available to assist compliance in both appraisal and mandatory training.	31st March 2018
	From 1st August the Information Governance e-learning tool was replaced by the new Data Security Awareness e-learning tool from NHS Digital. Colleagues will continue to see Information Governance on their Compliance Matrix until the competency expires.	Two appraisal roadshow events were held on 12th and 19th July. Both staff and managers attended to understand more about the appraisal season, ask questions about the process and were given guides on how to conduct a successful appraisal. Following these, 4 Appraisal Workshops have been scheduled for September for Appraisers. Limited places are still available.	Accountable : Executive Director of Workforce and OD
	Information Governance Compliance has increased from 77.24% in June to 78.84 % in July.	A number of appraisal training sessions with the HR Business Partners are taking place throughout August with further sessions scheduled in September.	
	Infection Control compliance has increased from 76.03% in June to 76.14% in July.	Where appraisal compliance is below the planned trajectory from completed appraisal profilers, there has been direct intervention from General Managers and/or Matrons and recovery plans devised with Line Managers.	
	Fire Safety compliance has increased from 79.13% in June to 80.63% in July.	Appraisal and mandatory training compliance is also highlighted and discussed at monthly Directorate PRMs.	
	All non-patient facing employees will no longer have to attend face to face PREVENT training. This will now be covered as part of the Safeguarding e-learning tool. Patient facing employees will still be required to attend a face to face training session.	All line managers have been sent mandatory training lists for their teams, which show compliance across the 9 elements and mandatory training profilers have been created for Divisions to plan dates for the 5 elements under focus in 2017/2018.	
		All managers will be reminded that appraisals should be recorded on ESR as 'Performance Review'. Guidance on how to record an Appraisal is available on the Intranet.	
		A special Line Manager Bulletin focusing on Appraisal and Mandatory Training will be circulated 29th August.	

Workforce Information - Key measures

	16/17	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	Target	Threshold/Monthly
Sickness YTD																	
Sickness Absence rate (%)	4.32%	4.44%	4.40%	4.33%	4.33%	4.37%	4.41%	4.42%	4.38%	4.32%	3.61%	3.75%	3.90%	*	3.90%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	2.74%	2.94%	2.93%	2.90%	2.86%	2.85%	2.86%	2.83%	2.79%	2.74%	2.45%	2.52%	2.64%	*	2.64%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	1.58%	1.50%	1.47%	1.43%	1.47%	1.52%	1.55%	1.58%	1.60%	1.58%	1.15%	1.22%	1.25%	*	1.25%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Monthly																	
Sickness Absence rate (%)	-	4.44%	4.21%	3.99%	4.33%	4.63%	4.71%	4.52%	4.02%	3.71%	3.61%	3.88%	4.14%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	-	2.94%	2.88%	2.75%	2.61%	2.79%	2.95%	2.62%	2.28%	2.29%	2.45%	2.64%	2.93%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	-	1.50%	1.34%	1.24%	1.72%	1.84%	1.76%	1.90%	1.73%	1.41%	1.15%	1.24%	1.21%	*	-	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%	58.35%	66.40%	61.20%	71.93%	69.36%	78.80%	69.08%	76.37%	71.06%	45.52%	45.13%	63.99%	*	-	100.00%	90% Green 65%-89% Amber <65% Red
Number of cases progressing/not progressing from short term absence to long term absence	-	88/577	79/512	79/546	89/760	103/737	97/763	119/773	77/678	88/603	97/514	106/524	118/512	*	-	-	
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
Staff in Post																	
Staff in Post Headcount	6096	5846	5898	5939	5984	6006	6007	6060	6065	6096	6066	6068	6083	5981	-	-	
Staff in Post (FTE)	5305.80	5094.40	5141.20	5173.40	5213.40	5233.80	5233.90	5281.40	5281.10	5305.80	5274.40	5278.92	5293.67	5279.34	-	-	
Staff Movements																	
Turnover rate (%)	-	1.17%	1.16%	1.28%	0.86%	0.82%	0.88%	0.72%	0.73%	0.96%	1.15%	0.89%	2.24%	1.14%	-		
Executive Turnover (%)	-	6.67%	0.00%	0.00%	6.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	-		
Turnover rate (%) (Rolling 12m)	11.58%	14.20%	14.12%	13.04%	12.92%	12.54%	12.35%	11.90%	11.95%	11.58%	11.89%	12.00%	12.97%	13.13%	-	-	
Vacancies																	
Establishment (Position FTE)**	5603.00	5591.64	5592.37	5568.30	5597.54	5587.55	5598.85	5589.78	5587.99	5603.00	5738.96	5681.65	5674.21	5592.51	-	-	
Vacancies (FTE)**	305.58	487.76	459.03	376.35	402.49	355.07	355.20	299.59	292.53	305.58	434.53	393.09	380.54	374.98	-	-	
Vacancies (%)**	5.45%	8.72%	8.21%	6.76%	7.19%	6.35%	6.34%	5.36%	5.24%	5.45%	7.57%	6.92%	6.71%	6.71%	-	-	
Proportion of Temporary (Agency) Staff	-	4.59%	4.29%	4.03%	3.59%	2.89%	3.14%	3.69%	3.54%	4.34%	3.10%	3.97%	3.05%	*	-	-	
Agency Spend*	£23.44M	£2.25M	£2.17M	£1.87M	£1.78M	£1.47M	£1.55M	£1.95M	£1.68M	£1.85M	£1.36M	£1.14M	£1.46M	*	£1.46M	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	-	78.60%	80.42%	81.12%	83.35%	85.63%	85.77%	85.65%	84.68%	82.22%	85.31%	88.82%	84.56%	83.82%	-	100.00%	
Hard Truths Summary - Day Care Staff	-	102.16%	101.30%	102.80%	101.80%	104.46%	104.00%	103.32%	105.10%	106.89%	106.35%	105.91%	102.67%	102.48%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	-	89.76%	87.55%	88.38%	89.67%	92.01%	90.93%	91.92%	90.45%	88.25%	91.90%	95.96%	92.27%	92.54%	-	100.00%	
Hard Truths Summary - Night Care Staff	-	116.88%	116.33%	120.21%	123.61%	124.33%	123.36%	125.59%	133.04%	132.45%	116.05%	115.04%	113.60%	115.87%	-	100.00%	
FFT Staff																	
FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)		80% (Q2)			*			87% (Q4)			81% (Q1)				-	-	
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)		61% (Q2)			*			63% (Q4)			63% (Q1)				-	-	
Mandatory Training (12m rolling)																	
Fire Safety (1 Year Refresher)					64.74%	66.94%	69.58%	70.99%	68.52%	73.07%	74.66%	78.06%	79.13%	80.63%	-	80.38%	95% planned position (95% at 31 March 2018)
Information Governance/Data Security Awareness (1 Year Refresher)					70.65%	70.47%	70.55%	64.86%	60.29%	71.84%	74.57%	76.61%	77.24%	78.84%	-	79.56%	95% planned position (95% at 31 March 2018)
Infection Control (1 Year Refresher)					71.35%	70.74%	71.89%	68.94%	66.23%	73.28%	75.41%	77.19%	76.03%	76.14%	-	80.52%	95% planned position (95% at 31 March 2018)
Manual Handling (2 Year Refresher)		89.18%	88.06%	87.71%	88.05%	88.49%	88.77%	89.25%	89.80%	91.00%	91.47%	90.47%	86.09%	84.50%	-	92.33%	95% planned position (95% at 31 March 2018)
Safeguarding (3 Year Refresher)		81.90%	80.98%	80.70%	80.60%	80.73%	81.44%	82.07%	83.05%	84.68%	85.51%	85.04%	84.67%	85.69%	-	88.12%	95% planned position (95% at 31 March 2018)
Appraisal																	
Appraisal (1 Year Refresher) (Year To Date)		11.33%	18.22%	31.16%	52.94%	62.39%	71.49%	77.15%	82.94%	96.57%	0.81%	2.77%	6.80%	22.39%	40.30%	0.00%	40.3% 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%	82.28%	78.97%	-	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.

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.	83.82% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - WARD HRI MAU: 70.7% - WARD 5AD : 70.5% - WARD 6D : 74.8% - WARD 17 : 62.4% - WARD 21 : 72.9%
Registered Staff Night Time Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	92.54% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - WARD 8 : 71.0% - WARD 12 : 68.8% - WARD 17 : 67.3% - WARD 8AB : 67.4% - WARD 10 : 66.9%
Clinical Support Worker Day Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	102.48 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at day <75% - WARD 8AB : 64.5% - WARD NICU : 73.7% - WARD 3ABCD : 63.5% - WARD 18 : 55.6%
Clinical Support Worker Night Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	115.87 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - WARD NICU : 72.6%

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	2511	1944.5	1674	1315.75	77.4%	78.6%	1364	1398	1023	1023	102.5%	100.0%
HRI MAU	GENERAL MEDICINE	2743.5	1939.5	1674	1938	70.7%	115.8%	1364	1639	1023	1364	120.2%	133.3%
WARD 2AB	GENERAL MEDICINE	1906.5	1591	1209	1567.5	83.5%	129.7%	1364	1375	682	825	100.8%	121.0%
HRI Ward 5 (previously ward 4)	GERIATRIC MEDICINE	1674	1455.05	1209	1334.5	86.9%	110.4%	1023	1023	1023	1199	100.0%	117.2%
HRI Ward 11 (previously Ward 5)	CARDIOLOGY	2076	1701.5	1006.5	1384.5	82.0%	137.6%	1364	1353	682	670	99.2%	98.2%
WARD 5AD	GERIATRIC MEDICINE	2139	1509	1581	2090	70.5%	132.2%	1364	1269	1364	1613	93.0%	118.3%
WARD 5C	GENERAL MEDICINE	1069.5	954	837	793	89.2%	94.7%	682	682	341	341	100.0%	100.0%
WARD 6	GENERAL MEDICINE	1674	1417.5	1209	1119.5	84.7%	92.6%	1023	1001	682	682	97.8%	100.0%
WARD 6BC	GENERAL MEDICINE	1674	1522	1209	1201	90.9%	99.3%	1364	1331	682	825	97.6%	121.0%
WARD 5B	GENERAL MEDICINE	1209	986	744	1171	81.6%	157.4%	682	671	682	935	98.4%	137.1%
WARD 6A	GENERAL MEDICINE	976.5	833	976.5	740	85.3%	75.8%	682	685	341	364	100.4%	106.7%
WARD CCU	GENERAL MEDICINE	1674	1363.5	372	317	81.5%	85.2%	1023	997.5	0	11	97.5%	-
WARD 6D	GENERAL MEDICINE	1674	1252.5	837	881	74.8%	105.3%	1023	946	682	638	92.5%	93.5%
WARD 7AD	GENERAL MEDICINE	1674	1446	1581	1649.5	86.4%	104.3%	1023	1036	1023	995	101.3%	97.3%
WARD 7BC	GENERAL MEDICINE	1674	1710.5	1581	1717	102.2%	108.6%	1023	1023	1023	1023	100.0%	100.0%
WARD 8	GERIATRIC MEDICINE	1441.5	1149	1209	2095	79.7%	173.3%	1023	726	1023	1573	71.0%	153.8%
WARD 12	MEDICAL ONCOLOGY	1674	1298.5	837	772	77.6%	92.2%	1023	704	341	660	68.8%	193.5%
WARD 17	GASTROENTEROLOGY	2046	1276.5	1209	1043	62.4%	86.3%	1023	688	682	722	67.3%	105.9%
WARD 21	REHABILITATION	1209	881	976.5	1237.9	72.9%	126.8%	682	704	682	803	103.2%	117.7%
ICU	CRITICAL CARE	4030	3535.5	821.5	697	87.7%	84.8%	3921.5	3464.5	0	0	88.3%	-
WARD 3	GENERAL SURGERY	945.5	909	746.5	755	96.1%	101.1%	713	713	356.5	379.5	100.0%	106.5%
WARD 8AB	TRAUMA & ORTHOPAEDICS	1045.5	925.5	919	592.5	88.5%	64.5%	954.5	643	241.5	414	67.4%	171.4%
WARD 8D	ENT	821.5	799.5	821.5	777	97.3%	94.6%	713	540.5	0	195.5	75.8%	-
WARD 10	GENERAL SURGERY	1302	1138	746.5	860	87.4%	115.2%	1069.5	715	356.5	736	66.9%	206.5%
WARD 15	GENERAL SURGERY	1562.5	1400.5	1244.5	1063	89.6%	85.4%	1069.5	725	356.5	931.5	67.8%	261.3%
WARD 19	TRAUMA & ORTHOPAEDICS	1643	1254	1178	1417.5	76.3%	120.3%	1069.5	1000.5	1069.5	1104	93.5%	103.2%
WARD 20	TRAUMA & ORTHOPAEDICS	1999.5	1494.5	1410.5	1469	74.7%	104.1%	1069.5	1077	1069.5	1088	100.7%	101.7%
WARD 22	UROLOGY	1178	1090.5	1178	1124.5	92.6%	95.5%	713	713	713	769.5	100.0%	107.9%
SAU HRI	GENERAL SURGERY	1891	1570	954.5	817	83.0%	85.6%	1426	1405	356.5	356	98.5%	99.9%
WARD LDRP	OBSTETRICS	4278	3693	945.5	722.5	86.3%	76.4%	4278	3723	713	670.5	87.0%	94.0%
WARD NICU	PAEDIATRICS	2247.5	1791.5	930	685	79.7%	73.7%	2139	1978	713	517.5	92.5%	72.6%
WARD 1D	OBSTETRICS	1227	1207.5	356.5	299	98.4%	83.9%	713	709	356.5	301.6	99.4%	84.6%
WARD 3ABCD	PAEDIATRICS	2390	2537.5	1215.5	772	106.2%	63.5%	2139	2222	356.5	322	103.9%	90.3%
WARD 4C	GYNAECOLOGY	713	713	465	376.5	100.0%	81.0%	713	713	356.5	333.5	100.0%	93.5%
WARD 9	OBSTETRICS	1069.5	881.5	356.5	382.3	82.4%	107.2%	713	713	356.5	356.5	100.0%	100.0%
WARD 18	PAEDIATRICS	786.5	668.5	126	70	85.0%	55.6%	713	640	0	0	89.8%	-
Trust		61849.5	51840.05	36347	37247	83.82%	102.48%	44246	40946	21352.5	24741.6	92.54%	115.87%

Hard Truths: Safe Staffing Levels

Care Hours per Patient Day

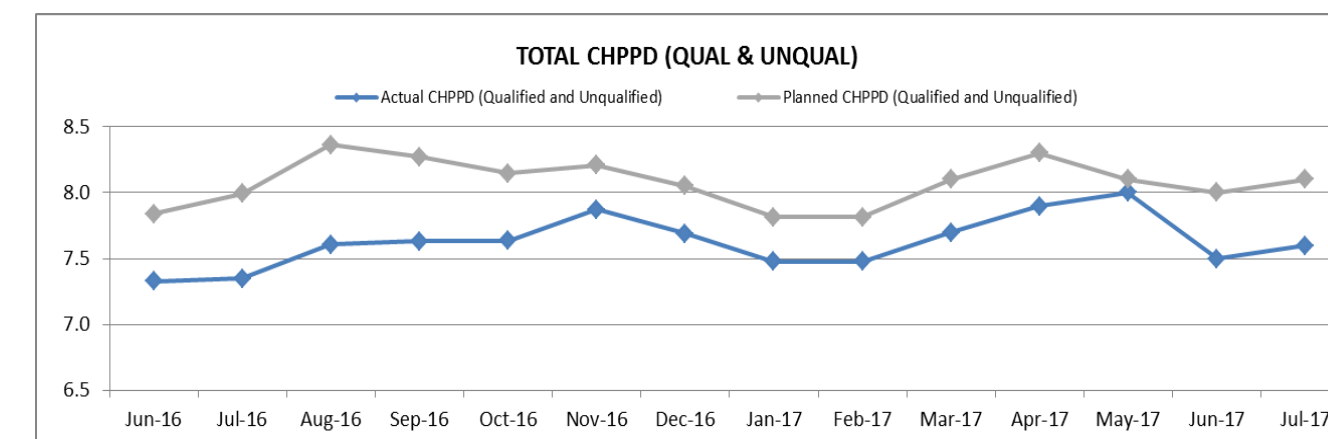
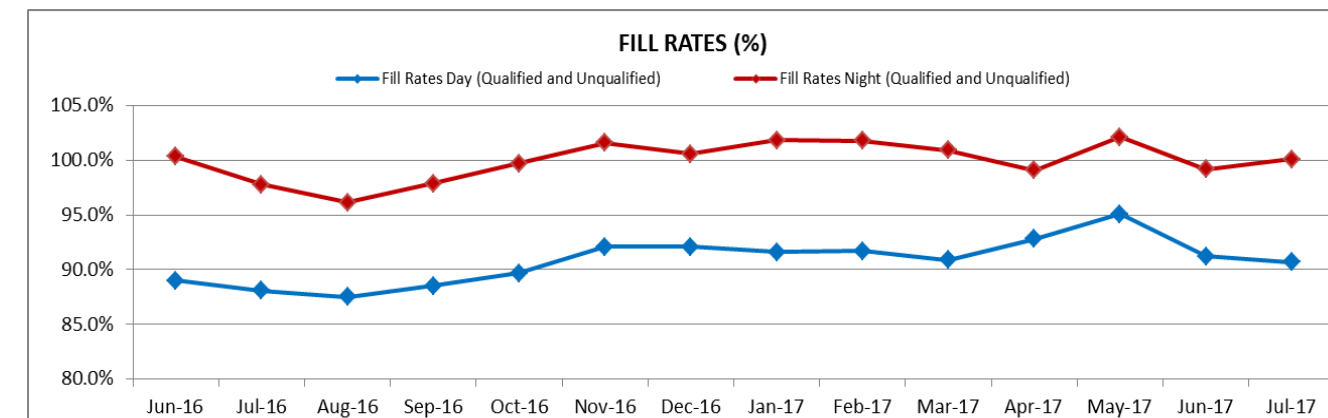
STAFFING - CHPPD & FILL RATES (QUALIFIED & UNQUALIFIED STAFF)

	May-17	Jun-17	Jul-17
Fill Rates Day (Qualified and Unqualified)	95.10%	91.20%	90.70%
Fill Rates Night (Qualified and Unqualified)	102.10%	99.20%	100.10%

Planned CHPPD (Qualified and Unqualified)	8.1	8.0	8.1
Actual CHPPD (Qualified and Unqualified)	8.0	7.5	7.6

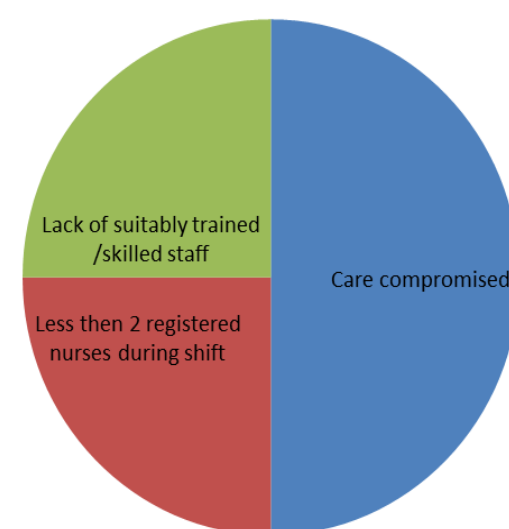
A review of July 2017 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 25 clinical areas of the 37 reviewed had CHPPD less than planned. 3 areas reported CHPPD as planned. 8 areas' reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. In July 2017 eleven wards reported fill rates of less than 75% for registered nurses. This is managed & monitored within the divisions by the matron & senior nursing team to ensure safe staffing against patient acuity & dependency is achieved. The low fill rates reported in July 2017 are attributed to a level of vacancy and the teams not been able to achieve their WFM. Interim WFM have been developed within the divisions & going forward will be worked to.

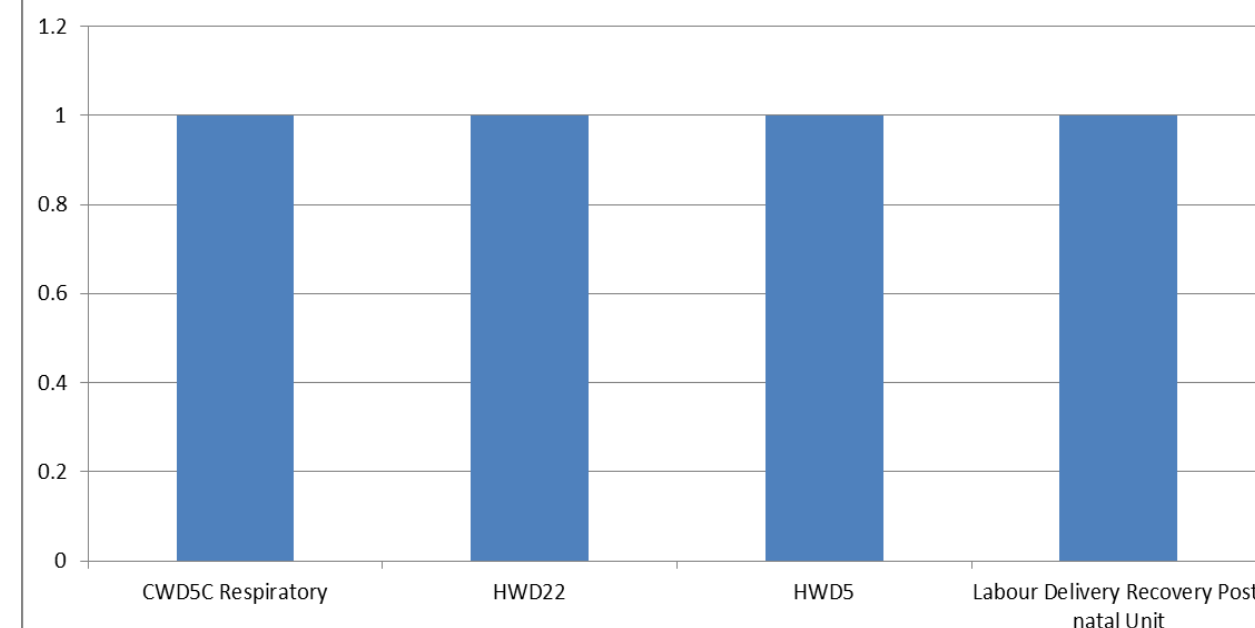


RED FLAG INCIDENTS

Incidents by Advers Events July 2017



Incidents By Dept/Ward July 2017



Red flagged events:

A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). In total there were **4 Trust Wide Red shifts** declared in July. The Red flagged shifts were resolved within the Divisions without there being an impact upon patient care or patient safety.

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Jul 2017 - Month 4

KEY METRICS

	M4			YTD (JUL 2017)				Forecast 17/18			
	Plan	Actual	Var	Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m		£m	£m	£m	
I&E: Surplus / (Deficit) Control Total basis	(£0.70)	(£0.70)	(£0.00)	(£8.72)	(£8.70)	£0.02	1	(£15.94)	(£15.93)	£0.01	1
Agency Expenditure	(£1.43)	(£1.47)	(£0.05)	(£4.92)	(£3.91)	£1.01	1	(£16.86)	(£15.58)	£1.28	1
Capital	£2.38	£0.64	£1.74	£7.81	£5.26	£2.55	1	£14.39	£14.39	£0.00	1
Cash	£1.91	£4.34	£2.43	£1.91	£4.34	£2.43	2	£1.91	£1.90	(£0.01)	2
Borrowing (Cumulative)	£76.91	£79.49	£2.58	£76.91	£79.49	£2.58	1	£87.62	£87.84	£0.22	1
CIP	£2.02	£0.77	(£1.25)	£4.34	£2.93	(£1.41)	1	£20.00	£20.00	(£0.00)	1
Use of Resource Metric	3	3		3	3		1	3	3		1

- Reported year to date deficit position in line with agreed control total of £8.72m;
- Delivery of CIP is behind the planned level at £2.93m against a planned level of £4.34m;
- Capital expenditure is £2.55 below plan due to revised timescales;
- Cash position stands at £4.34m against a planned £1.91m due to timing of receipt of STF;
- A Use of Resources score of level 3, in line with the plan.

The Month 4 reported position is a deficit in line with the planned £8.72m on a control total basis, including year to date Sustainability and Transformation funding (STF) of £2.2m. However, the financial position remains extremely precarious with activity and income continuing to be below the planned level. EPR implementation continues to have a significant impact on both productivity and the capture of activity data. As in recent months, the income position remains inclusive of a level of estimated income based upon activity data not currently correctly represented in EPR.

The underlying financial shortfall against the financial plan in the year to date is £5.9m. This is driven by the shortfall in activity and CIP underperformance in the year to date. This has been offset by the release of two thirds of the Trust’s contingency reserves for the year alongside a number of non-recurrent benefits.

M4 position prior to action: adverse variance to plan (£5.9m)

Non-recurrent benefits M2	£1.1m
Non-recurrent benefits M3	£1.5m
Non-recurrent benefits M4	£2.0m
Release of Contingency Reserves	£1.3m
Month 4 position to report: nil variance to plan	£0.0m

The Trust continues to report that the Trust will achieve its Control Total and secure the £10.1m STF allocation. However, the forecast assumes that activity returns to the planned level from August, with no further EPR related income losses. It also assumes that the full £20m CIP target is delivered, whilst the total forecast against identified CIP schemes is currently only £13.76m. The risk of failing to achieve our target deficit of £15.94m therefore remains extremely high and further action is required to stabilise the financial position.

INCOME AND EXPENDITURE SUMMARY

	M4			YTD (JUL 2017)				Forecast 17/18			
	Plan	Actual	Var	Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m		£m	£m	£m	
Total Income	£31.35	£30.33	(£1.03)	£124.27	£119.00	(£5.27)		£374.74	£369.99	(£4.75)	
Pay	(£20.14)	(£20.56)	(£0.42)	(£82.39)	(£81.16)	£1.23		(£241.10)	(£237.74)	£3.35	
Non Pay	(£9.80)	(£8.37)	£1.44	(£42.37)	(£38.18)	£4.19		(£124.55)	(£122.42)	£2.13	
Total Expenditure	(£29.94)	(£28.93)	£1.01	(£124.76)	(£119.34)	£5.42		(£365.65)	(£360.16)	£5.49	
EBITDA	£1.41	£1.40	(£0.02)	(£0.49)	(£0.34)	£0.15		£9.09	£9.83	£0.74	
Non Operating Expenditure	(£2.11)	(£2.11)	(£0.00)	(£22.20)	(£8.40)	£13.80		(£38.93)	(£39.67)	(£0.74)	
Surplus / (Deficit)	(£0.69)	(£0.71)	(£0.02)	(£22.69)	(£8.73)	£13.95		(£29.84)	(£29.84)	£0.00	
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	£13.97	£0.03	(£13.93)		£13.90	£13.91	£0.01	
Surplus / (Deficit) Control Total basis	(£0.70)	(£0.70)	(£0.00)	(£8.72)	(£8.70)	£0.02		(£15.94)	(£15.93)	£0.01	

CLINICAL ACTIVITY

	M4			YTD (JUL 2017)				Forecast 17/18			
	Plan	Actual	Var	Plan	Actual	Var		Plan	Forecast	Var	
Elective	671	517	(155)	2,638	2,085	(553)		7,958	6,982	(976)	
Non-Elective	4,295	3,840	(455)	16,944	17,930	986		50,873	51,829	956	
Daycase	3,220	3,427	207	12,634	11,463	(1,171)		38,132	36,085	(2,047)	
Outpatient	30,346	28,748	(1,598)	119,201	106,441	(12,760)		359,602	338,494	(21,108)	
A&E	13,482	13,210	(272)	52,475	51,111	(1,364)		155,414	154,049	(1,364)	
Other NHS Non-Tariff	138,827	137,930	(897)	541,309	547,507	6,198		1,622,193	1,677,717	55,524	
Other NHS Tariff	11,229	10,658	(571)	44,420	40,937	(3,483)		133,242	123,028	(10,214)	
Total	202,070	198,331	(3,739)	789,622	777,475	(12,147)		2,367,414	2,388,184	20,770	

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

CLINICAL ACTIVITY

| | TRUST SURPLUS / (DEFICIT) |


M4 Plan	M4 Actual
---------	-----------

KEY METRICS

I&E: Surplus / (Deficit)

CIP - Forecast Position



Risk Level	Value (£m)
High Risk	£11.08m
Medium Risk	£3.66m
Low Risk	£5.26m

Total Forecast £20m

CLINICAL ACTIVITY

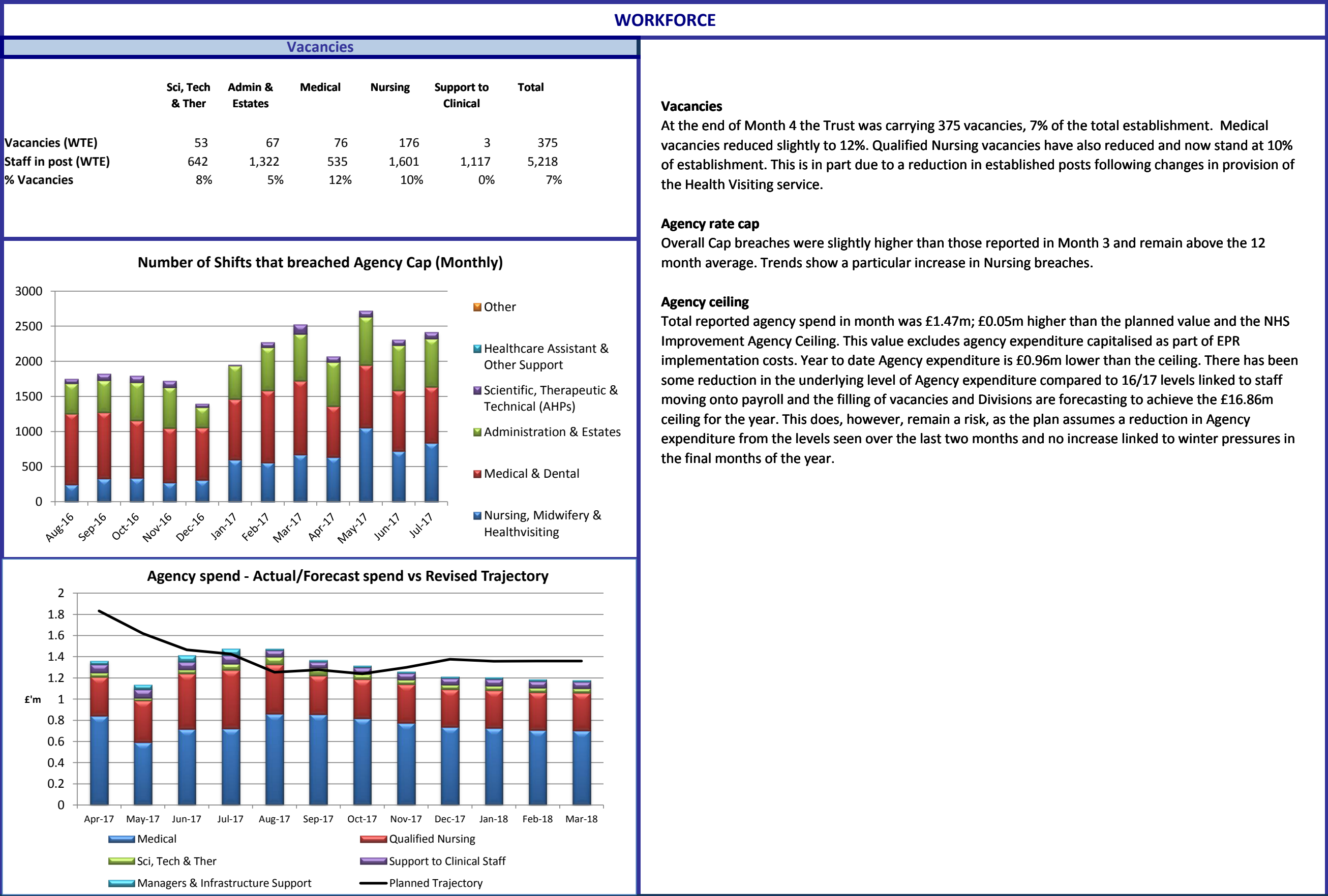
TABLE 1: INCOME AND EXPENDITURE

Pay

Plan	Forecast
------	----------

Surgery & Anaes

Trust Financial Overview as at 31st Jul 2017 - Month 4														
CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT														
WORKING CAPITAL					BETTER PAYMENT PRACTICE CODE					CASH				



Vacancies

At the end of Month 4 the Trust was carrying 375 vacancies, 7% of the total establishment. Medical vacancies reduced slightly to 12%. Qualified Nursing vacancies have also reduced and now stand at 10% of establishment. This is in part due to a reduction in established posts following changes in provision of the Health Visiting service.

Agency rate cap

Overall Cap breaches were slightly higher than those reported in Month 3 and remain above the 12 month average. Trends show a particular increase in Nursing breaches.

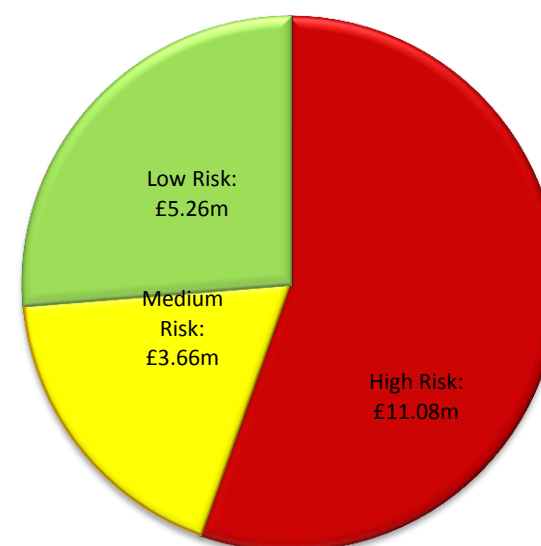
Agency ceiling

Total reported agency spend in month was £1.47m; £0.05m higher than the planned value and the NHS Improvement Agency Ceiling. This value excludes agency expenditure capitalised as part of EPR implementation costs. Year to date Agency expenditure is £0.96m lower than the ceiling. 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 and Divisions are forecasting to achieve the £16.86m ceiling for the year. This does, however, remain a risk, as the plan assumes a reduction in Agency expenditure from the levels seen over the last two months and no increase linked to winter pressures in the final months of the year.

COST IMPROVEMENT PROGRAMME

17/18 CIP					
Division	Plan	Forecast			
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m
Corporate Services	0.79	0.51	0.23	0.74	0.77
Health Informatics	0.55	0.51	0.00	0.51	0.66
Medicine	4.35	2.70	1.32	4.03	3.79
PMU	0.30	0.30	0.00	0.30	0.30
Surgery & Anaesthetics	4.88	3.46	0.09	3.55	4.24
Families & Specialist Services	4.36	2.45	0.71	3.16	3.07
Community	0.31	0.12	0.01	0.12	0.37
Estates & Facilities	1.16	0.61	0.18	0.79	0.84
Unallocated	3.30	6.23	0.58	6.81	6.42
Grand Total	20.00	16.88	3.12	20.00	20.47

CIP - Risk

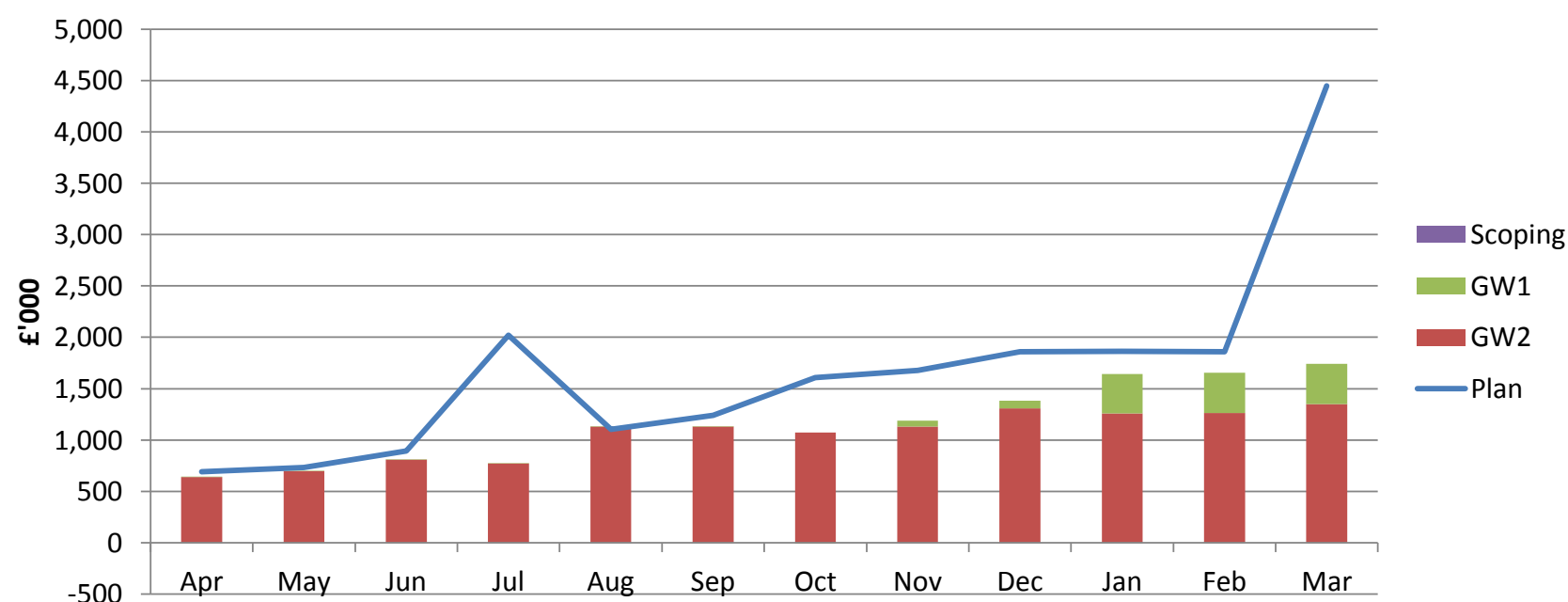


£2.93m of CIP has been delivered in the year to date against a plan of £4.34m, an under performance of £1.41m. This under performance has required the release of two thirds (£1.33m) of the Trust's contingency reserves in order to achieve the Control Total.

The Trust continues to assume that the full £20m of CIP target will be delivered in order to achieve the full year Control total. However, the current CIP forecast shows that £6.13m of this target CIP is now showing as unidentified (including both unidentified and forecast shortfall). Whilst the Trust has identified schemes at Gateway 1 or 2 that add up to £16.9m, a number of these schemes are now not forecasting to deliver as planned, creating an further gap of £3m that will need to be covered through new schemes. The total forecast against identified CIP schemes is £13.76m, with £12.57m of these forecast saving at Gateway 2. However, more than half of the £20m CIP target is flagged as high risk, (£4.95m of the forecast identified CIP plus the £6.13m unidentified).

Of the £20m CIP target, £16.88m is forecast to be a recurrent saving, and this assumes that the remaining unidentified CIP is found as 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 £20.47m, (£16.88m in 17/18 and the remaining £3.59m in 18/19). The Non-Recurrent element is £3.12m and this will offset the benefit of any Full Year Effects carried forward into next year.

CIP Profile by Month

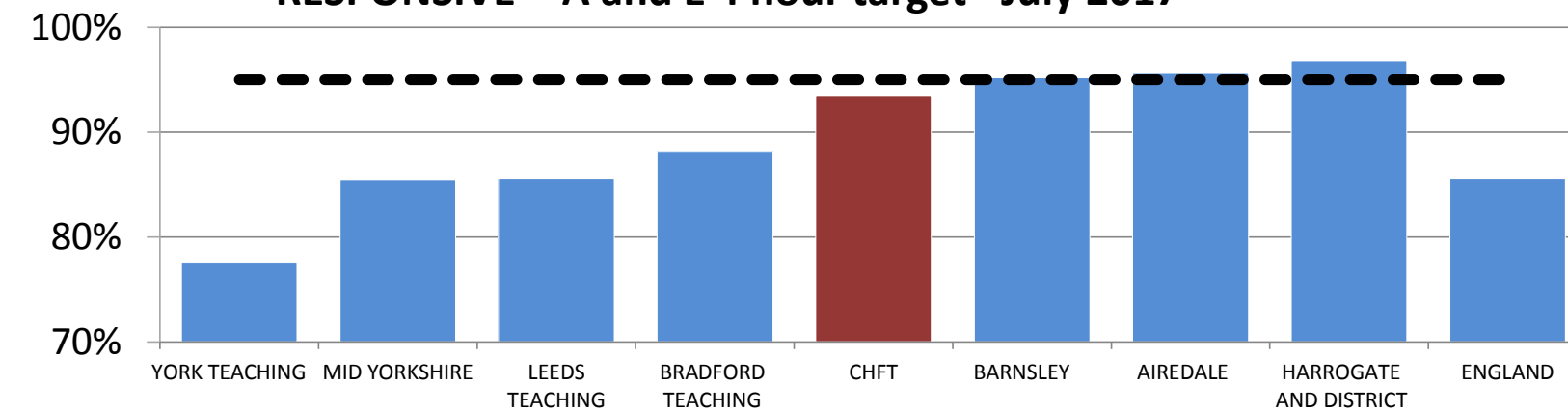


CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	693	732	894	2,021	1,104	1,242	1,609	1,679	1,858	1,862	1,860	4,446	20,000
GW2	640	698	810	772	1,130	1,130	1,074	1,132	1,310	1,258	1,264	1,350	12,570
GW1	1	1	5	3	4	6	8	56	71	384	390	390	1,301
Scoping	-	-	-	-	-	-	-	-	-	-	-	-	-
Unidentified	-	-	-	-	361	361	561	561	561	561	561	2,605	6,129
Total Forecast	641	699	815	775	1,495	1,497	1,626	1,749	1,941	2,203	2,214	4,345	20,000

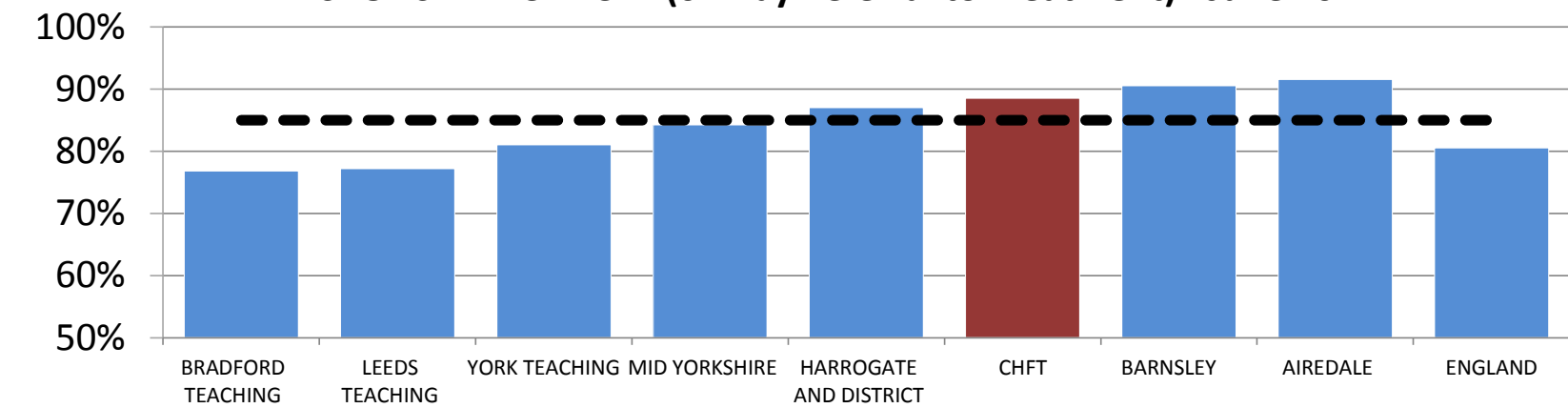
Safe		Caring		Effective		Responsive		Workforce		Efficiency/Finance		Activity		CQUIN											
Summary		Activity		Income		Workforce		Expenditure		STF		CIP		SLR		Capital		Cash		UOR		Forecast		Risks	
FORECAST																									
YEAR END 2017/18																									
		Plan	Forecast	Var																					
		£m	£m	£m																					
Elective		£22.36	£21.01	(£1.35)	●																				
Non Elective		£95.53	£96.08	£0.55	●																				
Daycase		£26.51	£25.81	(£0.70)	●																				
Outpatients		£41.84	£38.64	(£3.19)	●																				
A & E		£19.24	£18.49	(£0.74)	●																				
Other-NHS Clinical		£122.22	£122.39	£0.17	●																				
CQUIN		£6.99	£6.81	(£0.19)	●																				
Other Income		£40.05	£40.76	£0.71	●																				
Total Income		£374.74	£369.99	(£4.75)	●																				
Pay		(£241.10)	(£237.74)	£3.35	●																				
Drug Costs		(£35.34)	(£33.82)	£1.51	●																				
Clinical Support		(£32.76)	(£31.14)	£1.62	●																				
Other Costs		(£44.27)	(£45.10)	(£0.83)	●																				
PFI Costs		(£12.19)	(£12.36)	(£0.17)	●																				
Total Expenditure		(£365.65)	(£360.16)	£5.49	●																				
EBITDA		£9.09	£9.83	£0.74	●																				
Non Operating Expenditure		(£38.93)	(£39.67)	(£0.74)	●																				
Surplus / (Deficit)		(£29.84)	(£29.84)	£0.00	●																				
Less: Items excluded from Control Total		£13.90	£13.91	£0.01	●																				
Surplus / (Deficit) Control Total basis		(£29.84)	(£15.93)	£0.01	●																				
KEY METRICS																									
		Plan	Forecast	Var																					
		£m	£m	£m																					
I&E: Surplus / (Deficit)		(£15.94)	(£15.93)	£0.01	●																				
Capital		£14.39	£14.39	£0.00	●																				
Cash		£1.91	£1.90	(£0.01)	●																				
Borrowing		£87.62	£87.84	£0.22	●																				
CIP		£20.00	£20.00	(£0.00)	●																				
Use of Resource Metric		3	3	0	●																				
<p>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 which was high from the outset, has increased further due to a combination of slower than expected recovery of clinical activity levels and therefore income following EPR implementation and a growing forecast CIP gap that has now increased to £6.13m.</p> <p>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.</p> <p>The forecast makes the following key assumptions:</p> <ul style="list-style-type: none">That the Trust is able to recover the £2.4m 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 5 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 5 to month 12 and to recover any variance from plan reported in M3 and M4.That the Trust will achieve the necessary conditions to secure the £10.1m Sustainability & Transformation Fund (STF) allocation in full for the finance (70%) element of the target and that the A&E performance (30%) element of the target while either be achieved or the Trust will be successful in appealing the target level.That the Trust will achieve cost improvement savings of £20m, of which £6.13m 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 successfully implemented as planned. <p>Risks:</p> <ul style="list-style-type: none">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. There are already elements of CQUIN at risk, in particular Sepsis.CIP risk: Only £13.87m of the £20m CIP target is currently forecast to deliver. The majority of this under-performance is profiled in the last 6 months of the year, but despite this the Trust is already off plan year to date. More than half of the £20m target remains high risk.Sustainability & Transformation Funding (STF): Receipt of STF funding is contingent upon both achieving the Control Total and A&E performance. It has been confirmed that 15% of the STF funding will be reliant on achievement on this A&E target and the revised 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%. Performance for Q1 was below the target due to EPR implementation and receipt of this element of the funding is reliant on a successful appeal.Apprentice Levy: Against payment of £1m Apprentice Levy, £0.9m was assumed to be recoverable. Plans are being put in place to increase to number of apprenticeships offered across the Trust and the amount recovered from the levy as a training provider, but there remains a risk of under-recovery of between £0.20 and £0.40m while these plans are implemented. <p>A total £2m of Contingency Reserves are in place for this financial year to offset any emerging risks. Two thirds of this Reserve has already been released to offset unidentified CIP and other pressures in the year to date position.</p>																									

Benchmarking - Selected Measures

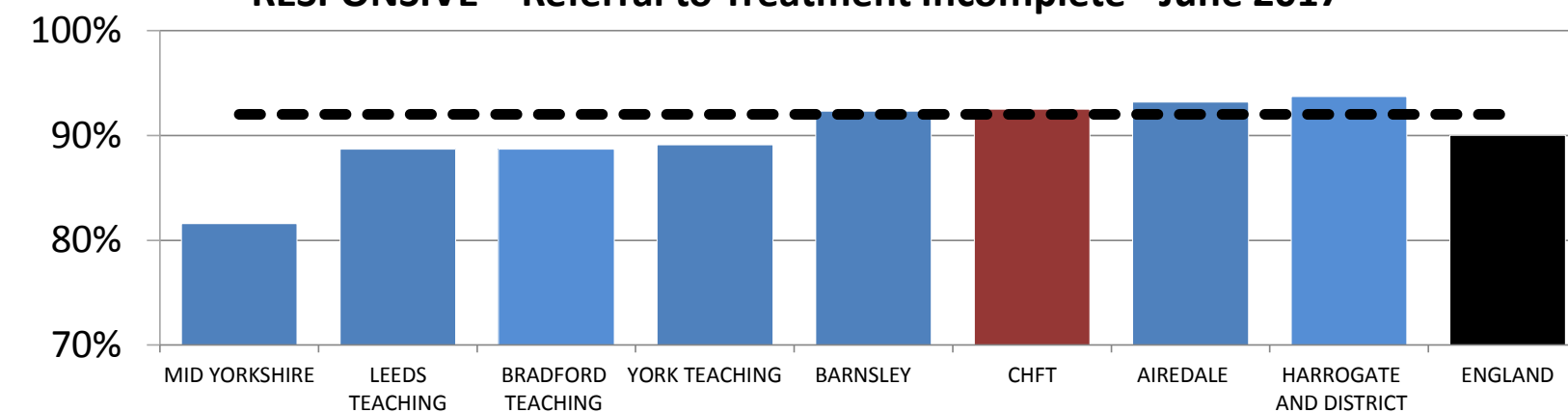
RESPONSIVE - A and E 4 hour target - July 2017



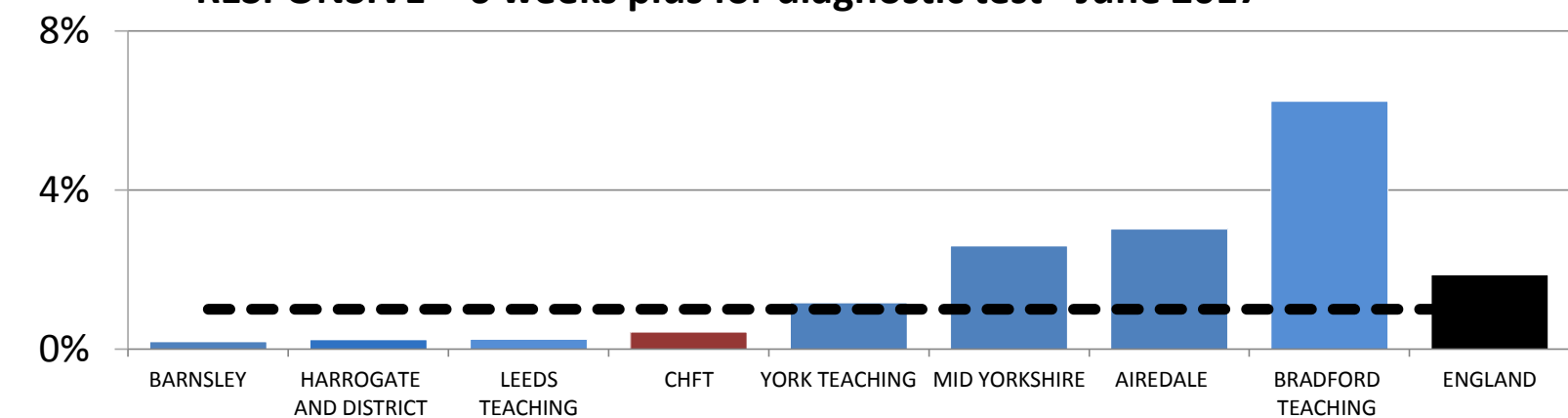
RESPONSIVE - CANCER (62 Day Referral to Treatment) - June 2017



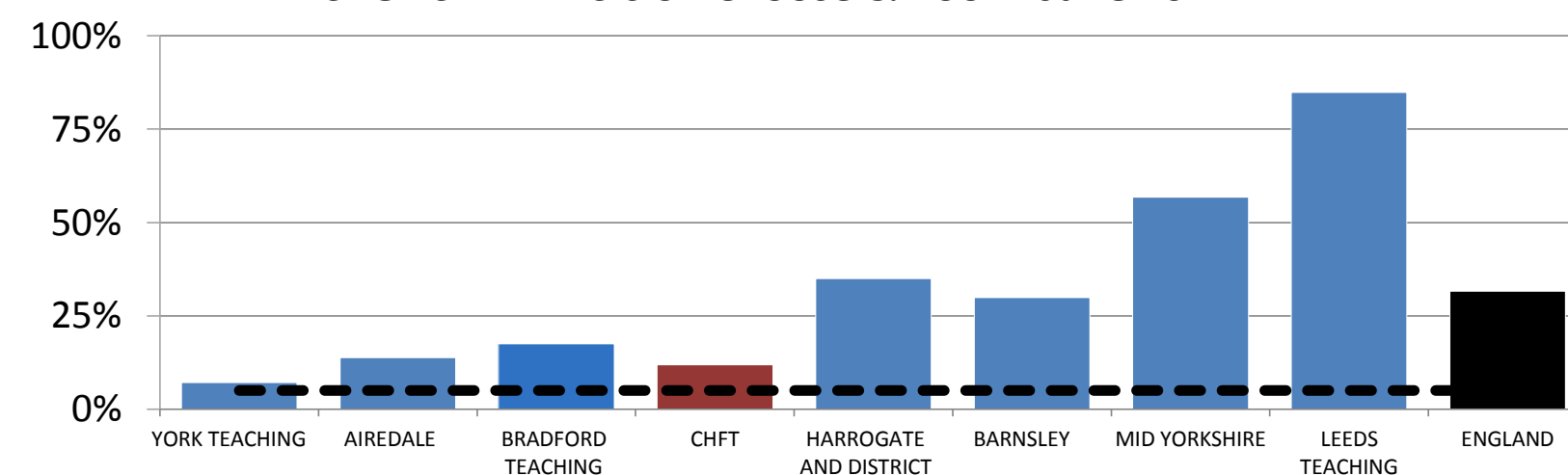
RESPONSIVE - Referral to Treatment Incomplete - June 2017



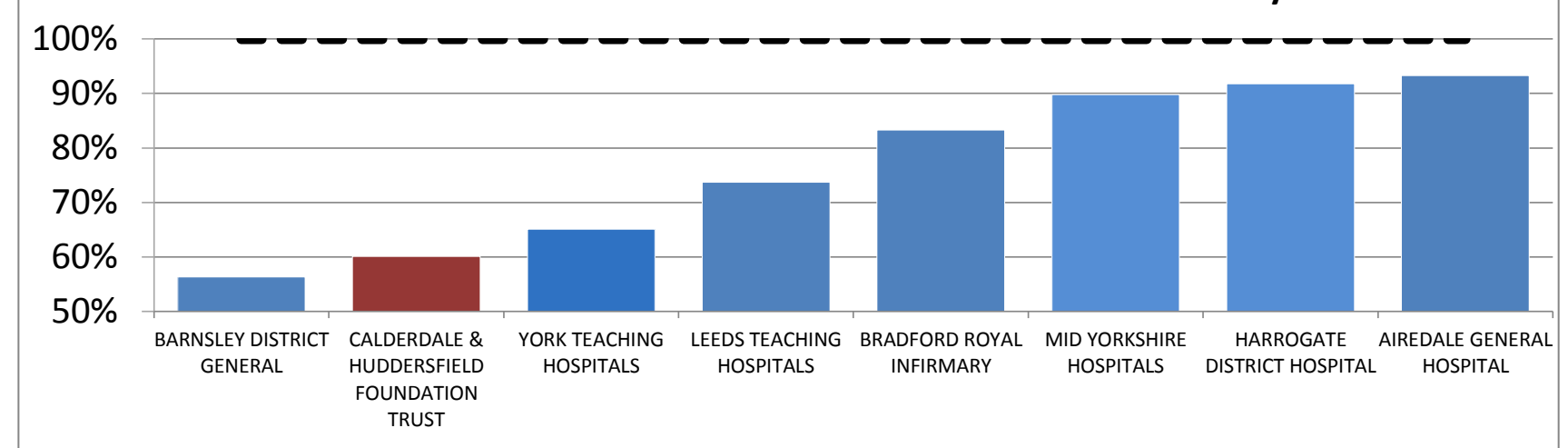
RESPONSIVE - 6 weeks plus for diagnostic test - June 2017



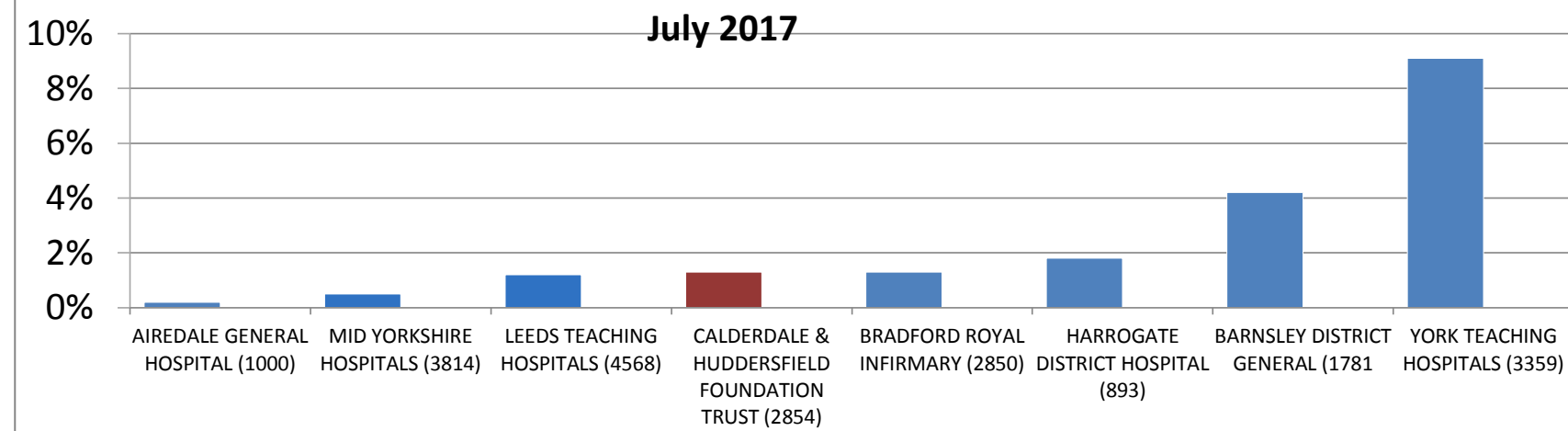
RESPONSIVE - ASIs on Choose & Book - June 2017



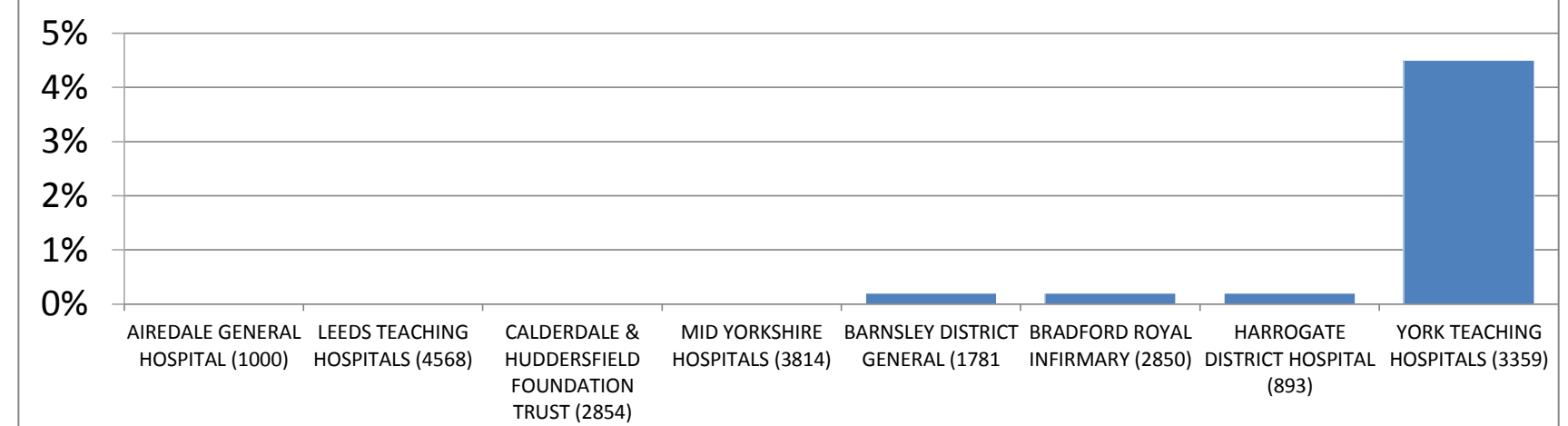
RESPONSIVE - YAS Ambulance handovers within 15 minutes July 2017



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes July 2017

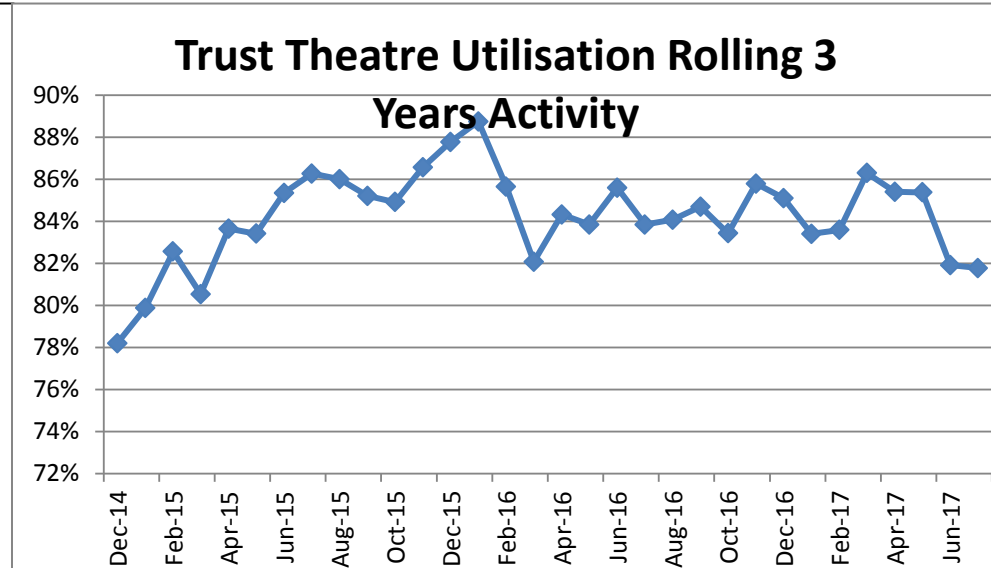
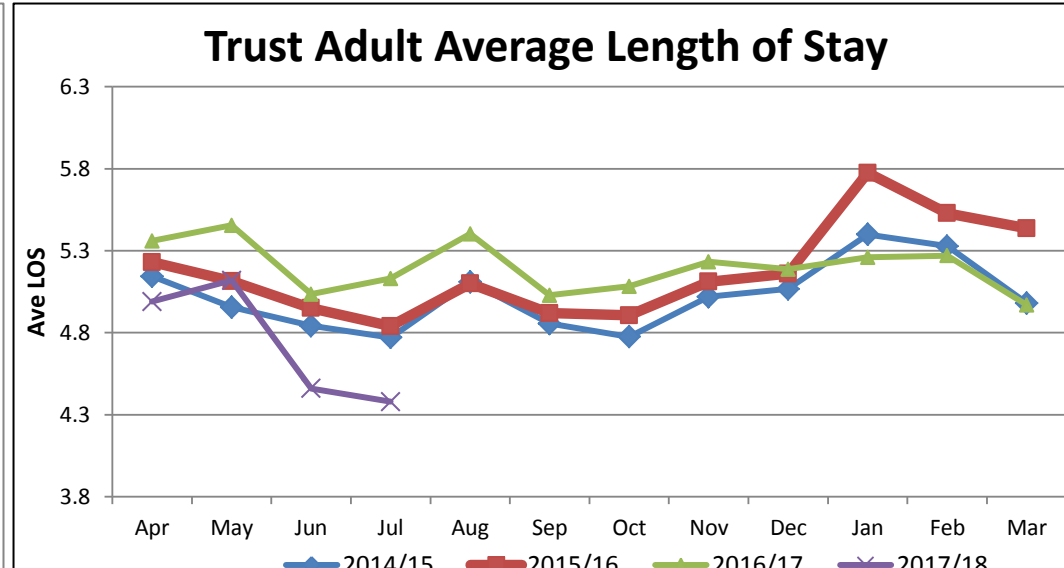
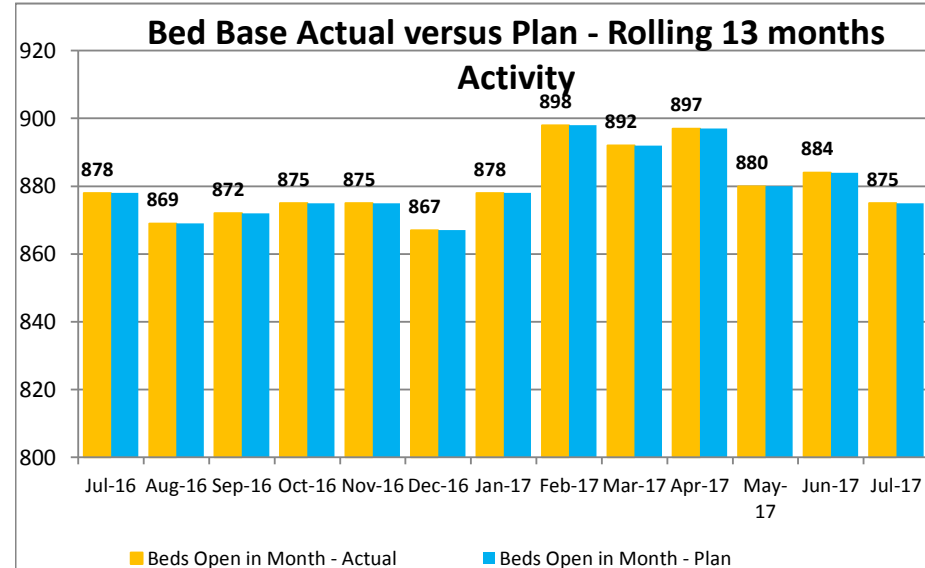


RESPONSIVE - YAS Ambulance handovers > 60 minutes - July 2017



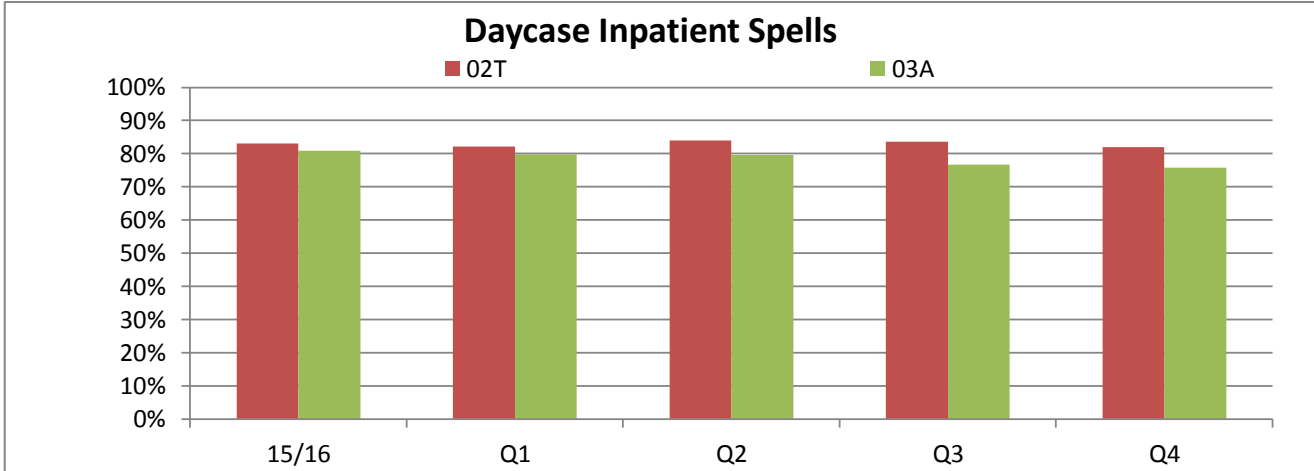
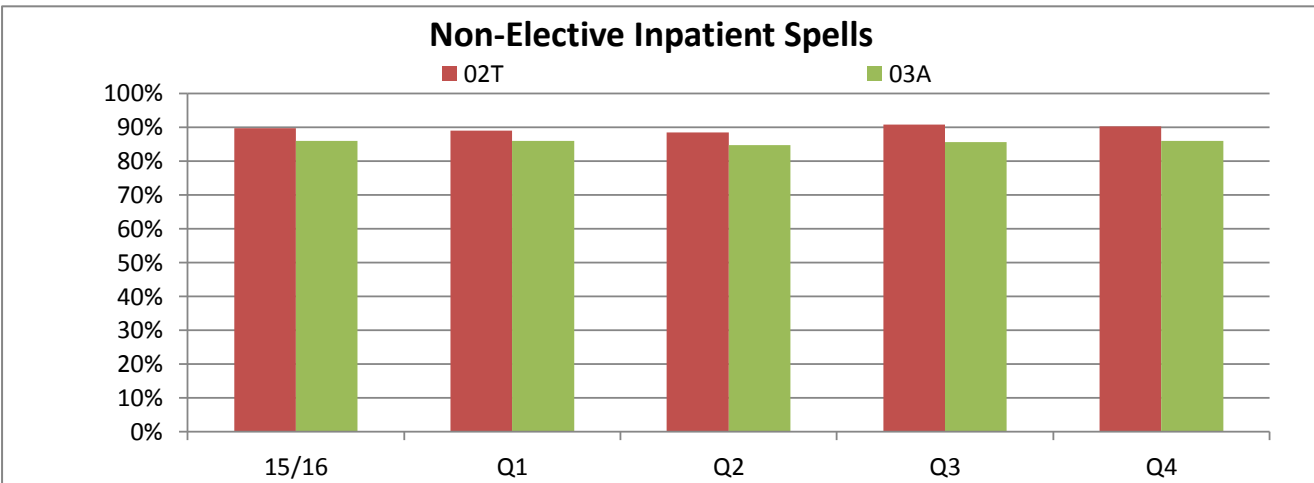
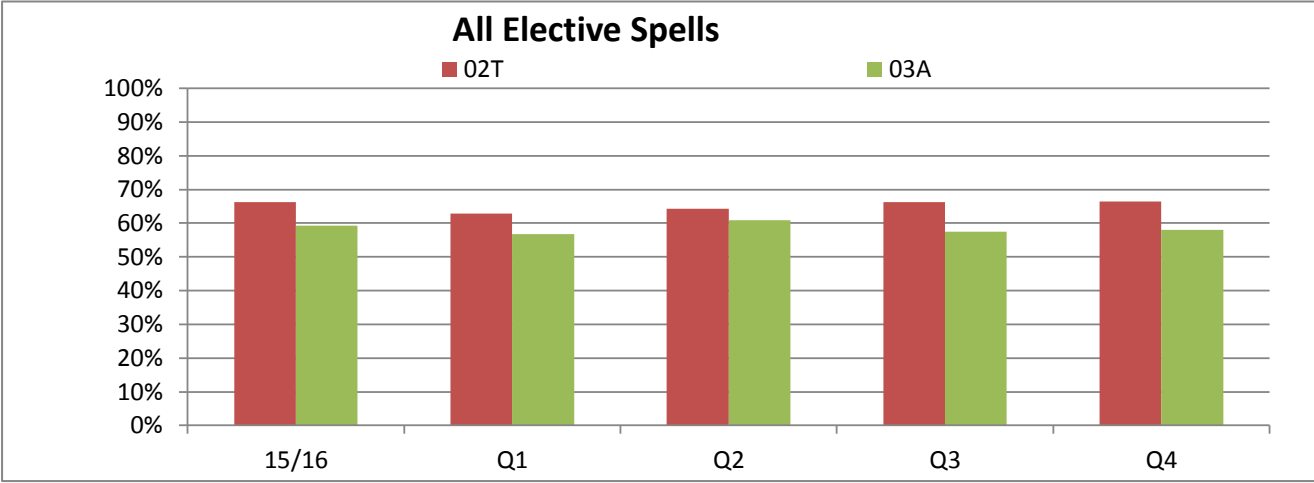
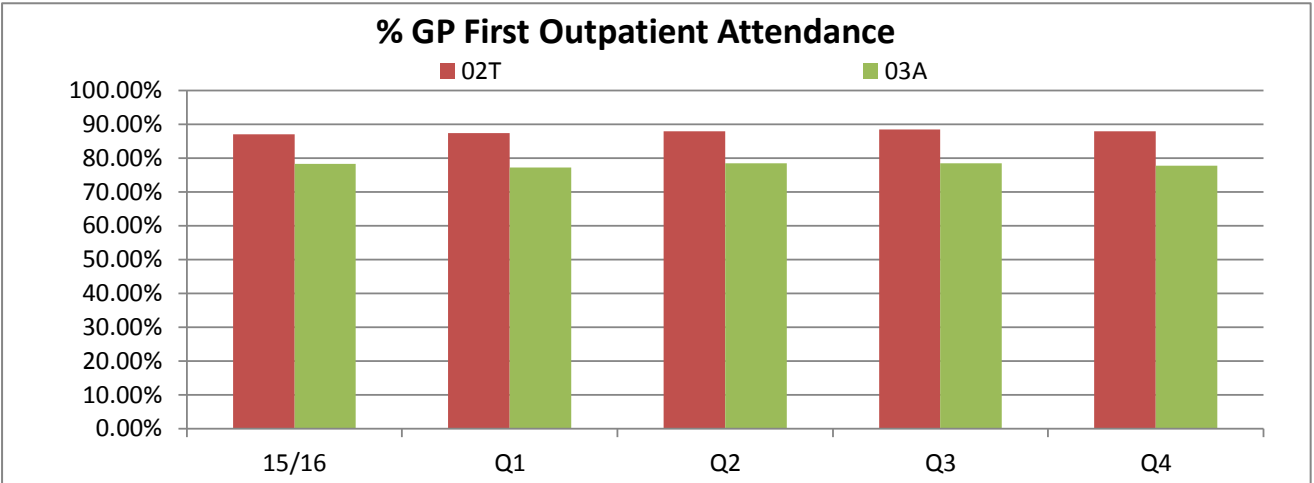
Efficiency & Finance - Key measures

16/17		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17		YTD	Target	Threshold/M onthly
Did Not Attend Rates																		
First DNA	6.33%	6.68%	6.57%	6.47%	5.76%	6.27%	6.70%	6.45%	5.91%	5.94%	6.84%	9.70%	8.76%	7.58%	8.16%	<=7%	7.00%	
Follow up DNA	6.49%	7.37%	6.99%	6.58%	6.46%	6.20%	6.38%	6.10%	6.04%	5.94%	5.98%	11.33%	7.58%	6.57%	7.92%	<=8%	8.00%	
Average length of stay																		
Average Length of Stay - Overall	5.19	5.12	5.39	5.01	5.09	5.23	5.19	5.26	5.27	4.99	5.12	4.46	4.38	4.32	4.55	<=5.17	5.17	
Average Length of Stay - Elective	2.55	2.74	2.81	2.48	2.58	2.58	2.57	2.32	2.38	2.53	2.57	3.08	3.31	2.99	2.99	<=2.85	2.85	
Average Length of Stay - Non Elective	5.74	5.61	5.94	5.59	5.61	5.87	5.65	5.84	5.90	5.54	5.59	4.72	4.51	4.49	4.76	<=5.63	5.63	
Day Cases																		
Day Case Rate	86.87%	86.30%	87.80%	86.20%	87.01%	87.32%	87.54%	87.00%	85.79%	85.58%	86.51%	86.45%	85.37%	84.38%	85.72%	>=85%	85.00%	
Failed Day Cases	1462	121	116	151	130	120	99	130	104	128	107	117	139	185	548	120	1440	
Elective Inpatients with zero LOS	1579	133	134	151	104	117	116	137	153	193	96	78	94	69	337	136	1632	
Beds																		
Beds Open in Month - Plan	875	866	866	866	866	861	875	882	875	875	824	824	824	803	803	Not applicable		
Beds Open in Month - Actual	897	869	872	875	875	867	878	898	892	897	880	884	875	857	857	Not applicable		
Hospital Bed Days per 1000 population - Adults	52.52	52.51	52.65	50.46	52.57	50.82	52.55	56.36	50.38	53.55	49.91	50.01	53.74	54.04	54.04	15/16 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	8.29	8.49	7.99	8.15	8.54	7.75	8.52	8.86	7.83	8.60	7.99	9.46	9.99	10.17	10.17	15/16 Baseline		
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	86.98%	84.10%	83.78%	86.18%	86.08%	84.72%	82.33%	86.15%	85.48%	82.97%	82.30%	82.20%	83.23%	82.67%	>=90%	90.00%	
Theatre Utilisation (TT) - Main Theatre -HRI	92.40%	88.63%	95.55%	90.68%	92.21%	93.66%	91.18%	92.61%	97.86%	94.03%	96.06%	93.76%	90.51%	96.78%	94.20%	>=90%	90.00%	
Theatre Utilisation (TT) - HRI DSU	78.20%	80.72%	75.14%	76.83%	77.81%	75.86%	73.34%	75.62%	79.83%	80.67%	82.24%	69.47%	73.03%	68.93%	73.14%	>=88%	88.00%	
Theatre Utilisation (TT) - HRI SPU	80.98%	81.83%	83.43%	84.02%	80.95%	82.96%	81.10%	77.71%	77.76%	81.66%	77.64%	71.58%	72.64%	73.08%	73.79%	>=85%	85.00%	
Theatre Utilisation (TT) - Trust	84.50%	84.07%	84.70%	83.43%	85.80%	85.10%	83.40%	83.59%	86.30%	85.40%	85.38%	81.91%	81.77%	82.97%	82.93%	>=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	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17		YTD	YTD % Change
GP referrals to all outpatients																	
02T - NHS CALDERDALE CCG	44807	3559	3708	3783	3664	3697	3308	3897	3517	4115	2578	4578	4076	4301	15533	2.75%	
03A - NHS GREATER HUDDERSFIELD CCG	38428	3107	3135	3223	3123	3370	2878	3056	3079	3528	2119	3692	3249	3105	12165	-6.68%	
03J - NHS NORTH KIRKLEES CCG	3625	290	269	312	333	327	264	312	261	301	223	391	384	269	1267	1.69%	
02R - NHS BRADFORD DISTRICTS CCG	2765	206	236	246	249	249	176	215	183	223	125	302	231	226	884	-10.53%	
03R - NHS WAKEFIELD CCG	711	65	49	46	66	59	69	57	47	69	48	103	77	85	313	25.70%	
02W - NHS BRADFORD CITY CCG	357	29	33	26	39	33	28	24	22	24	19	34	32	27	112	-12.50%	
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	413	30	27	43	38	50	16	38	14	29	15	19	22	28	84	-46.84%	
03C - NHS LEEDS WEST CCG	116	9	8	12	14	11	8	11	11	9	9	18	13	5	45	40.63%	
02N - NHS AIRES DALE, WHARFEDALE AND CRAVEN CCG	45	7	5	1	2	1	4	3	3	3	4	4	8	2	18	-21.74%	
03G - NHS LEEDS SOUTH AND EAST CCG	27	3	2	0	2	1	3	2	2	4	3	2	8	2	15	36.36%	
02V - NHS LEEDS NORTH CCG	25	1	3	4	3	4	3	1	0	3	1	1	0	2	4	0.00%	
Other	961	112	86	80	98	65	53	61	55	60	36	59	77	59	231	-42.68%	
Trust	92157	7418	7561	7776	7631	7867	6810	7677	7194	8368	5180	9203	8177	8111	30671	-1.60%	
% Change on Previous year	4.2%	-2.12%	12.65%	-0.88%	-2.67%	6.64%	5.70%	2.72%	-3.41%	6.93%	-34.00%	17.90%	-1.80%	9.20%	-1.60%		
Activity																	
% of spells with > 5 ward movements (No Target)	0.09%	0.10%	0.10%	0.08%	0.09%	0.04%	0.12%	0.10%	0.13%	0.11%	0.10%	0.14%	0.35%	0.41%	0.26%	0.2%	

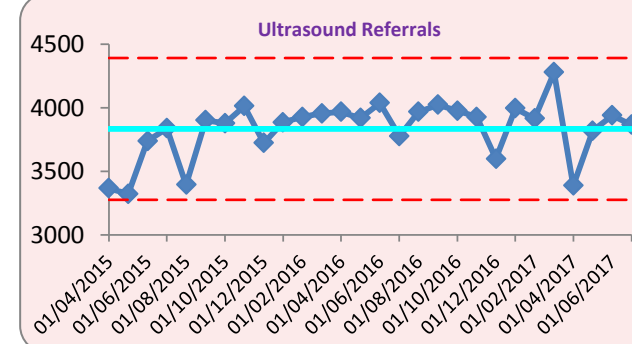
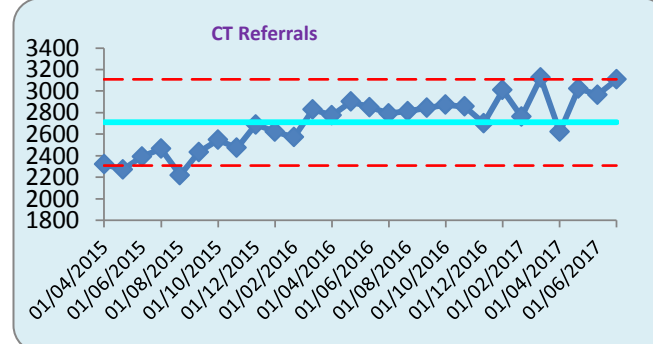
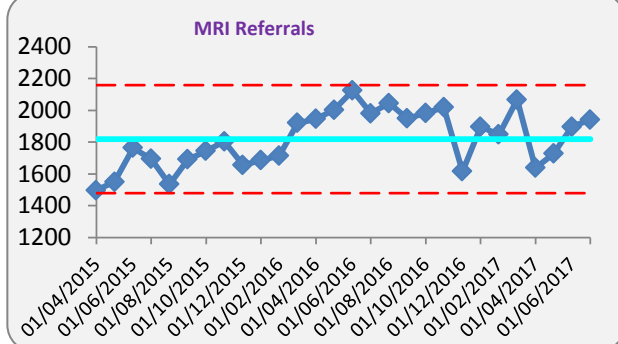
ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	96	291	3	118	271	616	221	36	-14	66	not available				
% Day Case Variance against Contract	4.9%	3.1%	9.3%	0.1%	3.8%	8.4%	24.7%	7.2%	1.2%	-0.4%	2.4%	not available				
Elective Variance against Contract	-937	-54	-104	-75	-92	-87	-6	-64	-56	-65	-7	not available				
% Elective Variance against Contract	-10.7%	-7.4%	-14.2%	-9.7%	-12.5%	-11.2%	-0.9%	-8.6%	-7.9%	-8.0%	-1.8%	not available				
Non-elective Variance against Contract	-205	-60	-106	-10	87	-179	-95	53	53	101	74	not available				
% Non-elective Variance against Contract	-0.3%	-1.4%	-2.3%	0.2%	2.3%	-3.5%	-2.1%	0.6%	1.1%	2.2%	1.2%	not available				
Outpatient Variance against Contract	13612	-876	1361	550	1513	2289	2656	2064	397	334	80	not available				
% Outpatient Variance against Contract	4.0%	-3.1%	4.8%	1.9%	5.3%	7.7%	11.6%	7.3%	1.5%	1.1%	0.1%	not available				
Accident and Emergency Variance against Contract	2778	825	120	726	285	204	553	-96	-633	-256	82	-494	-572	-283	-1267	
% Accident and Emergency Variance against Contract	1.9%	6.6%	1.0%	6.0%	2.3%	1.7%	4.5%	-0.8%	-5.3%	-1.9%	0.7%	0.0%	0.0%	-2.1%	-2.4%	

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

Radiology Summary of Activity of Key Modalities - July 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	Jun-17	Jul-17	YTD 17/18	YTD 16/17	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	7203	8062	-859	-11%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	11718	11318	400	4%
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	2481	2340	9467	9426	41	0%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	67269	70761	-3492	-5%
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	15012	15700	-688	-4%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	110669	115267	-4598	-4%



How does this compare to Trust activity Trend?

A&E Activity has increased by 4.5%,
Outpatients by 6.6% and Inpatients
(excluding Maternity) by 3.4%

Activity

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	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	26,223	25,674	100,924	104,741	-3817	-4%
MRI	1623	1749	1700	1881	1773	1718	1638	1745	1607	1674	1642	1851	1599	1692	1723	1692	6706	6953	-247	-4%
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	2469	2563	-94	-4%
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	1877	2202	-325	-15%
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	2146	-2146	-100%
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	2316	0	2316	-
CT	2611	2565	2622	2695	2640	2467	2520	2527	2486	2601	2438	2,746	2,308	2,605	2,587	2,779	10,279	10,493	-214	-2%
General Radiology	15,682	16,384	16,165	16,052	15,859	16,000	15,844	15,606	14,400	16,266	14,597	16,688	14,441	15,322	15,476	15,479	60,718	64,283	-3,565	-6%
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,374	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	2,326	2,199	8,886	9,004	-118	-1%
Ultrasound	3,525	3,460	3,630	3,393	3,404	3,318	3,023	3,280	2,688	2,999	2,807	3,045	2,661	4,038	4,111	3,525	14,335	14,008	327	2%
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	28,692	27,939	110,104	114,168	-4,064	-4%
MRI	1722	1835	1806	1970	1693	1828	1735	1854	1719	1768	1727	1966	1680	1762	1831	1786	7059	7333	-274	-4%
HRI - MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	674	695	2625	2749	-124	-5%
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	1963	2357	-394	-17%
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	2184	-2184	-100%
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	2421	0	2421	-
CT	3862	3675	3913	3926	3909	3639	3657	3764	3683	3890	3606	4022	3416	3874	3853	4038	15,181	15,376	-195	-1%
General Radiology	16,415	17,048	16,821	16,705	16,580	16,663	16,478	16,255	14,881	16,878	15,181	17,391	15,019	15,932	16,154	16,026	63,131	66,989	-3,858	-6%
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	2,330	2,201	8,898	9,037	-139	-2%
Ultrasound	3,874	3,809	4,007	3,743	3,744	3,663	3,303	3,623	2,963	3,310	3,082	3,356	2,958	4,465	4,524	3,888	15,835	15,433	402	3%

Safe

Caring

Effective

Responsive

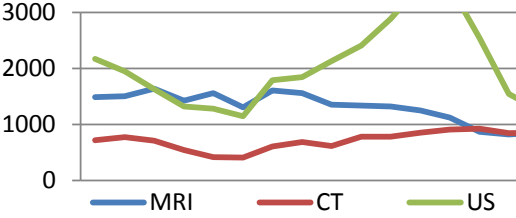
Workforce

Efficiency/Finance

Activity

CQUIN

Radiology Summary of Activity of Key Modalities - July 2017

Waiting List at Month End																					
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD 17/18	YTD 16/17	Increase	%	
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872	819	850					
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928	842	853					
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539	1540	1259					
Number of Exams reported																					
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	18554	20116	75725	75453	272	0%	
Insourced (Extras)	680	1001	1221	1145	813	1232	902	1110	587	859	399	257	330	714	466	439	1949	4047	-2098	-52%	
Locum Radiologist/Sonographer	2390	2394	1598	1345	1197	1047	935	1030	635	602	573	728	233	315	299	96	943	7727	-6784	-88%	
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	10417	11235	-818	-7%	
Outsourced	3305	2287	2512	2871	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	16042	10975	5067	46%	
Total	28208	27705	27372	26152	27564	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	105076	109437	-4361	-4%	
% Outsourced	12%	8%	9%	11%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	15%	10%	5%		
% Insourced/Outsourced	14%	12%	14%	15%	11%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	17%	14%	3%		

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets			
						Q1	Q2	Q3	Q4
1. Improving staff health and wellbeing									
1a.1	Acute & Community	£225,000	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	24	N/A	N/A	N/A	29
1a.2				% Experienced MSK in the last 12 months as a result of work activities	26	N/A	N/A	N/A	21
1a.3				% Felt unwell in the last 12 months as a result of work related stress	42	N/A	N/A	N/A	37
1b.1	Acute & Community	£225,000	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1b.2				Introduce new changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1c	Acute & Community	£225,000	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	76.0%	N/A	N/A	70%	70%
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)									
2a.1	Acute	£101,250	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	88.7%	90%	90%	90%	90%
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	28.7%	90%	90%	90%	90%
2b.1	Acute	£101,250	Timely treatment of sepsis in emergency departments and acute inpatient settings	% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Emergency Admissions	76.9%	90%	90%	90%	90%
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)	67.8%	90%	90%	90%	90%
2c	Acute	£101,250	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours	% of antibiotic prescriptions documented and reviewed within 72 hours	-	25%	50%	75%	90%
2d.1	Acute	£101,250	Reduction in antibiotic consumption per 1,000 admissions	1% reduction in all antibiotics	TBC	Submit to PHE	Submit to PHE	Submit to PHE	Submit to PHE
2d.2				1% reduction in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	Submit to PHE
2d.3				1% reduction in Piperacillin-Taxobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	Submit to PHE
4. Improving services for people with mental health needs who present to A&E									
4	Acute	£270,000	Improving services for people with mental health needs who present to A&E	Number of ED attendances - cohort of patients	545	109 (Cumulative)	218 (Cumulative)	327 (Cumulative)	436 (20% overall reduction)
6. Offering advice and guidance									
6	Acute	£337,500	Advice & Guidance	% A&G responses within 2 days	-	N/A	N/A	N/A	80%
7. NHS E-Referrals									
7.1	Acute	£168,750	E-referrals	% Referrals to first OP able to be receivd through ERS	TBC	N/A	80%	90%	100%
7.1				% Appointment Slot Issues	TBC	33%	30%	25%	4%
8. Supporting proactive and safe discharge									
8a.1	Acute	£472,500	Supporting proactive and safe discharge	Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
8a.2				Emergency Care Dataset (ECDS) usage	-	Demonstrate credible planning	N/A	Returning weekly data	N/A
8a.3 & 8b.2	Acute & Community	£472,500		% Non Elective patients discharged to usual place of residence within 7 days of admission (Pts >65, LOS >2)	38.0%	N/A	N/A	40.5%	
8b.1	Community	£472,500		Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
9. Preventing ill health by risky behaviours – alcohol and tobacco									
9a	Acute	£8,438	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	No data required until 2018-19			
9b		£33,750		% Smokers given brief advice					
9c		£42,188		% Smokers referred and/or offered medication					
9d		£42,188		% Patients screened for Alcohol usage					
9e		£42,188		% Alcohol users given brief advice					
9a	Community	£16,875	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	N/A			
9b		£67,500		% Smokers given brief advice	100.0%	N/A			
9c		£84,375		% Smokers referred and/or offered medication	0.0%	N/A			
9d		£84,375		% Patients screened for Alcohol usage	4.0%	N/A			
9e		£84,375		% Alcohol users given brief advice or medication	0.0%	N/A			
10. Improving the assessment of wounds									
10	Community	£405,000	Improving the assessment of wounds	% Patients with a cronic wound who have received a full wound assessment	-	N/A	To complete baseline audit	N/A	TBC
11. Personalised care and support planning									
11	Community	£337,500	Personalised care and support planning	Patient activation assessments	-	N/A	Submit plan	Identify cohort	Training undertake & cohort pts assessed

ACTUAL PERFORMANCE															
Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4
Apr-17	May-17	Jun-17		Jul-17	Aug-17	Sep-17		Oct-17	Nov-17	Dec-17		Jan-18	Feb-18	Mar-18	
N/A	N/A	N/A	N/A	-			-								
N/A	N/A	N/A	N/A	-			-								
N/A	N/A	N/A	N/A	-			-								
N/A	N/A	N/A	N/A	Y			Y								
N/A	N/A	N/A	N/A	Y			Y								
N/A	N/A	N/A	N/A	-			-								
84.0%	14.0%	28.0%	42.0%	In Arrears											
34.0%	20.0%	28.0%	27.3%	In Arrears											
75.0%	85.7%	83.3%	82.5%	In Arrears											
55.6%	75.0%	84.6%	73.3%	In Arrears											
-	-	-	89%	In Arrears											
-	-	-	TBC	-											
-	-	-	TBC	-											
-	-	-	TBC	-											
TBC	TBC	TBC	TBC												
48.63%	47.20%	41.35%	45.29%	41.35%			41.35%								
N/A	N/A	N/A	N/A												
TBC	TBC	TBC	TBC												
N/A	N/A	N/A	N/A												
Y	-	-	Y												
39.10%	36.40%	36.00%	37.10%	37.60%			37.60%								
N/A	N/A	N/A	N/A												
-	-	-	-	-			-				-				-
-	-	-	-	-			-				-				-
-	-	-	-	-			-				-				-
-	-	-	-	-			-				-				-
-	-	-	-	-			-				-				-
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												

Appendices



Appendices

Appendix - Appointment Slot Issues

ASIs

As 16th August 2017 there were 2,049 referrals awaiting appointments of which 805 were e-Referrals. This is an increase of 244 since w/c 24th July.

The top specialties for ASIs backlog are:

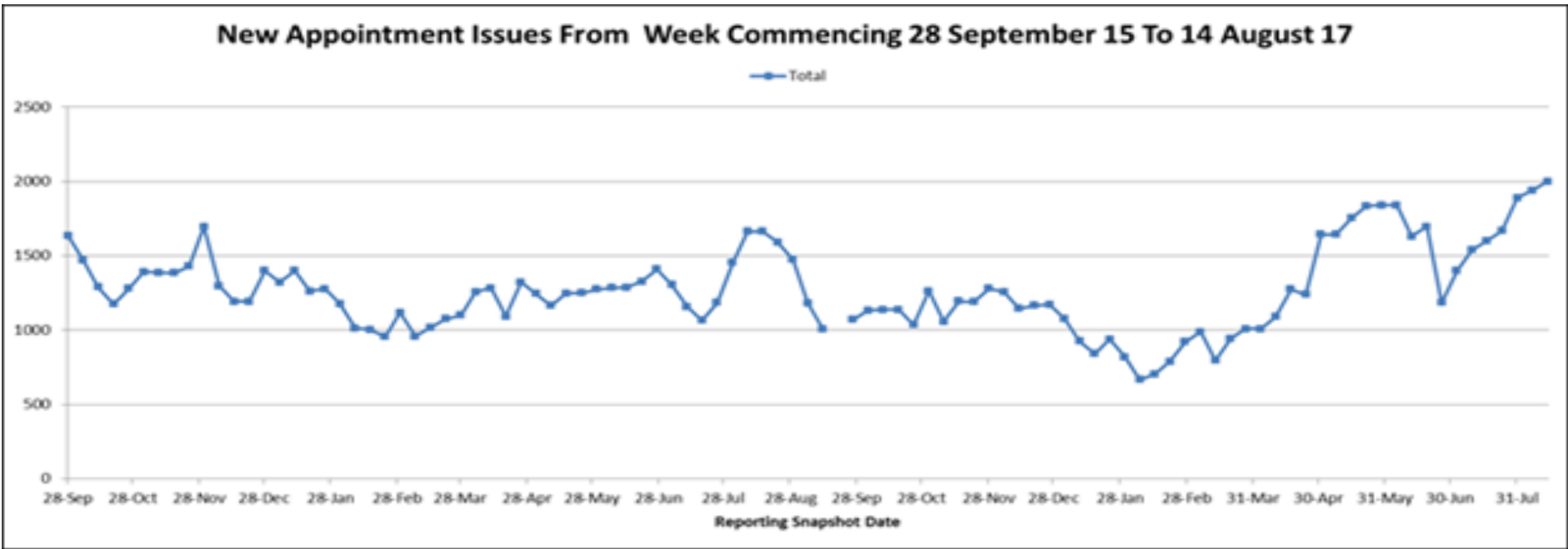
- Ophthalmology
- Colorectal
- Neurology
- General Surgery

With smaller backlogs in:

- Cardiology
- ENT

Week Commencing 24.7.17	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	7	19	41	44	52	24	28	9	25	121	131	88	54	34	677
Cardiology		3	15	8	21	12	13	1	9	33	20	10	1		146
Gastro	1		12	10	14	5	3	3	5	29	15	2			99
Neurology	1	2	1	2	2		3	3	4	21	53	52	45	31	220
Surgery	59	58	93	78	95	98	78	77	52	188	126	111	127	57	1,297
Colorectal	4	24	29	26	25	23	26	18	7	14	20	22	14	7	259
General Surg	42	12	17	20	13	5	2	6	4	3	3	1	3		131
Ophthal	3	11	16	7	18	24	4	27	16	69	27	32	50	5	309
Urology		1	11	8	13	10	10	7	3	25	13	25	40	18	184
Vascular	8	2	6	3	14	9	25	9	3	26	11	7	2	4	129
FSS	37	2	5	1	4	5	2	1	3	3	3		1		67
Totals	103	79	139	123	151	127	108	88	81	315	262	200	182	91	2,049

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



Appendix - Referrals

GP Referrals up 9.2% in July 2017 compared with July 2016.

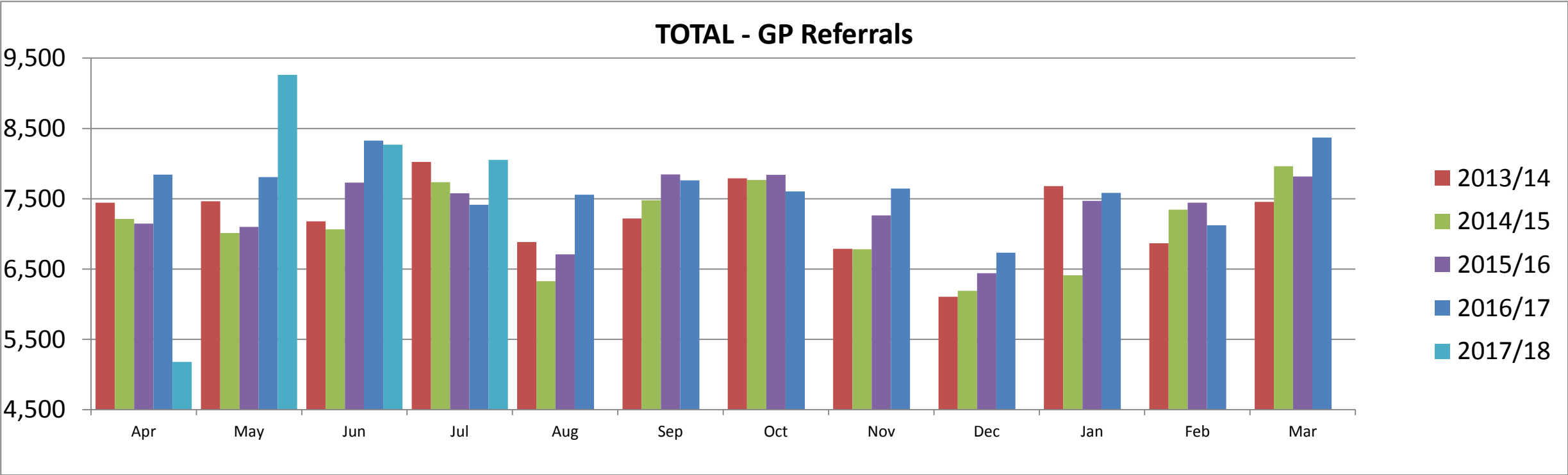
In July 2017, there were 21 working days, the same number as July 2016.

The YTD position is now 1.3% down on the same period last year. As there have been 2 less working days in comparison a decrease of 2.4% could be expected.

NHS Calderdale GP referrals have seen an increase of 3.1% (471) for the year to date principally due to Orthopaedics 13% (376) - however it is felt that a large proportion of this increase in T and O relates to the logging of triage service referrals received by the Calderdale MSK service that then gets referred into MSK or T and O service. Further work continues to understand the T and O GP referral datasets post EPR, with work with the Calderdale MSK service being important

NHS Greater Huddersfield GP referrals have seen a decrease of 6.2% (804) for the year to date principally due decreases in Orthopaedics 46% (525) – the Kirklees MSK service, General Medicine 45% (237) and Gynaecology 11% (121).

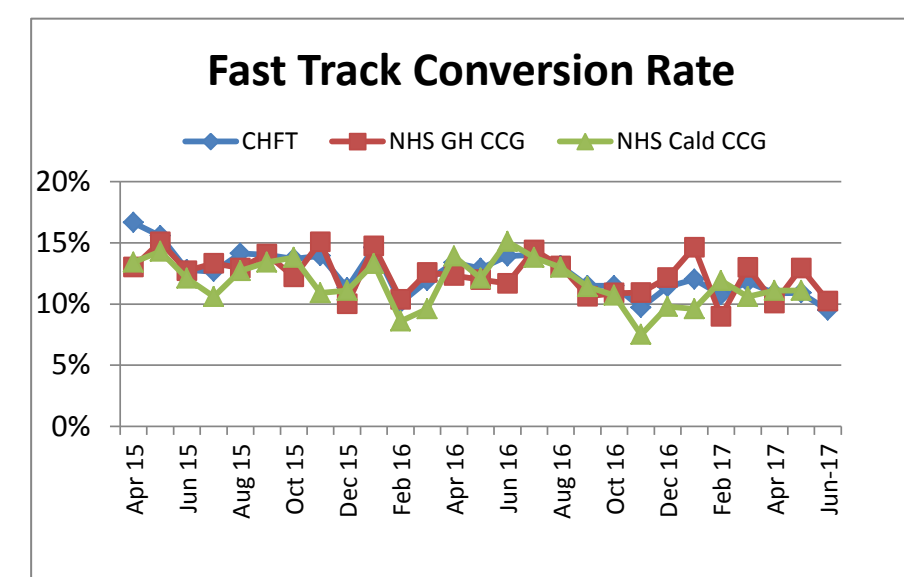
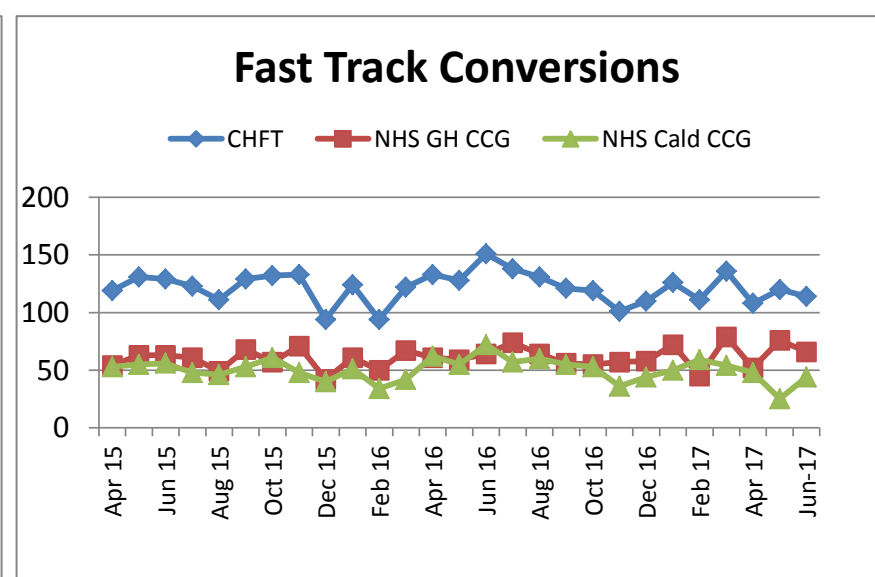
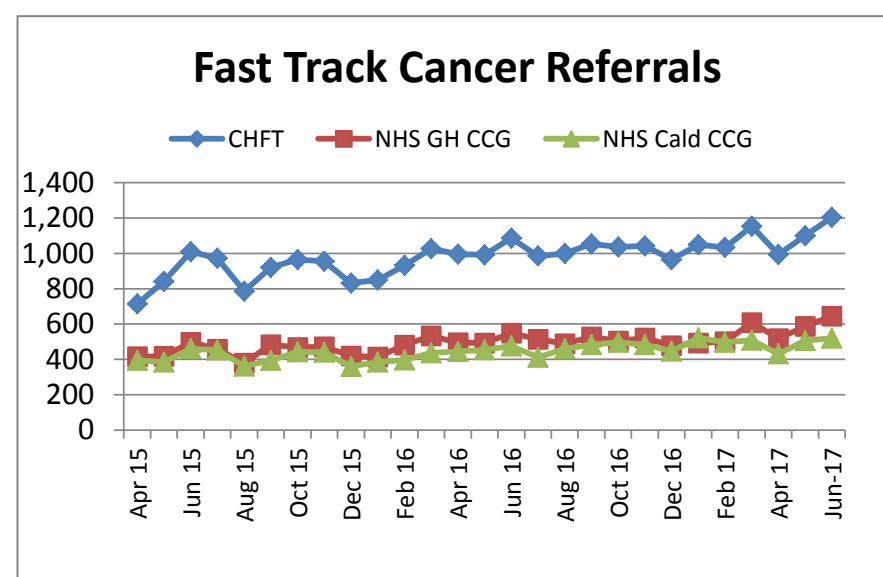
For 2017/18 YTD there has been a GP referral increase for NHS Wakefield (26%, 64 referrals) and Leeds West (37%, 12 referrals). NHS Heywood , Middleton and Rochdale CCG have seen a large decrease of 48% (77 referrals).



Activity - Key measures

	16/17	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5730	476	412	460	483	496	483	447	522	497	509	431	506	519	1965	122.8%
NHS CALDERDALE CCG Conversions	658	72	57	60	55	53	36	44	50	59	54	48	25	44	171	
NHS CALDERDALE CCG Conversion Rate	11.7%	15.1%	13.8%	13.0%	11.4%	10.7%	7.5%	9.8%	9.6%	11.9%	10.6%	11.1%	4.9%	8.5%	8.7%	
NHS GREATER HUDDERSFIELD CCG Referrals	6214	548	514	489	527	505	521	477	492	501	608	517	588	645	2358	129.4%
NHS GREATER HUDDERSFIELD CCG Conversions	748	64	74	64	56	55	57	58	72	45	79	52	76	66	273	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	11.7%	14.4%	13.1%	10.6%	10.9%	10.9%	12.2%	14.6%	9.0%	13.0%	10.1%	12.9%	10.2%	11.6%	
Other CCG Referrals	446	62	59	50	44	35	37	41	35	35	37	46	35	39	157	41.4%
Other CCG Conversions	81	15	7	7	10	11	8	8	4	7	3	6	4	4	17	
Other CCG Conversion Rate	18.2%	24.2%	11.9%	14.0%	22.7%	31.4%	21.6%	19.5%	11.4%	20.0%	8.1%	13.0%	11.4%	10.3%	10.8%	
CHFT Fast Track Referrals	12390	1086	985	999	1054	1036	1041	965	1049	1033	1154	994	1129	1203	4480	121.7%
CHFT Fast Track Conversions	1487	151	138	131	121	119	101	110	126	111	136	106	105	114	461	
CHFT Fast Track Conversion Rate	12.1%	13.9%	14.0%	13.1%	11.5%	11.5%	9.7%	11.4%	12.0%	10.7%	11.8%	10.7%	9.3%	9.5%	10.3%	
% Change on Previous year																

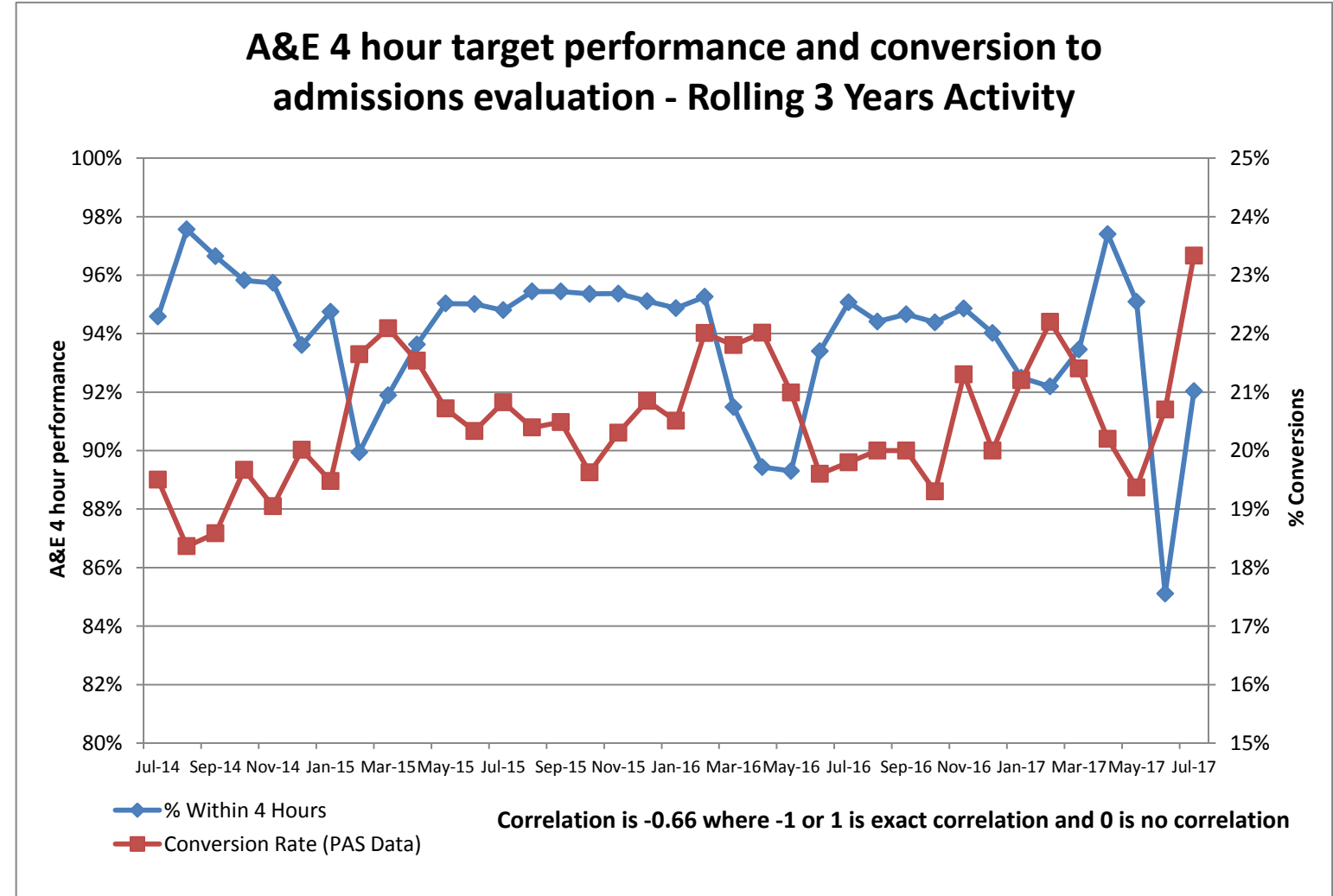
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.



Appendix - A and E Conversion rates and Delayed Transfers

	16/17	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	151,354	13,307	12,155	12,911	12,915	12,238	12,735	12,385	11,252	12,967	12,396	13,267	12,361	13,170	51,194	-1.2%
A and E 4 hour Breaches	8,524	749	653	726	666	732	957	697	737	337	609	1,975	985	863	4,432	95.2%
Emergency Care Standard 4 hours	94.2%	94.41%	94.66%	94.38%	94.86%	94.02%	92.49%	92.19%	93.45%	97.40%	95.09%	85.11%	92.03%	93.45%	91.30%	-2.2%
Admissions via Accident and Emergency	30,922	2,656	2,435	2,489	2,747	2,451	2,701	2,746	2,411	2,625	2,431	2,746	2,884	2,992	11,053	44.3%
% A and E Attendances that convert to admissions	20.45%	20.00%	20.00%	19.30%	21.30%	20.00%	21.20%	22.20%	21.40%	20.20%	19.37%	20.70%	23.33%	22.72%	21.59%	10.1%

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



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 17th August 2017	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	56	55	4	115
Awaiting Completion of Assessment	39	24	4	67
Awaiting Care package in own home	12	14	0	26
Awaiting Nursing Home Placement	1	1	0	2
Awaiting Residential Home Placement	3	13	0	16
Patient or Family Choice	1	0	0	1
Disputes	0	0	0	0
Awaiting Community Equipment & Adaptions	0	1	0	1
Awaiting Public Funding	0	1	0	1
Awaiting Public Funding	0	1	0	1

Appendix - Cancer - By Tumour Group

16/17		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	YTD	Target	Threshold/ Monthly
62 Day Gp Referral to Treatment																	
Breast	99.24%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	97.48%	>=85%	85.00%
Gynaecology	71.40%	60.00%	100.00%	80.00%	100.00%	77.80%	75.00%	71.40%	100.00%	50.00%	100.00%	100.00%	83.33%	20.00%	75.00%	>=85%	85.00%
Haematology	89.23%	83.33%	100.00%	73.33%	100.00%	100.00%	100.00%	83.33%	100.00%	100.00%	50.00%	86.67%	100.00%	70.00%	78.18%	>=85%	85.00%
Head & Neck	89.41%	91.58%	86.52%	97.89%	83.64%	88.46%	91.89%	90.10%	82.98%	90.60%	85.26%	91.74%	88.24%	82.05%	86.85%	>=85%	85.00%
Lower GI	80.95%	100.00%	80.00%	100.00%	87.50%	54.55%	90.00%	66.67%	44.44%	90.91%	80.00%	71.43%	95.45%	63.64%	81.97%	>=85%	85.00%
Lung	91.52%	85.71%	81.25%	90.91%	88.89%	90.91%	95.83%	92.31%	92.31%	84.62%	66.67%	78.95%	81.82%	90.91%	81.25%	>=85%	85.00%
Sarcoma	85.71%	none to report	100.00%	100.00%	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	>=85%	85.00%
Skin	0.9652	100.00%	100.00%	87.10%	93.33%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	95.24%	98.29%	>=85%	85.00%
Upper GI	79.72%	100.00%	77.78%	88.89%	62.50%	83.33%	88.89%	82.35%	86.67%	50.00%	50.00%	86.67%	66.67%	84.62%	73.08%	>=85%	85.00%
Urology	91.48%	93.62%	88.89%	97.06%	87.10%	93.75%	90.24%	91.89%	85.00%	93.10%	89.13%	95.45%	85.11%	79.25%	86.67%	>=85%	85.00%
Others	79.31%	100.00%	100.00%	none to report	100.00%	100.00%	none to report	50.00%	none to report	50.00%	66.67%	none to report	50.00%	100.00%	66.67%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	98.29%	100.00%	83.33%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	71.43%	100.00%	78.05%	>=93%	93.00%
Breast	98.75%	98.63%	98.74%	98.73%	99.29%	98.56%	99.44%	100.00%	99.30%	98.78%	96.18%	93.71%	89.89%	92.22%	93.04%	>=93%	93.00%
Childrens	98.37%	100.00%	98.88%	98.96%	98.97%	99.01%	97.37%	94.25%	97.94%	98.20%	98.85%	75.70%	66.38%	91.26%	82.12%	>=93%	93.00%
Gynaecology	98.30%	100.00%	98.84%	98.92%	98.97%	98.97%	97.10%	93.83%	97.85%	98.13%	98.78%	74.76%	65.18%	91.18%	81.51%	>=93%	93.00%
Haematology	97.67%	100.00%	93.33%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	90.91%	66.67%	81.82%	100.00%	81.43%	>=93%	93.00%
Head & Neck	97.70%	98.29%	98.77%	97.98%	99.55%	98.14%	98.34%	95.31%	98.31%	98.76%	96.73%	88.54%	87.93%	92.99%	91.50%	>=93%	93.00%
Lower GI	97.93%	97.14%	99.43%	98.29%	100.00%	99.49%	98.49%	99.29%	97.46%	98.27%	97.31%	97.04%	86.27%	92.18%	93.22%	>=93%	93.00%
Lung	96.63%	100.00%	93.55%	89.19%	94.12%	100.00%	93.75%	94.59%	97.44%	100.00%	100.00%	97.67%	90.24%	89.29%	94.70%	>=93%	93.00%
Sarcoma	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	85.71%	91.67%	>=93%	93.00%
Skin	97.08%	97.29%	97.16%	97.37%	96.81%	92.55%	96.15%	97.50%	98.18%	96.86%	97.73%	74.83%	90.84%	90.58%	87.05%	>=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%	94.12%	97.30%	>=93%	93.00%
Upper GI	96.94%	97.83%	98.96%	99.10%	98.02%	96.23%	94.40%	91.09%	97.22%	96.58%	97.06%	82.57%	78.30%	89.74%	86.71%	>=93%	93.00%
Urology	99.18%	98.97%	100.00%	100.00%	100.00%	99.15%	100.00%	93.88%	100.00%	100.00%	100.00%	94.69%	92.79%	94.83%	95.28%	>=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		Responsive	
Caring	<ul style="list-style-type: none"> Never events 		<ul style="list-style-type: none"> ECS 4 hour target
Effective	<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"> Stroke - % of patients admitted directly to the stroke unit within 4 hours RTT target for incomplete pathways Cancer standards
	<ul style="list-style-type: none"> MRSA Avoidable Clostridium difficile cases SHMI HSMR 	Finance	<ul style="list-style-type: none"> Sickness & Absence (%) YTD Mandatory Training
			<ul style="list-style-type: none"> I&E: Surplus / (Deficit) - Control Total basis

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