

Quality and Performance Report

January 2018

Contents

	Page
Contents	
Performance Summary	4
Carter Dashboard	5
Executive Summary	6
Community	
Community	8
Domains	
Safe	10
Caring	13
Effective	18
Responsive	20
Workforce	22
Financial Position	29
Benchmarking	
Benchmarking Selected Measures	35
Activity and Finance	
Efficiency & Finance	38
Activity	41
CQUINS Performance	43

	Page
Appendices	
Appendix-ASI 1	46
Appendix-Referral Key Measures	47
Appendix-FT Ref Key Measures	48
Appendix- A and E Key Measure	49
Appendix-Cancer by Tumour Group	50
Appendix-Performance Method	51
Appendix-Glossary	53

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

Performance Summary

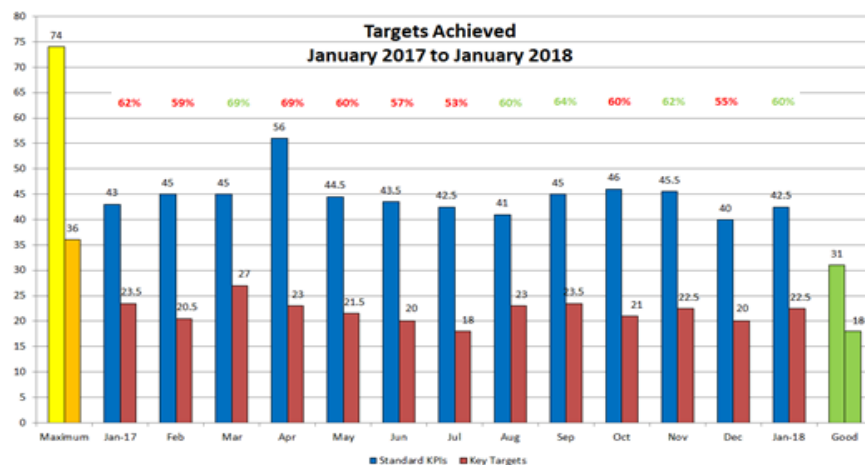
To Note

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

For **January's** performance the VTE cohort has been updated which has resulted in minor improvements in performance between October and December.

Comparing January 2017 performance to January 2018 performance

January 2018 performance (**60%**) was **2 percentage points (18 points)** worse than **January 2017 (62%)**. The main areas of deterioration are **Mandatory Training (36 points)** and Finance (14 points). On the contrary in January 2017 SHMI and HSMR were worse.



Comparing 10 months' cumulative performance to January with same period in 2016/17

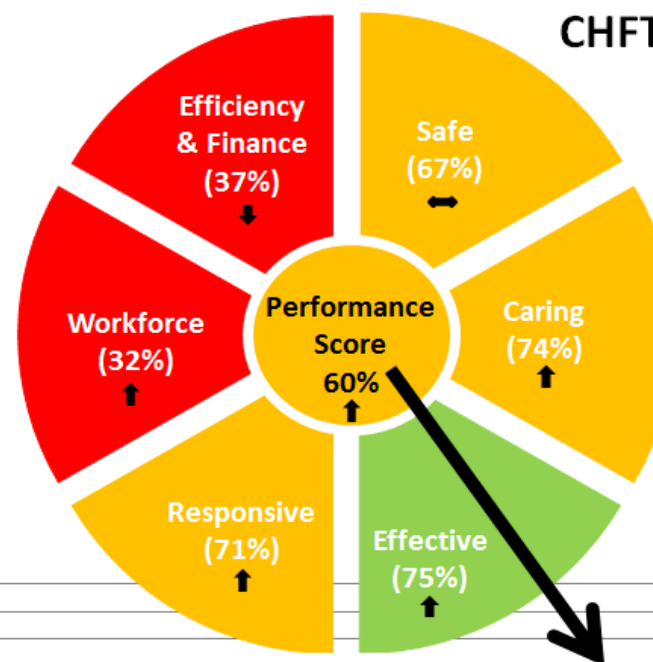
Period to January 2018's performance (**59.9%**) was **2 percentage points** worse than **period to January 2017 (61.8%)**. Again the main area of deterioration was **Mandatory Training**, this is only compensated by an equivalent improvement in **Sickness Absence**. Other contributory areas are **Cancer 2 week waits and 62 day RTT, Diagnostic Waits, FFT A & E Survey - Response Rate, I&E, CIP** and **Activity**. **SHMI** and **HSMR** have improved.

Performance Summary

January

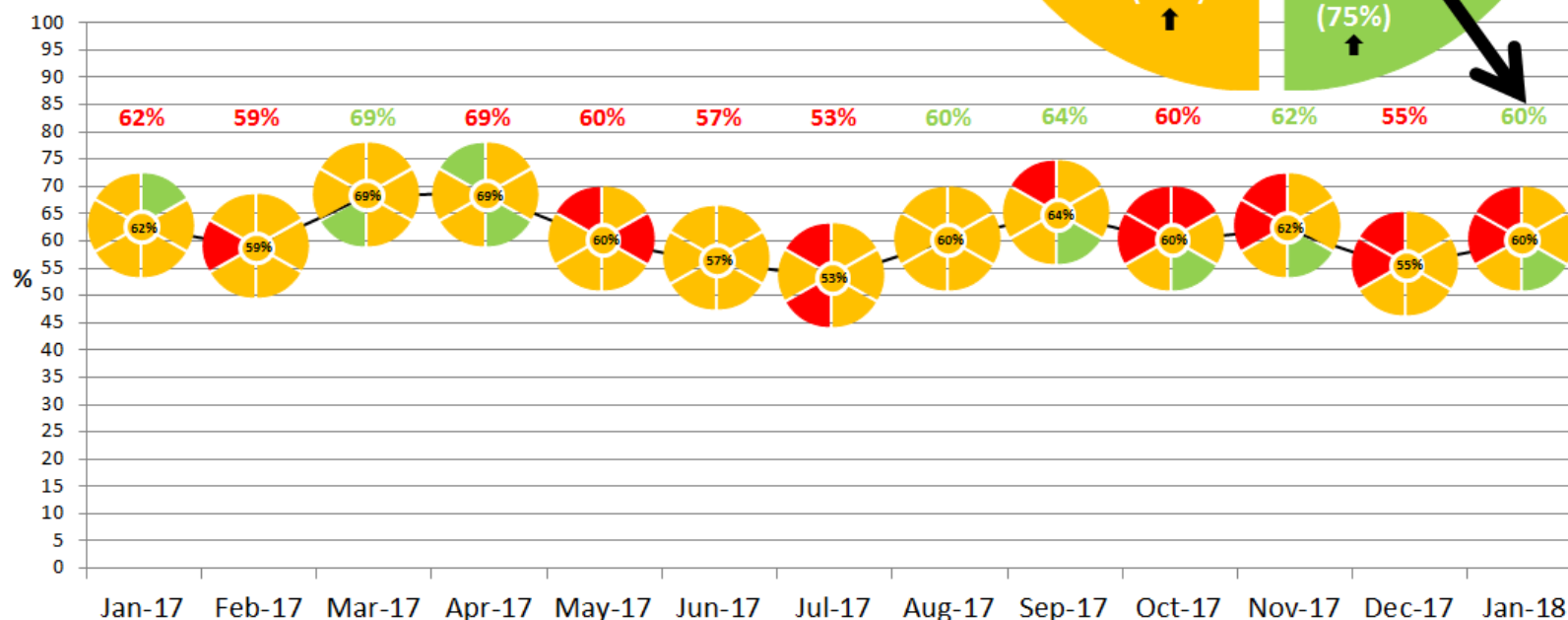
RAG Movement

January's Performance Score has improved by 5 percentage points to 60%. All domains have improved scores with the exception of EFFICIENCY & FINANCE. The CARING domain has improved significantly due to FFT performance. The EFFECTIVE domain has returned to GREEN although #NoF is still below target. The RESPONSIVE domain has improved slightly with 3 out of 4 Stroke targets now achieving target plus cancer has maintained good performance for the third month running across all metrics. For ECS the score reflects failure to deliver the 95% standard but CHFT did achieve the NHSI agreed trajectory for January. EFFICIENCY & FINANCE has deteriorated with Day Cases and A&E activity both missing target in-month. WORKFORCE has improved slightly with better sickness absence rates although all 5 Mandatory Training focus areas are still missing target.



SINGLE OVERSIGHT FRAMEWORK

SAFE	
VTE Assessments	Never Events
CARING	
FFT OP	FFT A&E FFT IP
Mixed sex accommodation breaches	FFT Maternity FFT Community
	% Complaints closed
EFFECTIVE	
CDiff Cases	Preventable Cdiff
MRSA	SHMI
HSMR	HSMR - Weekend
RESPONSIVE	
RTT Incomplete Pathways	Diagnostics 6 weeks
	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	96.8%	96.2%	↑	96.3%
	Inpatient Complaints per 1000 bed days	2.3	1.9	↓	TBC
	Average Length of Stay - Overall	4.74	4.41	↓	5.17
	Delayed Transfers of Care	2.05%	3.40%	↑	3.5%
EFFECTIVE	Green Cross Patients (Snapshot at month end)	117	100	↓	40
	Hospital Standardised Mortality Rate (1 yr Rolling Data)	87.79	89.86	↑	100
	Theatre Utilisation (TT) - Trust	76.4%	80.6%	↓	92.5%
RESPONSIVE	% Last Minute Cancellations to Elective Surgery	1.09%	0.54%	↓	0.6%
	Emergency Care Standard 4 hours	90.76%	88.03%	↑	95%
	% Incomplete Pathways <18 Weeks	94.09%	92.61%	↑	92%
	62 Day GP Referral to Treatment	91.6%	88.1%	↑	85%
SAFE	% Harm Free Care	92.70%	93.45%	↓	95.0%
	Number of Outliers (Bed Days)	1136	991	↓	495
	Number of Serious Incidents	4	6	↑	0
	Never Events	0	0	↔	0

MOST IMPROVED

3 out of 4 Stroke metrics achieving target which is best performance for over 12 months plus peaks in 3 out of 4 individual metrics.

All key cancer targets maintained for the 3rd consecutive month.

% PPH ≥ 1500ml - all deliveries - lowest rate at 1.8% for over 12 months.

MOST DETERIORATED

Theatre utilisation was at one of its lowest levels at 76.4% reflective of the requirement to cancel all routine surgery.

Breach of Patient Charter (Sitreps booked within 28 days of cancellation) - There were 5 breaches resulting from cancellations which were unable to be rescheduled due to the bed/ED crisis when all non-emergency procedures were cancelled.

% Harm Free Care - lowest performance at 92.7% in over 12 months is being driven by a high number of patients being admitted with a pressure ulcer.

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

↑

9

↓

9

PEOPLE, MANAGEMENT & CULTURE: WELL-LED		Current Month Score	Previous Month	Trend	Target
Doctors Hours per Patient Day					
Care Hours per Patient Day		7.6	7.7	↓	
Sickness Absence Rate		4.34%	4.62%	↑	4.0%
Turnover rate (%) (Rolling 12m)		13.06%	13.05%	↓	12.3%
Vacancy		329.82	359.05	↑	NA
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1		79.0%	Different division sampled each quarter. Comparisons not applicable		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q1		57.0%	Different division samples each quarter. Comparisons not applicable		

OUR MONEY		Current Month Score	Previous Month	Trend
Income vs Plan var (£m)		-£15.60	-£11.98	●
Expenditure vs Plan var (£m)		£1.93	£2.67	●
Liquidity (Days)		-21.78	-16.96	●
I&E: Surplus / (Deficit) var - Control Total basis (£m)		-£8.70	-£5.55	●
CIP var (£m)		-£0.58	£0.13	●
UOR		3	3	●
Temporary Staffing as a % of Trust Pay Bill		14.40%	14.25%	●

Calderdale & Huddersfield NHS Foundation Trust

Quality & Performance Report

Page 5 of 53

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none">% Harm Free Care - Performance at 92.7% which is lowest in over 12 months is being driven by a high number of patients being admitted with a pressure ulcer. The ongoing pressure ulcer improvement collaborative is in place. The Trust will be submitting data to the national website directly from April, this will result in an opportunity to refresh the way in which data is being validated and recorded prior to submission to ensure the definitions around VTEs, Old vs New Ulcers are being accurately understood.Category 4 Pressure Ulcers - First category 4 since July.
	<ul style="list-style-type: none">Complaints closed within timeframe - Of the 52 complaints closed in January, 54% were closed within target timeframe. Given recent pressures CHFT still aims to have backlog of complaints closed by the end of February. With senior divisional support this model will sustain an effective complaints procedure. Divisions have given assurance that contact is being made with complainants within 7 days.
Caring	<ul style="list-style-type: none">Friends and Family Test Outpatients Survey - % would recommend the Service - Performance at 91.5% still below 95.7% target but best performance in over 12 months. In recognition that many feedback comments relate to long waits the matron for OPD has completed a 'go see' and has now introduced a traffic light escalation process to ensure patients are kept informed of any delays. Reports are now proactively shared with clinical teams across OP services and the teams can view specific comments in relation to services promoting increased ownership.Friends and Family Test A & E Survey - Response Rate is still around 10% which is below the 13.3% target. In A&E specifically, FFT has been added to the daily huddle board to remind staff to complete.Friends and Family Test Community - Response Rate was very low at 1.6% although % would recommend has peaked at 99.1%. The division has set up a piece of focussed work to understand why staff are not engaging in completing the FFT with their patients. Methodology that was put in place is being reviewed (one focused day a month).
	<ul style="list-style-type: none">Clostridium Difficile Cases - There were a further 7 cases in January which adds up to 17 in the last 3 months. The Infection control plan continues to be worked through, the local ward assurance tool is now in use. Performance from this will go to PSQBs in the future.
Effective	<ul style="list-style-type: none">E.Coli - Post 48 Hours - There were 7 cases in January. E.Coli is being managed through a health economy action plan as they look to reduce incidences in the community and hospital environment. The Trust regularly feeds into this plan.Mortality Reviews - A step by step guide is being developed to support consultants and SAS doctors to perform ISRs with face to face support where required. The process of allocating ISRs is also being refined to ensure that reviews are shared fairly. Structured Judgement reviewers are being supported to discuss avoidable scores of 3 (probable) or 4 (possible) with a peer with all scores of 2 or 1 being discussed at the Learning from Deaths panel. Discussions are also taking in place on how best to feedback and disseminate learning from SJRs.Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - Performance improved to 74% with further improvement expected in February. In order to enhance the management of all trauma patients, the team has worked with the COO to devise a clearer visual code to enable quicker identification of priority patients and schedule accordingly.

Background Context

The Health & Social care system continued to be busy in January with the Trust forced to operate fully in Silver command and control mode for the full month and a system Gold meeting taking place where actions failed to deliver required OPEL de-escalation.

Winter pressures, flu season and norovirus all impacted on the Trust's resilience and ability to support patient flow. The prevalence of norovirus increases the risk of confirmed C-Diff cases.

SPAs and clinics were cancelled to facilitate senior decision making in ED and front end wards. Routine surgery was not scheduled for the month and some day case capacity was cancelled last minute; in Medicine and Community services some routine outpatient activity was reduced to facilitate inreach. Work on EDDs has also been a focus throughout the month to try to create additional patient flow. Whilst performance against the 4 hour ECS was particularly challenging in December and the start of January there were promising signs of a strong recovery in the 2nd week of January resulting in achieving 90.76% for the month which was in line with NHSI trajectory.

Nurse staffing to support additional capacity was challenging and changes to internal bank rates were approved; high cost agency was supported to ensure safety was maintained.

Despite approvals for agency for nursing and medical staffing gaps remained as overall throughout the Health system there was competition for the same capacity leading to pressures for staff of all disciplines on duty.

The impact of reconfiguration continues to be reviewed and monitored, culminating in a large scale review in 2 months' time which will include a comprehensive review of the KPIs attached to the business case.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none">Emergency Care Standard 4 hours 91% in January, (92% all types) - The Divisions have a renewed focus on EDD's, DTOC's and medically fit for discharge performance has improved but hospital based clinical pathways now require specific focus as seen in the increased number of patients in the 0 - 10 and 10 - 50 day catagory. Silver command has been in place throughout January and was reinstated early February where performance deteriorated again. Actions were described in Patient story previously presented to Board.% Last Minute Cancellations to Elective Surgery/28 day breaches - Within Surgery operational challenges were responsible for 33 'on day' cancellations on 2nd/3rd January. Excluding these 2 exceptional days, the remaining 14 for the rest of January were low in comparison with previous months. There were 5 breaches of the 28 day patient charter which ensures patients have their procedure within 28 days of their cancellation. These were rescheduled for early January then cancelled due to the bed/ED crisis when all non-emergency procedures were cancelled. All patients have now be seen following these exceptional circumstances.38 Day Referral to Tertiary - at 30% lowest position since June. The Red2Green methodology is to be applied to Urology, Head and Neck and Lower GI pathways from March which will track pathways in relation to being on track and meeting key milestone dates (green) and those which are off track and in breach of key milestones (red). This additonal alerting system will give greater visability to the patients who are not progressing as quickly as they might through the pathways and enable further conversation to help expedite diagnostics and treatment.
	<ul style="list-style-type: none">Overall Sickness absence/Return to Work Interviews - Short term sickness was still above target in December although slightly below the November position. Return to Work Interviews are still below 50% for CHFT which are being addressed through the PRM process. Feedback from line managers indicates that RTW interviews are being undertaken, however, the recording of the interview date is the underlying issue in the majority of cases. HR Advisers are demonstrating workaround solutions by recording RTW interview dates through ESR manager self-service until a permanent solution can be found. A Task and finish group has been formed to identify a solution and will meet 16th February.Mandatory Training is still behind on all 5 agreed topics. Divisions, led by the HR Business Partners, are developing action plans to improve mandatory training compliance by March 2018. This includes standing items at Divisional Board and Directorate PRMs, promotion of open learning sessions, FAQ guidance issued to all line managers and compliance lists sent to all line managers.
Workforce	
Finance	<ul style="list-style-type: none">Finance: Reported year to date deficit position of £30.81m, on a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £25.7m an adverse variance of £8.7m compared with the control total of £17m;<ul style="list-style-type: none">• Delivery of CIP is £13.12m below the planned level of £13.69m;• Capital expenditure is £3.51m below plan due to revised timescales;• Cash position is £1.92m, in line with the planned level;• A Use of Resources score of level 3, in line with the plan.As at Month 10 the gap to CHFT's control total deficit is £8.7m. This is the level of financial improvement that the Trust required in order to be eligible for STF funding. £5.04m of STF funding has been lost based on Quarters 1 & 2 A&E performance and financial performance in M7-10. This is driving a total variance from control total of £13.74m, (excluding technical items excluded for control total purposes). However the reported position includes a number of non-recurrent benefits that in part offset the underlying operational deficit. The Trust is reporting a forecast deficit of £45.25m, an adverse variance to plan of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap remains unchanged from the position reported at the end of Quarter 3 and is contingent upon a number of recovery actions.

Background Context

Short-term Sickness remained high in December at 1.68% on a par with January/February 2017.

FSS services saw a peak in activity in January which matched that seen across the rest of the Trust. Services within the division supported this in a range of different ways:

- Radiology teams created additional inpatient scanning and reporting capacity to support speedy response
- Phlebotomy teams provided additional afternoon sessions to support inpatient areas
- Clinical teams within Paediatrics and Obstetrics and Gynaecology provided additional front-line support to support admission avoidance and timely discharge
- Pharmacy teams have been working additional hours to support timely discharge including providing additional support at weekends.

The Trust was recognised for the excellent work carried out in becoming one of the first sites nationally to implement an electronic referral service for GPs referring patients to secondary care.

January was a challenging month for delivery for all Community services, managing demand in the Community to keep people out of hospital, supporting hospital based services and coping with some difficult weather days.

The Frailty team continue to in-reach and support the front-end hospital services. With the reconfiguration of hospital services in Medicine, the Frailty team noted a significant reduction in elderly patients attending at CRH. Capacity was therefore increased at HRI to support Calderdale elderly patients who attended via Ambulance.

To support the pressures from 2nd January, Community provided support into hospital in the following ways:-

1. OP physiotherapy worked on wards to support rehabilitation to facilitate discharge.
2. Community matrons worked on wards to "pull" patients back to Community..
3. Respiratory specialist nurses and therapists worked with the respiratory team to increase the number of Early Supported Discharge patients.
4. A single point of contact was offered for ED to refer any patients with Flu to the Community nursing team in order to prevent an admission, where it was clinically safe to keep these patients at home.

Improvements to Mandatory Training have been a focus with Divisions in relation to workforce and an issue with data entry on ESR for Return to Work interviews has been noted and resolved.

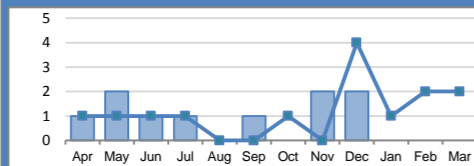
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	<p>Medication Incidents</p> <p>We are closely monitoring medication incidents within the Community division to gain assurance that we have safe processes in place to monitor, measure, report, record and investigate these incidents.</p> <p>This month there were 8 medication incidents reported. 2 of which could be directly linked to Community services, however on further investigation neither could have been prevented.</p>	<p>Medication Incidents</p> <p>Each medication incident is reported via DATIX, each Datix is reviewed by the Community division senior pharmacist. Any actions are then picked up and relayed to community team or if education, training is required this is actioned by the community pharmacist. These are reported into Board on a monthly basis and PSQB via a quarterly report.</p>	<p>Medication Incidents</p> <p>We anticipate that we can report a safe and effective process for identifying, investigating and learning from medication errors/incidents.</p> <p>By when: Review March 2018 Accountable: ADN</p>
Effective	<p>Leg Ulcer healing rate</p> <p>The leg ulcer healing rate has reduced this month. There are 3 patients with leg ulcers that have not healed within 12 weeks this month.</p>	<p>Leg ulcer healing rate</p> <p>Each patient with an ulcer that has taken longer than 12 weeks to heal has been reviewed by the clinical manager and the leg ulcer clinical specialist. Of the three patients this month each have been identified as having no additional actions required to support healing.</p>	<p>Leg ulcer healing rate</p> <p>Keeping this focus will maintain high rates of healing within 12 weeks and support achievement of the wound CQUIN.</p> <p>By when: March 2018 Accountable: ADN</p>
Caring	<p>FFT</p> <p>We have had an improved position in relation to FFT result (91%) in January, however this is in the context of a very poor response rate (1.9%).</p>	<p>FFT</p> <p>We have set up a piece of focused work to understand why staff are not engaging in completing the FFT with their patients.</p> <p>We are reviewing the methodology that we put in place (one focused day a month).</p> <p>We are sending the comments to teams and have recognised services where good comments have been received.</p> <p>We have engaged the support of reception staff to gain responses from clinic based services.</p>	<p>FFT</p> <p>We will continue to monitor the response rate and would recommend and drill down into comments so we can develop responses for improvement.</p> <p>By when: Review March 2018 Accountable: Director of Operations</p>
Responsiveness	<p>Waiting Time for Children's services</p> <p>This area continues to be highlighted as a high risk on our risk register. The main challenges are in Speech and Language therapies with 166 children waiting at Huddersfield and 253 at Calderdale. This is a worsening position.</p>	<p>Waiting Time for Children's services</p> <p>A review has been undertaken to understand what is required to reduce the waiting list. A locum SLT is being sought to support the team. This will be discussed with the CCG/Calderdale Council 14th February.</p>	<p>Waiting Time for Children's services</p> <p>We will continue to monitor the waiting times and prioritise new patient clinics to reduce waiting times.</p> <p>By when: March 2018 Accountable: Head of Therapies</p>

Dashboard - Community

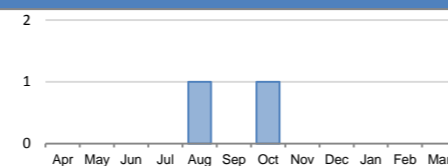
Safe

Community acquired grade 3 or 4 pressure ulcers



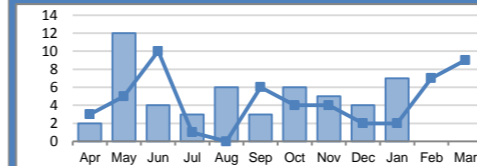
One month in arrears

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

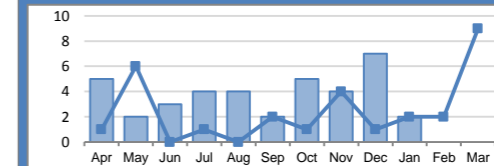


One month in arrears

Incidents - New Harms



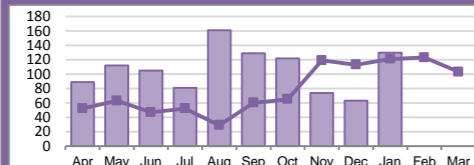
Medication Incidents



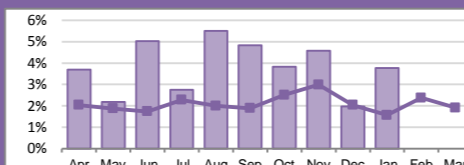
Bar Chart = 17/18 figures Line graph = 16/17 figures

Effective

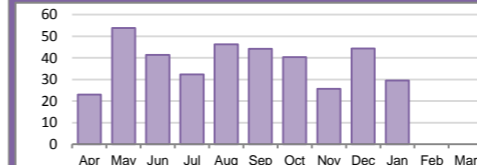
Number of Hospital admissions avoided by Community Nursing services



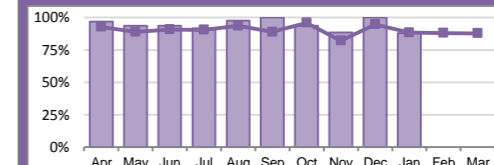
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

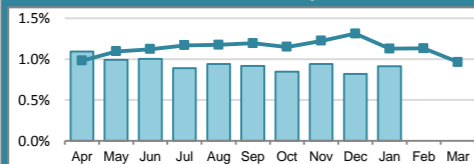


House Bound leg ulcers healed within 12 weeks

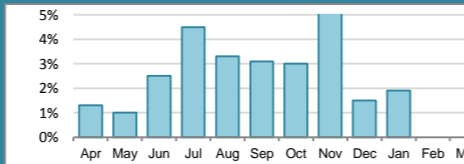


Caring

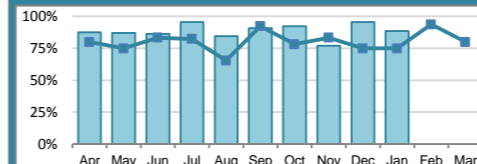
Community No Access Visits Adult Nursing



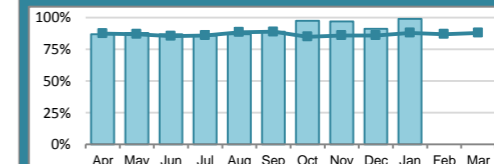
Intermediate Care Readmission rate



End of life patient died in preferred place of death

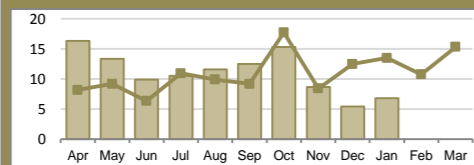


Friends and Family Test- Likely to recommend

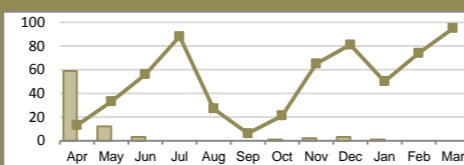


Responsive

Average time to start of reablement (days)

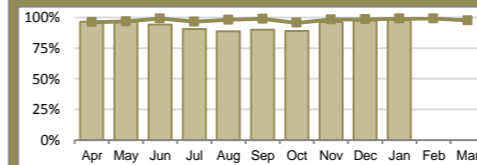


Appointment Slot Issues for MSK & Podiatry

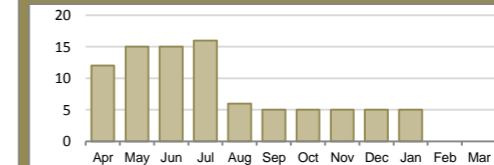


MSK Podiatry

Waiting Times - 18 week RTT

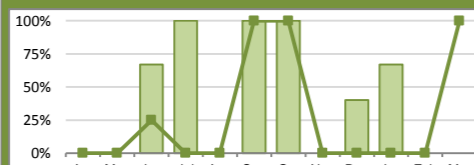


Waiting Times - Physiotherapy Routine (Weeks)



Well Led

% Complaints closed within target timeframe



Staff sickness rate

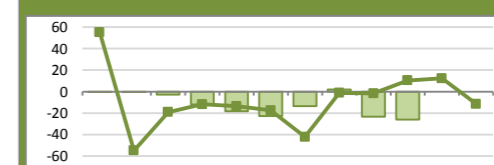


One month in arrears

Finance - Planned variance against actual (£'000)



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

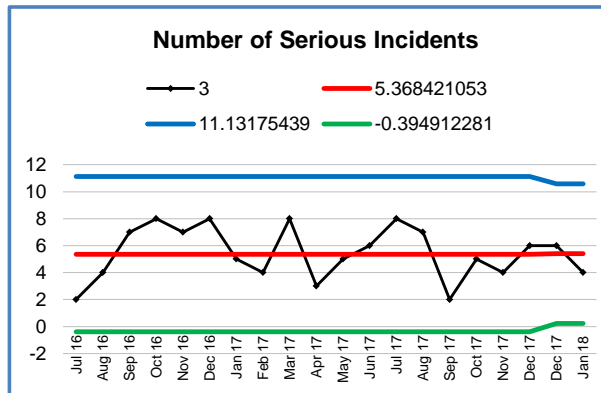
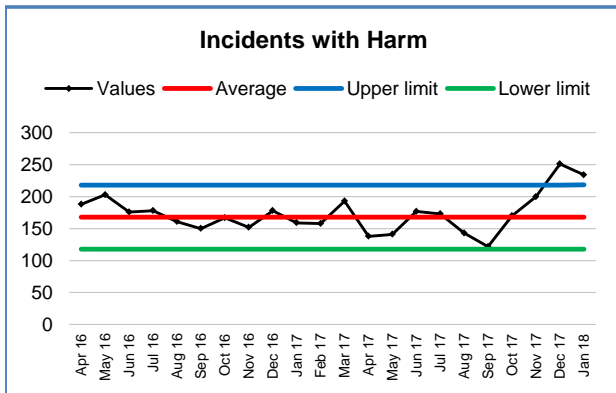
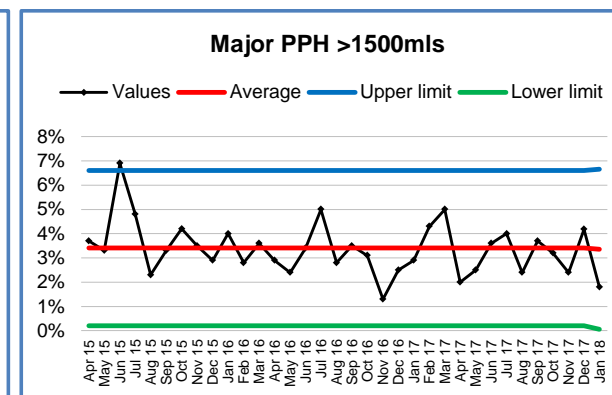
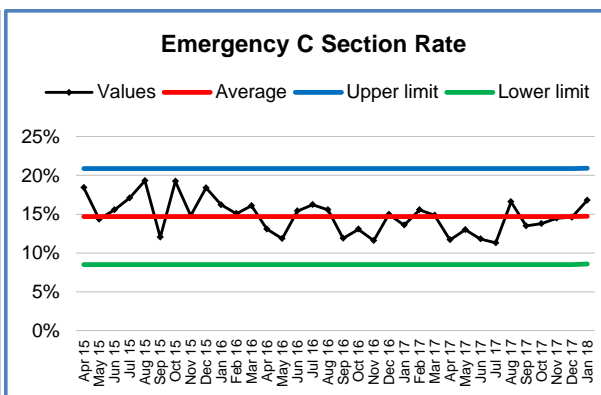
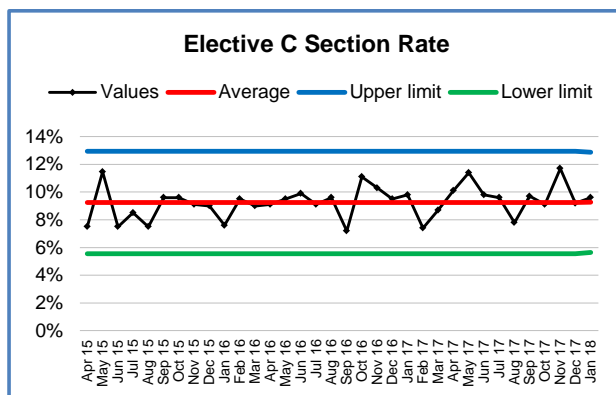
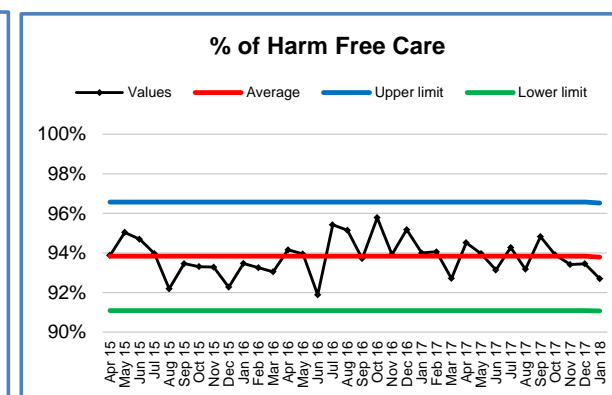
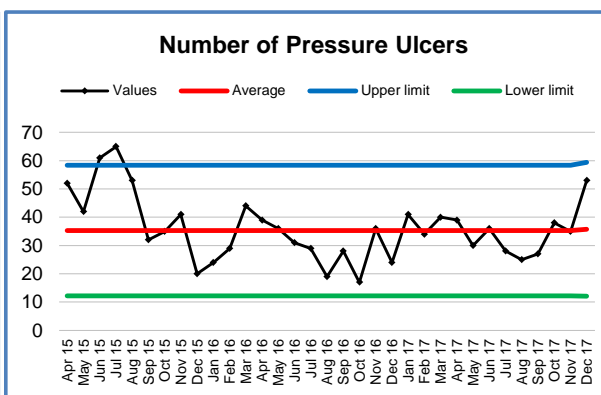
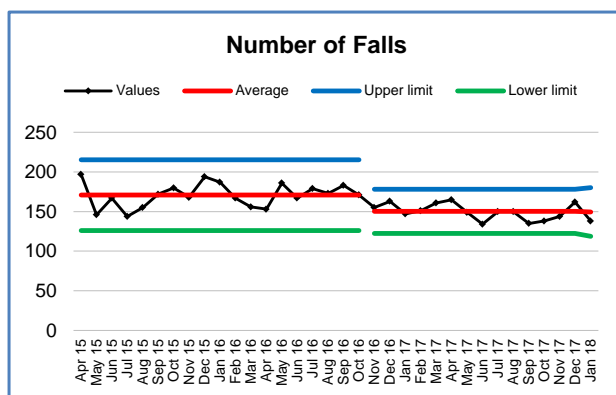


Safe	Caring	Effective	Responsive	Workforce	Efficiency/Finance	Activity	CQUIN
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Safe - Key messages

Area	Reality	Response	Result																																								
% Harm Free Care	<p>% Harm Free continues to perform below the 95% target at 92.7%. The reduced performance is being driven by the number of pressure ulcers (old and new).</p> <table><tr><th>Pressure Ulcer</th><th>Nov 2017</th><th>Dec 2017</th><th>Jan 2018</th><th>2017%</th></tr><tr><td>Pressure Ulcers</td><td></td><td></td><td></td><td></td></tr><tr><td>Falls</td><td>7</td><td>5</td><td>7</td><td></td></tr><tr><td>Ulcers</td><td>48</td><td>48</td><td>50</td><td></td></tr><tr><td>Team Alerts</td><td>7</td><td>2</td><td>2</td><td></td></tr><tr><td>Chills</td><td>14</td><td>10</td><td>10</td><td></td></tr><tr><td>Staffing and JPs</td><td>11</td><td>8</td><td>9</td><td></td></tr><tr><td>OTs</td><td>0</td><td>2</td><td>3</td><td></td></tr></table> <p>See Appendix for how the Trust compares nationally. Performance is broadly comparable month on month, although the latest submission does note the increase in PUs which is being played out locally as opposed to nationally.</p>	Pressure Ulcer	Nov 2017	Dec 2017	Jan 2018	2017%	Pressure Ulcers					Falls	7	5	7		Ulcers	48	48	50		Team Alerts	7	2	2		Chills	14	10	10		Staffing and JPs	11	8	9		OTs	0	2	3		<p>The ongoing pressure ulcer improvement collaborative is in place (see below for actions and delivery trajectory).</p> <p>The Trust will be submitting data to the national website directly from April, this will result in an opportunity to refresh the way in which data is being validated and recorded prior to submission to ensure the definitions around VTEs, Old vs New Ulcers are being accurately understood.</p>	<p>It was anticipated that performance would have shown an improving picture in January, however this was not the case. Performance is now not expected to be back on plan until the actions of the pressure ulcer collaborative have taken place and the new data submission process is in place in April.</p> <p>Accountable: Deputy Chief Nurse</p>
Pressure Ulcer	Nov 2017	Dec 2017	Jan 2018	2017%																																							
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OTs	0	2	3																																								
Pressure Ulcers (Month Behind)	<p>There were 53 Pressure Ulcers Acquired at CHFT in December. 42 of which were Category 2 Pressure Ulcers, this is the highest number of category 2 ulcers in one month for some time.</p> <p>There was also one Category 4 pressure ulcer in Medicine.</p> <p>Several RCAs of previous month's data have highlighted non-concordance as a contributory factor, alongside continence care and moving and handling.</p>	<p>The continual ongoing improvement programme on the targeted wards remains effective in reducing the number of pressure ulcers in those areas. The learning from this will inform the trust wide plan.</p> <p>A trial of equipment concluded in January and the findings will be shared in February</p> <p>Compliance with moving and handling mandatory training has been highlighted as an issue with regards to being a leading factor in the causation of pressure sores, and the clinical educators within Divisions will assist staff with completion of this.</p>	<p>A robust and long term improvement plan will be developed by February 2018.</p> <p>Accountable: Deputy Chief Nurse</p>																																								
Incidents with Harm	<p>There has been a noticeable increase in the number of incidences with Harm being reported in month. Whilst this is expected to reduce slightly once validation has completed, it remains worthy of review.</p> <p>An increase in category 2 pressure ulcers (see above) and falls is contributing to the overall increase. Other harm events focus on medication errors and pathway delays.</p>	<p>See above actions regarding pressure ulcers .</p>	<p>See above actions regarding pressure ulcers .</p>																																								
Percentage of SIs investigations where reports submitted within timescale – 60 Days	<p>In January 4 Serious Incident reports were sent to the CCG with 1 report delivered within the 60 day time scale.</p> <p>Total Trust average days overdue on SI report is 45.5 days.</p> <p>January was challenging as investigators had been hampered by staff leave over Christmas and winter pressures on clinical time.</p>	<p>This is an improved picture from December with a reduction in the total average days delivered on time.</p> <p>The Senior Risk Manager is working with investigators to ensure report quality and completion as soon as possible, also with Clinical Governance Support Managers to ensure scheduling of draft reports into orange divisional incident panels for review of drafts.</p>	<p>Continued improvement on this area is anticipated, with an aim to reduce the average days overdue further.</p> <p>Accountable: Senior Risk Manager</p>																																								
Caesarean Section Rates	<p>January Rate saw an increase to 16.8% for Emergency Caesarean Sections (13.8% YTD) and the total C-Section rate for January was 26.4% (23.6% YTD).</p> <p>There was a noticeable increase for the first week in January with a rate of emergency caesarean sections of 22.9% (25 cases). The rest of the month was in line with the YTD level for Emergency Caesarean Sections.</p> <p>Despite this increase in month, 6 month (14%) and 12 month (15%) average performance for emergency C-sections remain within the standard set of 15.6%.</p> <p>The Yorkshire Dashboard shows that for the last available Quarter CHFT was in the top 3 performing trusts.</p>	<p>An audit to be undertaken of these 25 cases in the first week (completed) This identified the following themes:</p> <ul style="list-style-type: none">- Increased number of LSCS on Monday, Wednesday, Thursday and Friday.- Presumed fetal compromise of the baby on 13 out of the 25 cases.- There was different consultant cover each day over the week due to the bank holidays. <p>We continue to audit any cases of concern at the weekly governance meetings</p>	<p>To continue to monitor rates and remain on track for Caesarean Sections at a 6 monthly and 12 monthly level.</p> <p>Accountable to HoM/ADN</p>																																								
Health & Safety Incidents (RIDDOR)	<p>One member of staff strained her back whilst assisting a patient who had attended for a scan.</p>	<p>The incident was reported to HSE (RIDDOR) as the member of staff was absent from work for 14 days.</p>	<p>The staff member involved does not feel anything could have prevented the incident from happening or feel we could do anything to make it less likely that something similar could happen again.</p>																																								

Safe -SPC Charts



Safe - Key measures

	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	1,989	147	151	161	165	149	134	150	150	135	138	144	163	138	1,466	Monitoring Trajectory	
Inpatient Falls with Serious Harm	42	0	1	11	4	5	3	1	4	1	2	1	3	1	28	Monitoring Trajectory	
Falls per 1000 bed days	7.9	6.7	7.7	7.7	7.9	6.9	6.2	7.0	7.0	6.3	6.4	6.9	7.8	6.3	6.9	Monitoring Trajectory	
% Harm Free Care	94.26%	93.99%	94.06%	92.71%	94.51%	93.96%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	93.62%	>=95%	95.00%
Number of Serious Incidents	66	5	4	8	3	5	6	8	7	3	5	5	6	4	52	Monitoring Trajectory	
Number of Incidents with Harm	2,063	159	158	193	138	141	177	172	142	122	163	190	221	234	1,699	Monitoring Trajectory	
Percentage of Duty of Candour informed within 10 days of Incident	97.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	95.00%
Never Events	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	36.66%	none to report	none to report	7.69%	20.00%	28.60%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	37.53%	100%	100%
Maternity																	
Elective C-Section Rate	9.30%	9.80%	7.40%	8.70%	10.10%	11.40%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	9.80%	<=10% Threshold	10.00%
Emergency C-Section Rate	13.99%	13.60%	15.55%	14.86%	11.70%	13.00%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	13.80%	<=15.6% Threshold	15.60%
Total C-Section Rate	23.31%	23.40%	22.97%	23.58%	21.81%	24.32%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	23.56%	<=26.2% Threshold	26.20%
% PPH ≥ 1500ml - all deliveries	3.30%	2.90%	4.30%	5.00%	2.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.03%	<=3.0%	3.00%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	374	41	34	40	39	30	36	28	25	26	36	34	53	under validation	307	Monitoring Trajectory	
Pressure Ulcers per 1000 bed days	1.5	1.9	1.7	1.9	1.9	1.4	1.7	1.3	1.2	1.2	1.7	1.6	2.5	under validation	1.6	Monitoring Trajectory	
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	27	24	29	30	21	22	20	21	14	26	24	42	under validation	220	Monitoring Trajectory	
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	10	9	10	6	9	14	6	4	12	10	10	10	under validation	81	Monitoring Trajectory	
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	4	1	1	3	0	0	2	0	0	0	0	1	under validation	6	0	0
Percentage of Completed VTE Risk Assessments	95.11%	95.03%	95.07%	95.86%	94.34%	88.97%	91.57%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	94.12%	>=95%	95.00%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	155	10	11	13	19	25	13	8	12	12	16	12	12	9	138	Not applicable	
Alert Safeguarding Referrals made against the Trust	109	12	12	12	13	11	14	16	12	18	9	18	6	23	140	Not applicable	
Health & Safety Incidents	0				16	22	36	25	15	31	25	22	30	18	240	0	0
Health & Safety Incidents (RIDDOR)	15	0	1	0	2	3	0	1	0	2	0	1	0	1	10	0	0

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % would recommend	Performance continues to improve and now stands at 91.5%. 2 of the clinical divisions are now achieving an amber rating for the first time in the last 4 months (Medicine and FSS) and whilst SAS has not achieved amber it has improved its score in month.	In recognition that many feedback comments relate to long waits the matron for OPD has completed a 'go see' and has now introduced a traffic light escalation process to ensure patients are kept informed of any delays. Reports are now proactively shared with clinical teams across OP services and the teams can view specific comments in relation to services promoting increased ownership.	Further month on month improvement expected. The aim is to be in the top 25% of acute trusts by Q2 18/19. Please note there is a planned review of the targets to ensure that the target still aligns with being in the top 25% of trusts. Accountable : Matron for Outpatients
Friends & Family Test - AE % Response Rate	Friends and Family Test A & E Survey - Response Rate increase to 10.40% in month. This continues to be a challenge for the ED team with clinical teams reviewing how the data is collected.	In A&E specifically, FFT has been added to the daily huddle board to remind staff to complete. One of the volunteers in the department has also been asked to focus on handing out the forms to patients.	Expected by February that ED will be delivering a comparable level of response and satisfaction compared to other ED departments locally. Accountable: Matron for ED/ADN Medicine.
Friends & Family Test - Community % Response Rate	We have had an improved position in relation to FFT result (91%) in January, however this is in the context of a low response rate (1.9%). The reduction in response rate is due to the new process and this was anticipated.	We have set up a piece of focused work to understand why staff are not engaging in completing the FFT with their patients. We are reviewing the methodology that we put in place (one focused day a month). We are sending the comments to teams and have recognised services where good comments have been received. We have engaged the support of reception staff to gain responses from clinic based services.	We will continue to monitor the response rate and would recommend and drill down into comments so we can develop responses for improvement. By when: Review March 2018 Accountable: Director of Operations for Community - Karen Barnett

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 52 complaints closed in January, 54% (28/52) of these were closed within target timeframe. The number of overdue complaints was 31 at the end of January; compared to 40 at the end of December (23% decrease). The overall percentage for complaints closed within target timeframe last year (2016/17) recorded at the year end was 45%, 50.10% is the YTD percentage recorded this year for complaints closed.	With complaint panels and aid from corporate staff aiming to close 15 complaints per week. With senior divisional support, this model will sustain an effective complaints procedure. Assurance provided from Divisions that contact is being made with complainants within 7 days.	Performance is expected to be back on track from Q4, 2017/18.
	In January SAS closed 57% (12/21) of their complaints within the agreed timescale, Medicine 50% (10/20), and FSS 50% (4/8).	Given recent pressures CHFT aims to have the backlog of complaints closed in February.	Accountable : Head of Risk and Governance.

Complaints Background

The Trust received 43 new complaints in January and re-opened 10 complaints, making a total number of 53 complaints received in January.

The top 3 complaints subjects have altered slightly from December, Patient Care including Nutrition/Hydration has been replaced with Appointments, including delays and cancellations:-

Clinical Treatment
Appointments (incl. delays and cancellations)
Communications

The reason for Appointments (incl. delays and cancellations) returning to the top 3 complaints subjects from December, is due to a significant drop in issues relating to Patient Care incl. Nutrition/Hydration in January.

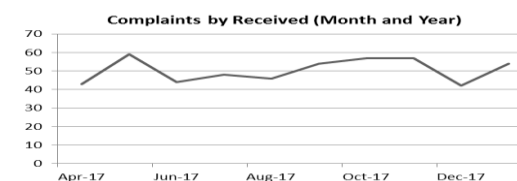
Complaint subjects and trends form part of the Complaints Quarterly Report which is then discussed at the Patient Experience Groups.

There has been a decrease of 9% seen in Appointments complaints from December to January. We believe this decrease shows the EPR issues relating to appointments are now resolving, as this was the reason for their increase.

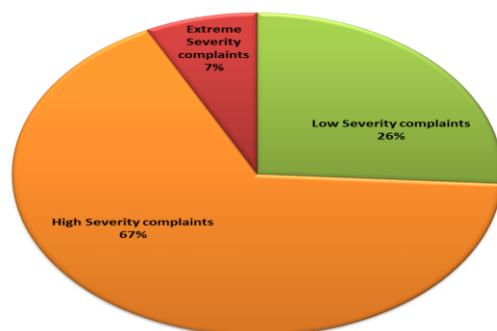
Severity: The Trust received 4 new Red complaints in January, 3 assigned to Medicine Division, the other assigned to SAS.

PHSO Cases:

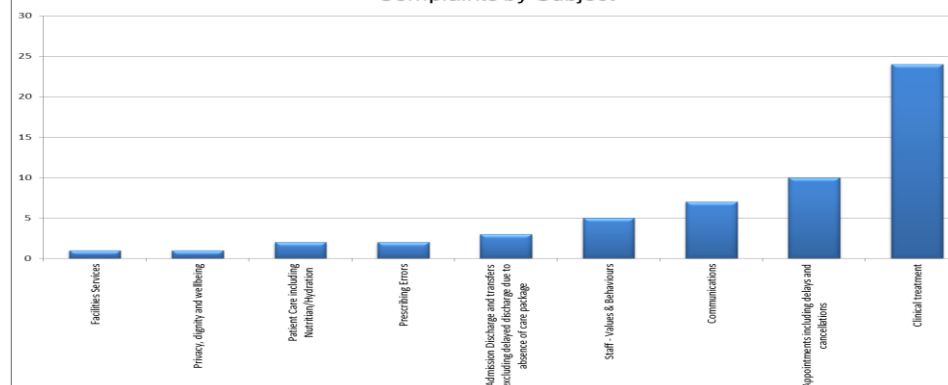
We received no new Ombudsman / PHSO cases in January and no cases were closed. There were 10 active cases under investigation by the Ombudsman at the end of January.



Complaints by Severity



Complaints by Subject



Caring - SPC Charts



Caring - Key measures

16/17		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	45.00%	41.00%	54.00%	53.00%	52.00%	62.00%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	50.10%	95.00%	95.00%	
Total Complaints received in the month	610	44	50	53	43	58	41	47	45	52	50	56	43	53	488	Monitoring Trajectory		
Complaints re-opened	78	9	4	6	5	9	4	2	8	4	6	3	2	10	53	Monitoring Trajectory		
Inpatient Complaints per 1000 bed days	2.10	1.80	2.30	2.40	1.80	2.40	1.80	2.10	1.70	2.40	2.50	2.40	1.90	2.30	2.13	Monitoring Trajectory		
No of Complaints closed within Timeframe	311	19	29	19	31	24	25	20	18	26	16	38	29	28	255	Monitoring Trajectory		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	34.00%	36.80%	34.50%	33.30%	30.10%	11.60%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	30.80%	>=25.9%	25.90%	
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	97.70%	97.60%	98.00%	98.20%	98.30%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	96.80%	>=96.3%	96.30%	
Friends and Family Test Outpatient - Response Rate	12.00%	11.50%	11.70%	10.60%	11.00%	3.80%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	10.00%	>=5.3%	5.30%	
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	90.90%	90.90%	90.90%	91.20%	86.00%	89.50%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	89.50%	>=95.7%	95.70%	
Friends and Family Test A & E Survey - Response Rate	12.70%	11.90%	9.70%	8.40%	8.50%	4.80%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.10%	>=13.3%	13.30%	
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	89.10%	87.10%	87.00%	85.30%	75.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.30%	>=86.5%	86.50%	
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	41.60%	43.20%	49.70%	46.60%	36.20%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	41.20%	>=20.8%	20.80%	
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	98.10%	96.10%	97.90%	92.00%	98.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	97.40%	>=97%	97.00%	
Friends and Family Test Community - Response Rate	11.20%	9.00%	8.00%	7.00%	9.46%	9.87%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	7.10%	>=3.5%	3.50%	
Friends and Family Test Community Survey - % would recommend the Service	87.30%	88.00%	87.00%	88.00%	88.78%	88.51%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	89.50%	>=96.6%	96.60%	
Maternity																		
Proportion of Women who received Combined Harm Free Care	77.25%	77.08%	86.36%	72.97%	78.33%	78.57%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	in arrears	75.55%	>=70.9%	70.9%	
Caring																		
Number of Mixed Sex Accommodation Breaches	5	0	2	0	0	0	5	0	0	0	0	0	0	0	5	0	0	

Caring - What our patients are saying

Some of the positive feedback we have received

4C- Informed throughout treatment. Theatre staff, ward staff, medical team over and above their job profile. So kind, gentle and showed empathy. I am very grateful to all staff. Even the food was good.

NISCBU- I could not fault any staff members, treatment or care given to my daughter. The staff were friendly, professional and helpful. They answered any questions I had and I could not fault the service.

6A- Prompt plan put in place with rapid discharge, etc. All staff were friendly and approachable and addressed all our needs. Fab ward!

CCUR- Treated humanely, with dignity and care throughout. All staff worked to professional standards and health professionals fully explained everything I needed to know. Thanks, all.

PMDC HRI- Staff were brilliant, very respectful and caring when it came to my needs. Very friendly team. I was made to feel important. After my procedure, I was offered a cup of tea and asked by multiple members of the team how I was.

H20- The staff on Ward 20 are excellent. From the moment I entered Ward 20, everything was excellent. Nursing staff and other carers all looked after me with the greatest of care. Nothing was too much trouble. You cannot improve such a brilliant team. Thank you, from the bottom of my heart.

Where can we improve

Bed area too small to accommodate theatre trolley, etc. Surrounding patients were all disturbed, unnecessarily.

To be able to have a companion with you, during the waiting time prior to the procedure, would be helpful.

The mirror in the toilet should be bigger so that you can shave. The little mirror there is too small and low down and there is no plug to hold the water.

Make it easier to get through and speak to someone to confirm appointment or ask questions.

Effectiveness - Key measures

	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	2	0	1	0	0	0	2	1	0	0	0	0	0	0	3	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	2	2	5	0	2	4	2	2	2	1	6	4	7	30	<=25	<= 2
Preventable number of Clostridium Difficile Cases	6	0	1	0	0	1	0	2	1	0	0	2	1	0	7	<=21	<= 2
Number of MSSA Bacteraemias - Post 48 Hours	11	1	1	0	2	5	2	1	2	3	1	0	2	2	20	<=12	1
Number of E.Coli - Post 48 Hours	47	7	2	6	0	2	5	5	1	4	6	2	6	7	38	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.09%	95.70%	95.02%	93.60%	95.23%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	95.23%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.47%	0.24%	0.00%	0.22%	0.00%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.00%	0.24%	0.94%	0.43%	0.22%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.18%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.04%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	105.47	105.47	105.47	105.47	105.50	103.73	101.87	Next Publication due April 18							101.87	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	101.01	101.41	100.85	98.71	95.90	93.17	92.86	91.08	91.47	89.86	87.79	Next Publication due Mar 18		87.79	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	103.86	108.66	108.09	103.86	99.75	100.00	96.01	95.08	94.19	96.10	92.55	90.09			90.09	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	99.95	98.65	99.94	99.95	98.39	94.65	92.41	92.18	90.11	90.03	89.00	87.07			87.07	<=100	100
% of Initial Screening Reviews (Mortality)	40.06%	45.79%	32.65%	25.66%	16.40%	1.50%	29.40%	23.20%	11.80%	25.60%	31.40%	25.40%	30.40%	in arrears	22.00%	100%	100%
Crude Mortality Rate	1.39%	1.89%	1.61%	1.48%	1.30%	1.54%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.44%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.92%	99.94%	99.94%	99.95%	99.87%	99.88%	99.96%	99.89%	99.91%	99.92%	99.92%	99.91%	99.93%	99.92%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	98.97%	99.27%	99.04%	99.19%	98.95%	99.03%	99.25%	99.07%	99.10%	99.04%	99.21%	99.17%	99.33%	99.13%	>=95%	5%
% Sign and Symptom as a Primary Diagnosis	8.60%	9.10%	8.90%	9.00%	8.77%	11.20%	11.32%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.40%	<=9.0%	9.00%
Average co-morbidity score	4.1	4.39	4.31	4.54	4.85	6.52	6.73	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.13	>=4.61	4.61
Average Diagnosis per Coded Episode	5.15	5.37	5.42	5.43	5.67	5.84	5.9	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.83	>=5.5	5.50
CHFT Research Recruitment Target	2,630	57	38	335	100	136	150	158	112	137	140	131	96	161	1,321	>=1473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	52.20%	83.30%	83.30%	88.37%	66.67%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	73.78%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	75.20%	75.10%	74.80%	79.25%	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	76.02%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.61%	6.69%	8.34%	8.10%	8.70%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=7.97%	7.97%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	7.88%	8.58%	7.12%	7.80%	7.10%	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	in arrears	<=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%	3.32%	5.05%	4.60%	3.80%	5.60%	4.60%	6.50%	8.20%	8.90%	5.90%	1.60%	4.20%	in arrears	5.50%	<=10%	10%

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	ECS -<4 hours performance Increase in month to 90.76%, with YTD position now at 91.4%. This has been a challenging month in terms of the ECS. Winter pressures alongside flu and D&V have caused a number of challenges with patient flow. The number of discharges have also been low throughout the month. The action cards have not been implemented as per the patient flow meeting decisions.	The Divisions are working on EDD's, DTOC's and discharges before 11am as part of the SAFER programme. The infection control team has been working closely with patient flow to monitor closed and restricted areas to prevent spread and contain. Silver command has been in place throughout the whole month.	ECS - We are aiming to achieve a full year position of 90% or better.
	A&E Ambulance Handovers 30-60 mins (Validated) - 26 in month which is an increase. These breaches occurred on days when capacity has been a particular issue due to wards being closed/restricted with D&V.	The team have identified the main reasons for 8 hour wait breaches as bed waits, mental health gateway assessments and transport delays. We are working with SWYFT and the CCG to look at the contract, activity and response of the service. The SAFER lead is working with YAS and the wards to improve response times. The ED matron continues to contact the specialty matron to offer apologies to the patient for their wait in the department.	30-60 mins breaches - We are aiming to achieve an improved position by end of March.
	A&E Ambulance 60+ mins - 4 in month, which is an increase of 3 from last month. These breaches occurred in the early part of January when the organisation and department were under huge pressure.	The number of ambulance handover breaches has increased this month due to the pressures we have seen. Work has focussed on EDD's to free up capacity early in the day to ensure that the ED does not get blocked with patients waiting for beds. The team continues to work closely with YAS to try to improve flow and handovers specifically around patient self-handovers.	60+ mins ambulance handover breaches – We are aiming to eliminate by the end of March.
Stroke	% Stroke patients spending 90% of their stay on a stroke unit is showing an improvement in month to 95.12% - from 84.62% in December and is above the 90% target.	We have achieved all stroke targets for the month of January with the exception of the direct admission to a stroke unit within 4 hours which did however see a big improvement compared to the previous month and is significantly above the YTD average. The team has been focusing on pulling through patients from ED which has proved successful.	Develop a stroke assessment area within ED. Aiming to achieve by March, however this is dependent on identifying a suitable location.
	% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 80.95 % in month with the YTD position at 61.1%. This is a huge improvement on last month at 52.5%.		
	% Stroke patients Thrombolysed within 1 hour. 81.82% Stroke patients were thrombolysed within 1 hour of hospital arrival. This is above the target of 55%.	Work continues on the Stroke ISR action plan through the Stroke Action Team and the Stroke Clinical Governance meeting and this is reviewed via the monthly Directorate PRM.	
	% Stroke patients scanned within 1 hour of hospital arrival is 57.14% in month against 48% target. This is an increase on last month which was 30%.	There is a walk around scheduled for this month with the relevant clinical directors, divisional director and chief operating officer to identify a suitable location for the development of a stroke assessment area within ED.	
Last Minute Cancellations to Elective Surgery	Within Surgery of the 47 patients that were cancelled on the day of surgery for non-clinical reasons, 33 were cancelled in the 2 days of peak Operational pressures on 2nd and 3rd January. Similar position was seen within FSS.	Excluding these 2 exceptional days, the remaining 14 for the rest of January would have made January the best month for the lowest number of cancellations during 17/18.	Accountable: DoPs
Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	There were 5 breaches in January. 4 originally cancelled in December. 3 were rebooked for 3 rd Jan and 1 for the 10 th Jan. These were then cancelled due to the bed/A+E crisis when all non emergency procedures were cancelled.	All patients have now be seen. No expected repeat of in month performance as was an exceptional moment in time which led to the second cancellation of patients.	No Breaches in February Accountable: DoP
	The 5 th was cancelled on 3 rd Jan from the Special Needs Dental list. The patient could not be fitted in before the 21 st Feb.		
Cancer	Cancer performance has performed in excess of target for all areas except for 38 Day Referral to Tertiary which has fallen to 30.4%	Deteriorating position for IPT targets (improvement in Urology) plan for all IPT's completed by day 30-36 to improve target across Lower GI.	Divisions are aiming to achieve the 38 day referral to tertiary target by April 2018.
		The Red2Green methodology is to be applied to Urology, Head and Neck and Lower GI pathways from March which will track pathways in relation to being on track and meeting key milestone dates (green) and those which are off track and in breach of key milestones (red). This additonal alerting system will give greater visibility to the patients who are not progressing as quickly as they might through the pathways and enable further conversation to help expedite diagnostics and treatment.	Accountable: General Managers
		In Medicine the 38 day issue was discussed at the quarterly lung cancer business meeting and it was identified that some of the delays were due to waiting times for Medical Oncology appointments. The team is reviewing internal capacity to reduce waiting times and improve the speed of referrals to Leeds. The team is also continuing to work with Radiology to address any diagnostic delays.	

Responsive - Key measures

	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	94.20%	92.19%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	91.41%	>=95%	95.00%
Emergency Care Standard 4 hours inc Type 2 & Type 3	0.00%										95.19%	92.20%	89.76%	92.17%	91.98%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1,248	188	114	21	39	355	144	150	133	227	137	173	303	278	1,939	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	8	9	4	3	91	23	36	38	17	7	5	16	26	262	0	0
A&E Ambulance 60+ mins	7	2	1	0	0	4	1	1	0	0	1	0	1	4	12	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	20.91%	20.42%	20.03%	19.99%	18.62%	12.92%	13.94%	14.07%	14.37%	14.56%	17.56%	16.34%	16.95%	16.62%	15.60%	>=40%	40.00%
Delayed Transfers of Care	2.26%	1.35%	1.44%	2.36%	2.33%	2.74%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	2.87%	<=3.5%	3.50%
Green Cross Patients (Snapshot at month end)	129	153	126	129	114	119	77	107	104	120	90	119	100	117	117	<=40	<=40
Number of Outliers (Bed Days)	9,733	1,153	579	259	321	988	575	491	590	534	516	627	991	1,136	6,769	<=5,940	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	80.33%	88.89%	94.55%	93.33%	87.93%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	87.67%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	63.49%	64.81%	80.00%	75.56%	54.24%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	61.10%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	75.00%	100.00%	66.67%	87.50%	75.00%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	80.00%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	44.44%	34.55%	37.50%	43.75%	40.98%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	41.07%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	90.88%	90.43%	90.02%	90.77%	92.20%	91.00%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.55%	>90%	90.00%
Maternal smoking at delivery	9.68%	10.07%	12.20%	9.20%	9.90%	11.40%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	12.30%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.65%	0.49%	0.63%	0.80%	0.53%	0.93%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.83%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	0	0	0	0	0	0	0	0	0	0	0	1	0	5	6	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	98.36%	98.53%	98.33%	98.19%	98.51%	not available	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.07%	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	91.41%	90.84%	91.09%	91.37%	not available	not available	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.66%	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	95.58%	95.33%	95.14%	94.97%	94.34%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	94.09%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	130	126	173	174	not available	not available	not available	not available	541	602	1350	695	606	606	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%	99.48%	99.50%	94.73%	90.98%	99.33%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.07%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.61%	95.66%	98.24%	98.34%	97.11%	84.04%	86.21%	92.30%	95.14%	94.40%	94.19%	97.87%	99.01%	95.25%	93.38%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	97.09%	94.70%	96.53%	93.46%	94.57%	89.25%	91.44%	91.53%	93.10%	93.29%	95.54%	96.82%	94.36%	93.17%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	100.00%	99.15%	100.00%	100.00%	100.00%	100.00%	99.47%	100.00%	99.25%	100.00%	100.00%	100.00%	99.33%	99.80%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	100.00%	96.15%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	99.13%	>=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%	43.75%	60.00%	20.00%	36.36%	30.43%	29.17%	33.33%	56.52%	70.00%	47.62%	56.25%	55.56%	30.43%	43.07%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	89.53%	86.43%	90.40%	84.62%	91.49%	88.52%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	91.57%	88.35%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	94.44%	57.14%	100.00%	91.67%	94.74%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.24%	94.97%	>=90%	90%
104 Referral to Treatment	97.88%	97.67%	98.57%	96.09%	94.87%	99.47%	97.81%	91.48%	98.85%	97.26%	95.83%	96.11%	99.37%	99.40%	96.94%	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	16.14%	15.15%	27.51%	28.06%	30.47%	6.44%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	in arrears	16.13%	<=5%	5.00%
Community Services Data Set (CSDS)																	
Community Care - Referral to Treatment Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Community Care - Referral Information Completeness	98.29%	98.35%	98.50%	97.66%	99.42%	99.23%	99.63%	99.75%	99.74%	99.83%	99.82%	99.86%	99.93%	99.91%	99.70%	>=50%	50.00%
Community Care - Activity Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%
Electronic Discharge																	
% Complete EDS	0								95.43%	95.80%	96.30%	97.60%	97.30%	96.40%	96.64%	>=95%	95.00%

Area	Reality	Response	Result																										
Sickness Absence	Total sickness absence rate is currently 4.06% (YTD). This is an improved position from the same point in 2016 (4.41%), but is currently not performing to the target.	HR Advisers are holding drop-in sessions, cross-site, for managers to come and discuss attendance management. The Advisers will be providing proactive advice on managing attendance with the aim of reducing sickness absence across all Divisions. There will also be a focus on the importance of completing and recording RTW interviews demonstrating how these should be recorded on E-roster, ESR Self Service and via sickness absence returns forms. The sessions will be held on a fortnightly basis.	Manage processes to ensure sickness absence rates achieve the 4% target.																										
	The in month sickness absence rate of 4.34% is made up of 1,087 sickness absence occurrences. This is an increase from 989 occurrences in November 2017.																												
	Long term sickness absence is 2.65% for December (2.56% YTD) against a target of 2.70%. This is an improving position from 2.88% in November. This is also an improved position compared with 2.95% at the same point in December 2016.	Feedback from line managers indicates that RTW interviews are being undertaken, however, the recording of the interview date is the underlying issue in the majority of cases. HR Advisers visited hotspot areas with poor RTW compliance/recording to provide further demonstrations on recording RTW interview dates and to understand the barriers to completion. Feedback from these sessions suggests that there is an issue with transferring the RTW interview date from e-roster to ESR. A Task and finish group has been formed to identify a solution and met on 9 February 2018. Discussions will take place with Allocate, the provider of the e-rostering system to identify a solution and HR Advisers are demonstrating workaround solutions by recording RTW interview dates through ESR manager self-service until a permanent solution can be found. This will also be included in the ESR Manager Self Service (MSS) sessions as part of the MSS roll out project.	Accountable : Executive Director of Workforce and OD.																										
	Short term sickness absence is currently 1.68% for December (1.50% YTD) against a target of 1.30%. This is an improving position from 1.74% in November, and an improved position compared with 1.76% at the same point in December 2016.	The Occupational Health Department are looking at introducing a number of mindfulness events to improve staff wellbeing and reduce stress. A new fitness class takes place every Friday at HRI and a Knitting and Crochet class starts 21st March.																											
	Divisional total sickness absence rate comparison:-																												
	<table><tr><td></td><td>Nov 17</td><td>Dec 17</td></tr><tr><td>Community</td><td>4.18%</td><td>3.38%</td></tr><tr><td>Corporate</td><td>4.38%</td><td>4.32%</td></tr><tr><td>Estates & Facilities</td><td>6.78%</td><td>4.67%</td></tr><tr><td>FSS</td><td>4.43%</td><td>4.63%</td></tr><tr><td>Health Informatics</td><td>2.05%</td><td>2.53%</td></tr><tr><td>Medical</td><td>5.12%</td><td>4.72%</td></tr><tr><td>HPS</td><td>5.12%</td><td>1.75%</td></tr><tr><td>Surgery & Anaesthetics</td><td>4.56%</td><td>4.38%</td></tr></table>		Nov 17	Dec 17	Community	4.18%	3.38%	Corporate	4.38%	4.32%	Estates & Facilities	6.78%	4.67%	FSS	4.43%	4.63%	Health Informatics	2.05%	2.53%	Medical	5.12%	4.72%	HPS	5.12%	1.75%	Surgery & Anaesthetics	4.56%	4.38%	An audit is currently being undertaken into Moving and Handling MSK injuries to staff during 2017 to try to understand the nature and types of injuries, and the rate these are reported to Datix.
	Nov 17	Dec 17																											
Community	4.18%	3.38%																											
Corporate	4.38%	4.32%																											
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RTW interview compliance has increased to 49.78% from 49.40 % in December. Divisional comparison is :-	In Medicine all long term sickness absence cases have been reviewed and have an appropriate management plan in place. The lowest 10 performing areas for recording RTW interviews have been visited by the HR Adviser. Demonstrations have been provided on how to record RTW interviews on ESR and e-roster. These areas will be monitored for improvement during February 18.																												
<table><tr><td></td><td>Nov 17</td><td>Dec17</td></tr><tr><td>Community</td><td>58.67%</td><td>52.94%</td></tr><tr><td>Corporate</td><td>44.44%</td><td>43.37%</td></tr><tr><td>Estates & Facilities</td><td>74.42%</td><td>68.12%</td></tr><tr><td>FSS</td><td>49.81%</td><td>45.78%</td></tr><tr><td>Health Informatics</td><td>65.00%</td><td>80.77%</td></tr><tr><td>Medical</td><td>45.82%</td><td>52.37%</td></tr><tr><td>HPS</td><td>0.00%</td><td>7.69%</td></tr><tr><td>Surgery & Anaesthetics</td><td>49.40%</td><td>45.62%</td></tr></table>		Nov 17	Dec17	Community	58.67%	52.94%	Corporate	44.44%	43.37%	Estates & Facilities	74.42%	68.12%	FSS	49.81%	45.78%	Health Informatics	65.00%	80.77%	Medical	45.82%	52.37%	HPS	0.00%	7.69%	Surgery & Anaesthetics	49.40%	45.62%	In FSS, the HR Adviser is continuing to monitor all absence cases across the Division, and all cases are being proactively managed with either a plan for final absence meetings or return to work plans in place. Weekly meetings are in place with HR Adviser and HR Business Partner to review progress on existing cases and plan for any new ones.	
	Nov 17	Dec17																											
Community	58.67%	52.94%																											
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Surgery & Anaesthetics	49.40%	45.62%																											
Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in December 2017, accounting for 1950.42 FTE (27.55%) of 7079.48 FTE days lost. This is most prevalent in the Medical and Dental and Administrative and Clerical staff groups where it accounts for 36.9% and 33.3% of sickness absence respectively.	In Community work has been focussed on the recording of RTW interviews and the HR Adviser has contacted those areas where there has been a reduction in recording to provide demonstrations and guidance on how to record these correctly. These areas will be monitored for improvement.																												
	In Estates & Facilities meetings are being held with managers in hotspot areas to identify causes/patterns and to check any work related issues that are preventing attendance at work such as stress or temporary adjustments that could facilitate a return to the workplace.																												

Recruitment	The number of vacancies decreased in January to 329.82 FTE from 359.05 FTE in December.		2 nurses from the nursing recruitment trip to the Philippines started with the Trust 5th February.	To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust.
	The Trust has 166.90 FTE qualified staff nurse vacancies.		The Trust is introducing 20 Nurse Associate roles during Spring 2018. These new training roles will support Divisions with their nurse staffing supply in the future and will be an annual programme to support workforce planning.	
	The Healthcare Scientists staff group has the highest vacancy rate at 14.72% with 19.71 FTE vacancies from an establishment of 133.89 FTE. This is a decrease from 18.11% in December.		The split generic advertising approach for staff nurses, 1 for Medical division and the other 1 for Surgery Division, has continued. The advert which closed on 22nd January has produced 2 candidates within Surgery and 8 candidates within Medicine who are to be interviewed 9th March. A further advertisement for band 5 student nurses has also been issued to encourage final year university students to apply and provides additional information around the support offered to newly qualified nurses at the Trust.	Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.
	The Trust's 12 month rolling turnover is 13.06% for January, an increase from 13.05% in December.			
	In-month turnover rate is 0.77%, down from 1.01% in December.		The Physician Associates (PAs) vacancy within Medicine for 2 additional PAs is currently at offer stage with 1 candidate awaiting to receive examination results. The second candidate has withdrawn. Options are being reviewed as to whether to re-advertise for Medicine or whether other opportunities exist within the Trust for PAs.	Accountable :
	As at 1st February, 3 Departments with 10 or more FTE and the highest number of vacancies are :-		On 13th February Health Education England (HEE) confirmed that they have accepted the Trust as a National Pilot site for CESR opportunities in Emergency Medicine. This gives the Trust an opportunity to work closely with HEE colleagues and funding has been confirmed to support the project in A&E. We have had interest from one of our current Speciality Doctors in A&E, who wishes to take up a CESR post to develop and achieve their specialist registration, and it is hoped that this will enable us to 'grow our own' consultants.	Medical Director Director of Nursing Chief Operating Officer Executive Director of Workforce and OD
	Ward 15 Elderly HRI	16.41 (31.93%)		
Ward 2AB CRH SSU	14.39 (31.03%)			
Medical Staff-Orthopaedics	13.00 (25.49%)			
		In February a new A&E Specialty Registrar commenced in post who has come to the Trust through the MTI (Medical Training Initiative) supported by the Royal College of Emergency Medicine. Increasing the number of doctors employed by the Trust at Specialty Registrar level is a priority to reduce the reliance on agency workers. We are also working with external recruitment companies who are trying to find suitably qualified and experienced applicants for the Trust.		

Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	Appraisal compliance is at 95.31% as at 1st February. This is below the planned position of 100%.	Appraisal	Appraisal compliance is back in line with the planned position from completed appraisal profilers and 100% compliance is achieved by 31st October 2017.
	Divisional appraisal compliance as at 1st February is:	Divisional plans are in place for non-appraised colleagues to have an appraisal by 28th February.	Mandatory Training compliance is 95% by 31st March 2018.
	Community 95.93%	Mandatory Training	
	Corporate 92.80%		
	Estates & Facilities 99.46%	All Divisions have developed detailed action plans to improve compliance and ensure the 95% target is met. Compliance figures are being updated weekly to monitor improvements. Weekly reports are being run highlighting those individuals who are not compliant or due to fall out of compliance. These are disseminated to Directorate Management teams for action.	Accountable : Executive Director of Workforce and OD
	FSS 96.13%		
	Health Informatics 99.49%		
	Medical 91.54%		
	HPS 100.00%		
	Surgery & Anaesthetics 96.63%		
	<p>The top 3 reasons for non-compliance are:-</p> <ol style="list-style-type: none"> 1. An appraisal was planned but appraiser or appraisee was absent due to sickness. 2. An internal transfer meaning the employee was on a probationary period. 3. Colleagues taking accrued annual leave following maternity leave. <p>Previous analysis has shown that this accounts for around 3% of colleagues.</p> <p>Data Security Awareness compliance has increased from 81.87% in December to 86.43% in January.</p> <p>Infection Control compliance has increased from 84.01% in December to 87.45% in January.</p> <p>Fire Safety compliance has increased from to 85.56% in December to 87.94% in January.</p> <p>Manual Handling compliance has increased from 66.51% in December to 79.15% in January. This is now level 1 compliance only. Anyone previously having the level 2 competency has being assigned the level 1 competency.</p> <p>Safeguarding compliance has increased from 83.17% in December to 87.26% in January.</p> <p>155 colleagues have not completed any of the 5 mandatory training elements in focus during 2017/2018. 85 of these are from the Medical and Dental staff group.</p>	<p>All Divisional Directors and Directors of Operations have written to staff who are non-compliant in one or more Mandatory Training elements, or due to fall out of compliance, advising that action needs to be taken to ensure compliance by 28th February. Failure to ensure compliance will result in the individual being invited to a meeting to discuss the reasons for this.</p> <p>Open learning sessions are held at CRH and HRI every Tuesday and Wednesday respectively where staff are supported to complete their mandatory training and assisted in navigating the ESR and e-learning platforms to ensure successful completion. A communications package will be developed by WOD colleagues by 28th February, to promote these sessions ensuring colleagues are aware of the facilities available to them.</p> <p>A paper was presented at Executive Board on 15th February which recommended colleagues who join the Trust with competencies in one or more of our mandatory training subjects, achieved at another NHS organisation, will have their compliance awarded against the relevant subject. The Executive Board agreed with this approach and will now be implemented for all new starters.</p>	

Workforce Information - Key measures

	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	Target	Threshold/Monthly
Sickness YTD																	
Sickness Absence rate (%)	6.00%	4.42%	4.38%	4.32%	3.66%	3.77%	3.84%	3.85%	3.84%	3.88%	3.92%	4.01%	4.06%	*	4.06%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	2.74%	2.83%	2.79%	2.74%	2.42%	2.44%	2.52%	2.54%	2.55%	2.53%	2.55%	2.59%	2.56%	*	2.56%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	1.58%	1.58%	1.60%	1.58%	1.24%	1.33%	1.32%	1.31%	1.30%	1.35%	1.37%	1.41%	1.50%	*	1.50%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Monthly																	
Sickness Absence rate (%)	-	4.52%	4.02%	3.71%	3.66%	3.88%	3.98%	3.89%	3.80%	4.07%	4.16%	4.62%	4.34%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	-	2.62%	2.28%	2.29%	2.42%	2.47%	2.66%	2.62%	2.57%	2.44%	2.70%	2.88%	2.65%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	-	1.90%	1.73%	1.41%	1.24%	1.42%	1.32%	1.27%	1.23%	1.63%	1.45%	1.74%	1.68%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Attendance Management KPIs																	
Return to work Interviews (%)	66.28%	69.08%	76.37%	71.06%	45.52%	45.13%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	*	-	100.00%	90% Green 65%-89% Amber <65% Red
Number of cases progressing/not progressing from short term absence to long term absence	-	119/773	77/678	88/603	97/514	106/524	118/512	104/548	86/545	90/664	100/686	109/727	91/731	*	-	-	
Staff in Post																	
Staff in Post Headcount	6096	6060	6065	6096	6066	6068	6083	5981	5969	6009	6031	6048	6016	6044	-	-	
Staff in Post (FTE)	5305.80	5281.40	5281.10	5305.80	5274.40	5278.92	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	-	-	
Staff Movements																	
Turnover rate (%)	-	0.72%	0.73%	0.96%	1.15%	0.89%	2.24%	1.14%	1.04%	0.82%	1.05%	0.61%	1.01%	0.77%	-		
Executive Turnover (%)	-	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-		
Turnover rate (%) (Rolling 12m)	11.58%	11.90%	11.95%	11.58%	11.89%	12.00%	12.97%	13.13%	13.16%	12.75%	12.95%	12.81%	13.05%	13.06%	-	-	
Vacancies																	
Establishment (Position FTE)**	5603.00	5589.78	5587.99	5603.00	5738.96	5681.65	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	-	-	
Vacancies (FTE)**	305.58	299.59	292.53	305.58	434.53	393.09	380.54	374.98	400.11	341.47	333.55	318.08	359.05	329.82	-	-	
Vacancies (%)**	5.45%	5.36%	5.24%	5.45%	7.57%	6.92%	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	-	-	
Proportion of Temporary (Agency) Staff	-	3.69%	3.54%	4.34%	3.10%	3.97%	3.05%	3.79%	4.26%	3.98%	3.24%	3.31%	3.79%	*	-	-	
Agency Spend*	£23.44M	£1.95M	£1.68M	£1.85M	£1.36M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M		-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	-	85.65%	84.68%	82.22%	85.31%	88.82%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	-	100.00%	
Hard Truths Summary - Day Care Staff	-	103.32%	105.10%	106.89%	106.35%	105.91%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	-	91.92%	90.45%	88.25%	91.90%	95.96%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	-	100.00%	
Hard Truths Summary - Night Care Staff	-	125.59%	133.04%	132.45%	116.05%	115.04%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	-	100.00%	
FFT Staff																	
FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)	-	87% (Q4)			81% (Q1)			79% (Q2)			*				-	-	
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)	-	63% (Q4)			63% (Q1)			57% (Q2)			*				-	-	
Mandatory Training (12m rolling)																	
Fire Safety (1 Year Refresher)	73.07%	68.52%	73.07%	74.66%	78.06%	79.13%	80.63%	80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	-	91.35%	95% planned position (95% at 31 March 2018)
Data Security Awareness (1 Year Refresher)	71.84%	60.29%	71.84%	74.57%	76.61%	77.24%	78.84%	78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	-	91.14%	95% planned position (95% at 31 March 2018)
Infection Control (1 Year Refresher)	73.28%	66.23%	73.28%	75.41%	77.19%	76.03%	76.14%	76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	-	91.38%	95% planned position (95% at 31 March 2018)
Manual Handling (2 Year Refresher)	91.00%	88.77%	89.25%	89.80%	91.00%	91.47%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	-	94.33%	95% planned position (95% at 31 March 2018)
Safeguarding (3 Year Refresher)	84.68%	81.44%	82.07%	83.05%	84.68%	85.51%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	-	93.28%	95% planned position (95% at 31 March 2018)
Appraisal																	
Appraisal (1 Year Refresher) (Year To Date)	96.57%	77.15%	82.94%	96.57%	0.81%	2.77%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	-	100.00%	(100% at 31 October 2017)
Appraisal (1 Year Refresher) (Rolling)	96.57%	80.34%	83.91%	96.57%	92.17%	87.62%	82.28%	78.97%	79.10%	85.20%	97.43%	96.96%	96.10%	95.66%	-	95.00%	

* Data one month behind

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

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

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	87.26% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - Ward 15 73.45% - 5b 69.4% - ward 12 73% - ward 20 74.7%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team to ensure safe staffing against patient acuity and dependency is achieved.. The low fill's are due to a level of vacancy , the teams not being able to achieve their WFM and additional capacity beds.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	93.55% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - ward 12 69.9% - 8a/b 66.9% - ward 10 67.7%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to teams supporting additional capacity beds, a level of vacancy, a level of sickness and staffing wards with a variable bed base model.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	96.75% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - ICU 71.8% - 8A/B 71.8% - NICU 40.5% - Ward 18 59.1%	The low HCA fill rates in January are attributed to fluctuating bed capacity, support of additional capacity ward, a level of HCA vacancy within the FSS division and re-configuration of medical services. This is managed on a daily basis against the acuity of the workload. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	120.92% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	There have been no shifts with fill rates below 75% recorded in January on either site. Fill rate in excess of 100% can be attributed to supporting 1-1 requirements and support of reduced RN fill.

Hard Truths: Safe Staffing Levels (2)



Staffing Levels - Nursing & Clinical Support Workers

Ward	DAY						NIGHT						Care Hours Per Patient Day							
	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	3162	2996.8	2883	2606.7	94.8%	90.4%	2728	2596	2046	2057	95.2%	100.5%	10.7	10.1			0	3	6.95	0
HRI MAU	2046	1748.5	2139	1703.5	85.5%	79.6%	1705	1573	1364	1386	92.3%	101.6%	12.4	11.0			3	10	0	0
HRI Ward 5 (previously ward 4)	1674	1474	1209	1510.5	88.1%	124.9%	1023	1023	1023	1427.5	100.0%	139.5%	5.8	6.4			0	11	2	0
WARD 15	2046	1501.55	2046	1773.5	73.4%	86.7%	1364	1364	1364	1342	100.0%	98.4%	7.8	6.8			1	10	4.5	4.3
WARD 5C	1069.5	933	837	834	87.2%	99.6%	682	682	341	341	100.0%	100.0%	5.0	4.7			1	2	3.28	0
WARD 6	1674	1570.6	1209	1214.5	93.8%	100.5%	1023	1118	682	824.5	109.3%	120.9%	8.5	8.8	1		4	8	2.4	2
WARD 6BC	1512	1404.5	1092	1115.5	92.9%	102.2%	1232	1221	616	616	99.1%	100.0%	4.6	4.5			3	5	0	0
WARD 5B	2083.5	1446.5	1107	1012	69.4%	91.4%	1364	1034	682	682	75.8%	100.0%	8.6	6.9			1	3	4.74	0
WARD 6A	976.5	777.4	976.5	829.4	79.6%	84.9%	682	682	341	594	100.0%	174.2%	5.1	4.9			0	5	2.2	1.6
WARD CCU	1674	1380	372	326.15	82.4%	87.7%	1023	1019	0	33	99.6%	-	8.2	7.4			0	2	0	0
WARD 7AD	1674	1345	1581	1853	80.3%	117.2%	1023	1001	1023	1122	97.8%	109.7%	6.9	6.9			0	0	1.19	0
WARD 7B	837	829.5	837	1028	99.1%	122.8%	682	682	341	407	100.0%	119.4%	7.1	7.7			0	0	5.9	0
WARD 7C	1674	1296	837	827.5	77.4%	98.9%	1364	1078	341	671	79.0%	196.8%	13.8	12.7			1	5	0	0
WARD 8	1441.5	1167.5	1209	1628.5	81.0%	134.7%	1023	990	1023	1485	96.8%	145.2%	6.6	7.5			1	2	7.11	0
WARD 12	1674	1221.5	837	1026.5	73.0%	122.6%	1023	715	341	649	69.9%	190.3%	5.7	5.4	1		0	1	2.68	2.5
WARD 17	2046	1650.8	1209	1139	80.7%	94.2%	1023	1012	682	682	98.9%	100.0%	6.2	5.6			1	3	1.91	0
WARD 8C	810	818	810	985.9	101.0%	121.7%	682	682	341	682	100.0%	200.0%	4.5	5.3			1	1	6.38	1
WARD 20	2046	1528	2046	1821.3	74.7%	89.0%	1364	1336	1364	1386	97.9%	101.6%	6.4	5.7			3	5	4.5	0
WARD 21	1534.5	1325.5	1534.5	1428	86.4%	93.1%	1069.5	954.5	1069.5	1059	89.2%	99.0%	8.8	8.0			0	5	7.15	2
ICU	4030	3847.5	821.5	590	95.5%	71.8%	4278	3983.5	0	57.5	93.1%	-	40.0	37.2			3	0	3.77	0
WARD 3	945.5	891.3	761.5	724	94.3%	95.1%	713	720.5	356.5	364	101.1%	102.1%	6.3	6.1			3	2	0.46	1.59
WARD 8AB	1068	833.5	964	692.5	78.0%	71.8%	977.5	654	264.5	552	66.9%	208.7%	11.0	9.2			1	3	2.57	0
WARD 8D	821.5	804	821.5	774	97.9%	94.2%	713	668.5	0	448.5	93.8%	-	6.3	7.2			0	1	1.87	0
WARD 10	1302	1091	761.5	953	83.8%	125.1%	1069.5	724.5	356.5	724.5	67.7%	203.2%	6.0	6.0			0	3	7.81	0
WARD 11	1485	1653	1260	1335	111.3%	106.0%	1035	1042	345	803.5	100.7%	232.9%	5.5	6.4			1	4	2.66	0
WARD 19	1643	1322	1178	1463.5	80.5%	124.2%	1069.5	1053.5	1069.5	1340.5	98.5%	125.3%	7.7	8.0			2	5	1.92	0
WARD 22	1178	1133.5	1178	1302.4	96.2%	110.6%	713	736	713	1045.5	103.2%	146.6%	5.6	6.2			1	2	1.55	2
SAU HRI	1891	1633.5	977.5	906	86.4%	92.7%	1380	1368.5	345	414	99.2%	120.0%	9.8	9.2			3	0	4.27	0
WARD LDRP	4278	3881	945.5	711	90.7%	75.2%	4278	3698.5	713	575	86.5%	80.6%	21.1	18.3			0	1	0	5.48
WARD NICU	2102.5	1821.5	870	352.5	86.6%	40.5%	2070	1771	690	529	85.6%	76.7%	11.0	8.6			0	0	0.86	2.5
WARD 1D	1242	1138.5	356.5	375.5	91.7%	105.3%	713	713	356.5	333.5	100.0%	93.5%	4.6	4.4			0	0	1.72	0
WARD 3ABCD	3140.5	3014	1208	926	96.0%	76.7%	2495.5	2583.5	356.5	369.1	103.5%	103.5%	8.1	7.8			0	1	0	3.5
WARD 4C	713	713	465	430	100.0%	92.5%	713	922	356.5	356.5	129.3%	100.0%	7.9	8.5			0	1	3	3.46
WARD 9	1069.5	900	356.5	325.5	84.2%	91.3%	713	713	356.5	352	100.0%	98.7%	5.2	4.8			0	0	2.14	0.57
WARD 18	793.5	704.5	138	81.5	88.8%	59.1%	713	660.5	0	0	92.6%	-	32.9	28.9			0	0	0	0
Trust	59357.5	51796.45	37834	36605.9	87.26%	96.75%	45723.5	42775	21263.5	25711.1	93.55%	120.92%	8.0	7.6						

Hard Truths: Safe Staffing Levels (3)

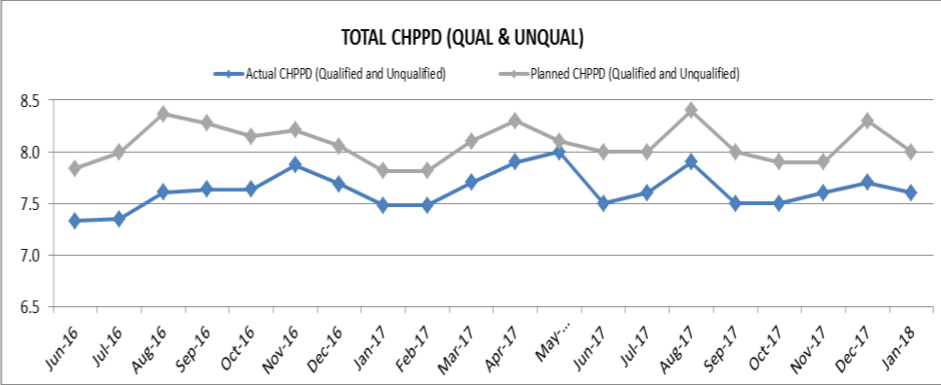
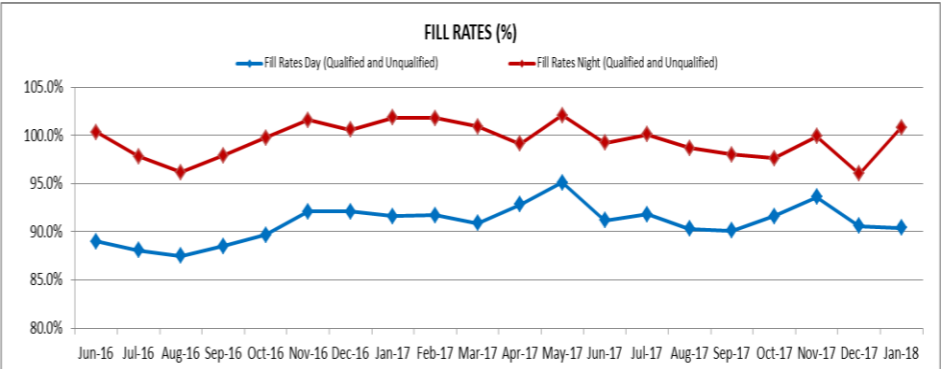
Care Hours per Patient Day

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

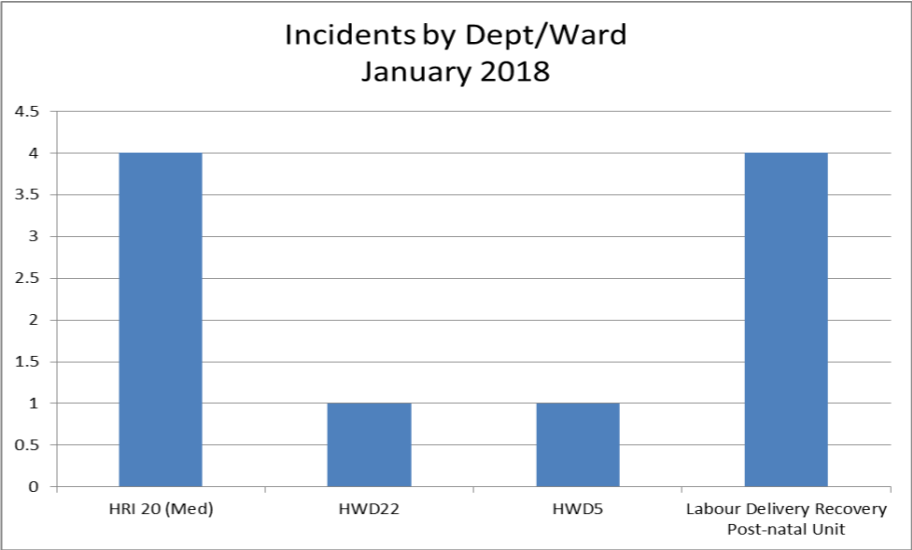
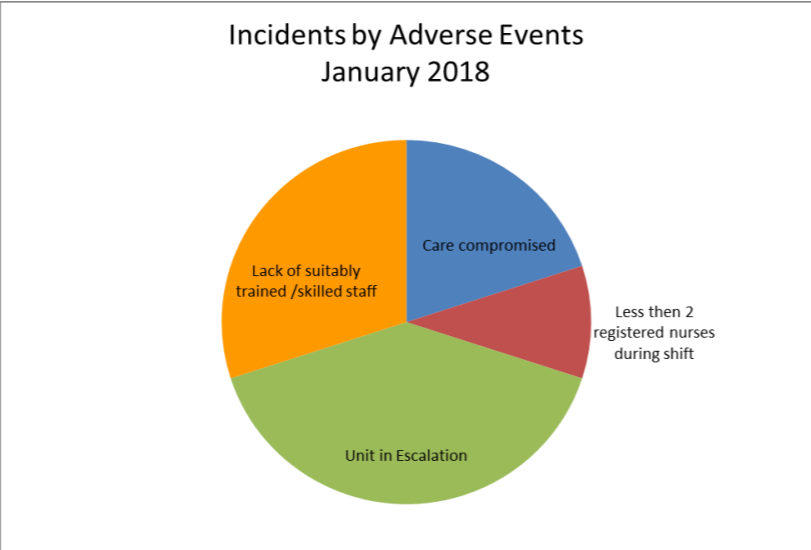
	Nov-17	Dec-17	Jan-18
Fill Rates Day (Qualified and Unqualified)	93.60%	90.61%	90.96%
Fill Rates Night (Qualified and Unqualified)	99.90%	96.04%	102.24%

Planned CHPPD (Qualified and Unqualified)	7.9	8.3	8.0
Actual CHPPD (Qualified and Unqualified)	7.6	7.7	7.6

A review of January 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. 2 areas reported CHPPD as planned. 10 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.



RED FLAG INCIDENTS



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

There were **10 Trust Wide Red shifts** declared in **January**. Four reported within the medical division were concentrated to ward 20HRI. The incidents have been recorded as "compromised care". This area has a lower than planned CHPPD level for the reported period. The low staffing level have been compounded by additional bed capacity open to support winter pressures, the deployment of the nursing workforce to manage this and the re-configuration of medical services

To support the unit whilst the new models of working are embedded and to review the quality impact - Bi-weekly touchpoints with the senior corporate and divisional nursing teams have been facilitated. HCA Posts generated as a result of reconfiguration of services have now been recruited to and going forward the staffing position should improve.

There have been 4 level 1, unit in escalation datix reports raised in the reporting period from the FSS division. These have been managed through the escalation process with no impact on care delivery. reported.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

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

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce and going forward the fill rates for individual areas will improve as these team members become established in the workforce numbers. Focused recruitment continues for this specific area.
2. Further recruitment event planned for March 2018.
3. Applications from international recruitment projects are progressing well and the first 3 nurses have arrived in Trust, with a further 9 planned for deployment in February/March 2018.
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. The Trust is to work with the recruitment agent to transfer current candidates onto this assessment process with the aim being to expedite deployment to the UK.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has been developed to up-scale the project in line with the national and regional workforce plans. It is hoped that a second cohort could be in training by Spring 2018.
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment & retention of the graduate workforce. This is being further enhanced by the development of a year long graduate programme to support & develop new starters.
7. 4 Additional clinical educators have been recruited to the medical division. They will have a real focus on supporting new graduates and overseas nurses to the workforce.
8. A new module of E-roster called Safecare is currently being introduced across the divisions, benefits will be better reporting of red flag events, real-time data of staffing position against acuity.

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Jan 2018 - Month 10

KEY METRICS

	M10			YTD (JAN 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
I&E: Surplus / (Deficit) Control Total basis	(£0.13)	(£3.28)	(£3.15)	(£17.00)	(£25.70)	(£8.70)	(£15.94)	(£23.95)	(£8.00)
Agency Expenditure	(£1.36)	(£1.58)	(£0.22)	(£14.14)	(£13.38)	£0.76	(£16.86)	(£16.39)	£0.48
Capital	£0.70	£1.82	(£1.13)	£13.65	£10.14	£3.51	£14.39	£15.59	(£1.20)
Cash	£1.90	£1.92	£0.02	£1.90	£1.92	£0.02	£1.91	£1.90	(£0.01)
Borrowing (Cumulative)	£87.62	£100.89	£13.27	£87.62	£100.89	£13.27	£87.62	£103.86	£16.24
CIP	£1.86	£1.22	(£0.64)	£13.69	£13.12	(£0.58)	£20.00	£17.95	(£2.05)
Use of Resource Metric	2	4		3	3		3	3	

- Reported year to date deficit position of £30.81m,
- On a control total basis (excluding the impact of loss of Sustainability and Transformation funding (STF)) the reported year to date deficit position is £25.70 an adverse variance of £8.70m compared with the control total of £17.00m;
- Delivery of CIP is £13.12m this is below the planned level of £13.69m;
- Capital expenditure is £3.51 below plan due to revised timescales;
- Cash position is £1.92m, in line with the planned level;
- A Use of Resources score of level 3, in line with the plan.

As at Month 10 the gap to our control total is £8.70m. This is the level of financial improvement that the Trust required in order to be eligible for STF funding. £5.04m of STF funding has been lost based on Q1 & 2 A&E performance and financial performance in M7-10. This is driving a total variance from control total of £13.74m, (excluding technical items excluded for control total purposes). However, the reported position includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £18.2m excluding the impact of STF and is summarised as follows:

Year to Date Challenges:

Clinical Contract Income shortfall:	(£8.0m)	(Includes £5.3m linked to EPR productivity).
Other Income:	(£3.6m)	(Includes Estates and Apprentice Levy income).
Pay pressures:	(£4.7m)	(Includes EPR costs of c. £1.0m).
Non-Pay Pressures:	(£1.9m)	(Includes EPR costs of c. £0.3m).
Total underlying variance from plan:	(£18.2m)	
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits in YTD position:	£7.5m	
Month 10 position to report:	(£8.7m)	

INCOME AND EXPENDITURE SUMMARY

	M10			YTD (JAN 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Total Income	£32.30	£28.69	(£3.61)	£311.54	£295.94	(£15.60)	£374.74	£358.27	(£16.47)
Pay	(£19.74)	(£20.64)	(£0.91)	(£201.69)	(£203.82)	(£2.13)	(£241.10)	(£243.83)	(£2.73)
Non Pay	(£10.57)	(£10.39)	£0.17	(£105.87)	(£101.81)	£4.06	(£124.55)	(£120.61)	£3.94
Total Expenditure	(£30.30)	(£31.03)	(£0.73)	(£307.56)	(£305.63)	£1.93	(£365.65)	(£364.44)	£1.21
EBITDA	£2.00	(£2.35)	(£4.35)	£3.98	(£9.69)	(£13.67)	£9.09	(£6.17)	(£15.26)
Non Operating Expenditure	(£2.12)	(£2.12)	£0.00	(£34.90)	(£21.12)	£13.78	(£38.93)	(£39.08)	(£0.15)
Surplus / (Deficit)	(£0.12)	(£4.47)	(£4.34)	(£30.92)	(£30.81)	£0.11	(£29.84)	(£45.25)	(£15.41)
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	£13.92	£0.06	(£13.86)	£13.90	£13.91	£0.01
Less: Loss of STF funding	£0.00	£1.18	£1.18	£0.00	£5.04	£5.04	£0.00	£7.40	£7.40
Surplus / (Deficit) Control Total basis	(£0.13)	(£3.28)	(£3.15)	(£17.00)	(£25.70)	(£8.70)	(£15.94)	(£23.95)	(£8.00)

CLINICAL ACTIVITY

	M10			YTD (JAN 2018)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	709	301	(408)	6,636	4,893	(1,743)	7,958	5,733	(2,225)
Non- Elective	4,262	5,118	856	42,395	46,862	4,467	50,873	56,387	5,514
Daycase	3,395	2,835	(560)	31,805	29,445	(2,360)	38,132	35,279	(2,853)
Outpatient	32,046	26,920	(5,126)	299,880	269,041	(30,839)	359,602	323,344	(36,258)
A&E	13,001	11,731	(1,270)	129,111	125,089	(4,022)	155,414	150,572	(4,842)
Other NHS Non-Tariff	144,007	151,265	7,258	1,341,613	1,389,642	48,029	1,622,193	1,681,263	59,070
Other NHS Tariff	11,762	10,528	(1,234)	110,860	102,438	(8,422)	133,242	122,662	(10,580)
Total	209,182	208,697	(485)	1,962,300	1,967,409	5,109	2,367,414	2,375,241	7,827

The Trust is reporting a forecast deficit of £45.25m, an adverse variance to plan of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m. The £8.00m gap remains unchanged from the position reported at the end of Quarter 3 and is contingent upon a number of elements including : £1m further winter funding, £1m revenue to capital transfer (both of which are supported by NHSI), finalisation of contract agreements relating to the SPV and the negotiated settlement with ISS, confirmation of year end agreements with commissioners and full delivery of recovery plans and forecast CIP.

Trust Financial Overview as at 31st Jan 2018 - Month 10

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M10

CLINICAL ACTIVITY

	M10 Plan	M10 Actual	Var	
Elective	6,636	4,893	(1,743)	●
Non-Elective	42,395	46,862	4,467	●
Daycase	31,805	29,445	(2,360)	●
Outpatient	299,880	269,041	(30,839)	●
A&E	129,111	125,089	(4,022)	●
Other NHS Non-Tariff	1,341,613	1,389,642	48,029	●
Other NHS Tariff	110,860	102,438	(8,422)	●
Total	1,962,300	1,967,409	5,109	

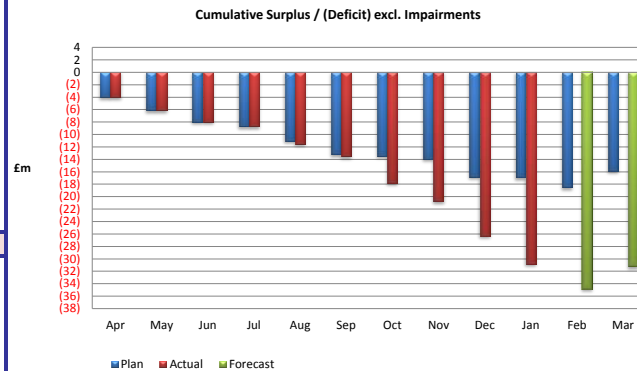
TRUST: INCOME AND EXPENDITURE

	M10 Plan £m	M10 Actual £m	Var £m	
Elective	£18.64	£14.69	(£3.95)	●
Non Elective	£79.67	£83.42	£3.75	●
Daycase	£22.11	£21.12	(£0.99)	●
Outpatients	£34.89	£31.57	(£3.32)	●
A & E	£15.98	£15.06	(£0.92)	●
Other-NHS Clinical	£100.92	£89.71	(£11.21)	●
CQUIN	£5.83	£5.59	(£0.24)	●
Other income	£33.50	£34.77	£1.27	●
Total Income	£311.54	£295.94	(£15.60)	●
Pay	(£201.69)	(£203.82)	(£2.13)	●
Drug Costs	(£29.28)	(£29.26)	£0.02	●
Clinical Support	(£27.26)	(£23.71)	£3.55	●
Other Costs	(£39.17)	(£38.68)	£0.49	●
PFI Costs	(£10.16)	(£10.16)	£0.00	●
Total Expenditure	(£307.56)	(£305.63)	£1.93	●
EBITDA	£3.98	(£9.69)	(£13.67)	●
Non Operating Expenditure	(£34.90)	(£21.12)	£13.78	●
Surplus / (Deficit)	(£30.92)	(£30.81)	£0.11	●
Less: Items excluded from Control Total	£13.92	£0.06	(£13.86)	●
Less: Loss of STF funding	£0.00	£5.04	£5.04	●
Surplus / (Deficit) Control Total basis	(£17.00)	(£25.70)	(£8.70)	●

DIVISIONS: INCOME AND EXPENDITURE

	M10 Plan £m	M10 Actual £m	Var £m	
Surgery & Anaesthetics	£17.47	£8.84	(£8.63)	●
Medical	£23.75	£21.23	(£2.52)	●
Families & Specialist Services	(£0.76)	(£3.87)	(£3.11)	●
Community	£1.96	£2.34	£0.38	●
Estates & Facilities	(£21.42)	(£21.99)	(£0.57)	●
Corporate	(£25.17)	(£24.86)	£0.31	●
THIS	(£0.02)	(£0.54)	(£0.52)	●
PMU	£2.28	£2.39	£0.11	●
Central Inc/Technical Accounts	(£27.81)	(£14.34)	£13.47	●
Reserves	(£2.00)	£0.00	£2.00	●
Unallocated CIP	£0.80	£0.00	(£0.80)	●
Surplus / (Deficit)	(£30.92)	(£30.81)	£0.11	●

TRUST SURPLUS / (DEFICIT)

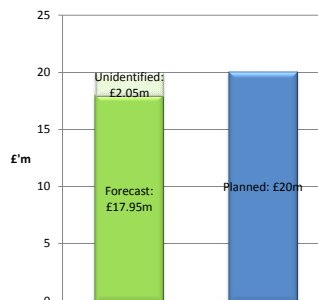


KEY METRICS

	Year To Date			Year End: Forecast			
	M10 Plan £m	M10 Actual £m	Var £m	Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£17.00)	(£25.70)	(£8.70)	(£15.94)	(£23.95)	(£8.00)	●
Capital	£13.65	£10.14	£3.51	£14.39	£15.59	(£1.20)	●
Cash	£1.90	£1.92	£0.02	£1.91	£1.90	(£0.01)	●
Loans	£87.62	£100.89	£13.27	£87.62	£103.86	£16.24	●
CIP	£13.69	£13.12	(£0.58)	£20.00	£17.95	(£2.05)	●
	Plan	Actual		Plan	Forecast		
Use of Resource Metric	3	3		3	3		●

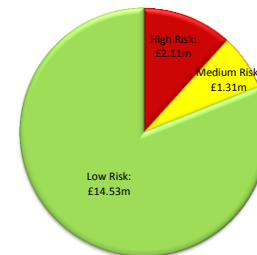
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £20m

CIP - Risk



Total Forecast

£17.95m

YEAR END 2017/18

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	7,958	5,733	(2,225)	●
Non-Elective	50,873	56,387	5,514	●
Daycase	38,132	35,279	(2,853)	●
Outpatient	359,602	323,344	(36,258)	●
A&E	155,414	150,572	(4,842)	●
Other NHS Non- Tariff	1,622,193	1,681,263	59,070	●
Other NHS Tariff	133,242	122,662	(10,580)	●
Total	2,367,414	2,375,241	7,827	

TRUST: INCOME AND EXPENDITURE

	Plan £m	Actual £m	Var £m	
Elective	£22.36	£17.11	(£5.25)	●
Non Elective	£95.53	£100.18	£4.65	●
Daycase	£26.51	£25.46	(£1.05)	●
Outpatients	£41.84	£37.75	(£4.09)	●
A & E	£19.24	£18.11	(£1.13)	●
Other-NHS Clinical	£122.22	£111.13	(£11.09)	●
CQUIN	£6.99	£6.71	(£0.29)	●
Other income	£40.05	£41.83	£1.77	●
Total Income	£374.74	£358.27	(£16.47)	●
Pay	(£241.10)	(£243.83)	(£2.73)	●
Drug Costs	(£35.34)	(£35.45)	(£0.12)	●
Clinical Support	(£32.76)	(£28.02)	£4.74	●
Other Costs	(£44.27)	(£48.93)	(£4.67)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
Total Expenditure	(£365.65)	(£364.44)	£1.21	●
EBITDA	£9.09	(£6.17)	(£15.26)	●
Non Operating Expenditure	(£38.93)	(£39.08)	(£0.15)	●
Surplus / (Deficit)	(£29.84)	(£45.25)	(£15.41)	●
Less: Items excluded from Control Total	£13.90	£13.91	£0.01	●
Less: Loss of STF funding	£0.00	£7.40	£7.40	●
Surplus / (Deficit) Control Total basis	(£15.94)	(£23.95)	(£8.00)	●

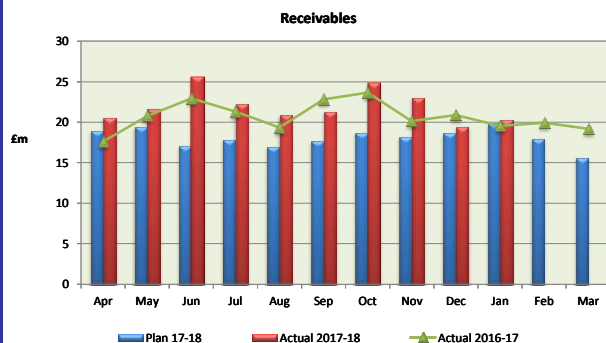
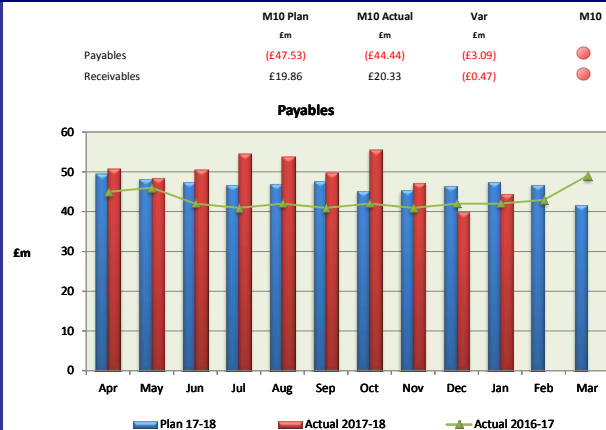
DIVISIONS: INCOME AND EXPENDITURE

	Plan £m	Forecast £m	Var £m	
Surgery & Anaesthetics	£21.14	£9.96	(£11.18)	●
Medical	£28.66	£25.76	(£2.91)	●
Families & Specialist Services	(£0.66)	(£4.73)	(£4.07)	●
Community	£2.36	£2.65	£0.29	●
Estates & Facilities	(£25.65)	(£26.15)	(£0.50)	●
Corporate	(£30.16)	(£30.41)	(£0.25)	●
THIS	£0.03	(£0.77)	(£0.80)	●
PMU	£2.75	£2.75	£0.00	●
Central Inc/Technical Accounts	(£29.60)	(£25.04)	£4.57	●
Reserves	(£2.00)	£0.74	£2.74	●
Unallocated CIP	£3.30	£0.00	(£3.30)	●
Surplus / (Deficit)	(£29.84)	(£45.25)	(£15.41)	●

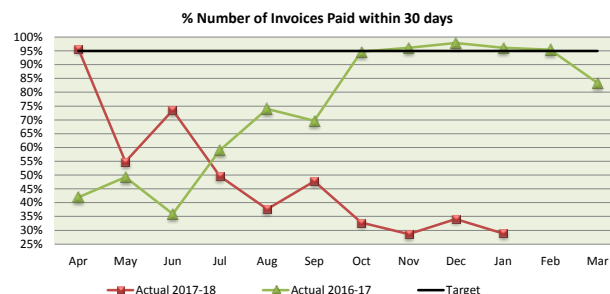
Trust Financial Overview as at 31st Jan 2018 - Month 10

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

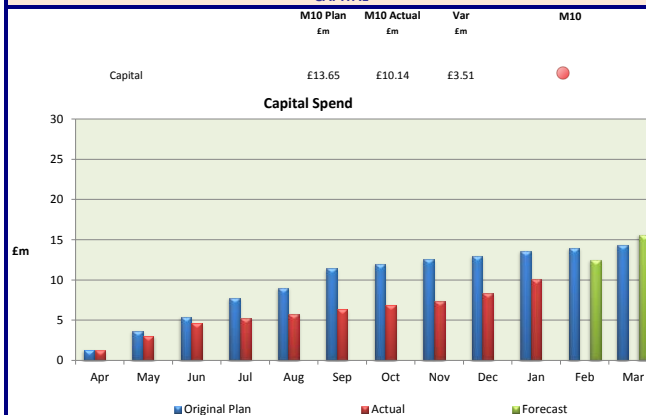
WORKING CAPITAL



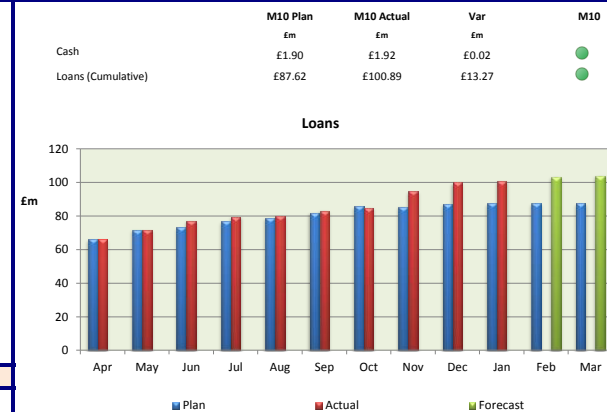
BETTER PAYMENT PRACTICE CODE



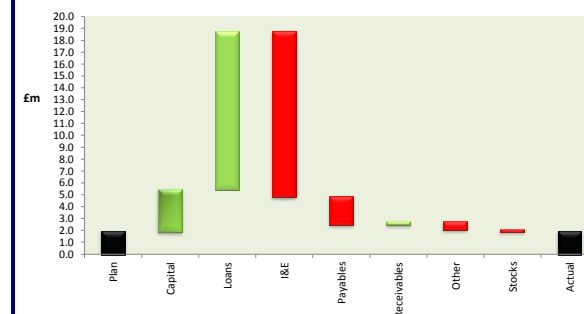
CAPITAL



CASH



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £30.81m versus a planned deficit of £30.92m. This £0.11m favourable variance includes £5.04m loss of STF funding linked to A&E and financial performance, offset by a £13.86m net benefit excluded for Control Total purposes: delayed £14m planned impairment and the I&E impact of Donated Assets (£0.14m).
- The year to date position assumes receipt of Sustainability and Transformation Funding (STF) of £2.71m, £5.04m less than the planned £7.75m, due to A&E performance against the 4 hour target being below trajectory (£0.83m) and failure to achieve the control total in M7-10 (£4.21m).
- Activity continues to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. This underperformance has been offset to some extent by higher than planned non-elective activity, although this comes with associated unplanned costs due to the resulting pressure on capacity.
- Capital expenditure year to date is behind plan at £10.14m against a planned £13.65m.
- Cash balance is £1.92m, above the planned level of £1.90m.
- Trust borrowing is above the planned level. Year to date the Trust has borrowed £34.1m to support the deficit and working capital.
- CIP schemes have delivered £13.12m, £0.58m below the year to date target of £13.69m. This includes the rebadging of a £3.5m non recurrent benefit already within the financial position. The year to date plan includes £1m of the £3m stretch target required to bridge from £17m and £20m CIP.
- The revised NHS Improvement performance metric Use of Resource (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned except the I&E Margin Variance which shows an unfavourable variance - rated as a 4 (planned as 1).

NOTES

- The total forecast deficit including the impact of STF funding and impairments is £45.25m, a variance of £15.41m. This forecast position incorporates a gap to control total of £8.00m which in turn drives the loss of STF funding of £7.40m.
- On a control total basis the forecast deficit is £23.95m, a variance of £8.00m compared to the planned year end Control Total deficit of £15.94m. This excludes loss of STF Funding of £7.40m, a planned £14m impairment and the I&E impact of Donated Assets which are excluded from the deficit for Control Total purposes and therefore have no impact on the financial performance element of the STF allocation.
- The forecast assumes receipt of £2.7m STF Funding, £7.4m less than the planned value of £10.1m due to the loss of funding for Quarter 1 & 2 based on A&E Delivery Board four hour performance and the loss of all STF funding planned for Q3 & 4 due to financial performance.
- The forecast assumes that recovery plans of £2.4m are delivered in full by year end and winter funding of £1.9m is secured.
- The forecast assumes the delivery of £17.95m of the full £20m CIP target, of which £2.11m is currently flagged as high risk. Any further slippage on CIP will need to be mitigated in order to achieve the forecast deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £45.0m in this financial year to support Capital and Revenue, plans; £31.3m deficit funding, £5.7m working capital funding and £8m Capital loan. The total loan balance by year end is forecast to be £103.9m, £16.2m higher than planned.
- Capital expenditure is forecast at £15.59m, £1.2m higher than the planned level of £14.39m due to estimated Donated Assets and an agreed £1m additional capital to support revenue. Capital expenditure is supported by the final £8m instalment of an existing Capital Loan facility.

RAG KEY:

(Excl: UOR)



Actual / Forecast is on plan or an improvement on plan



Actual / Forecast is worse than planned by <2%



Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR



All UOR metrics are at the planned level



Overall UOR as planned, but one or more component metrics are worse than planned



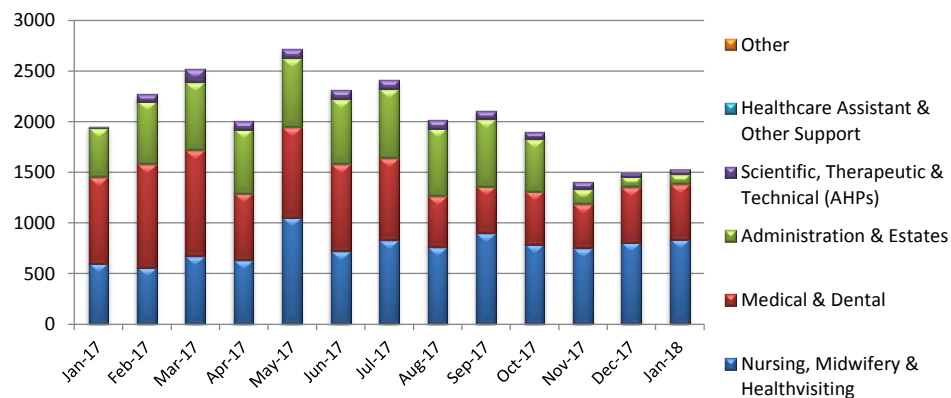
Overall UOR worse than planned

WORKFORCE

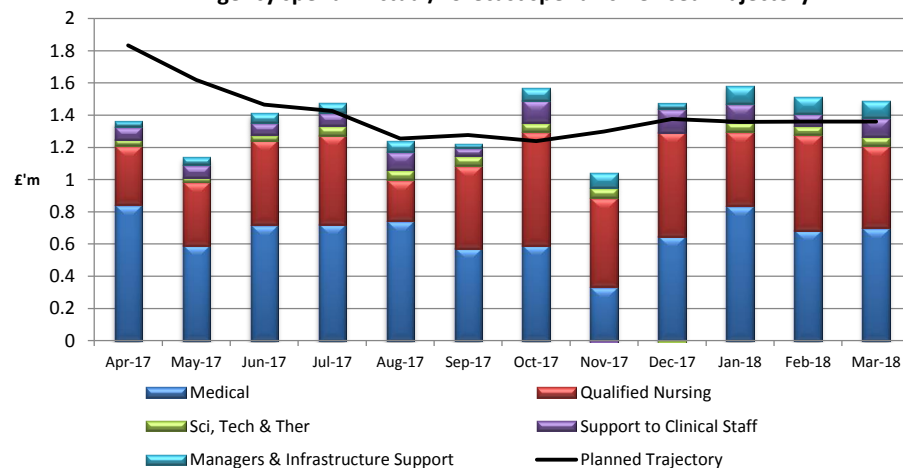
Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	20	52	70	167	20	330
Staff in post (WTE)	671	1,388	529	1,615	1,068	5,272
% Vacancies	3%	4%	12%	9%	2%	6%

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



Vacancies

At the end of Month 10 the Trust was carrying 330 vacancies, 6% of the total establishment. This is a decrease of 29 vacancies compared to Month 9. Medical vacancies have decreased slightly to 12%. Qualified Nursing are similar to last month and remain at 9% of establishment.

Agency rate cap

Overall Cap breaches increased slightly compared to the level reported in Month 9, but remain at a lower level than those reported between January and October. This reduction is largely linked to reduced Admin and Clerical agency usage in Health Informatics previously required for EPR implementation. Trends show that Nursing breaches have remained consistently high over the last 6 months and whilst Medical Breaches have increased during the last two months they remain at a much lower level than that seen in 16/17.

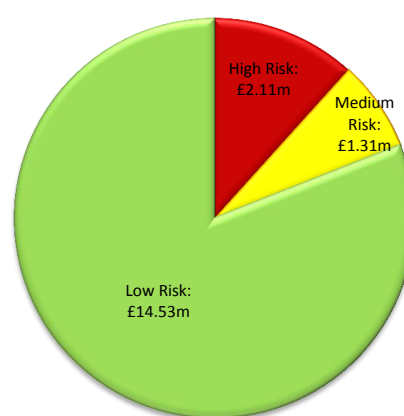
Agency ceiling

Total reported agency spend in month was £1.58m; £0.22m higher than the planned value and the NHS Improvement Agency Ceiling. Year to date Agency expenditure is £0.76m lower than the ceiling, although this underspend includes total non-recurrent benefits of £0.82m relating to 16/17 agency costs. The underlying variance is therefore actually slightly above the planned level. There has been some reduction in the level of Agency expenditure compared to 16/17 levels linked to staff moving onto payroll and the filling of vacancies and Divisions are forecasting to achieve the £16.86m ceiling for the year.

COST IMPROVEMENT PROGRAMME

17/18 CIP					
Division	Plan	Forecast			
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m
Corporate Services	0.79	0.45	0.32	0.76	0.54
Health Informatics	0.55	0.36	0.19	0.55	0.52
Medicine	4.35	2.40	1.51	3.91	3.42
PMU	0.30	0.30	0.00	0.30	0.38
Surgery & Anaesthetics	4.88	2.64	0.25	2.90	3.47
Families & Specialist Services	4.36	2.06	1.23	3.29	2.42
Community	0.31	0.15	0.03	0.19	0.22
Estates & Facilities	1.16	0.69	0.20	0.89	0.75
Unallocated	3.30	0.00	5.15	5.15	0.00
Grand Total	20.00	9.06	8.89	17.95	11.71

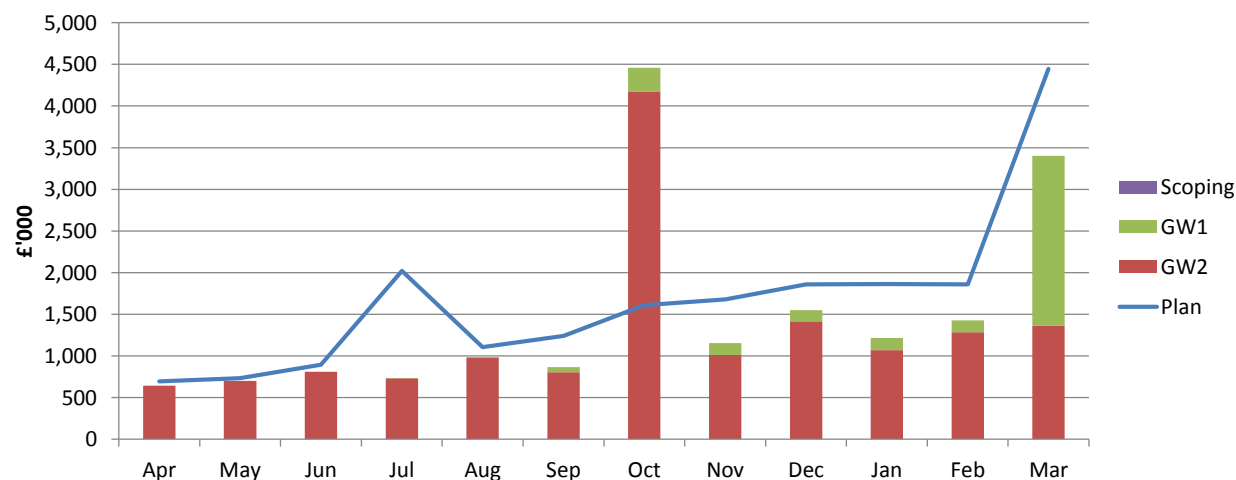
CIP - Risk



£13.12m of CIP has been delivered in the year to date against a plan of £13.69m, an under performance of £0.58m. This position includes non-recurrent CIP of £3.5m relating to the refund of PFI facilities management. The Trust is now forecasting delivery of £17.95m of savings, but this forecast includes both the £3.5m credit described above and £1.9m savings relating to the Estates Special Purpose Vehicle (SPV), both of which are non-recurrent benefits. Full delivery of this forecast saving remains challenging with some schemes still flagged as high risk including the SPV scheme and some elements of the Safer programme of bed closures. Should these high risk schemes fail to deliver; further mitigation of will have to be found.

Of the £20m CIP target, only £9.06m of the identified savings are forecast to be a recurrent saving. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 18/19 is £11.71m, (£9.06m in 17/18 and the remaining £2.65m in 18/19). This £11.71m recurrent value has again reduced from the previous month and further discussion and challenge is taking place to ensure this is realistic and for alternatives to be identified. Non-Recurrent savings for 17/18 are £8.89m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into 18/19. The gap between our planned £20m CIP for 17/18 and the full year effect of £8.29m will be added to the planning gap for next year.

CIP Profile by Month



CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	693	732	894	2,021	1,104	1,242	1,610	1,679	1,858	1,862	1,860	4,446	20,000
GW2	641	699	807	732	976	805	4,175	1,011	1,416	1,070	1,286	1,360	14,978
GW1	-	-	4	2	14	60	284	142	133	147	142	2,042	2,969
Scoping	-	-	-	-	-	-	-	-	-	-	-	-	-
Unidentified	-	-	-	-	-	-	-	-	-	-	1,027	1,027	2,053
Total Forecast	641	699	811	734	990	865	4,458	1,153	1,549	1,217	2,454	4,429	20,000

FORECAST

YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£22.36	£17.11	(£5.25)	●
Non Elective	£95.53	£100.18	£4.65	●
Daycase	£26.51	£25.46	(£1.05)	●
Outpatients	£41.84	£37.75	(£4.09)	●
A & E	£19.24	£18.11	(£1.13)	●
Other-NHS Clinical	£122.22	£111.13	(£11.09)	●
CQUIN	£6.99	£6.71	(£0.29)	●
Other Income	£40.05	£41.83	£1.77	●
Total Income	£374.74	£358.27	(£16.47)	●
Pay	(£241.10)	(£243.83)	(£2.73)	●
Drug Costs	(£35.34)	(£35.45)	(£0.12)	●
Clinical Support	(£32.76)	(£28.02)	£4.74	●
Other Costs	(£44.27)	(£48.93)	(£4.67)	●
PFI Costs	(£12.19)	(£8.21)	£3.98	●
Total Expenditure	(£365.65)	(£364.44)	£1.21	●
EBITDA	£9.09	(£6.17)	(£15.26)	●
Non Operating Expenditure	(£38.93)	(£39.08)	(£0.15)	●
Surplus / (Deficit)	(£29.84)	(£45.25)	(£15.41)	●
Less: Items excluded from Control Total	£13.90	£13.91	£0.01	
Less: Loss of STF funding	£0.00	£7.40	£7.40	
Surplus / (Deficit) Control Total basis	(£15.94)	(£23.95)	(£8.00)	●

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

The reported forecast is a year-end deficit of £31.34m (excluding £13.91m technical adjustments that are excluded from Control Total), an adverse variance of £15.40m. This variance incorporates two elements: the gap to control total which is forecast to be £8.00m and the loss of Sustainability and Transformation Funding (STF) of £7.40m. The £8.00m gap remains unchanged from the position reported at the end of Quarter 3 and is contingent upon a number of elements:

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

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

The reported forecast includes a number of non recurrent benefits that in part offset the underlying operational deficit. The underlying financial shortfall against the financial plan in the year to date is £20.4m excluding the impact of STF and is summarised as follows:

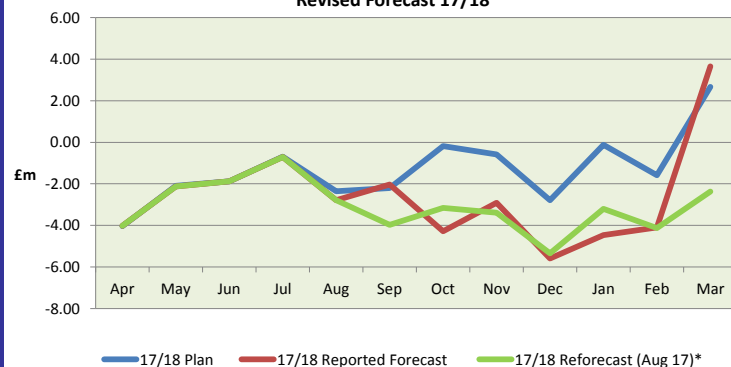
Forecast Challenges:

Clinical Contract Income shortfall:	(£10.7m)	(Includes c. £6.7m linked to EPR productivity).
Other Income:	(£0.9m)	(Includes winter funding of £1.9m).
Pay pressures:	(£4.6m)	(Includes undelivered CIP of £1.0m & EPR costs of £1.5m).
Non-Pay Pressures:	(£4.2m)	(Includes undelivered CIP of 2.7m* & EPR costs of £0.4m).
Total underlying variance from plan:	(£20.4m)	(Excludes loss of STF funding of £7.4m)
Release of Contingency Reserves	£2.0m	
Non-Recurrent benefits / recovery actions:	£10.4m	
Forecast variance from Plan:	(£8.0m)	(Excludes loss of STF funding of £7.4m)

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

Revised Forecast

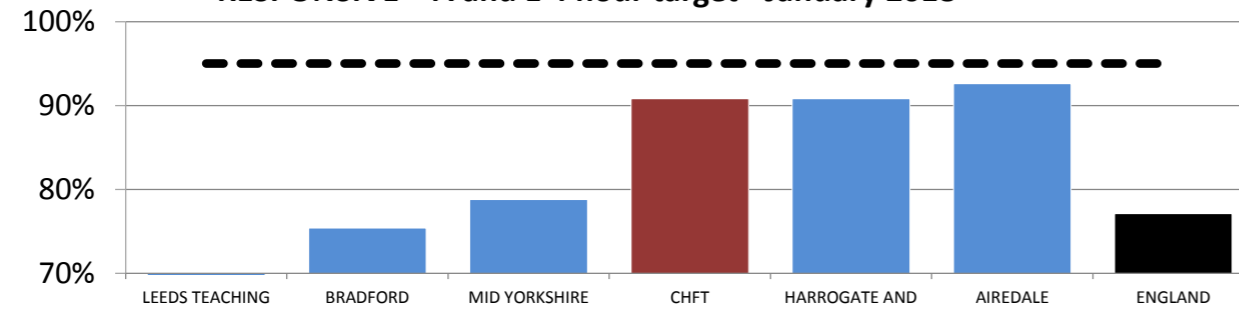
Revised Forecast 17/18



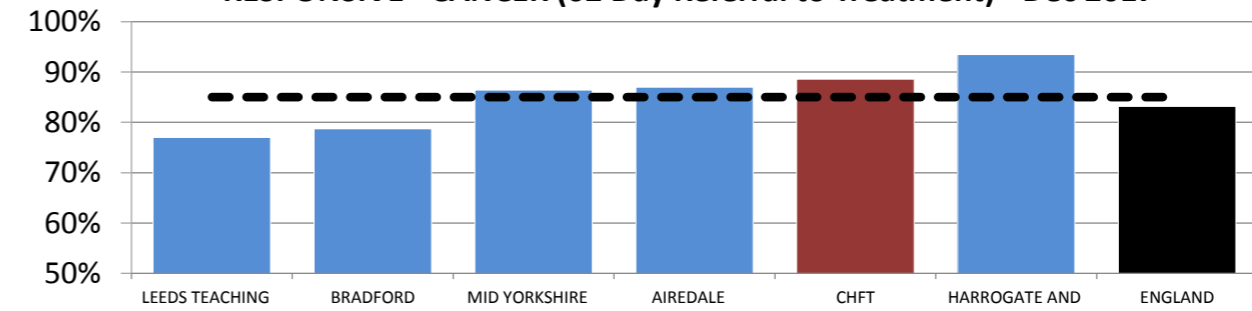
*comparator is the Month 5 Divisional forecast refresh

Benchmarking - Selected Measures

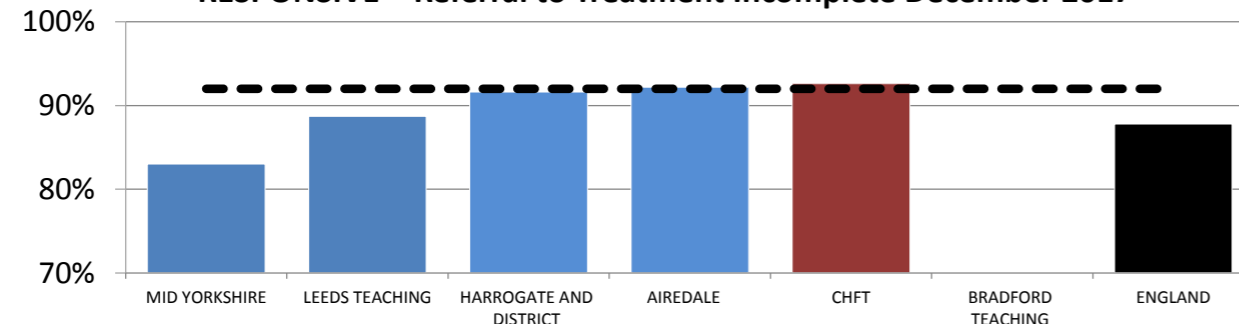
RESPONSIVE - A and E 4 hour target - January 2018



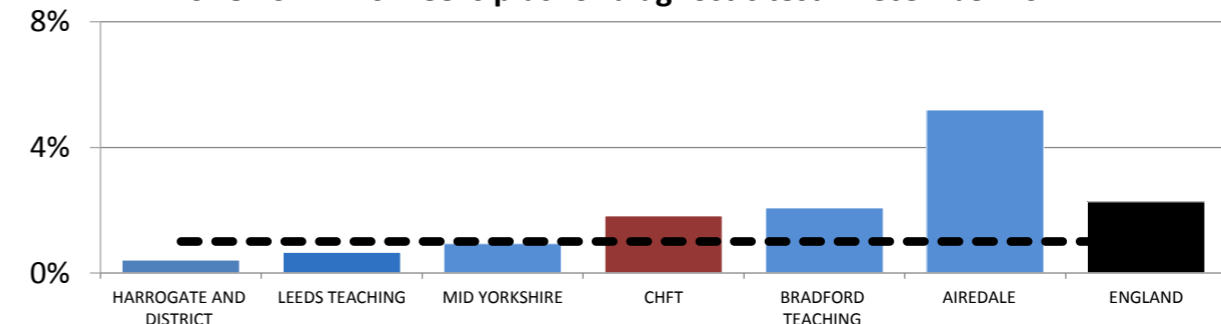
RESPONSIVE - CANCER (62 Day Referral to Treatment) - Dec 2017



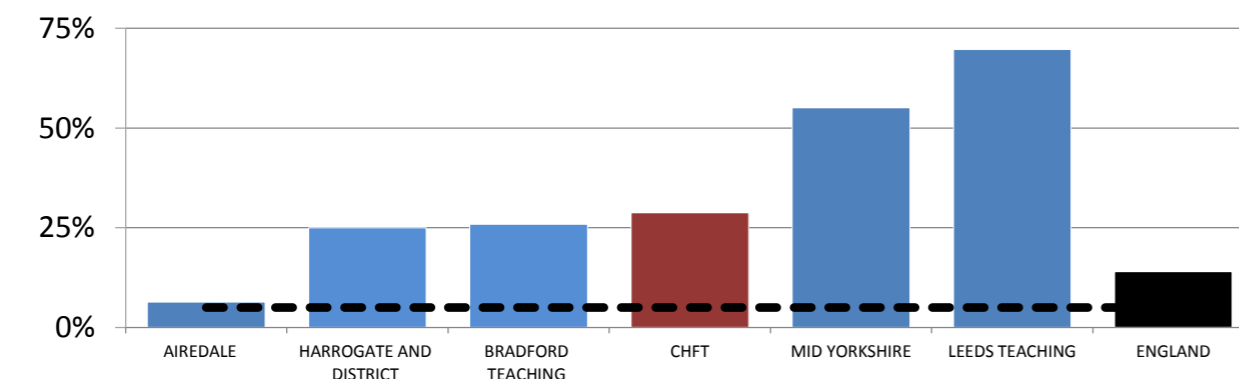
RESPONSIVE - Referral to Treatment Incomplete December 2017



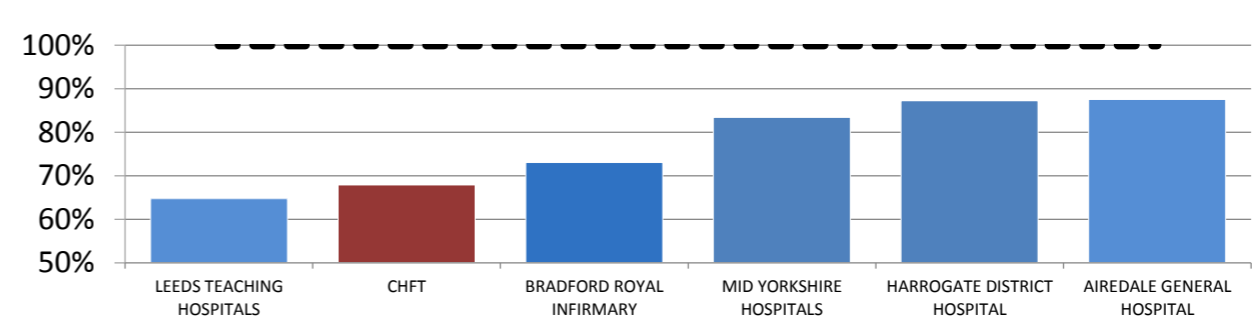
RESPONSIVE - 6 weeks plus for diagnostic test - December 2017



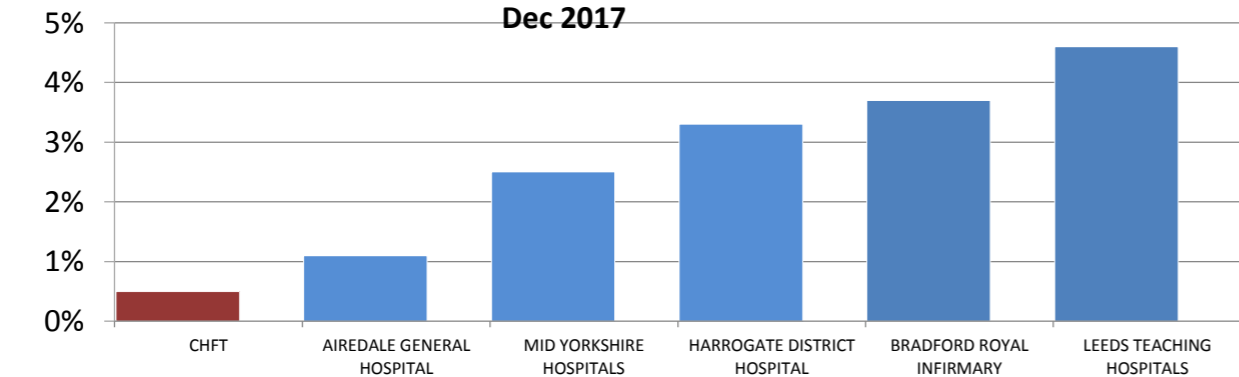
RESPONSIVE - ASIs on Choose & Book - December 2017



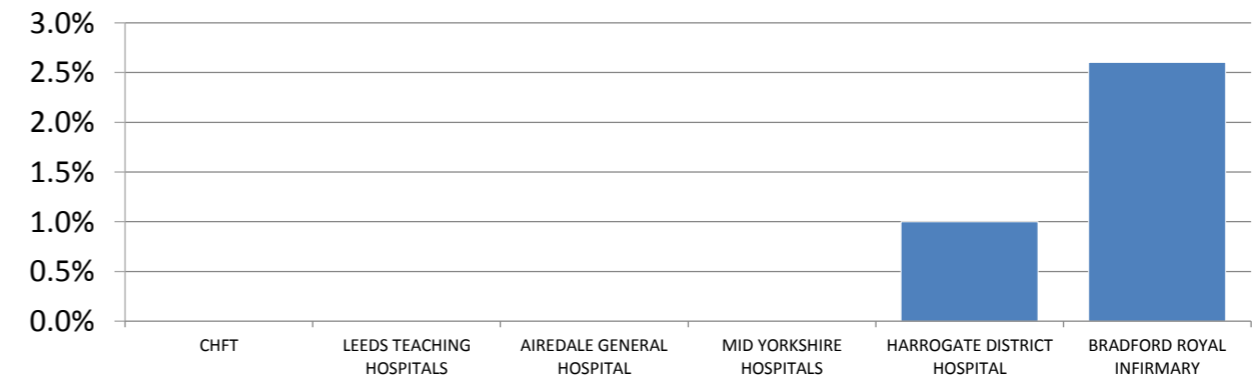
RESPONSIVE - YAS Ambulance handovers within 15 minutes Dec 2017



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes Dec 2017

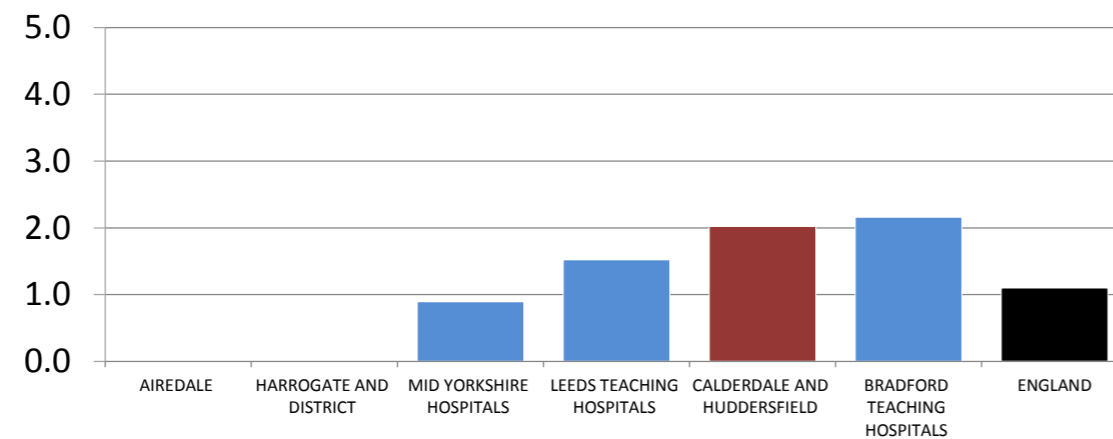


RESPONSIVE - YAS Ambulance handovers > 60 minutes - Dec 2017

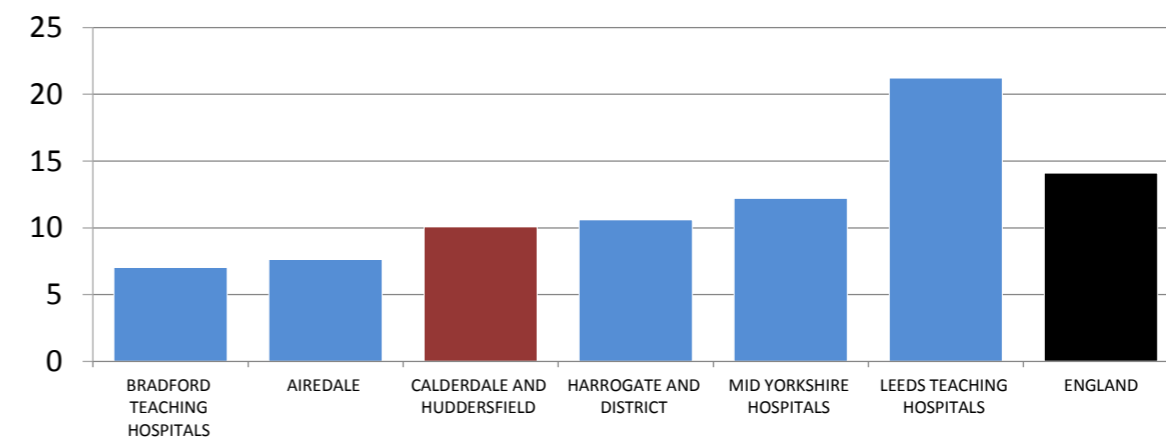


Benchmarking - Selected Measures

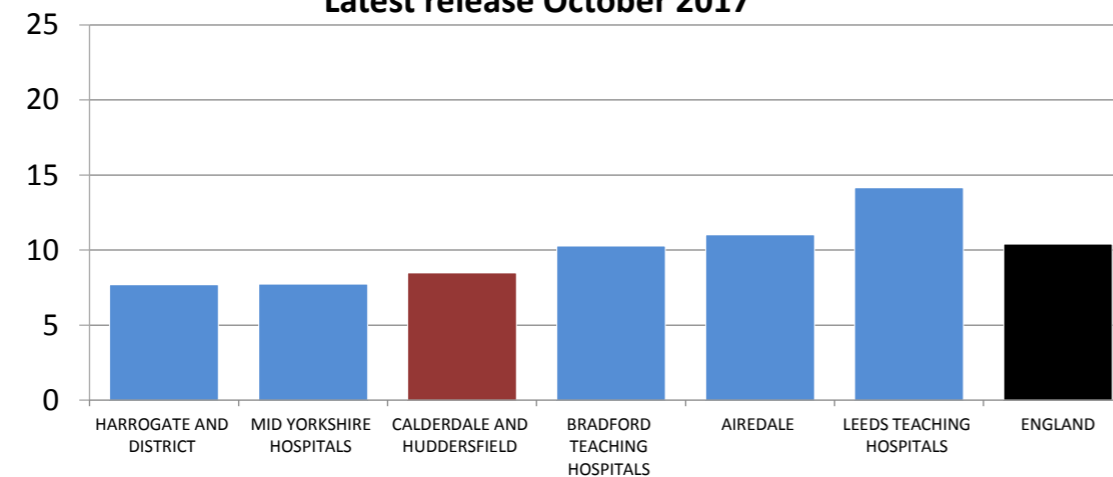
EFFECTIVE - MRSA per 100,000 days
Latest release October 2017



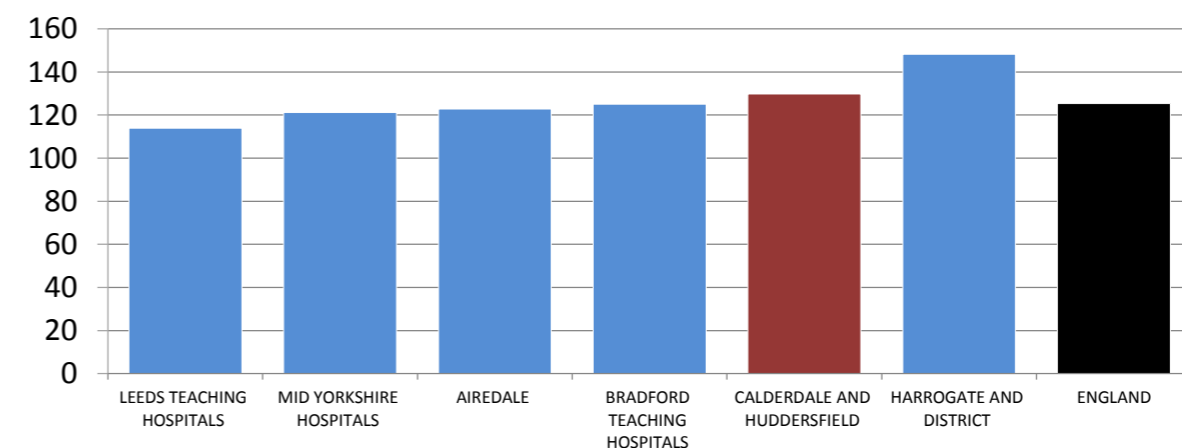
EFFECTIVE - C.Diff per 100,000 days
Latest release October 2017



EFFECTIVE - MSSA per 100,000 days -
Latest release October 2017

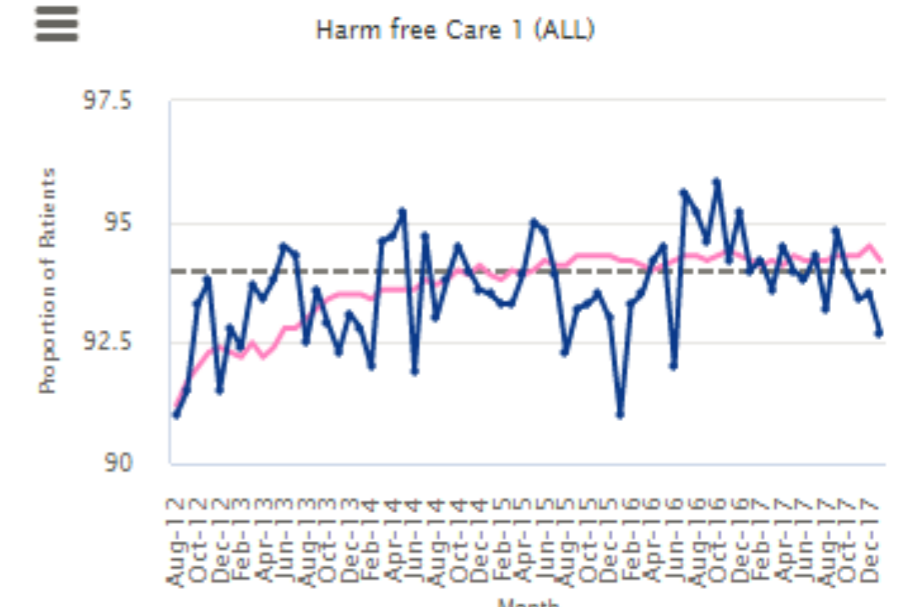
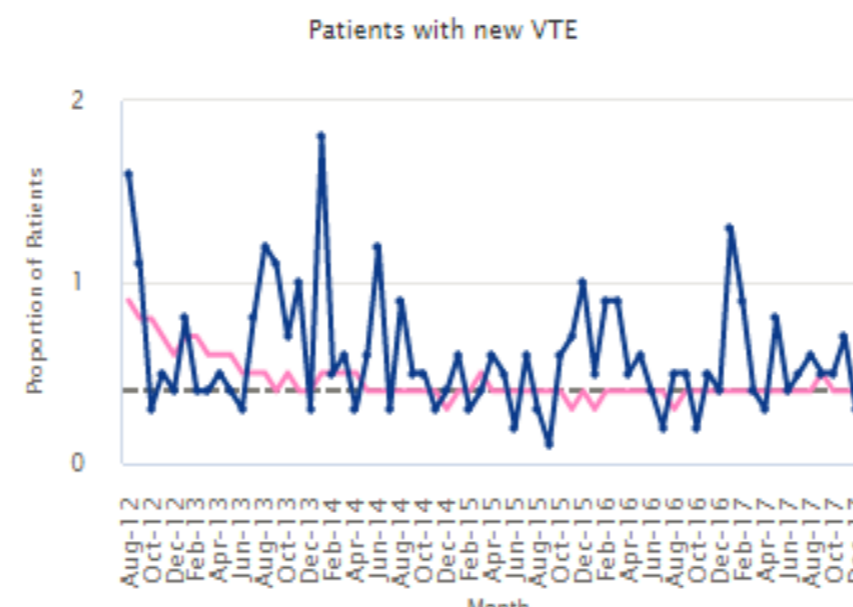
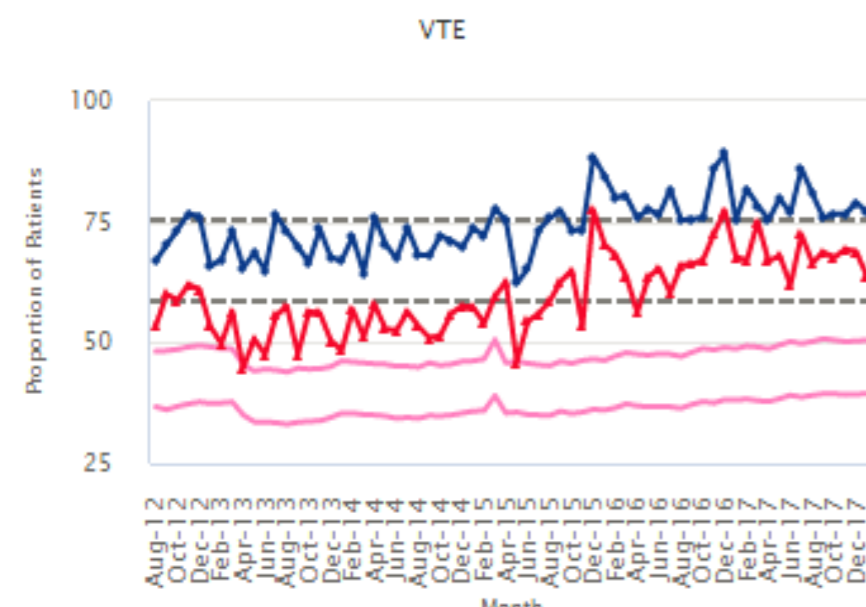
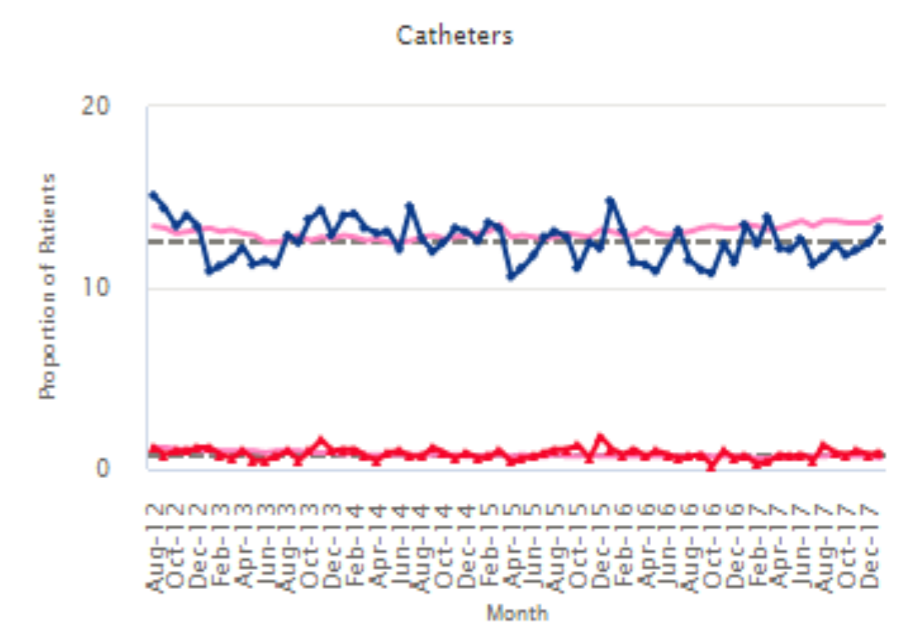
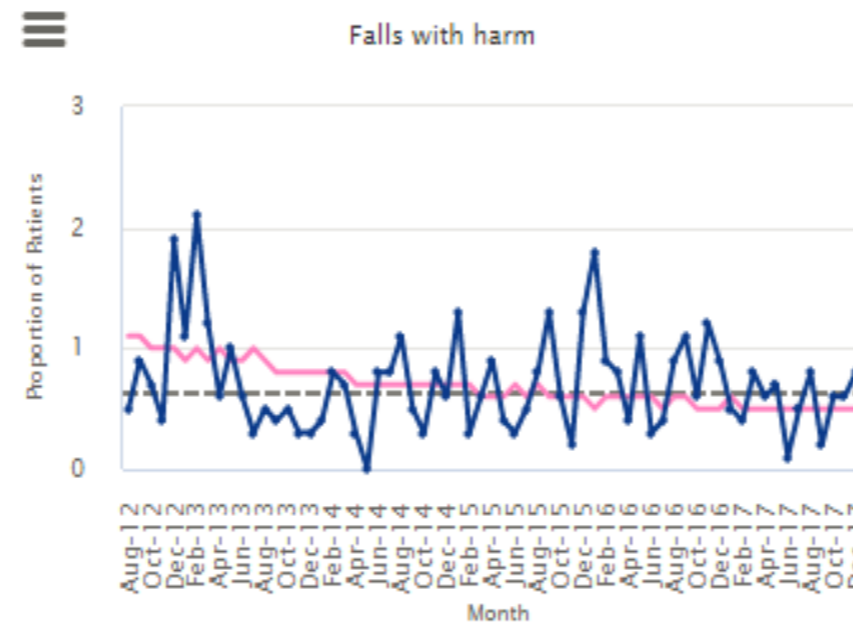
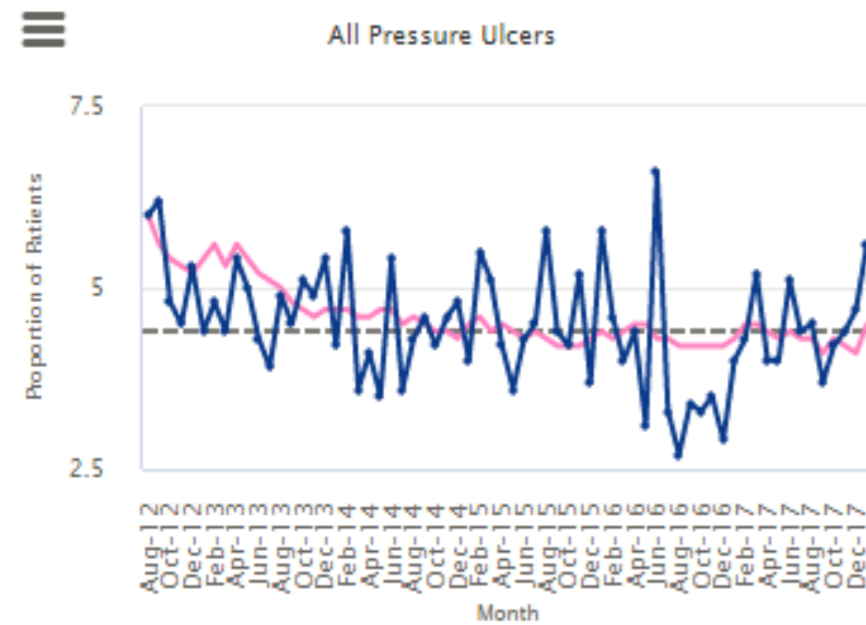


EFFECTIVE - E.coli per 100,000 days -
Latest release October 2017



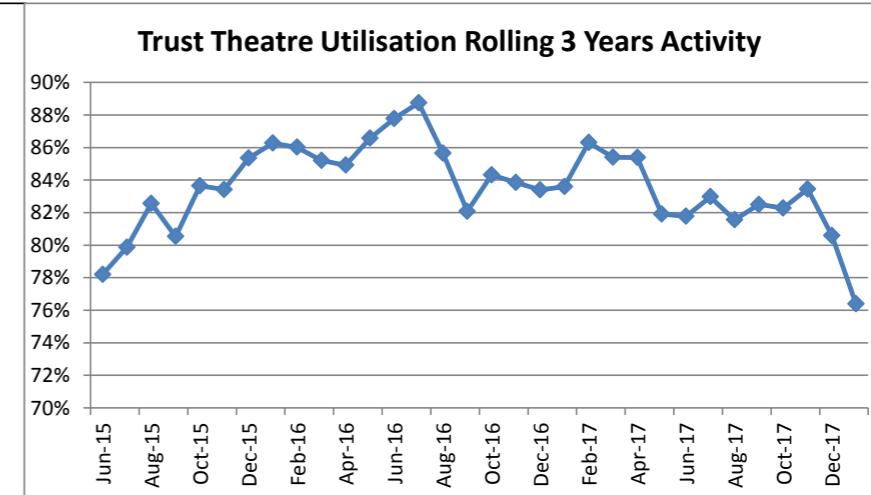
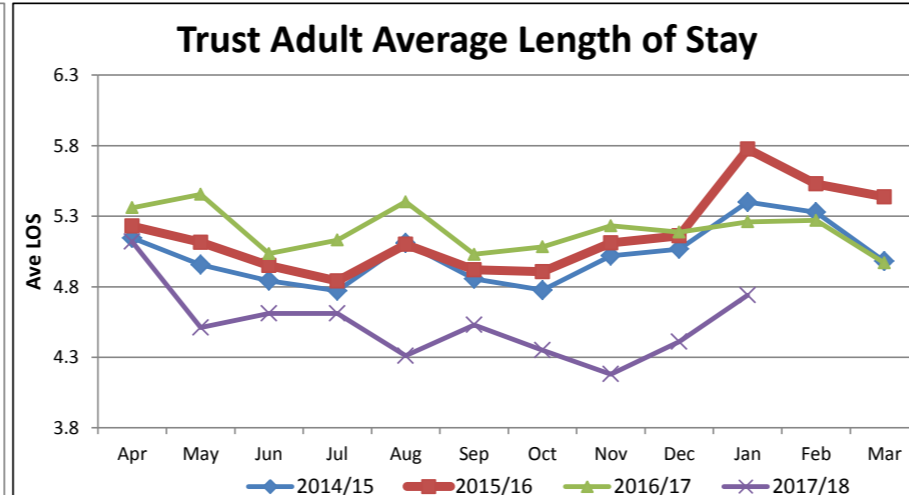
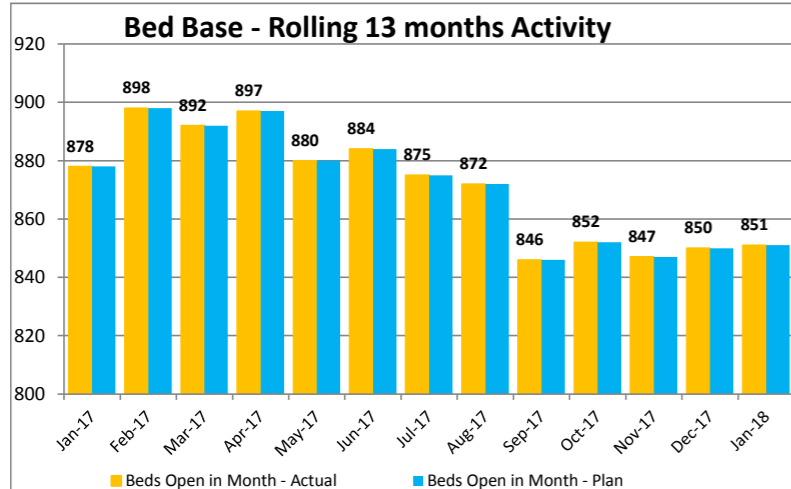
Benchmarking - Safety Thermometer

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



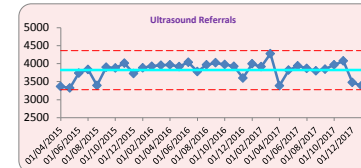
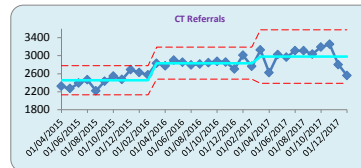
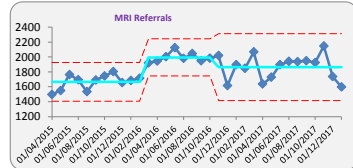
Efficiency & Finance - Key measures

	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	Target	Threshold/M onthly
Did Not Attend Rates																	
First DNA	6.33%	6.45%	5.91%	5.94%	6.83%	10.01%	9.01%	8.03%	7.90%	8.02%	7.65%	6.99%	7.73%	7.21%	7.90%	<=7%	7.00%
Follow up DNA	6.49%	6.10%	6.04%	5.94%	5.98%	11.60%	8.00%	7.04%	7.06%	6.51%	6.19%	5.54%	6.80%	6.21%	7.09%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	5.19	5.26	5.27	4.99	5.12	4.51	4.61	4.61	4.31	4.53	4.35	4.18	4.41	4.74	4.52	<=5.17	5.17
Average Length of Stay - Elective	2.55	2.32	2.38	2.53	2.57	2.70	2.60	2.50	2.58	2.43	2.56	2.31	2.53	2.84	2.54	<=2.85	2.85
Average Length of Stay - Non Elective	5.74	5.84	5.90	5.54	5.59	4.75	4.87	4.91	4.54	4.80	4.57	4.47	4.62	4.87	4.78	<=5.63	5.63
Day Cases																	
Day Case Rate	86.87%	87.00%	85.79%	85.58%	86.53%	86.74%	86.89%	86.51%	87.88%	88.77%	88.71%	87.20%	88.19%	92.83%	88.02%	>=85%	85.00%
Failed Day Cases	1,462	130	104	128	106	111	121	169	198	183	173	228	194	122	1,605	120	1,440
Elective Inpatients with zero LOS	1,579	137	153	193	96	78	94	75	91	85	83	84	63	62	811	136	1,632
Beds																	
Beds Open in Month - Plan	875	882	875	875	824	824	824	803	803	803	818	818	818	818	818	Not applicable	
Beds Open in Month - Actual	897	898	892	897	880	884	875	872	846	852	847	850	851	857	857	Not applicable	
Hospital Bed Days per 1000 population - Adults	52.52	56.36	50.38	53.55	49.91	49.52	52.74	53.09	49.79	49.70	50.51	49.80	50.80	54.53	54.53	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	0.083	0.089	0.078	0.086	0.080	0.095	0.098	0.099	0.098	0.096	0.101	0.101	0.103	0.105	0.105	16/17 Baseline	
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	82.33%	86.15%	85.48%	82.97%	82.30%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	82.21%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre - HRI	92.40%	92.61%	97.86%	94.03%	96.06%	93.76%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	91.15%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	78.20%	75.62%	79.83%	80.67%	82.24%	69.47%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	73.90%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	80.98%	77.71%	77.76%	81.66%	77.64%	71.58%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.76%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	84.50%	83.59%	86.30%	85.40%	85.38%	81.91%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	82.00%	>=90%	90.00%



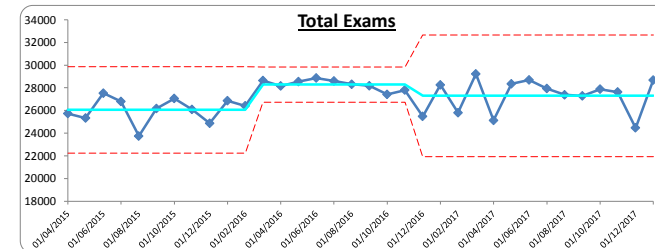
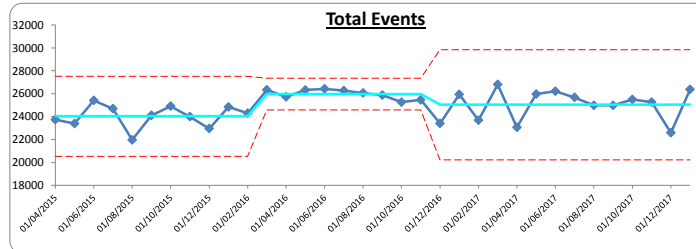
Radiology Summary of Activity of Key Modalities - January 2018

Referrals into Service																										
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD 17/18	YTD 16/17	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	18493	19568	-1075	-5%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	3192	3034	3191	3253	2800	2560	29748	28416	1332	5%
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	2481	2340	2459	2401	2466	2520	2188	2092	23593	24385	-792	-3%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	16944	17282	17181	16863	15448	15044	166031	174113	-8082	-5%
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	3801	3847	3967	4077	3480	3390	37574	39189	-1615	-4%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	28333	28512	28729	28860	25653	24683	275439	285671	-10232	-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%

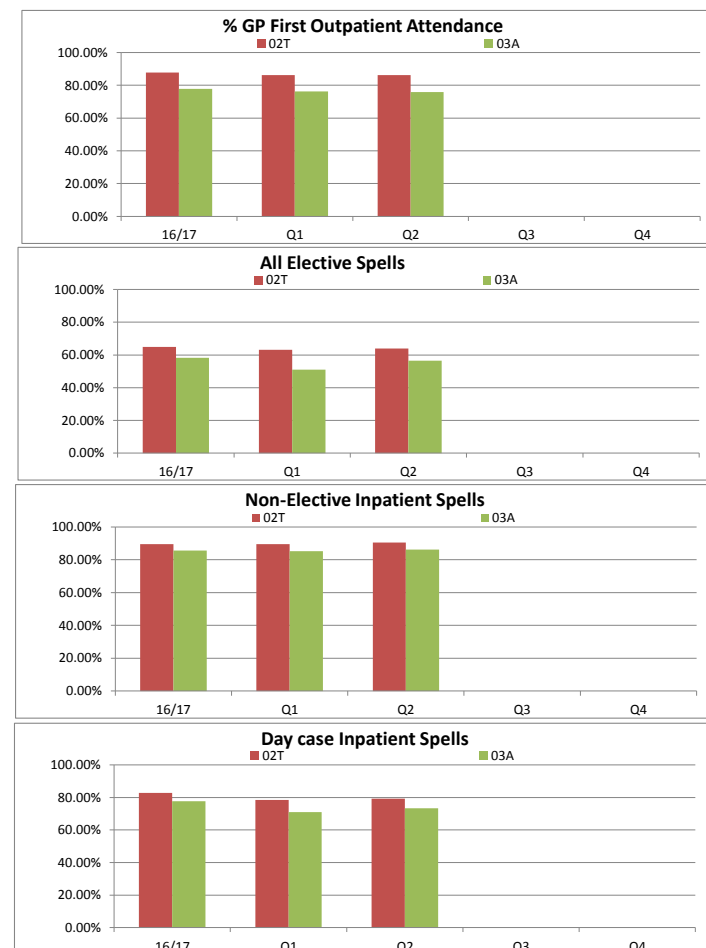
Activity																											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD 17/18	YTD 16/17	Increase	%	
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	26,223	25,674	24,989	24,986	25,501	25,263	22,592	26,372	250,627	256,757	-6130	-2%	
MRI	1,623	1,749	1,700	1,881	1,773	1,718	1,638	1,745	1,607	1,674	1,642	1,851	1,599	1,692	1,723	1,692	1,695	1,734	1,739	1,639	1,535	1,664	16,712	17,108	-396	-2%	
HRI -MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	620	649	649	615	570	622	6194	6269	-75	-1%	
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	483	474	503	450	409	432	4628	5572	-944	-17%	
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3534	-3534	-100%	
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	582	599	576	562	547	602	5784	1638	4146	-	
CT	2,611	2,565	2,622	2,695	2,640	2,467	2,520	2,527	2,486	2,601	2,438	2,746	2,308	2,605	2,587	2,779	2,722	2,589	2,651	2,796	2,470	2,637	26,144	25,734	410	2%	
General Radiology	15,682	16,384	16,165	16,052	15,859	16,000	15,844	15,606	14,400	16,266	14,597	16,688	14,441	15,322	15,476	15,479	15,142	15,516	15,692	15,230	13,911	16,295	152,504	158,258	-5,754	-4%	
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,374	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	2,326	2,199	2,314	2,273	2,319	2,329	2,078	2,358	22,557	22,937	-380	-2%	
Ultrasound	3,525	3,460	3,630	3,393	3,404	3,318	3,023	3,280	2,688	2,999	2,807	3,045	2,661	4,038	4,111	3,525	3,116	2,874	3,100	3,269	2,598	3,418	32,710	32,720	-10	0%	
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	28,692	27,939	27,377	27,284	27,882	27,625	24,471	28,679	273,422	279,619	-6,197	-2%	
MRI	1,722	1,835	1,806	1,970	1,693	1,828	1,735	1,854	1,719	1,768	1,727	1,966	1,680	1,762	1,831	1,786	1,796	1,817	1,836	1,740	1,616	1,751	17,615	17,930	-315	-2%	
HRI -MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	674	695	671	687	693	649	603	657	6585	6760	-175	-3%	
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	504	488	524	470	426	452	4827	5926	-1099	-19%	
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3419	-3419	-100%	
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	607	609	577	634	6088	1728	4360	-	
CT	3,862	3,675	3,913	3,926	3,909	3,639	3,657	3,764	3,683	3,890	3,606	4,022	3,416	3,874	3,853	4,038	4,023	3,859	3,910	3,532	3,891	38,505	37,918	587	2%		
General Radiology	16,415	17,048	16,821	16,705	16,580	16,663	16,478	16,255	14,881	16,878	15,181	17,391	15,019	15,932	16,154	16,026	15,797	16,176	16,401	15,835	14,349	16,902	158,591	164,724	-6,133	-4%	
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	2,330	2,201	2,320	2,276	2,325	2,335	2,083	2,363	22,600	23,008	-408	-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	3,441	3,156	3,410	3,606	2,891	3,772	36,111	36,039	72	0%	



Waiting List at Month End																										
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD 17/18	YTD 16/17	Increase	%
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872	819	850	831	824	787	1016	972	988	2000	1800	200	11%
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928	842	853	858	823	902	924	783	828	1000	900	100	11%
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539	1540	1259	1321	1617	1808	1906	2126	2130	2000	1800	200	11%
Number of Exams reported																										
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	18554	20116	21015	19793	21046	23066	19640	22396	202681	189504	13177	7%
Insourced (Extras)	680	1001	1221	1145	813	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	15	0	15	6	8108	9550	-1442	-15%
Locum Radiologist/Sonographer	2390	2394	1598	1345	1197	1047	935	1030	635	602	573	728	233	315	299	96	41	85	89	85	74	88	1405	13173	-11768	-89%
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	26284	30152	-3868	-13%
Outsourced	3305	2287	2512	2871	2232	2963	3833	3223	3387	4476	3477	4502	3658	4339	4225	3820	2775	2854	3017	2868	2553	2494	32333	31080	1253	4%
Total	28208	27705	27372	26152	27564	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	31598	26088	26842	28786	24516	27905	270811	273459	-2648	-1%
% Outsourced	12%	8%	9%	11%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	11%	10%	10%	9%	12%	11%	1%	
% Insourced/Outsourced	14%	12%	14%	15%	11%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	24%	14%	11%	10%	10%	9%	15%	15%	0%	

Activity - Key measures (Market Share)

	16/17	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
GP First Outpatient Attendance								
% Market Share - 02T Calderdale	87.80%	86.24%	86.22%			85.89%	87.80%	-1.91%
% Market Share - 03A Greater Huddersfield	77.75%	76.20%	75.87%			75.75%	77.75%	-2.00%
% Market Share - Other Contracted CCG's	1.47%	1.33%	1.32%			1.29%	1.47%	-0.18%
Market Size - 02T Calderdale	45081	9947	10057			20004	45081	
Market Size - 03A Greater Huddersfield	43244	9506	10007			19513	43244	
Market Size - Other Contracted CCG's	456702	110984	116018			227002	456702	
All Elective Spells								
% Market Share - 02T Calderdale	64.98%	63.13%	63.98%			63.57%	64.98%	-1.41%
% Market Share - 03A Greater Huddersfield	58.26%	50.93%	56.48%			53.77%	58.26%	-4.49%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%			0.83%	0.91%	-0.08%
Market Size - 02T Calderdale	6041	1253	1202			2455	6041	
Market Size - 03A Greater Huddersfield	6220	1286	1250			2536	6220	
Market Size - Other Contracted CCG's	57991	14402	14123			28525	57991	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	89.58%	89.54%	90.50%			90.10%	89.58%	0.52%
% Market Share - 03A Greater Huddersfield	85.51%	85.13%	86.13%			85.72%	85.51%	0.21%
% Market Share - Other Contracted CCG's	0.74%	0.76%	0.94%			0.85%	0.74%	0.12%
Market Size - 02T Calderdale	23269	5939	6622			12561	23269	
Market Size - 03A Greater Huddersfield	23129	5911	6389			12300	23129	
Market Size - Other Contracted CCG's	251957	63346	62553			125899	251957	
Daycase Spells								
% Market Share - 02T Calderdale	82.91%	78.43%	79.26%			79.06%	82.91%	-3.85%
% Market Share - 03A Greater Huddersfield	77.74%	71.11%	73.36%			72.67%	77.74%	-5.07%
% Market Share - Other Contracted CCG's	0.90%	0.66%	0.79%			0.73%	0.90%	-0.17%
Market Size - 02T Calderdale	30987	5976	6745			12721	30987	
Market Size - 03A Greater Huddersfield	31895	6449	6936			13385	31895	
Market Size - Other Contracted CCG's	285313	69432	71319			140751	285313	



Background Context and commentary

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

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

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

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

Comparing Quarter 1 market share position with 16/17 baseline it can be noted that for Calderdale CCG the CHFT proportion of delivered market share has **decreased** for all areas.

Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the non elective and day case activity than it did in 16/17.

The proportion of market share CHFT delivers for the remaining CCGs with which it has a formal contract has decreased in all activity areas reportable when comparing Quarter 1 with 16/17 baseline

Activity - Key measures

	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	44,807	3,897	3,517	4,115	2,579	4,662	4,171	4,416	4,758	4,689	4,932	4,524	4,083	4,728	43,542	17.1%
03A - NHS GREATER HUDDERSFIELD CCG	38,428	3,056	3,079	3,528	2,119	3,801	3,370	3,166	3,345	3,198	3,080	3,166	2,820	3,179	31,244	-1.8%
03J - NHS NORTH KIRKLEES CCG	3,625	312	261	301	223	409	391	278	289	326	327	333	252	318	3,146	2.7%
02R - NHS BRADFORD DISTRICTS CCG	2,765	215	183	223	125	299	243	225	205	202	230	218	178	183	2,108	-10.6%
03R - NHS WAKEFIELD CCG	711	57	47	69	48	109	81	88	87	129	139	113	80	105	979	64.5%
02W - NHS BRADFORD CITY CCG	357	24	22	24	19	30	34	29	39	39	51	46	49	56	392	26.0%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	413	38	14	29	15	20	22	29	19	10	11	9	3	10	148	-60.0%
03C - NHS LEEDS WEST CCG	116	11	11	9	9	20	19	8	8	8	14	10	7	13	116	20.8%
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	45	3	3	3	4	5	9	2	5	6	8	1	7	7	54	38.5%
03G - NHS LEEDS SOUTH AND EAST CCG	27	2	2	4	2	3	9	2	5	5	11	11	7	17	72	242.9%
02V - NHS LEEDS NORTH CCG	25	1	0	3	1	1	0	2	1	3	2	1	1	1	13	-40.9%
Other	961	61	55	60	36	166	161	167	134	170	114	0	0	0	948	12.1%
Trust	92,157	7,677	7,194	8,368	5,180	9,525	8,510	8,412	8,895	8,785	8,919	8,432	7,487	8,617	82,762	8.1%
% Change on Previous year	0.00%	0.00%	0.00%	0.00%	-34.01%	21.28%	1.80%	12.68%	17.13%	12.54%	16.80%	10.11%	11.35%	13.48%	8.13%	
Activity																
% of spells with > 5 ward movements (No Target)	0.09%	0.10%	0.13%	0.11%	0.10%	0.21%	0.38%	0.44%	0.43%	0.41%	0.62%	0.34%	0.46%	0.33%	0.38%	0.3%

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	221	36	-14	66	-153	-507	-529	-255	-148	-326	-69	169	-560	-2311	
% Day Case Variance against Contract	4.9%	7.2%	1.2%	-0.4%	2.4%	-4.7%	-14.9%	-16.4%	-1.3%	-4.6%	-9.6%	-2.0%	6.8%	-16.5%	-7.4%	
Elective Variance against Contract	-937	-64	-56	-65	-10	-108	-221	-190	-156	-215	-224	-125	-60	-408	-1741	
% Elective Variance against Contract	-10.7%	-8.6%	-7.9%	-8.0%	-1.8%	-16.0%	-31.2%	-28.4%	-29.2%	-31.9%	-31.6%	-17.7%	-11.6%	-57.6%	-26.3%	
Non-elective Variance against Contract	-205	53	53	101	74	312	430	244	591	566	174	655	378	842	4257	
% Non-elective Variance against Contract	-0.3%	0.6%	1.1%	2.2%	1.2%	6.2%	12.3%	6.5%	1.0%	15.4%	3.9%	15.8%	8.5%	20.1%	10.5%	
Outpatient Variance against Contract	13612	2064	397	334	80	-2901	-5410	-823	-3715	-2851	-2471	-777	340	-3926	-22453	
% Outpatient Variance against Contract	4.0%	7.3%	1.5%	1.1%	0.1%	-12.5%	-20.2%	-6.3%	-6.5%	-12.4%	-10.6%	-4.0%	-1.0%	-16.0%	-10.3%	
Accident and Emergency Variance against Contract	2778	-96	-633	-256	82	-494	-572	-286	-226	-590	-210	-374	28	-1270	-3913	
% Accident and Emergency Variance against Contract	1.9%	-0.8%	-5.3%	-1.9%	0.7%	-3.6%	-4.4%	-2.1%	-1.8%	-4.5%	-1.6%	-3.0%	0.2%	-9.8%	-3.1%	

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

CQUINS - Key messages

Area	Reality	Response	Result
Sepsis	Following a thorough clinical review of the Sepsis alert system in EPR, it has been concluded that the system is screening 100% of patients, as it constantly screens based on the latest set of observation and lab results.	The Sepsis Improvement Group are now working on how best to improve the response to the sepsis alert and the timeliness of antibiotics.	Improvements in timeliness of antibiotics from Q2 2018/19. Accountable: ADNs and CDs
	This has therefore had a positive impact on performance in that area.		
	There is still more work to do to improve the responsiveness to those alerts and the time to antibiotics.		
Advice and Guidance	The CQUIN requirements are to provide A&G for 100% of services which CHFT already do. There is a secondary component to agree a quality standard of responding to an A&G request within 2 days. This can be done gradually over the 2 years of the CQUIN and the formal trajectory for this needs to be agreed.	Operational Managers in the Surgical division are supporting clinical colleagues to get a robust reporting process in place.	Improvement trajectory agreed with CCG to deliver 3 days responses in the first instance moving to 2 days by Q4 2018/19. Improvement expected in overall response rate each quarter. Accountable: GMs
	The Trust is improving in terms of overall response rate but the 2 days continues to a challenge. Significant improvements have been noted in Breast Surgery and ENT.		

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets							
						Q1	Q2	Q3	Q4				
						Actual Performance							
						Q1			Q1 Position	Q2			Q3
Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17		Jan-18	Feb-18	Mar-18	

Calderdale & Huddersfield NHS	Foundation Trust	Quality & Performance Report	Page 43 of 53
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CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets			
						Q1	Q2	Q3	Q4
4. Improving services for people with mental health needs who present to A&E									
4	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - cohort of patients	545	109 (Cumulative)	218 (Cumulative)	327 (Cumulative)	436 (20% overall reduction)
6. Offering advice and guidance									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)
				Medical Surgical FSS					
7. NHS E-Referrals									
7.1a	Acute	£159,811	E-referrals	% Referrals to first OP able to be received through ERS	TBC	Submit Baseline	80%	90%	100%
7.1b				% Appointment Slot Issues	TBC	33%	30%	25%	4%
				Medical Surgical FSS GI and Liver (Med and Surg) 2WW	TBC TBC TBC TBC TBC				
8. Supporting proactive and safe discharge									
8a.1	Acute	£447,472	Supporting proactive and safe discharge	Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
8a.2				Emergency Care Dataset (ECDS) usage	-	Demonstrate credible planning	N/A	Returning weekly data	N/A
8a.3 & 8b.2	Acute & Community	£447,472		% Non Elective patients discharged to usual place of residence within 7 days of admission (Pts >65, LOS >2)	38.0%	N/A	N/A	41%	
8b.1	Community			Medical Surgical					
9. Preventing ill health by risky behaviours – alcohol and tobacco									
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	No data required until 2018-19			
9b		£31,962		% Smokers given brief advice					
9c		£39,953		% Smokers referred and/or offered medication					
9d		£39,953		% Patients screened for Alcohol usage					
9e		£39,953		% Alcohol users given brief advice					
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	Submit Baseline			
9b		£63,925		% Smokers given brief advice	100.0%	Submit Baseline			
9c		£79,906		% Smokers referred and/or offered medication	0.0%	Submit Baseline			
9d		£79,906		% Patients screened for Alcohol usage	4.0%	Submit Baseline			
9e		£79,906		% Alcohol users given brief advice or medication	0.0%	Submit Baseline			
10. Improving the assessment of wounds									
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	-	N/A	To complete baseline audit	N/A	TBC
11. Personalised care and support planning									
11	Community	£319,623	Personalised care and support planning	Patient activation assessments	-	N/A	Submit plan	Identify cohort	Training undertake & cohort pts assessed

ACTUAL PERFORMANCE													
Q1				Q1 Position	Q2				Q2 Position	Q3			
Apr-17	May-17	Jun-17			Jul-17	Aug-17	Sep-17			Oct-17	Nov-17	Dec-17	Q3
Q4					Q4					Q4			
Jan-18	Feb-18	Mar-18			Jan-18	Feb-18	Mar-18			Jan-18	Feb-18	Mar-18	Q4
17 (Cumulative)	42 (Cumulative)	64 (Cumulative)		64	85 (Cumulative)	113 (Cumulative)	130 (Cumulative)		130	147 (Cumulative)	167 (Cumulative)	177 (Cumulative)	177
203													
48.6%	49.4%	41.0%		46.0%	47.0%	47.8%	50.4%		48.3%	47.9%	40.8%	53.0%	46.8%
48.0%					48.0%					48.0%			
58.6%	56.7%	51.9%		55.4%	53.8%	55.8%	56.1%		55.2%	58.1%	52.6%	65.0%	58.3%
3.4%	6.1%	3.7%		4.3%	16.1%	4.3%	14.0%		11.7%	5.1%	3.9%	9.3%	5.9%
47.1%	48.9%	30.8%		41.6%	58.1%	55.9%	62.2%		58.8%	41.5%	51.0%	60.5%	50.8%
51.9%													
Quarter Position Only				N/A	Quarter Position Only				87.0%	Quarter Position Only			
30.5%	6.4%	11.9%		16.3%	16.4%	14.2%	13.0%		14.6%	16.2%	26.7%	TBC	16.1%
Collected from Q2					16.5%	18.8%	16.8%		17.4%	45.1%	40.9%	TBC	42.8%
					14.7%	10.2%	8.7%		11.2%	14.5%	23.1%	TBC	19.1%
					13.3%	11.4%	9.5%		11.4%	10.3%	25.2%	TBC	17.6%
					31.0%	31.3%	32.6%		31.7%	58.8%	68.1%	TBC	63.6%
					-	-	-		-	46.4%	29.6%	TBC	38.4%
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	Quarter Position Only			
39.1%	36.4%	36.0%		37.1%	37.8%	37.3%	38.8%		38.0%	38.5%	39.6%	40.5%	39.5%
38.5%	36.5%	36.4%		37.1%	37.5%	37.9%	39.7%		38.4%	37.6%	40.8%	42.1%	40.2%
41.4%	35.7%	34.5%		37.1%	38.6%	35.4%	35.7%		36.6%	42.0%	35.1%	33.8%	37.3%
N/A	N/A	N/A		N/A	Y				Y	N/A	N/A	N/A	N/A
-	-	-		-	-	-	-		-	-	-	-	-
-	-	-		-	-	-	-		-	-	-	-	-
-	-	-		-	-	-	-		-	-	-	-	-
-	-	-		-	-	-	-		-	-	-	-	-
-	-	-		-	-	-	-		-	-	-	-	-
Y				Y	Quarter Position Only				70.2%	Quarter Position Only			
Y				Y	Quarter Position Only				60.6%	Quarter Position Only			
Y				Y	Quarter Position Only				2.9%	Quarter Position Only			
Y				Y	Quarter Position Only				3.3%	Quarter Position Only			
Y				Y	Quarter Position Only				33.3%	Quarter Position Only			
N/A	N/A	N/A		N/A	Quarter Position Only				34.1%	N/A	N/A	N/A	N/A
N/A	N/A	N/A		N/A	Y				Y	Y			
Y				Y	Y				Y	Y			
TBC					TBC					TBC			

Appendices



Appendices

Appendix - Appointment Slot Issues

ASIs

As at 13th February, there were 1,227 referrals awaiting appointments of which 1,130 were e-Referrals.

We would expect the % of ASIs that are e-referrals to increase from 1st January due to the reduction we have seen in paper referrals with 94% of GP referrals now coming in via the ERS System.

This is an increase of 319 since w/c 18th January 2018.

The top specialties for ASIs backlog are:
General Surgery

with smaller backlogs also in :

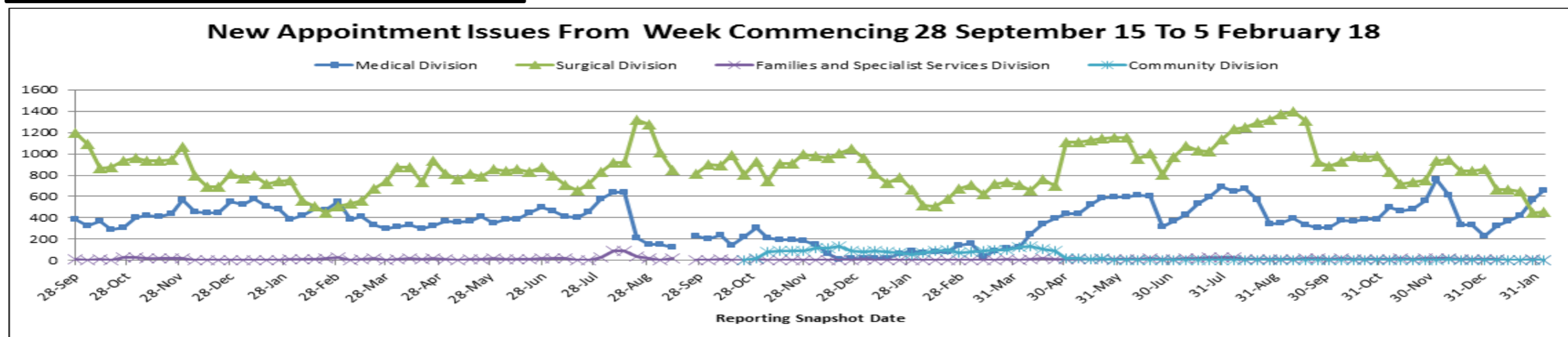
Gastroenterology
Dermatology
Colorectal Surgery
Paediatrics

We continue to see a much improved position in Ophthalmology and Urology.

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

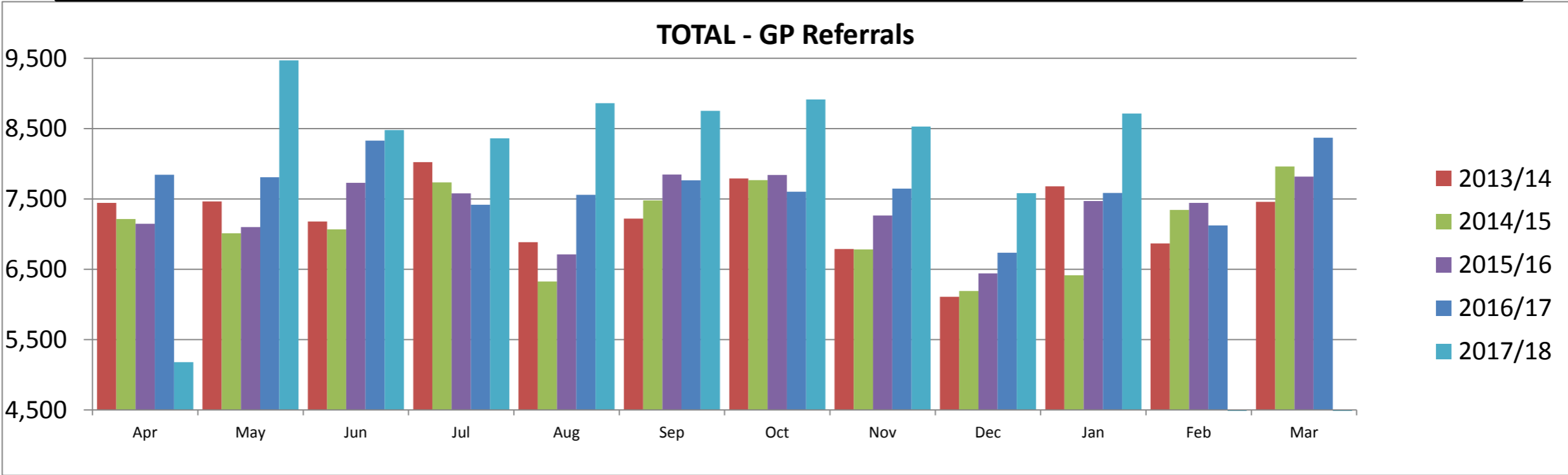
Week Commencing 3/01/2018	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	100	134	101	76	33	6	1	5	6	14	4	2	2	2	486
Dermatology	24	32	38	17	2	1		1	1	4		1	1	1	123
Surgery	97	120	59	42	46	29	43	41	39	84	35	5	6	9	655
ENT	33	30	5	3			1	1	2	1				1	77
General Surgery	24	25	28	20	24	17	30	27	25	63	25	4	4	3	319
Orthopaedics	3	4	4	8	2	4	5	4	10	6	4	1	2	2	59
Urology	11	12	10	7	3	2	2	2		9	5			2	65
FSS	40	22	6	4	5	1	1	4			2		1		86
Paediatrics	38	21	4	2	5	1	1	4					1		77
Totals	237	276	166	122	84	36	45	50	45	98	41	7	9	11	1,227

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



Appendix - Referrals

- GP Referrals up 13.5% in January 2018 compared with previous January.
- In January, there were 22 working days, compared to previous January number of 21. This could point to an expected decrease in referrals of 4.8%.
- The YTD position for GP Referrals growth is now 8.1% up on the same period last year. As there has been 1 less working days in comparison a decrease of 4.8% could be expected.
- NHS Calderdale GP referrals have seen an increase of 17.4% (6,393) for the year to date principally due to referrals capture d under Orthopaedics 64% (4,515) and Physiotherapy (1,510 referrals) specialties.
- The increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting f or the 6,002 referrals triaged YTD (triage commenced June 2017) sees a revised Calderdale GP referral position seeing a decrease in referrals of 1.1% (391 referrals)
- When triaged referrals are excluded the overall Orthopaedic / MSK service referral demand has increased 0.4% (26 referrals)
- Total referrals (non-triage) into the Calderdale MSK service have increased 7.6% (313 referrals) YTD
- Total Calderdale CCG referrals into the Orthopaedic service alone look to have decreased 9.8% (287 referrals). For the third month in a row this is implying something of a shift in that more referrals into consultant led T and O now appear to be occurring. The picture in the information available has yet to be confirmed within the Orthopaedic service.
- NHS Greater Huddersfield GP referrals have seen a decrease of 1.4% (447) for the year to date principally due to Orthopaedic s 40.6% (1124) and Pain Management 15.7% (163). This is a direct result of the Locala MSK service.
- There is no significant movement in GP referrals volumes into consultant lef T and O returning for Greater Huddersfield CCG into T and O.
- General Medicine has decreased also but reduction is counterbalanced by referral increases captured against medical sub-specialties (Respiratory Medicine, Stroke Medicine, Endocrinology and TIA)
- For 2017/18 YTD there has been a GP referral increase for NHS Wakefield (65%, 389 referrals - Gynaecology 449 referrals up and Neurology referrals 117 down), Bradford City (26%, 80 referrals) and Leeds South & East (243%, 51 referrals).
- NHS Heywood, Middleton and Rochdale CCG have seen a large decrease of 60% (219 referrals, Paediatrics and ENT main specialt ies of notable with reductions) as have Bradford District (11%, 263 referrals).

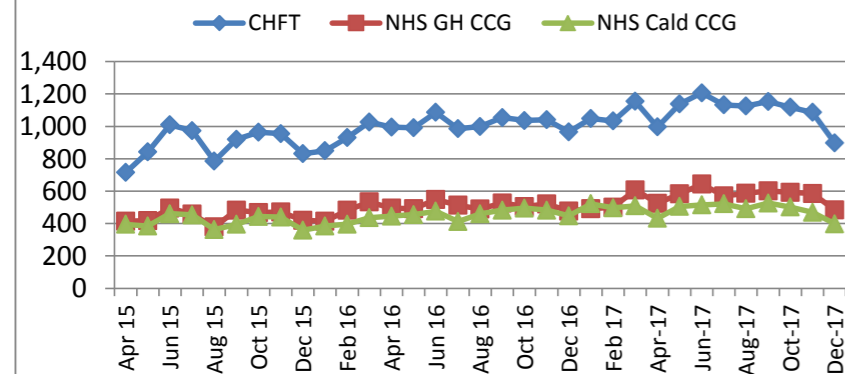


Activity - Key measures

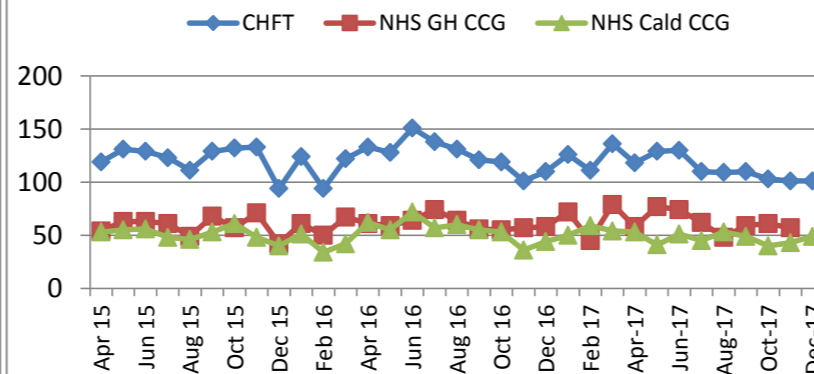
	16/17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5,730	447	522	497	509	432	506	516	522	492	526	502	470	398	4,364	5.0%
NHS CALDERDALE CCG Conversions	658	44	50	59	54	53	41	51	45	53	49	40	43	49	424	
NHS CALDERDALE CCG Conversion Rate	11.7%	9.8%	9.6%	11.9%	10.6%	12.3%	8.1%	9.9%	8.6%	10.8%	9.3%	8.0%	9.1%	12.3%	9.7%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,214	477	492	501	608	524	583	644	570	587	602	592	586	484	5,172	13.2%
NHS GREATER HUDDERSFIELD CCG Conversions	748	58	72	45	79	58	77	74	62	48	59	61	57	52	548	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	12.2%	14.6%	9.0%	13.0%	11.1%	13.2%	11.5%	10.9%	8.2%	9.8%	10.3%	9.7%	10.7%	10.6%	
Other CCG Referrals	446	41	35	35	37	40	49	46	40	46	25	24	30	14	314	-26.5%
Other CCG Conversions	81	8	4	7	3	7	11	5	3	8	2	2	1	0	39	
Other CCG Conversion Rate	18.2%	19.5%	11.4%	20.0%	8.1%	17.5%	22.4%	10.9%	7.5%	17.4%	8.0%	8.3%	3.3%	0.0%	12.4%	
CHFT Fast Track Referrals	12,390	965	1,049	1,033	1,154	996	1,138	1,206	1,132	1,125	1,153	1,118	1,086	896	9,850	7.6%
CHFT Fast Track Conversions	1,487	110	126	111	136	118	129	130	110	109	110	103	101	101	1,011	
CHFT Fast Track Conversion Rate	12.1%	11.4%	12.0%	10.7%	11.8%	11.8%	11.3%	10.8%	9.7%	9.7%	9.5%	9.2%	9.3%	11.3%	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.

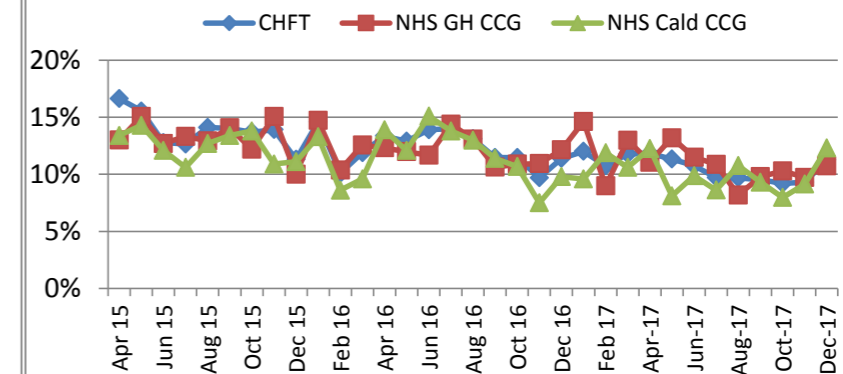
Fast Track Cancer Referrals



Fast Track Conversions

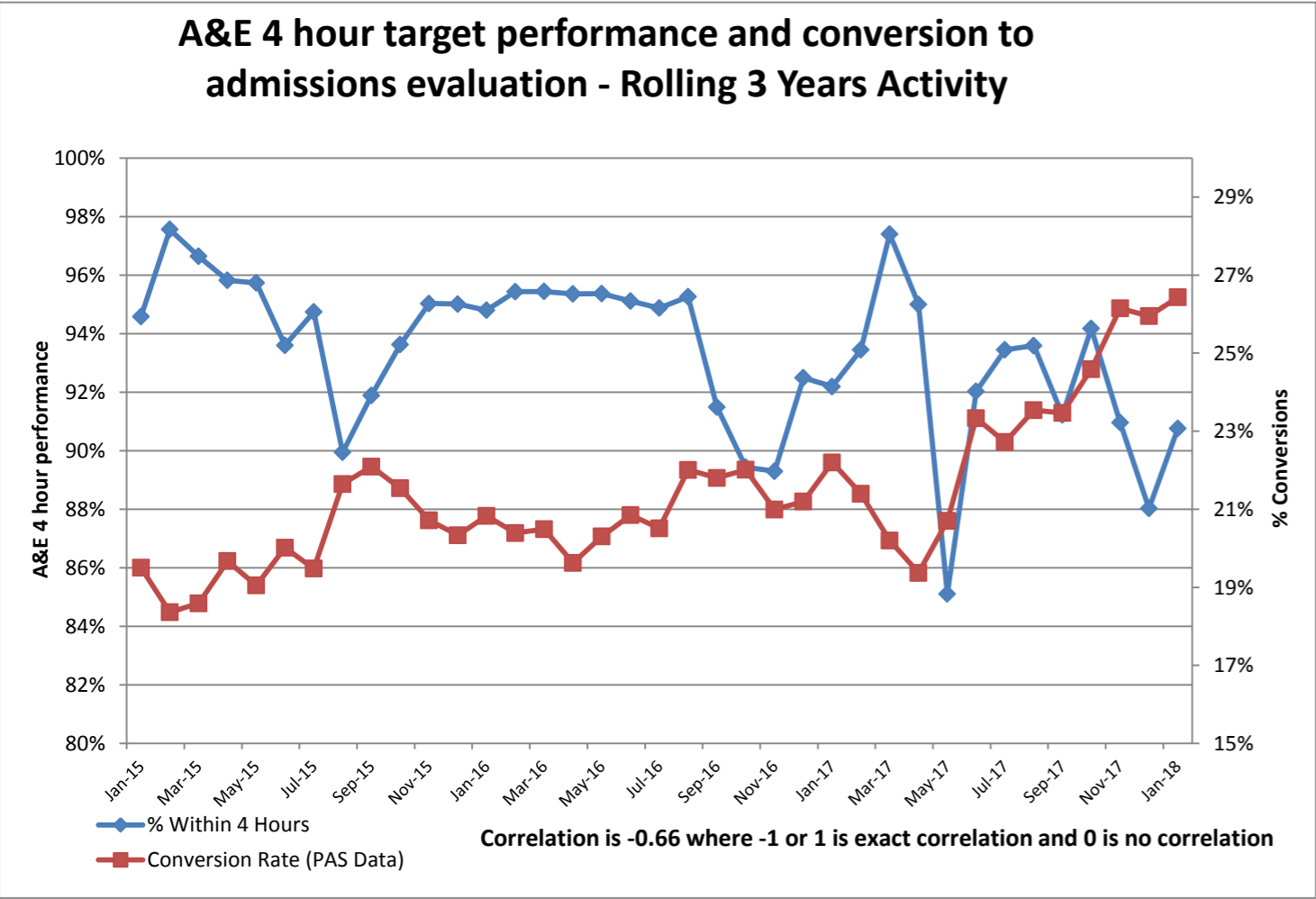


Fast Track Conversion Rate



Appendix - A and E Conversion rates and Delayed Transfers

16/17		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	151,354	12,385	11,252	12,967	12,396	13,267	12,361	13,170	12,155	12,732	13,058	12,097	12,653	11,735	125,624	-1.2%
A and E 4 hour Breaches	8,524	697	737	337	620	1,975	985	863	779	1,118	761	1,094	1,514	1,084	10,793	39.81%
Emergency Care Standard 4 hours	94.2%	92.19%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	91.41%	-0.8%
Admissions via Accident and Emergency	30,922	2,746	2,411	2,625	2,431	2,746	2,884	2,992	2,861	2,990	3,211	3,163	3,284	3,102	29,664	28.2%
% A and E Attendances that convert to admissions	20.45%	22.20%	21.40%	20.20%	19.37%	20.70%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	23.61%	6.4%



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 15th February 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	52	69	0	121
Awaiting Completion of Assessment	33	40	0	73
Awaiting Care package in own home	12	12	0	24
Awaiting Residential home placement	2	4	0	6
Awaiting public funding	0	1	0	1
Awaiting further non-acute NHS Care	1	6	0	7
Awaiting community equipment and adaptations	0	3	0	3
Awaiting nursing home placement	4	3	0	7
Patient or Family choice	0	0	0	0

Appendix - Cancer - By Tumour Group

16/17		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	YTD	Target	Threshold/Monthly
62 Day Gap Referral to Treatment																	
Breast	99.24%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	98.81%	>=85%	85.00%
Gynaecology	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	83.33%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	86.30%	>=85%	85.00%
Haematology	0.00%	0.00%	0.00%	0.00%	50.00%	86.67%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	80.77%	>=85%	85.00%
Head & Neck	74.03%	100.00%	50.00%	100.00%	80.00%	75.00%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	100.00%	81.25%	>=85%	85.00%
Lower GI	80.95%	66.67%	44.44%	90.91%	80.00%	71.43%	95.45%	69.23%	75.00%	87.50%	81.25%	90.00%	72.22%	90.00%	82.35%	>=85%	85.00%
Lung	91.52%	92.31%	92.31%	84.62%	66.67%	78.95%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	86.67%	84.97%	>=85%	85.00%
Sarcoma	85.71%	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	70.00%	>=85%	85.00%
Skin	96.52%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	97.25%	>=85%	85.00%
Upper GI	79.72%	82.35%	86.67%	50.00%	50.00%	86.67%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	74.07%	>=85%	85.00%
Urology	0.00%	0.00%	0.00%	0.00%	89.13%	95.45%	85.11%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	92.68%	87.08%	>=85%	85.00%
Others	79.31%	50.00%	none to report	50.00%	66.67%	none to report	50.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	66.67%	82.14%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	98.29%	100.00%	100.00%	100.00%	100.00%	50.00%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	89.58%	>=93%	93.00%
Breast	98.75%	100.00%	99.30%	98.78%	96.18%	93.71%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	96.08%	95.12%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Gynaecology	0.00%	0.00%	0.00%	0.00%	98.78%	74.76%	65.18%	91.09%	92.50%	92.31%	96.85%	96.26%	100.00%	95.60%	89.93%	>=93%	93.00%
Haematology	0.00%	0.00%	0.00%	0.00%	90.91%	66.67%	81.82%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	91.33%	>=93%	93.00%
Head & Neck	94.54%	88.04%	97.06%	100.00%	91.92%	74.65%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	93.38%	>=93%	93.00%
Lower GI	97.93%	99.29%	97.46%	98.27%	97.31%	97.04%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.57%	94.67%	>=93%	93.00%
Lung	96.63%	94.59%	97.44%	100.00%	100.00%	97.67%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	89.19%	95.01%	>=93%	93.00%
Sarcoma	98.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	95.45%	>=93%	93.00%
Skin	97.08%	97.50%	98.18%	96.86%	97.73%	74.83%	90.84%	90.65%	96.44%	96.70%	96.23%	98.71%	99.42%	98.77%	93.06%	>=93%	93.00%
Testicular	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	97.92%	>=93%	93.00%
Upper GI	96.94%	91.09%	97.22%	96.58%	97.06%	82.57%	78.30%	89.08%	81.75%	92.78%	90.00%	91.74%	100.00%	91.07%	89.00%	>=93%	93.00%
Urology	0.00%	0.00%	0.00%	0.00%	100.00%	94.69%	92.79%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	96.43%	95.79%	>=93%	93.00%

Methodology for calculating the performance score

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

Standard KPIs and “Key” targets

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

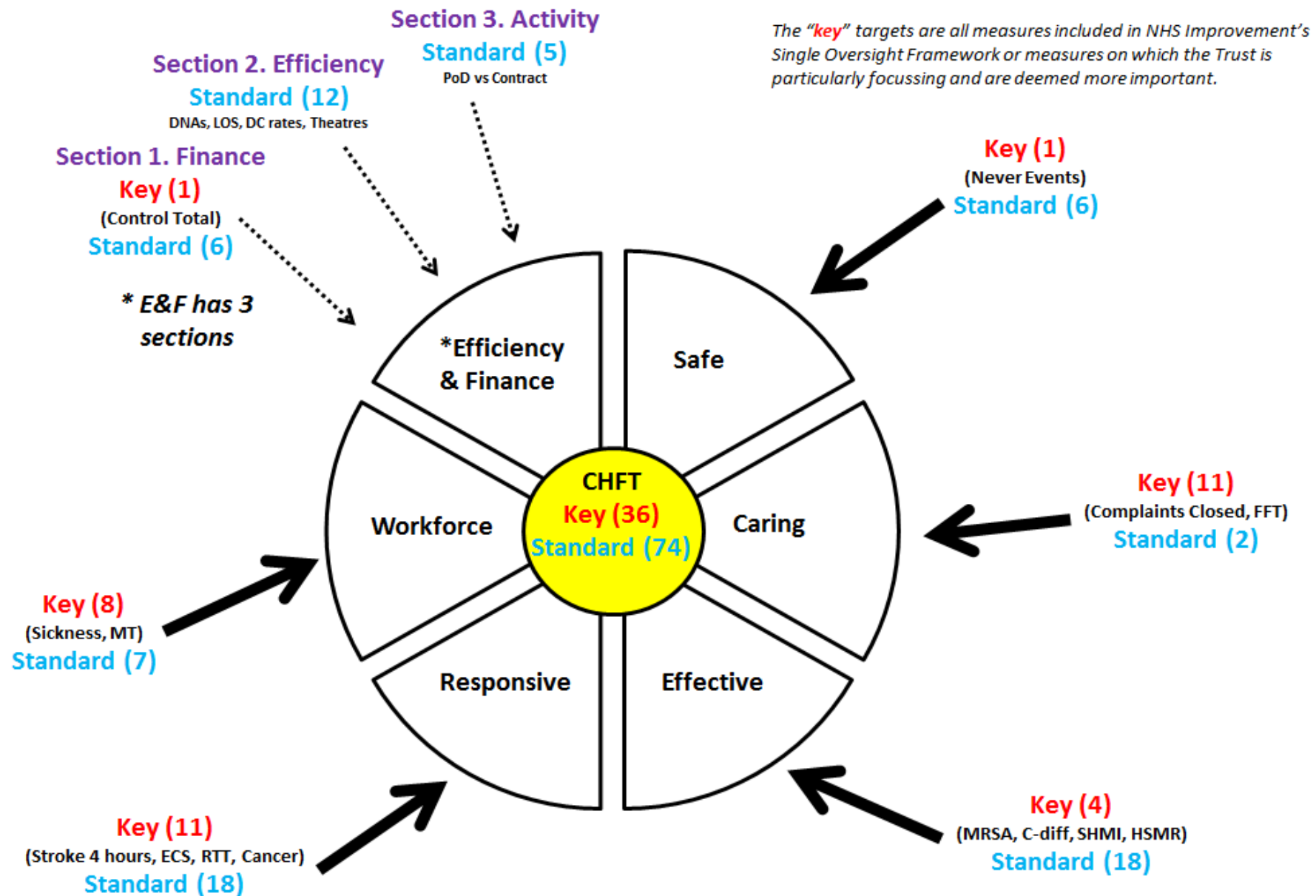
Calculating Domain Scores

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

Calculating Trust Performance Scores

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

Number of Targets (Key/Standard) by Domain



Glossary of acronyms and abbreviations

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