

Quality and Performance Report

September 2017

Contents



	Page
Contents	
Performance Summary	3
Carter Dashboard	4
Executive Summary	5
Community	
Community	7
Domains	
Safe	9
Caring	12
Effective	17
Responsive	19
Workforce	21
Financial Position	28
Benchmarking	
Benchmarking Selected Measures	34
Activity and Finance	
Efficiency & Finance	36
Activity	39
CQUIN Performance	41

	Page
Appendices	
Appendix-ASI 1	43
Appendix-Referral Key Measures	44
Appendix-FT Ref Key Measures	45
Appendix- A and E Key Measure	46
Appendix-Cancer by Tumour Group	47
Appendix-Performance Method	48
Appendix-Glossary	49

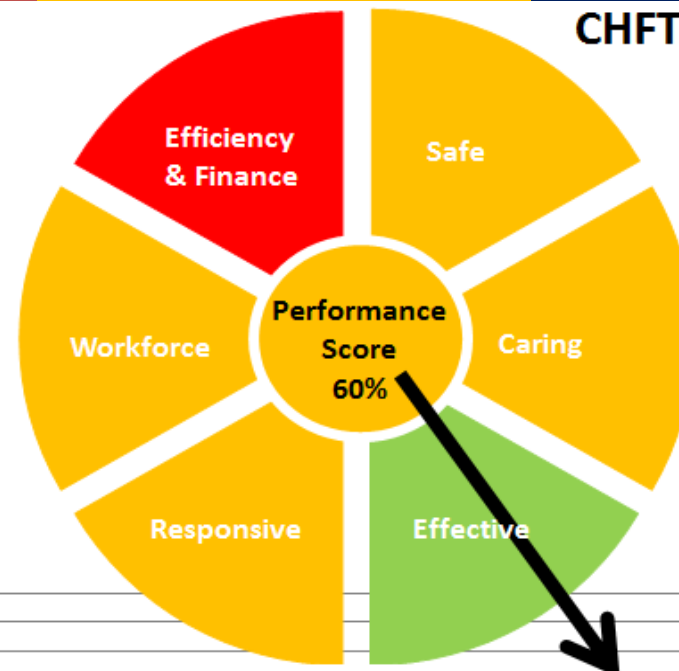
RAG Key	
Not achieving target or threshold	
Achieving target	
Between target and threshold	

Performance Summary

September

RAG Movement

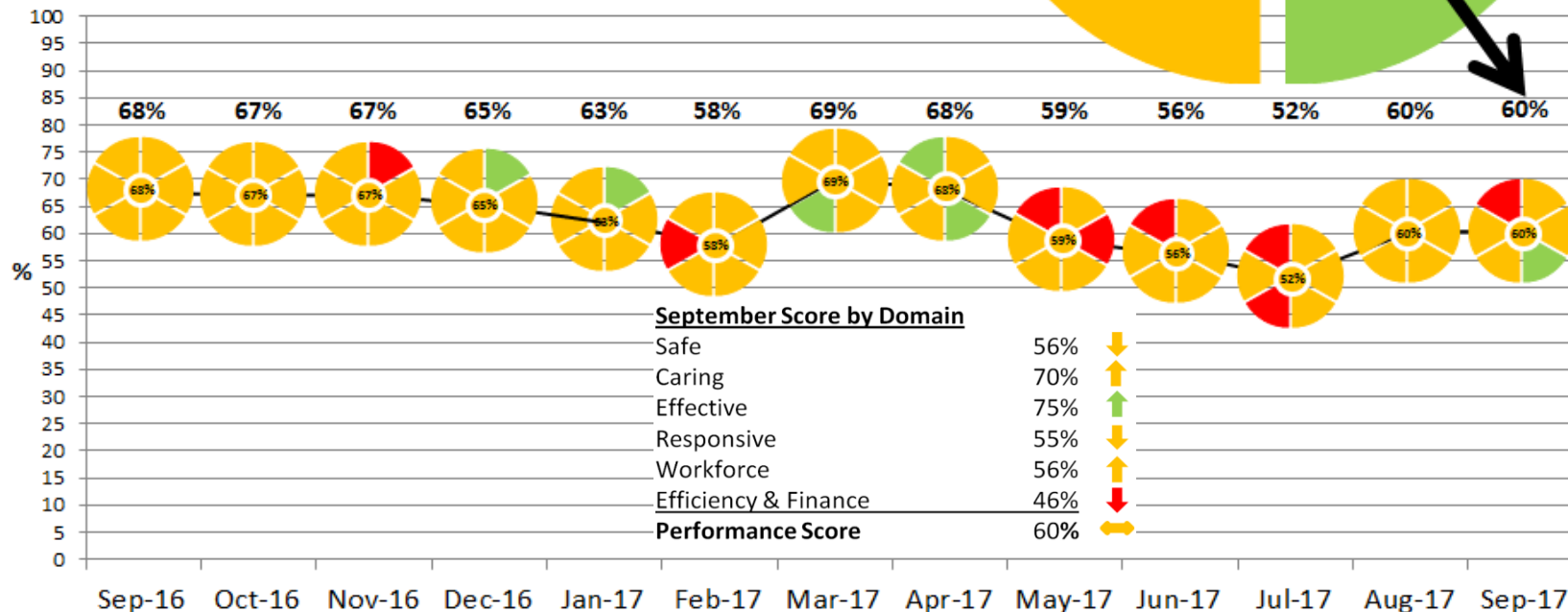
September's Performance Score stands at 60% for the Trust. The EFFECTIVE domain has improved to GREEN with all Maternity Mortality indicators achieving target. The RESPONSIVE domain has maintained AMBER although Breast Symptomatic and 62 day screening for cancer have missed target. FINANCE domain has deteriorated to RED with variance from plan moving to Amber in-month. WORKFORCE has improved in-month with better performance in sickness absence.



SINGLE OVERSIGHT FRAMEWORK

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

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



Carter Dashboard

		Current Month Score	Previous Month	Trend	Target
CARING	Friends & Family Test (IP Survey) - % would recommend the Service	96.7%	97.2%	↓	96.3%
	Inpatient Complaints per 1000 bed days	2.3	1.8	↓	TBC
	Average Length of Stay - Overall	4.57	4.41	↓	5.17
EFFECTIVE	Delayed Transfers of Care	3.25%	4.54%	↑	3.5%
	Green Cross Patients (Snapshot at month end)	120	104	↓	40
	Hospital Standardised Mortality Rate (1 yr Rolling Data)	91.08	93.17	↑	100
	Theatre Utilisation (TT) - Trust	82.5%	81.6%	↑	92.5%
RESPONSIVE	% Last Minute Cancellations to Elective Surgery	1.21%	0.69%	↓	0.6%
	Emergency Care Standard 4 hours	91.22%	93.59%	↓	95%
	% Incomplete Pathways <18 Weeks	92.42%	92.12%	↑	92%
SAFE	62 Day GP Referral to Treatment	91.8%	92.0%	↓	85%
	% Harm Free Care	94.82%	93.18%	↑	95.0%
	Number of Outliers (Bed Days)	534	590	↑	495
	Number of Serious Incidents	2	7	↑	0
Never Events		0	0	↔	0

MOST IMPROVED

Improved: Falls/Incidents and Harm Free Care - All indicators have either equalled or improved to their best position in the last 9 months.

Improved: % Complaints closed within target timeframe at 63% is the best performance over the last 12 months.

Improved: 38 Day Referral to Tertiary at its highest position in 12 months at 75%.

MOST DETERIORATED

Deteriorated: % Stroke patients Thrombolysed within 1 hour at 50% is the worst performance in the last 12 months.

Deteriorated: % Last Minute Cancellations to Elective Surgery at 1.21% is the worst position in the last 12 months.

Deteriorated: Number of E.Coli - Post 48 Hours increased to 4 in-month.

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

ACTIONS

Action: Options for direct take in AED of a wider cohort of presentations are being explored reflecting it is not delays in access to imaging that is the main reason for performance, it is the pathway that doesn't include other patients presenting with a Neurological deficit.

Action: Escalation process reviewed for patients at risk of cancellation who have already been admitted and increased focus on scheduling to ensure lists appropriately planned. Some risks of further cancellations due to bed capacity with absolute prioritisation of bed capacity for emergency admissions whilst not making a decision to cancel too early i.e. the day before to avoid underdelivery of activity.

Action: The Trust level task and finish group for E.Coli has now commenced which will identify and lead the key interventions that aim to improve performance and learning across the organisation.

Arrow direction count

↔

1

↑

10

↓

8

PEOPLE, MANAGEMENT & CULTURE: WELL-LED		Current Month Score	Previous Month	Trend	Target
Doctors Hours per Patient Day					
Care Hours per Patient Day		7.5	7.8	↓	
Sickness Absence Rate		3.81%	3.94%	↑	4.0%
Turnover rate (%) (Rolling 12m)		12.75%	13.16%	↑	12.3%
Vacancy		341.47	400.11	↑	NA
FFTStaff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly) Q1		81.2%	Different division sampled each quarter. Comparisons not applicable		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly) Q1		63.0%	Different division samples each quarter. Comparisons not applicable		

OUR MONEY		Current Month Score	Previous Month	Trend
Income vs Plan var (£m)		-£6.00	-£5.53	●
Expenditure vs Plan var (£m)		£5.90	£5.25	●
Liquidity (Days)		-25.15	-30.94	●
I&E: Surplus / (Deficit) var - Control Total basis (£m)		£0.01	£0.03	●
CIP var (£m)		-£1.94	-£1.47	●
UOR		3	3	●
Temporary Staffing as a % of Trust Pay Bill		12.77%	12.37%	●

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none">• % Harm Free Care - Performance improved slightly in-month to 94.82%. Within the Medical division a number of initiatives continue to be strengthened (changes to the format of the pressure ulcer panel, progress with the falls action plan) to impact on improving the position.• % PPH ≥ 1500ml - all deliveries - Performance remains within normal variation, deteriorating in-month to 3.7%.• Number of Category 4 Pressure Ulcers Acquired at CHFT - 1 Category 4 pressure ulcer within the Medical division. This has been a focused area of work for Medicine with ward areas continuing to translate the Trust-wide pressure ulcer plan into ward specific action plans.
Caring	<ul style="list-style-type: none">• Complaints closed within timeframe - Of the 41 complaints closed in September, 63.4% of these were closed within target timeframe which is the best performance in the last 12 months. The overall percentage for complaints closed within target timeframe last year (2016-17) was 45%.• Friends and Family Test Outpatients Survey - % would recommend the Service - Performance is still not achieving target. The task and finish group established by the ADN has identified 2 clinical specialty areas to work with and test improvements and is also undertaking Go-See reviews. Healthwatch have been invited to undertake a more detailed study which has been scoped by the Chief Nurse.• Friends and Family Test A & E Survey - Response Rate - has fallen slightly again to 11% in-month, focussed work continues in ED.• Friends and Family Test Community Survey - Community FFT reported 89% would recommend the service against a 96% national average. The division have been testing the new server throughout September and a new reporting format is being developed to reflect the new management structure.
Effective	<ul style="list-style-type: none">• MSSA Bacteraemias, E-Coli - Post 48 hours - There were 3 and 4 respectively in-month. The Trust level task and finish group for E.Coli has now commenced which will improve performance and learning across the organisation.• Mortality Reviews - The new Learning from Deaths policy was approved in August which describes the ambition to perform initial screening reviews on all deaths plus Structured Judgment Reviews (SJR) on selected cases from September. Expect improvements to be visible in the data from October, an additional measure will appear to record the % of applicable cases undergoing SJR.• % Sign and Symptom as a Primary Diagnosis - Since EPR go live the % Sign and Symptom has increased. This is due to documentation within Power Chart and the admitting primary diagnosis not being updated to the diagnosis at discharge. There has been an improvement on the previous month. Communication was sent out in October to all staff from the Medical Director's office to highlight the issue and the impact of the increases being seen across all divisions.• Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge - September's performance deteriorated to 67%. As noted in the previous month, CHFT changed the process so there is better visibility of all Trauma patients which should improve the planning generally and improve the hip fracture patients having surgery in a timely way. Discussion at the October consultants' meeting resulted in an agreed new protocol to cover Trauma 2. An overview of waiting time for theatre indicated that 90% of patients were being operated on with 48 hours.

Background Context

Divisions came together as part of the Trust's 2 day Annual Planning session in early October with the aim of securing an achievable and palatable financial position for 2017/18 whilst looking forward to the plans for 2018/19 which were developed as part of this session last year.

EPR deployment stabilisation continues with improved inpatient utilisation both medical and nursing. Issues remain with booking and outpatient services with a direct impact on efficiency and productivity.

Work has continued in September to contain the data quality issues and ensure clinical activity is recorded and captured accurately.

Counting and coding is improving but has still not returned to pre-EPR levels with recovery plans managed through the Data Quality Board. The services of an external data quality team were stepped down but have now been reinstated for 2 days a week for a further month.

High attendance rates and significant daily variations in demand for non-elective services has been a challenge to respond to. There were some extremely challenging days during September as we attempted to deliver the ECS however the latter part of September and early part of October has seen an improvement in performance. Focus is now on sustaining this momentum and continuing to progress the Trust-wide Urgent Care action plan. There is a real focus on the timeliness of discharges in particular the weekend discharge rate which is being progressed through some of the SAFER work.

Work on reconfiguring Cardiology, Respiratory and Elderly services has continued and is now in the latter stages of development. Good progress has been made in- month with agreement around operational challenges and solutions reached with YAS.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none">• Emergency Care Standard 4 hours improved again to 91.2% for September - The ECS recovery and sustainability Plan actions continue to be worked through and implemented.• % Stroke patients Thrombolysed within 1 hour - at 50% is worst performance in last 12 months. Options for direct take in A&E of a wider cohort of presentations are being explored reflecting it is not delays in access to imaging that is the main reason for performance, it is the pathway that doesn't include other patients presenting with a Neurological deficit. This model would ensure that work strokes and “possible” strokes are picked up quickly in A&E by the stroke consultant and thrombolysis nurse therefore ensuring scans are requested in a timely manner.
	<ul style="list-style-type: none">• % Diagnostic Waiting List Within 6 Weeks - just missed the 99% target with Medicine Echocardiograms underperforming and Endoscopy not yet included. Additional capacity has been sourced for Cardiac MRI and there has been significant progress. Validation is now complete for Endoscopy.• Two Week Wait From Referral to Date First Seen: Breast Symptoms - missed the 93% for the 4th month running reflecting issues with 7 day access. Changes to the booking team location agreed to better connect access and cancer tracking team.• 62 Day Referral From Screening to Treatment - very low numbers in denominator with subsequent impact of any additional breaches. Weekly meetings in place between GMs and trackers with COO escalation.• 38 Day Referral to Tertiary - improved further in-month to 75% - best performance in last 12 months.
Workforce	<ul style="list-style-type: none">• Mandatory Training is behind plan for 4 out of the five agreed topics with Divisions and corporate colleagues now focussing on recovery.• Appraisal compliance is at 68.15% which is below the planned position of 84.8% at the end of September and a 1 month extension to the appraisal window has been agreed through Board of Directors.
Finance	<ul style="list-style-type: none">• Finance: Reported year to date deficit position of £13.28m in line with agreed control total of £13.29m;<ul style="list-style-type: none">• Delivery of CIP is behind the planned level at £4.74m against a planned level of £6.69m;• Capital expenditure is £5.05 below plan due to revised timescales;• Cash position is £3.18m, above the planned level of £1.90m;• A Use of Resources score of level 3, in line with the plan. <p>The Month 6 reported position is a deficit in line with the control total. The underlying financial position has continued to deteriorate and is an adverse variance to plan of £9.3m driven by activity and income significantly below the planned level, developing cost pressures and underperformance on CIP. This has been offset by the release of all of the Trust’s contingency reserves for the year alongside a number of non-recurrent benefits.</p> <p>The Trust continues to forecast achievement of its Control Total and securing the STF allocation that is linked to financial and A&E performance in Q3 and Q4. However, revised Divisional forecasts show the underlying gap to the planned deficit increasing in the second half of the year. Further opportunities are being explored including: further recovery of activity and income levels, increased delivery of CIP and alternative financing opportunities. However, until full recovery plans are in place, the risk of failing to achieve the target deficit of £15.94m remains extremely high.</p>

Background Context

Surgery has prioritised the following areas in an attempt to recover its performance and financial position:

- Supporting Delivery of the Emergency Care Standard
- Delivery of Cancer Targets (KR)
- Complaints Response Quality and Timeliness
- #NoF 36 hours to Theatre
- Inpatient/Outpatient workforce capacity and its utilisation
- Endoscopy recovery plan and JAG accreditation
- Large Value off Track CIPs
- Data Quality

During September the Division had a mock CQC inspection at CRH theatres resulting in the development of an action plan.

In September, a number of the Radiology team joined workforce and divisional colleagues for a workforce planning session aimed to launch the Trust's new approach to workforce planning. The session was a success and the approach will now be rolled out to other divisional teams.

The Community division continues to work collaboratively with Commissioners and provider partners. In September the team has been focusing on developing the Frailty pathway and continues to develop the Rehabilitation pathway. Both of these pathways rely on collaboration with partners.

In August a proposal was submitted to Harrogate & District CCG to provide a service for non-palliative Lymphoedema patients. This proposal was accepted and the plan is develop the implementation plan to start this service in December.

We have been working with Locala to develop the pathways for Heart failure and Respiratory services to support the reconfiguration of services across sites.

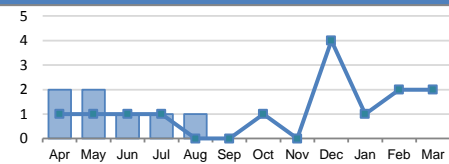
Safe, Effective, Caring, Responsive - Community Key messages

Area	Reality	Response	Result
Safe	<div>Category 3/4 pressure ulcers</div> <div>The division is maintaining a low prevalence of grade 3/4 pressure ulcers with one grade 3 being reported in August.</div>	<div>Category 3/4 pressure ulcers</div> <div>Continued work is progressing with tissue viability. One senior nurse has been released to focus more dedicated time on wound care and pressure ulcers.</div>	<div>Category 3/4 pressure ulcers</div> <div>Continue to maintain and improve performance in this area.</div> <div>By when: Review October 2017</div> <div>Accountable: ADN</div>
Effective	<div>Leg Ulcer Healing</div> <div>All leg ulcers healed in September healed within 12 weeks.</div>	<div>Leg Ulcer Healing</div> <div>Work continues with the Tissue Viability Team to ensure that the community nursing services are delivering evidenced based, effective care.</div>	<div>Leg Ulcer Healing</div> <div>Maintenance of successful leg ulcer healing rates.</div> <div>By when: November 2017</div> <div>Accountable: Matron Community Nursing services</div>
Caring	<div>Patients Dying in preferred place</div> <div>The nursing teams work hard to ensure that people at the end of life are treated in their preferred place. There are occasions where transfer to hospital occurs if family feel vulnerable and unable to cope.</div>	<div>Patients Dying in preferred place</div> <div>The Quest matron team is undertaking some work to improve the end of life pathway for patients in care homes. This should result in fewer patients from care homes being admitted at the end of their life as they will have a personalised plan to support them and the care home staff in managing end stages of life.</div>	<div>Patients Dying in preferred place</div> <div>A reduction in the number of patients from care homes taken to hospital at the end of their life.</div> <div>By when: Review March 2018</div> <div>Accountable: Matron for Community Nursing</div>
Responsiveness	<div>Physiotherapy waiting times</div> <div>Physiotherapy waiting times continue to improve and now stand at 5 weeks. This is a significant improvement on the waiting time in July which stood at 16 weeks.</div>	<div>Physiotherapy waiting times</div> <div>The physiotherapy service has commenced a telephone assessment service. This is intended to reduce the number of people requiring face to face contact by a physiotherapist in order to reduce the waiting times and enable people in need of hands-on therapy to receive this in a timely manner.</div> <div>The physiotherapy band 5 new graduates have commenced in post and are being inducted.</div>	<div>Physiotherapy waiting times</div> <div>Physiotherapy waiting times to maintain position at end October.</div> <div>By when: October 2017</div> <div>Accountable: Head of Therapies</div>

Dashboard - Community

Safe

Community acquired grade 3 or 4 pressure ulcers



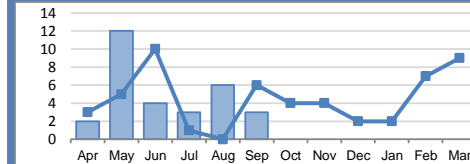
One month in arrears

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



One month in arrears

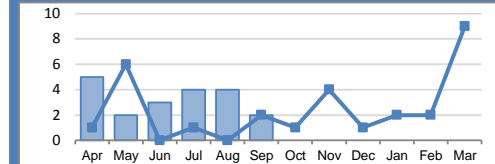
Incidents - New Harms



Bar Chart = 17/18 figures

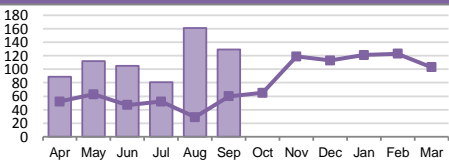
Line graph = 16/17 figures

Medication Incidents

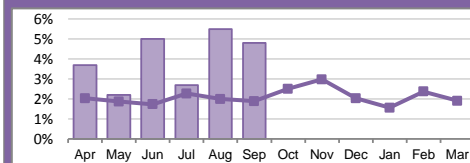


Effective

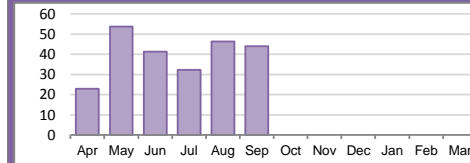
Number of Hospital admissions avoided by Community Nursing services



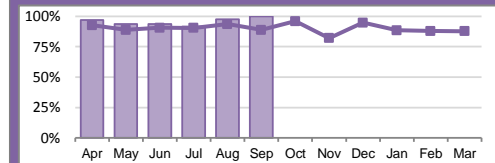
Patients who attended A&E while on a Community Matron Caseload, who readmitted within 30 days



Intermediate Care Bed base (Average Days)

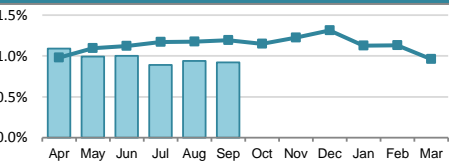


House Bound leg ulcers healed within 12 weeks

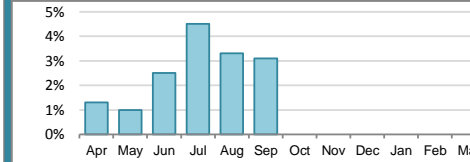


Caring

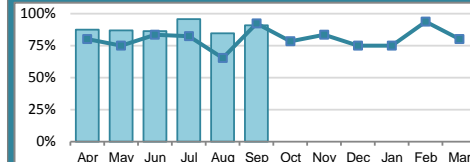
Community No Access Visits Adult Nursing



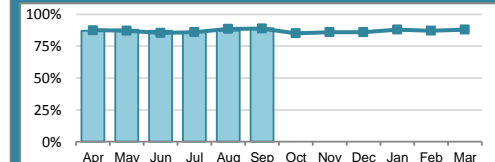
Intermediate Care Readmission rate



End of life patient died in preferred place of death

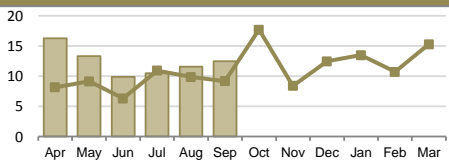


Friends and Family Test- Likely to recommend

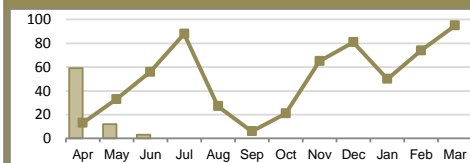


Responsive

Average time to start of reablement (days)



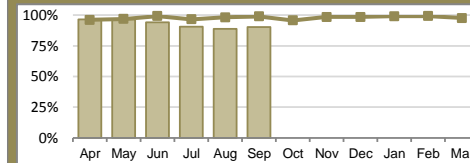
Appointment Slot Issues for MSK & Podiatry



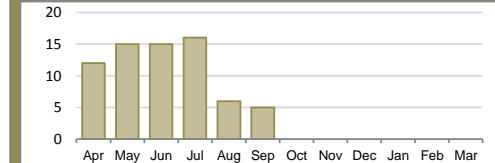
MSK

Podiatry

Waiting Times - 18 week RTT

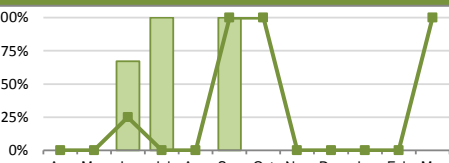


Waiting Times - Physiotherapy Routine (Weeks)

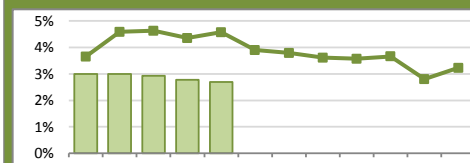


Well Led

% Complaints closed within timeframe



Staff sickness rate

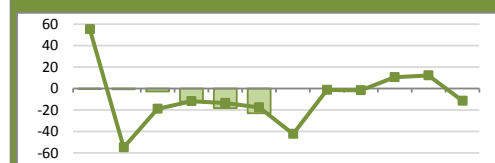


One month in arrears

Finance - Planned variance against actual (£'000)



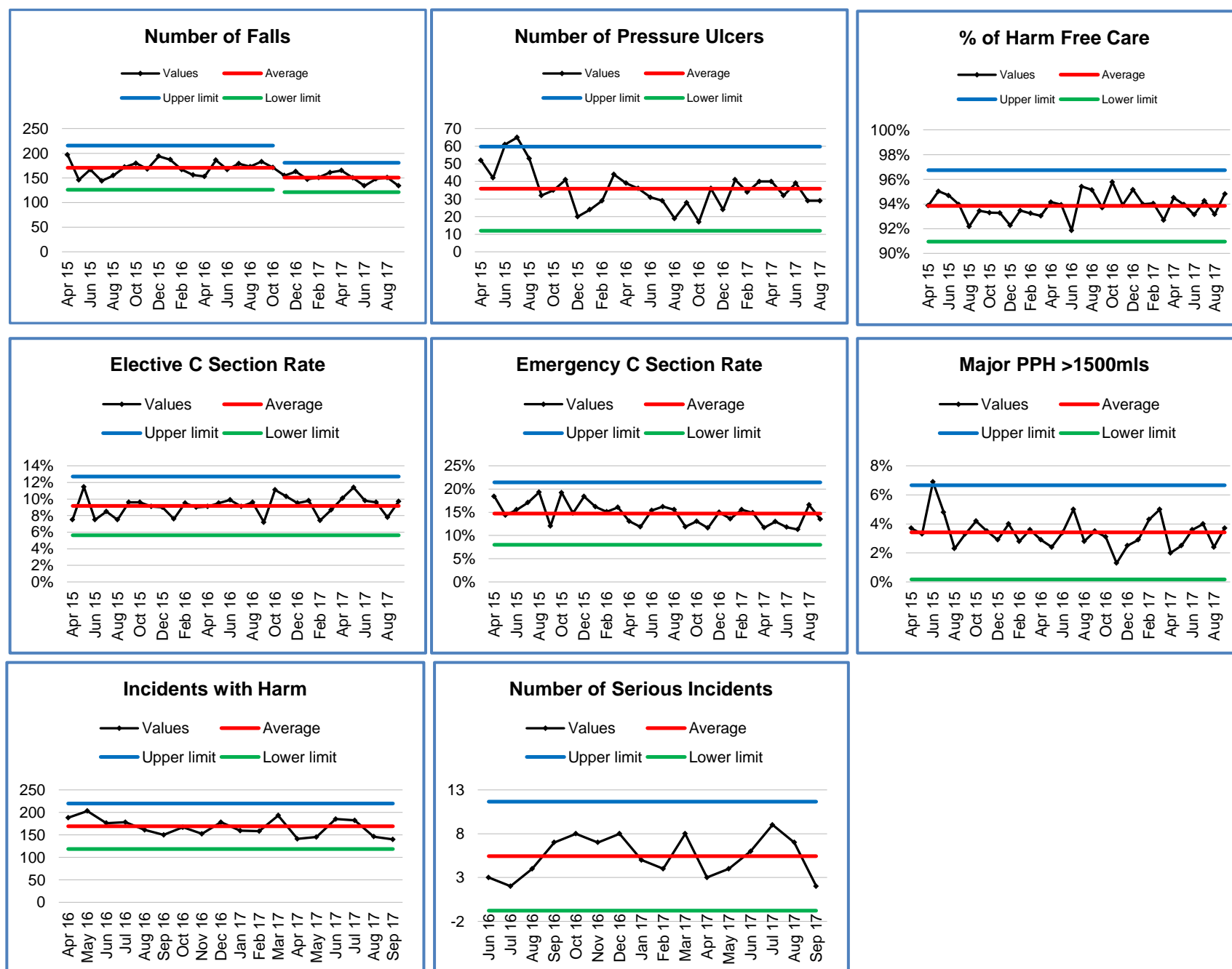
Finance - Planned CIP saving against actual savings (£'000)



Safe - Key messages

Area	Reality	Response	Result
% Harm Free Care	<p>Performance across all divisions demonstrates an in-month improvement resulting in Trust overall performance of 94.82%.</p> <p>Medicine improved in-month to 93.98%. Data collection includes pre-hospital (old harm) which has significant prevalence in Medicine.</p>	<p>Harm free care is still an area for further work across the divisions. A number of initiatives continue to be strengthened (changes to the format of the pressure ulcer panel, progress with the falls action plan) to impact on improving the position. The divisions are working together to strengthen awareness and understanding of the safety thermometer.</p> <p>As reported last month, the following programmes are in place:</p> <ul style="list-style-type: none"> - Catheter Steering Group reviewing UTI's - Pressure ulcer reduction collaborative will be working with the Tissue Viability team to improve pressure ulcer care. - The Falls reduction programme continues to support the use of Safety Huddles in ward areas. Improvement is measured by an increased number of days between falls. 	<p>Improvements initially expected by Q2 2017/18 but taking longer to embed than anticipated, improvements are still expected but a step change may not be seen until the end of Q3 17/18</p> <p>Accountable: Deputy Chief Nurse</p>
Pressure Ulcers (Month Behind)	<p>There has been 1 category 4 Pressure Ulcer in the Medical Division.</p>	<p>This is currently under investigation. The pressure ulcer collaborative continues to progress.</p>	<p>Improvements expected by Q3</p> <p>Accountable Deputy Chief Nurse</p>
Percentage of SIs investigations where reports submitted within timescale (60 days unless extension agreed)	<p>In September CHFT sent 6 investigation reports to the CCG, representing 7 Serious Incident investigations. One report referred to two incidents with the same patient, reported separately to StEIS. Hence 6 reports were sent for 7 StEIS references.</p> <p>Of these 5(4) were within extension, 2 were not. Of the 2, one was one day over the original timescale, and the other was an IPCC investigation that ran over the extensions limit set by the CCG.</p>	<p>CHFT has introduced investigation plans to show investigators exactly at what stage they should be and at what time to enable better monitoring of the progress of investigations.</p> <p>Initial and mid-point meetings are held to look at every stage of the investigation.</p> <p>The Medical Division issue meeting appointments for orange panel to reduce the numbers of those who do not turn up to present reports and this then avoids any delays.</p> <p>Panel teams are notified at the outset when investigations will be coming to panel to ensure the slot is booked in advance.</p>	<p>Improvements expected by Q3</p> <p>Accountable: Risk Manager</p>
VTE	<p>VTE Risk Assessments have dropped in compliance following EPR go-live as new systems and processes embed.</p>	<p>There is a corporate team reviewing the VTE cohorts and applicable patients. At present most of the non compliance is believe to be related to data validation vs actual practice.</p> <p>As anticipated further discussions took place in September for the thrombosis committee to review next steps and agree for a data cohort session to take place at the end of October.</p>	<p>Cohort areas expected to be better understood by the end of Oct 17. A truer reflection of performance will then be known and work on an improvement trajectory if required will begin.</p> <p>Accountable : Medical Director</p>

Safe -SPC Charts



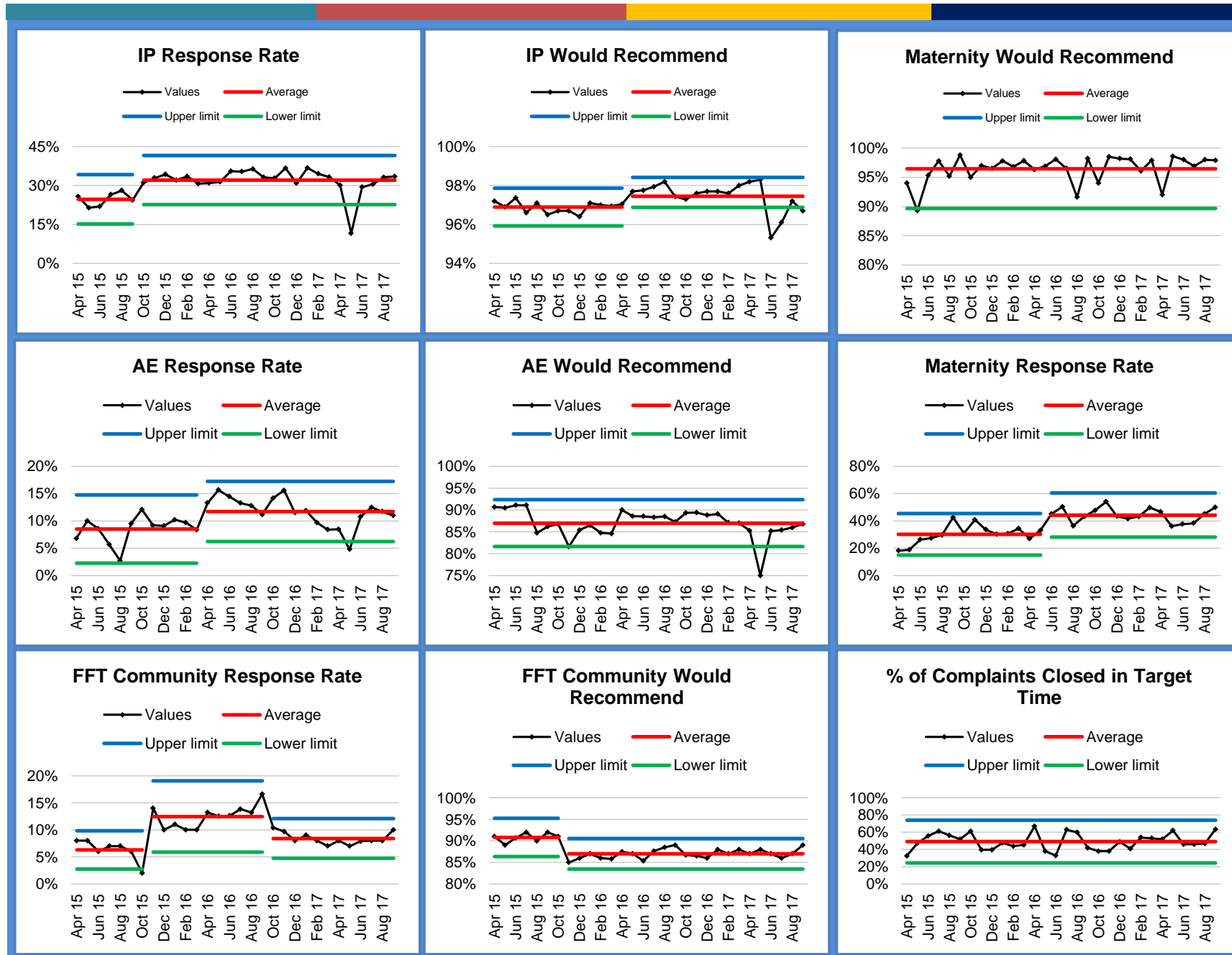
Safe - Key measures

	16/17	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	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	1989	183	171	155	163	147	151	161	165	149	134	148	151	134	881	Monitoring Trajectory	
Inpatient Falls with Serious Harm	42	3	3	2	1	0	1	11	4	6	6	1	4	1	22	Monitoring Trajectory	
Falls per 1000 bed days	7.9	9.1	8.4	7.7	7.7	6.7	7.7	7.7	7.8	7.0	6.2	6.9	7.0	6.2	6.9	Monitoring Trajectory	
% Harm Free Care	94.26%	93.71%	95.78%	93.92%	95.17%	93.99%	94.06%	92.71%	94.51%	93.96%	93.14%	94.27%	93.18%	94.82%	93.98%	>=95%	95.00%
Number of Serious Incidents	66	7	8	7	8	5	4	8	3	4	6	9	7	2	31	Monitoring Trajectory	
Number of Incidents with Harm	2063	150	167	152	178	159	158	193	142	145	185	182	146	140	940	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of SIs investigations where reports submitted within timescale (60 days unless extension agreed)	36.66%	33.00%	66.66%	66.66%	20.00%	none to report	none to report	7.69%	20.00%	28.60%	40.00%	28.57%	66.00%	42.00%	37.53%	100%	100%
Maternity																	
Elective C-Section Rate	9.30%	7.20%	11.10%	10.30%	9.50%	9.80%	7.40%	8.70%	10.10%	11.40%	9.80%	9.60%	7.80%	9.70%	9.70%	<=10% Threshold	10.00%
Emergency C-Section Rate	13.99%	11.89%	13.06%	11.61%	14.97%	13.60%	15.55%	14.86%	11.70%	13.00%	11.80%	11.30%	16.60%	13.50%	13.00%	<=15.6% Threshold	15.60%
Total C-Section Rate	23.31%	19.10%	24.60%	21.90%	24.49%	23.40%	22.97%	23.58%	21.81%	24.32%	21.60%	20.89%	24.39%	23.23%	22.72%	<=26.2% Threshold	26.20%
% PPH ≥ 1500ml - all deliveries	3.30%	3.50%	3.10%	1.30%	2.50%	2.90%	4.30%	5.00%	2.00%	2.50%	3.60%	4.00%	2.40%	3.70%	3.02%	<=3.0%	3.00%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	374	28	17	36	24	41	34	40	40	32	39	29	29	under validation	169	Monitoring Trajectory	
Pressure Ulcers per 1000 bed days	1.5	1.4	0.8	1.8	1.1	1.9	1.7	1.9	1.9	1.5	1.8	1.4	1.4	under validation	1.6	Monitoring Trajectory	
Number of Category 2 Pressure Ulcers Acquired at CHFT	252	18	16	22	12	27	24	29	30	23	24	22	21	under validation	120	Monitoring Trajectory	
Number of Category 3 Pressure Ulcers Acquired at CHFT	113	9	1	14	12	10	9	10	7	9	15	5	7	under validation	43	Monitoring Trajectory	
Number of Category 4 Pressure Ulcers Acquired at CHFT	9	1	0	0	0	4	1	1	3	0	0	2	1	under validation	6	0	0
Percentage of Completed VTE Risk Assessments	95.11%	95.14%	95.07%	95.20%	95.02%	95.03%	95.07%	95.86%	94.34%	88.31%	91.39%	92.62%	92.21%	92.08%	91.82%	>=95%	95.00%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	155	18	12	16	9	10	11	13	19	25	13	8	12	12	89	Not applicable	
Alert Safeguarding Referrals made against the Trust	109	5	11	10	3	12	12	12	13	11	14	16	12	18	84	Not applicable	
Health & Safety Incidents	0								16	22	36	25	15	31	145	0	0
Health & Safety Incidents (RIDDOR)	15	3	1	2	1	0	1	0	2	3	0	1	0	2	8	0	0

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % would recommend	Performance has improved to pre-EPR levels but is still not achieving target. 88.5% of patients would recommend the service in September.	<p>The task and finish group established by the ADN has identified 2 clinical specialty areas to work with and test improvements and is also undertaking Go-See reviews.</p> <p>Clinic waiting times have been slow to recover following the EPR implementation, this was expected to improve as users become more familiar with the system and processes are enhanced.</p>	<p>Improvement expected at end of Q3</p> <p>Accountable : ADN for FSS , Matron OPD</p>
Friends & Family Test - AE % Response Rate	A&E % response rate is still below the 13.3% national average at 11% in-month although the % would recommend is green.	The ED department continues to focus on FFT and has assigned specific leadership roles within its senior nurse team to support, embed and sustain the improvements.	<p>Expected by October 2017 that ED will be delivering a comparable level of response and satisfaction compared to other ED departments locally.</p> <p>Accountable: Matron for ED/ADN Medicine.</p>
Friends and Family Test Community Survey - % would recommend the Service	The Friends and family test for community services has consistently shown a poor level of patients who are satisfied with the service where the individual feedback received to services suggests many patients are happy with the service they receive. The introduction of the new server and reporting format will better reflect patient opinion.	The division has been testing the new server throughout September. There are plans to transfer any outstanding credit on the text and voice messages to Outpatients as of 1st October and a new reporting format is being developed to reflect the new management structure.	<p>An expected improvement FFT will be seen by November 2017</p> <p>Accountable: Head of Therapy Professions</p>

Caring - SPC Charts



Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 41 complaints closed in September, 63.4% of these were closed within target timeframe. The number of overdue complaints was 53 at the end of September which is a 32.5% increase from the end of August. The overall percentage for complaints closed within target timeframe last year (2016-17) was 45%. The focus remains on closing overdue complaints.	Improvement in response times remains challenging, and not at the level the Trust has aspired to achieve. Whilst competing priorities place demands on divisional management teams, a consistent improvement in response times remains a priority for nursing, medical and operational colleagues to achieve.	Performance expected to be back on track from Q4, 2017
	In September SAS closed 42.9% of their complaints within the agreed timescale, Medicine 64.3%, and FSS 83.3%.		Accountable : Head of Risk and Governance and Divisional Leads

Complaints Background

The Trust received 48 new complaints in September and re-opened 4 complaints, making a total number of 52 complaints received in September, this is a marked increase of 15.6% from August.

The top 3 Complaints subjects have altered slightly from August. Patient Care including Nutrition/Hydration and Communications remain. Clinical Treatment, which was in the top 3 in July but was replaced by Appointments, including delays and cancellations in August has now reverted back to the top 3. The top 3 Complaints subjects are :

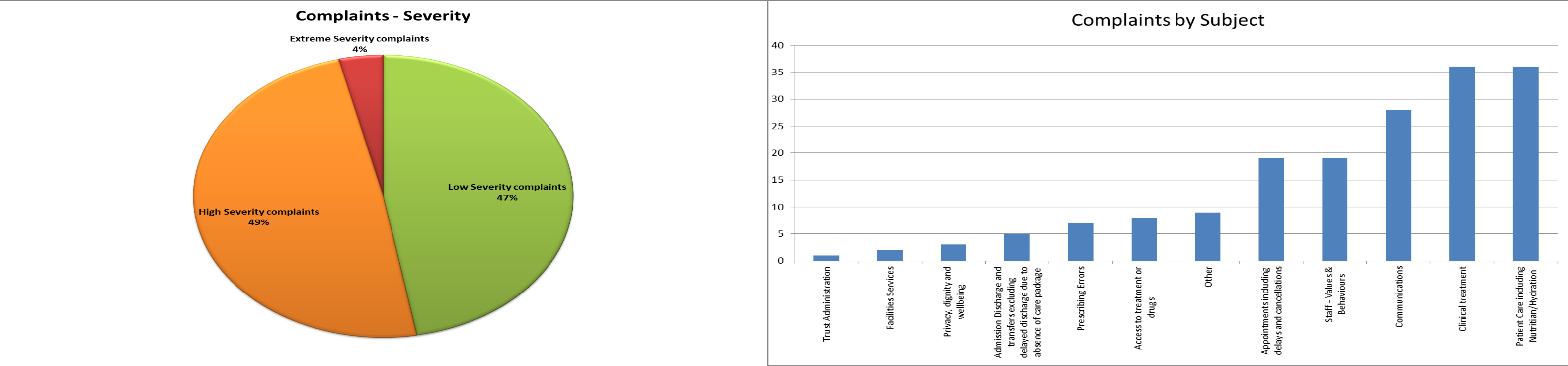
Patient Care including Nutrition/Hydration
Clinical Treatment
Communications

These form part of the discussions at the Patient Experience Group.

Severity: The Trust received 2 new Red complaints in September, 1 is assigned to the FSS Division, the other to Community Division.

PHSO Cases:

The Trust received 1 new Ombudsman / PHSO case in September.



Caring - Key measures

16/17		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		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	45.00%	42.00%	38.00%	38.00%	49.00%	41.00%	54.00%	53.00%	52.00%	62.00%	46.00%	46.00%	47.00%	63.41%	52.90%	95.00%	95.00%	
Total Complaints received in the month	610	47	49	51	43	44	50	53	43	58	41	47	45	52	286	Monitoring Trajectory		
Complaints re-opened	78	6	9	7	7	9	4	6	5	9	4	2	8	4	32	Monitoring Trajectory		
Inpatient Complaints per 1000 bed days	2.10	2.20	2.30	2.40	2.10	1.80	2.30	2.40	1.80	2.40	1.80	2.10	1.80	2.30	2.03	Monitoring Trajectory		
No of Complaints closed within Timeframe	311	29	20	40	25	19	29	19	31	24	25	20	18	26	144	Monitoring Trajectory		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	34.00%	33.20%	32.80%	36.70%	30.90%	36.80%	34.50%	33.30%	30.10%	11.60%	29.40%	30.50%	33.20%	33.50%	28.60%	>=28.0% / >=25.9% from Jan 17		
Friends & Family Test (IP Survey) - % would recommend the Service	97.70%	97.40%	97.30%	97.60%	97.70%	97.70%	97.60%	98.00%	98.20%	98.30%	95.30%	96.10%	97.20%	96.70%	96.80%	>=96.0% / >=96.3% from Jan 17		
Friends and Family Test Outpatient - Response Rate	12.00%	11.80%	12.60%	11.20%	10.60%	11.50%	11.70%	10.60%	11.00%	3.80%	8.20%	8.70%	11.10%	11.30%	9.40%	>=5.0% / >=5.3% from Jan 17		
Friends and Family Test Outpatients Survey - % would recommend the Service	90.90%	91.50%	90.90%	90.90%	91.40%	90.90%	90.90%	90.90%	91.20%	86.00%	89.50%	88.20%	88.80%	88.50%	89.30%	>=95% / >=95.7% from Jan 17		
Friends and Family Test A & E Survey - Response Rate	12.70%	11.20%	14.20%	15.60%	11.50%	11.90%	9.70%	8.40%	8.50%	4.80%	10.70%	12.50%	11.70%	11.00%	9.80%	>=14.0% / >=13.3% from Jan 17		
Friends and Family Test A & E Survey - % would recommend the Service	88.50%	87.30%	89.30%	89.40%	88.80%	89.10%	87.10%	87.00%	85.30%	75.00%	85.20%	85.40%	86.00%	86.80%	84.80%	>=90.0% / >=86.5% from Jan 17		
Friends & Family Test (Maternity Survey) - Response Rate	43.00%	43.30%	47.70%	54.10%	43.40%	41.60%	43.20%	49.70%	46.60%	36.20%	37.70%	38.30%	45.10%	49.90%	42.30%	>=22.0% / >=20.8% from Jan 17		
Friends & Family Test (Maternity) - % would recommend the Service	96.80%	98.20%	94.00%	98.50%	98.20%	98.10%	96.10%	97.90%	92.00%	98.60%	98.00%	96.90%	98.00%	97.90%	96.80%	>=96.9% / >=97% from Jan 17		
Friends and Family Test Community - Response Rate	11.20%	16.60%	10.40%	9.70%	8.00%	9.00%	8.00%	7.00%	8.00%	7.00%	7.90%	8.00%	8.00%	10.00%	8.15%	>=3.4% / >=3.5% from Jan 17		
Friends and Family Test Community Survey - % would recommend the Service	87.30%	89.00%	86.70%	86.50%	86.00%	88.00%	87.00%	88.00%	87.00%	88.00%	87.80%	86.00%	87.00%	89.00%	87.47%	>=96.2% / >=96.6% from Jan 17		
Maternity																		
Proportion of Women who received Combined Harm Free Care	77.25%	79.20%	76.20%	77.27%	83.87%	77.08%	86.36%	72.97%	78.33%	78.57%	78.30%	85.71%	77.00%	in arrears	79.64%	>=70.9%	70.9%	
Caring																		
Number of Mixed Sex Accommodation Breaches	5	0	0	0	0	0	2	0	0	0	5	0	0	0	5	0	0	

Caring - What our patients are saying

Some of the positive feedback we have received

8AB- Everything went very well, from arrival to discharge. Everything explained clearly before my surgery. Aftercare on the ward was very good. The Nursing staff were lovely and pleasant and nothing was too much trouble, even during the night.

CCUR- The positive and cheerful attitude of all staff on CCU really helps a feeling of being in safe and caring hands. I cannot thank them enough for all they have done for me. Truly caring staff, even the cleaners.

8D- Everything went well. All the staff, from Consultants to Nurses and everyone all extremely professional and kind. Very much appreciate their care. Whole ward is extremely clean and the cleaners do a great job, making sure everything is immaculate. Thank you [heart].

3 PAA- Very pleasant staff. Clean and tidy environment. All questions answered and made to feel at ease. Plenty of things for my daughter to do after surgery. Thank you.

4C- Having had numerous operations over the last 6 years, I can honestly say that the care on this ward has been faultless and compassionate. From start to finish the team, across the board, were gentle natured, on the ball, good listeners, humorous when appropriate and gentle when necessary.

A&E HRI- Very quick to be assessed by Nurse then to be seen by Doctor. Blood tests and X-rays carried out quickly. Kept informed throughout. Caring and friendly Nurses and Doctors.

Where can we improve

A little confusion over diet. If I hadn't been clear myself about what I should eat, I would have been served the wrong diet.

Need a small plastic buffet in the shower rooms. It's very tiring to shower, then stand up to dry myself. Sitting on the toilet seat after my shower is not very hygienic.

More information throughout my stay. There were long periods of time where I was unsure what was supposed to be happening.

After a C-section, being in own room for long to help recover would be a massive help. Better communication between wards when baby is in Special Care.

The only thing I could think would be a map of the hospital layout to be included with information cards.

Pressure beds could be made a lot more comfortable

Fans in the wards, as it was extremely warm and uncomfortable.

Effectiveness - Key messages

Area	Reality	Response	Result
E.Coli - Post 48 Hours/MSSA Bacteraemias - Post 48 Hours	There have been 4 E.Coli cases and 3 MSSA's in month.	E.Coli - There is a trust level task and finish group for E.Coli. Going forward the divisions will consistently feed into this group to maximise any learning. There is both a Trust and Health Economy wide reduction plan which has just been developed to address certain issues pertaining to E-coli bacteraemia.	E.Coli: Expected Delivery Date end of Q3
		MSSA –A case note review has been completed to ensure there are no common themes; epidemiology does not support this at present.	Accountable: DIPC
		Improved governance process through PSQB and directorate performance meetings.	
Hospital Mortality Measures	% of Mortality reviews undertaken is still underperforming as anticipated at 15.9%.	The new Learning from Deaths policy was approved (24th August) which describes the ambition to perform initial screening reviews on all deaths plus Structured Judgment Reviews (SJR) on selected cases from deaths occurring in September.	SHMI: Expected Delivery Date, SHMI is expected to improve inline with the HSMR release.
		Expect improvements to be visible in the data from October, an additional measure will appear to record the % of applicable cases undergoing SJR.	Mortality reviews will improve from September following the introduction of the new Learning from Deaths policy.
			Accountable: Plan agreed with DD's, Medical Director and
% Sign and Symptom as a Primary Diagnosis	Since EPR 'go live' the % Sign and Symptom has increased. This is due to documentation within Power Chart and the admitting primary diagnosis not being updated to the diagnosis at discharge. There is variation at Specialty level with the target only being achieved by FSS.	Improvement on previous month but still further improvement required. An update sent out from the Medical Director's Office at the end of September to all clinical teams to remind them of the importance of updating admitting diagnosis to a discharging diagnosis. Audit work completed in Paediatrics and issues fed back to the Paediatric team. Elderly Medicine audit still to be completed for documentation problems. Significant variation at specialty level.	Expectation that this will improve addressing the areas that are not achieving the national upper quartile target.
			Accountable : Associate Medical Director and Clinical Coding Manager
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	Based on discharge date, 66.67% of fragility hip fracture patients were operated on within 36 hours in September and performance continues at an average of 70% . The team recognises that more work is needed to improve to previous levels and create a step change in performance.	As noted in the previous month, CHFT changed the process so there is better visibility of all Trauma patients which should improve the planning generally and improve the hip fracture patients having surgery in a timely way. Discussion at the October consultants' meeting resulted in an agreed new protocol to cover Trauma 2. An overview of waiting time for theatre indicated that 90% of patient were being operated on with 48 hours	The aim remains in place to consistently achieve over 80% of hip fracture patients getting to theatre within 36 hours by the end of Q4 17/18
	Source - National Hip Fracture Database - Based on discharge date.		Accountable : General Manager Orthopaedics
Readmissions	Readmissions data has been unreliable since the implementation of EPR and as such has not been presented on the Trust dashboards.	Work continues through the EPR operational board to prioritise any indicators which still need development. This has been noted as one such indicator.	Further update expected each month as to the availability of indicator.

Effectiveness - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	2	0	0	0	1	0	1	0	0	0	0	1	0	0	1	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	32	3	3	1	2	2	2	5	0	2	4	2	2	2	12	<=25	< = 2
Avoidable number of Clostridium Difficile Cases	6	0	1	0	0	0	1	0	0	1	0	2	1	Pending	4	<=21	< = 2
Number of MSSA Bacteraemias - Post 48 Hours	11	0	2	1	2	1	1	0	2	5	2	1	2	3	15	<=12	1
Number of E.Coli - Post 48 Hours	47	4	1	5	4	7	2	6	0	2	5	5	1	4	17	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.09%	95.64%	95.88%	96.33%	96.30%	95.70%	95.02%	93.60%	95.23%	in arrears	in arrears	in arrears	in arrears	in arrears	95.23%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.20%	0.19%	0.00%	0.22%	0.47%	0.24%	0.00%	0.22%	0.00%	0.22%	0.00%	0.66%	0.00%	0.18%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.22%	0.00%	0.00%	0.00%	0.00%	0.00%	0.24%	0.94%	0.43%	0.22%	0.66%	0.00%	0.00%	0.00%	0.22%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.00%	0.23%	0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.22%	0.00%	0.04%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	105.47	108.05	104.70	104.70	104.70	105.47	105.47	105.47	Next Publication due Jan 18						104.70	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	100.85	102.94	103.74	101.97	101.55	101.01	101.41	100.85	98.71	95.90	93.17	92.86	91.08	Next Publication due Nov 17	91.08	<=100	100
Hospital Standardised WEEKEND Mortality Rate (1 Yr Rolling Data)	103.86	104.61	108.05	105.34	108.51	108.66	108.09	103.86	99.75	100.00	96.01	95.08	94.19		94.19	<=100	100
Hospital Standardised WEEKDAY Mortality Rate (1 Yr Rolling Data)	99.95	102.43	102.43	100.93	99.49	98.65	99.94	99.95	98.39	94.65	92.41	92.18	90.11		90.11	<=100	100
% of Initial Screening Reviews (Mortality)	40.06%	40.40%	42.20%	46.20%	45.80%	45.79%	32.65%	25.66%	16.40%	1.50%	19.80%	15.90%	in arrears	in arrears	12.40%	100%	100%
Crude Mortality Rate	1.39%	0.94%	1.31%	1.18%	1.57%	1.89%	1.61%	1.48%	1.30%	1.54%	1.47%	1.43%	1.17%	1.31%	1.35%	<=1.32%	1.32%
Coding and submissions to SUS																	
Completion of NHS numbers within acute commissioning datasets submitted via SUS	99.85%	99.93%	99.95%	99.93%	99.92%	99.92%	99.94%	99.94%	99.95%	99.87%	99.88%	99.96%	99.89%	99.91%	99.91%	>=99%	99%
Completion of NHS numbers within A&E commissioning datasets submitted via SUS	99.09%	99.26%	99.09%	98.77%	98.82%	98.97%	99.27%	99.04%	99.19%	98.95%	99.03%	99.25%	99.07%	99.10%	99.10%	>=95%	95%
% Sign and Symptom as a Primary Diagnosis	8.60%	8.20%	8.90%	8.30%	8.50%	9.10%	8.90%	9.00%	8.80%	11.30%	11.20%	12.10%	11.70%	10.50%	10.80%	<=9.5% / <=9.0% from Jan 17	
Average co-morbidity score	4.1	3.92	3.92	4.1	4.23	4.39	4.31	4.54	4.74	6.53	6.79	6.82	6.33	5.94	6.19	>=4.4 / >=4.61 from Jan 17	
Average Diagnosis per Coded Episode	5.15	5.11	5.06	5.24	5.31	5.37	5.42	5.43	5.67	5.84	5.95	6.16	5.9	5.77	5.86	>=5.3/ >=5.5 from Jan 17	
CHFT Research Recruitment Target	2630	67	393	548	147	57	38	335	97	135	153	163	110	122	780	>=1473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	71.80%	84.10%	60.00%	78.70%	75.00%	52.20%	83.30%	83.30%	85.71%	64.71%	67.44%	65.91%	75.76%	66.67%	69.27%	>=85%	85%
IPMR - Breastfeeding Initiated rates	76.17%	78.23%	76.56%	77.46%	75.91%	75.20%	75.10%	74.80%	79.25%	75.90%	75.90%	72.80%	75.90%	75.30%	75.86%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	7.61%	7.60%	8.16%	7.82%	7.60%	6.69%	8.34%	8.10%	8.70%	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%	6.75%	8.33%	7.50%	7.43%	8.58%	7.12%	7.80%	7.10%	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%	0.47%	2.17%	2.48%	3.54%	3.32%	5.05%	4.60%	3.80%	5.60%	4.60%	6.50%	8.20%	0.00%	5.74%	<=10%	10%

Responsive - Key messages

Area	Reality	Response	Result
Cancer	Two Week Wait From Referral to Date First Seen: Breast Symptoms - the figure was 92.61% in September compared to 91.5% in August against a target of 93%.	There are still some challenges in booking centre and diagnostic capacity which are contributing to performance of cancer pathways. Plans going forward need to ensure continued improvement and include:	Performance on Two Week Wait From Referral to Date First Seen: Breast Symptoms is expected to recover by the end of October.
	38 Day Referral to Tertiary - 75% showing significant improvement on previous months.	Focus on 7 day to OPD RCA for 38 day breaches to be discussed at Divisional Access Meeting.	Accountable: General Managers in Head and Neck and General Manager General and Specialist Surgery
	104 Referral to Treatment - 97.95% showing slight deterioration on the previous month.	Capacity demand exercise illustrates there is enough capacity to ensure all fast track referrals are seen within the 7 day target. Weekly meetings with CoO and Cancer manager and GM responsible for tumour site.	
Emergency Care Standard 4 hours	The Trust recognises that improving patient flow through the Emergency Department and the hospital through to discharge into the community is essential in achieving the ECS.	The ECS recovery and sustainability Plan actions continue to be worked through and implemented. The action plan has been shared with all specialities and action cards have been implemented. 6 trackers are now in post but still supernumerary and a further 1.7 have been shortlisted. All band 5s are in but are again still supernumerary. The ENPs have now been recruited to and will be in the numbers by the first week in January however we now have a gap of 10.33 B6s which are all out to advert. We are also out to advert for the lead nurse to cover maternity leave. We have recruited 2 CESRs and in the process of recruiting 2 MTIs.	A further increase in the ECS performance for October following a deterioration for the month of September.
	ECS <4 hours - 91.22% in-month and YTD 91.66%.	All rotas are being reviewed on a weekly basis.	The Directorate was targeting 0 black breaches during September and this was achieved.
	A&E Ambulance Handovers 30-60 mins (Validated) - 17 in-month which is the lowest number since April.	The improvement in the ambulance handover breaches is due to moving the front door triage and splitting walk-ins and ambulances and as such this model will continue.	The Directorate is aiming for a monthly reduction in the number of patients waiting for more than 8 hours.
	A&E Ambulance 60+ mins - 0 in month		Accountable: Director of Operations - Medicine
Maternal smoking at delivery	Changes in the recording of the Performance indicator appear to have impacted on the data due to local data is collected from the 'Mother Discharge' workflow on Athena. Prior to April 2017 if smoking status was recorded as 'unknown' the woman would be reported nationally as a non-smoker. 'Unknown' is recorded where the 'Mother Discharge' workflow has not been completed by the discharging midwife. From 1/4/17 this has changed and where smoking at delivery is 'unknown' for a woman, she will be classed as smoker in national reports.	Local audit in Q4 2016 found that SATOD recorded on Athena was 94% accurate, therefore it was predicted that SATOD data was likely to increase after April given the changes in reporting. In future SATOD data may be higher than was previously reported however CHFT data will be accurate.	For a decrease in women's smoking whilst pregnant
		Further actions Ongoing monthly audit and reporting Repeat audit of SATOD accuracy on post-natal wards Q4 Public health Midwife	Accountable HOM and Public Health Midwife

Responsive - Key measures

	16/17	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	YTD	Target	Threshold/ Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	94.20%	94.38%	94.86%	94.02%	92.49%	92.19%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	91.66%	>=95%	95.00%
A and E 4 hour target - No patients waiting over 8 hours	1248	73	78	73	162	188	114	21	39	355	144	150	133	227	1048	M	M
A&E Ambulance Handovers 30-60 mins (Validated)	135	13	12	9	24	8	9	4	3	91	23	36	38	17	208	0	0
A&E Ambulance 60+ mins	7	1	0	1	1	2	1	0	0	4	1	1	0	0	6	0	0
A&E Trolley Waits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Flow																	
% Daily Discharges - Pre 12pm	20.91%	21.59%	21.38%	21.40%	19.41%	20.42%	20.03%	19.99%	18.43%	12.92%	13.89%	13.90%	14.07%	14.56%	13.89%	>=40%	40.00%
Delayed Transfers of Care	2.26%	2.04%	2.80%	2.07%	1.36%	1.35%	1.44%	2.36%	2.28%	2.70%	2.80%	3.32%	4.54%	3.25%	3.15%	<=3.5%	3.50%
Green Cross Patients (Snapshot at month end)	129	109	100	83	109	153	126	129	114	119	77	107	104	120	120	<=40	<=40
Number of Outliers (Bed Days)	9733	838	840	284	779	1153	579	259	321	988	575	491	590	534	3499	<=5940	<=495
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	82.75%	85.00%	85.96%	89.66%	74.55%	80.33%	88.89%	94.55%	93.33%	87.93%	88.14%	82.46%	85.71%	in arrears	87.36%	>=90%	90.00%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	62.37%	68.33%	70.18%	69.49%	45.45%	63.49%	64.81%	80.00%	75.56%	54.24%	54.24%	67.24%	58.14%	in arrears	61.36%	>=90%	90.00%
% Stroke patients Thrombolysed within 1 hour	73.75%	85.71%	83.33%	75.00%	37.50%	75.00%	100.00%	66.67%	87.50%	75.00%	75.00%	88.89%	50.00%	in arrears	78.38%	>=55%	55.00%
% Stroke patients scanned within 1 hour of hospital arrival	36.68%	28.33%	38.60%	33.90%	29.09%	44.44%	34.55%	37.50%	43.75%	40.98%	35.59%	38.98%	46.67%	in arrears	40.81%	>=48%	48.00%
Maternity																	
Antenatal Assessments < 13 weeks	90.88%	90.27%	92.28%	90.10%	90.13%	90.43%	90.02%	90.77%	92.20%	91.00%	91.09%	90.52%	92.95%	90.13%	91.34%	>90%	90.00%
Maternal smoking at delivery	9.68%	11.07%	9.77%	9.91%	8.16%	10.07%	12.20%	9.20%	9.90%	11.40%	11.40%	12.70%	14.20%	13.10%	12.10%	<=11.9%	11.90%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.65%	0.65%	0.52%	0.68%	0.49%	0.49%	0.63%	0.80%	0.53%	0.93%	0.66%	1.05%	0.69%	1.21%	0.85%	<=0.6%	0.60%
Breach of Patient Charter (Sitreps booked with 28 days of cancellation)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	98.36%	98.37%	98.35%	98.23%	98.38%	98.53%	98.33%	98.19%	98.51%	not available	not available	not available	94.50%	92.35%	not available	>=95%	95.00%
% Admitted Closed Pathways Under 18 Weeks	91.81%	92.18%	91.63%	91.17%	92.26%	91.41%	90.84%	91.09%	91.37%	not available	not available	not available	not available	not available	not available	>=90%	90.00%
% Incomplete Pathways <18 Weeks	95.14%	96.10%	95.60%	96.13%	95.64%	95.58%	95.33%	95.14%	94.97%	94.34%	92.58%	92.63%	92.12%	92.42%	92.42%	>=92%	92.00%
18 weeks Pathways >=26 weeks open	173	113	98	79	126	130	126	173	174	not available	not available	not available	not available	538	538	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%	99.84%	99.78%	99.90%	99.93%	99.48%	99.50%	94.73%	90.98%	99.33%	99.57%	98.54%	98.52%	98.72%	96.95%	>=99%	99.00%
Cancer																	
Two Week Wait From Referral to Date First Seen	97.61%	97.57%	98.81%	97.28%	97.73%	95.66%	98.24%	98.34%	97.11%	84.00%	86.21%	92.30%	95.15%	94.40%	91.33%	>=93%	93.00%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	95.28%	97.86%	96.40%	97.37%	95.87%	97.09%	94.70%	96.53%	93.46%	94.54%	89.20%	91.44%	91.49%	92.61%	91.94%	>=93%	93.00%
31 Days From Diagnosis to First Treatment	99.54%	98.55%	99.34%	100.00%	100.00%	100.00%	99.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=96%	96.00%
31 Day Subsequent Surgery Treatment	99.16%	100.00%	100.00%	96.97%	100.00%	100.00%	96.15%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	100.00%	99.26%	>=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%	36.00%	40.74%	36.84%	38.10%	43.75%	60.00%	20.00%	36.36%	28.57%	29.17%	33.33%	54.17%	75.00%	41.54%	>=85%	85.00%
62 Day GP Referral to Treatment	90.33%	91.62%	88.11%	89.44%	92.57%	89.53%	86.43%	90.40%	84.42%	91.21%	88.52%	83.41%	91.95%	91.78%	88.40%	>=85%	85%
62 Day Referral From Screening to Treatment	91.21%	94.12%	85.71%	85.71%	100.00%	94.44%	57.14%	100.00%	91.67%	94.44%	100.00%	84.62%	92.31%	87.50%	91.40%	>=90%	90%
104 Referral to Treatment	97.88%	97.60%	96.76%	95.77%	97.30%	97.67%	98.57%	96.09%	94.59%	99.45%	97.81%	91.48%	98.85%	97.95%	96.54%	100.00%	100.00%
Elective Access																	
Appointment Slot Issues on Choose & Book	16.14%	10.91%	14.25%	19.20%	14.00%	15.15%	27.51%	28.06%	30.47%	6.44%	11.92%	16.42%	14.24%	in arrears	15.90%	<=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%	98.20%	98.32%	98.25%	98.60%	98.35%	98.50%	97.66%	99.51%	99.47%	99.56%	99.59%	99.50%	99.55%	99.52%	>=50%	50.00%
Community Care - Activity Information Completeness	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=50%	50.00%

Area	Reality	Response	Result
Sickness Absence	Total sickness absence rate is currently 3.86% (YTD). This is an improved position from the same point in 2016 (4.33%), and is currently achieving the target.	HR Business Partners and HR Advisers continue to work closely with line managers on a one to one basis where hotspot areas are identified to offer focused advice. Weekly 'Confirm and Challenge' meetings, led by Director of Operations or Assistant Director of Nursing, continue to take place within Divisions to performance manage wards and departments against workforce targets and Key Performance Indicators.	Manage processes to ensure sickness absence rates achieve the 4% target.
	The in month sickness absence rate of 3.81% is made up of 780 sickness absence occurrences. This is a decrease from 787 occurrences in July 2017. Long term sickness absence is 2.61% for August (2.58% YTD) against a target of 2.70%. This is an improving position from 2.68% in July, and is achieving target for August. This is an improved position compared with 2.88% at the same point in August 2016.	All line managers have been written to by the senior divisional team with data from the last return to work interview compliance report urging them to complete return to work interviews as soon as possible upon their return to work. The letters also include details of flu season and highlights the importance of supporting all staff with their immunisation plus the added benefits of 10 further vaccines donated to the Unicef charity.	Improve the completion of Return to Work interviews with the aim of achieving 75% by 30th November 2017.
	Short term sickness absence is currently 1.20% for August (1.29 % YTD) against a target of 1.30%. This is a further improvement from 1.26% in July, and an improved position compared with 1.34% at the same point in August 2016.	Divisional In Surgery & Anaesthetics Division, to continue to support the reduction in sickness absence, formal training sessions are running for managers on a monthly basis from September, each covering the importance of the correct management of absence, the application of the Trust policy and an opportunity to share experiences.	Accountable : Executive Director of Workforce and OD.
	Divisional total sickness absence rate in August is :-	In Medical Division, return to work interview completion and recording remains low although is showing signs of improvement for the third month in succession. The HR Advisor continues to make contact with line managers where return to work interviews have not been recorded to ascertain the reason for non-compliance. The HR Advisor is troubleshooting hotspot areas and giving demonstrations on how to record return to work interviews.	
	Community 2.70% Corporate 2.73% Estates & Facilities 5.31% FSS 4.01% Health Informatics 2.89% Medical 4.59% PMU 3.91% Surgery & Anaesthetics 3.29%	In FSS Division monthly training/drop in sessions have been advertised which will start on 26 October. These sessions will be an opportunity for managers to ask questions and seek advice on complex absence cases. Return to work interview completion has improved but is still below target.	
	RTW interview compliance has increased to 73.30% in August from 64.20% in July. Divisional performance for August is :-	In Community Division support continues to be provided by the HR Advisors to manage absence. Training sessions will be held on a monthly basis across the Division to assist line mangers to effectively manage difficult absence cases. The percentage of return to work interviews completed has increased and attention is focussed on those areas that are not 100% compliant.	
	Community 79.41% Corporate 81.08% Estates & Facilities 91.67% FSS 82.19% Health Informatics 92.86% Medical 61.49% PMU 60.00% Surgery & Anaesthetics 66.09%	In Estates and Facilities sickness absence is showing an improved position however it is currently under performing to target. The HR Advisor is working with line managers in hotspot areas and is based in the Division once a week to provide additional support and advice and sharing of learning.	
	Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in August 2017, accounting for 1896.6 FTE (30.38%) of 6242.9 FTE days lost. This is most prevalent in the Healthcare Scientists and Admin and Clerical staff groups where it accounts for 57.59% and 48.47% of sickness absence respectively.		

Recruitment

The number of vacancies decreased in September to 341.47 FTE from 400.11 FTE in August .

The Trust has 141.18 FTE qualified staff nurse vacancies. The Healthcare Scientists staff group has the highest vacancy rate at 28.81% with 29.66 FTE vacancies as at 1st October from an establishment of 132.60 FTE. This is a decrease from 33.89% in August.

The Trust 12 month rolling turnover is 12.75% for September, a slight decrease from 13.16% for August.

In-month turnover rate is 0.82%, down from 1.04% in August.

As at 1st October, 3 Departments with 10 or more FTE and the highest number of vacancies are :-

HRI Radiology - Main

13.99

Ward 2AB CRH SSU

12.33

Medicine OPD

10.60

Applicants from International recruitment trip to the Philippines are progressing. 119 offers were made in the Philippines, since March ; 5 candidates have withdrawn, 85 are completing their training for the International English Language Test System (IELTS) and 16 have not yet started the IELTS process. 13 candidates have passed their IELTS and are progressing with their NMC application, 3 of which has been successful with their NMC application and are due to start with the Trust on 30th October.

The first of the split generic Nursing adverts, 1 for Medical division and the other 1 for Surgical division closed this week and shortlisted applicants have been invited to the next recruitment event 14th October.

10 of the 11 Physician Associates (PAs) due to start in post in October commenced on 2 October and are currently completing an induction course as a cohort. The PAs will be working within the Medical and Surgical Divisions following their induction.

The final cohort of doctors in training moving to the 2016 contract commenced in post as planned during the first week of October. All our doctors in training are now employed on the 2016 terms and conditions. The work schedules have been issued to those doctors in training that are due to rotate in the first week in December, as per the requirements of the 2016 contract.

The new Guardian of Safe Working, Dr Anu Rajgopal, commenced in post 1st October and presented to the October cohort of junior doctors in training.

The Trust wide BMJ advert for consultant posts was published on 7th October. This was a full page colour advert promoting opportunities within the Surgical and Medical Divisions. Interview dates have been identified and scheduled during November. The posts are across Anaesthetics, Emergency Medicine, Dermatology, Care of the Elderly, Gastroenterology, Urology, Haematology, Respiratory Medicine, Paediatric Emergency Medicine and Stroke.

A Specialty Doctor has been appointed to commence in a Gastro Certificate of Eligibility of Specialist Registration (CESR) position. Plans are in place to hold a Trust open evening for internal SAS doctors to learn more about CESR opportunities at CHFT.

A rolling programme of recruitment and retention meetings focusing on medical and dental staff has commenced. These meetings are chaired by the Deputy Medical Director and are intended to support Divisional colleagues to review vacancies and the costs associated with them, such as agency costs, bank costs and waiting list initiatives. Meetings have been held within Urology and Gastroenterology with a further meeting to be held with Paediatrics on 25th October.

To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust.

Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.

Accountable :
Medical Director
Director of Nursing
Chief Operating Officer
Executive Director of Workforce and OD

Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Mandatory Training	Appraisal compliance is at 68.15%. This is below the planned position of 84.8% at the end of September, taken from the Divisional/Corporate Functions completed appraisal profilers.	The appraisal season commenced 1st July and all Divisions/Corporate Functions continue to develop plans and trajectories to demonstrate compliance against the target for appraisals and mandatory training for 2017/2018. Medical staff are now correctly recorded on ESR. Junior Doctors will continue their appraisal process with the Deanery and are excluded from Trust reporting. A well-resourced intranet page is available to assist compliance in both appraisal and mandatory training.	Appraisal compliance is back in line with the planned position from completed appraisal profilers and 100% compliance is achieved by 31st October 2017. Accountable : Executive Director of Workforce and OD
	Divisional appraisal compliance as at 1st October is		
	Community 61.03%		
	Corporate 47.77%		
	Estates & Facilities 92.02%		
	FSS 70.12%		
	Health Informatics 76.50%	Appraisal workshops were held during September for appraisers to receive guidance on how to conduct a successful appraisal. Two further workshop events are scheduled to be held in October.	
	Medical 67.78%	Where appraisal compliance is below the planned trajectory from completed appraisal profilers, this has been escalated to Director of Operations and Assistant Director of Nursing for 1-1 meetings to be held to discuss non-compliance and the recovery plans.	
	PMU 43.10%	Appraisal and mandatory training compliance is also highlighted and discussed at monthly Directorate PRMs.	
	Surgery & Anaesthetics 68.15%	An appraisal 'Roll of Honour', listing all departments with 100% appraisal compliance, is now available on the intranet and was highlighted in the Trust's Weekly News.	
	From 1st August the Information Governance e-learning tool was replaced by the new Data Security Awareness e-learning tool from NHS Digital. Colleagues will continue to see Information Governance on their Compliance Matrix until the competency expires.	A 'Deep Dive' into Mandatory Training is currently taking place and a paper on the findings will be presented at Executive Board.	
	Information Governance compliance has increased from 76.47% in August to 78.02% in September.		
	Infection Control compliance has increased from 77.03% in August to 79.01% in September.		
	Fire Safety compliance has increased from 82.90% in August to 84.06% in September.		
	Manual Handling compliance continues to decrease as colleagues training begins to expire. Compliance has dropped from 91% in April to the current position of 78.12%. 228 colleagues have not refreshed their training when it expired in September. A further 235 are due to expire in October.	Divisional In Surgery & Anaesthetics Division, all line managers have been written to personally from the Director of Operations with details of their appraisal, mandatory training and return to work interview compliance. Areas with compliance above target have been thanked and congratulated and those which are below target have been asked to submit recovery plans with updates on a weekly basis. In Medical Division, non-compliance is being tackled at PRMs and Directorate/Departments are being asked to provide plans/interventions to improve compliance.	
	All non-patient facing employees will no longer have to attend face to face PREVENT training. This will now be covered as part of the Safeguarding e-learning tool. Patient facing employees will still be required to attend a face to face training session.	In FSS Division, Director of Operations and Assistant Director of Nursing are writing to all line managers asking for an explanation for non-compliance with appraisal and mandatory training. In Community Division, non-compliance is being tackled at PRMs and the Director of Operations is sending letters to line managers with 100% compliance to congratulate the Team.	

Workforce Information - Key measures

	16/17	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	YTD	Target	Threshold/Monthly
Sickness YTD																	
Sickness Absence rate (%)	4.32%	4.33%	4.33%	4.37%	4.41%	4.42%	4.38%	4.32%	3.68%	3.79%	3.76%	3.88%	3.86%	*	3.86%	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	2.74%	2.90%	2.86%	2.85%	2.86%	2.83%	2.79%	2.74%	2.44%	2.46%	2.54%	2.57%	2.58%	*	2.58%	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	1.58%	1.43%	1.47%	1.52%	1.55%	1.58%	1.60%	1.58%	1.24%	1.33%	1.32%	1.31%	1.29%	*	1.29%	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Monthly																	
Sickness Absence rate (%)	-	3.99%	4.33%	4.63%	4.71%	4.52%	4.02%	3.71%	3.68%	3.89%	4.02%	3.94%	3.81%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%)	-	2.75%	2.61%	2.79%	2.95%	2.62%	2.28%	2.29%	2.44%	2.48%	2.68%	2.68%	2.61%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%)	-	1.24%	1.72%	1.84%	1.76%	1.90%	1.73%	1.41%	1.24%	1.41%	1.26%	1.26%	1.20%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Attendance Management KPIs																	
Return to work Interviews (%)	66.28%	61.20%	71.93%	69.36%	78.80%	69.08%	76.37%	71.06%	45.52%	45.13%	63.99%	64.20%	73.30%	*	-	100.00%	90% Green 65%-89% Amber <65% Red
Number of cases progressing/not progressing from short term absence to long term absence	-	79/546	89/760	103/737	97/763	119/773	77/678	88/603	97/514	106/524	118/512	104/548	86/545	*	-	-	
Staff in Post																	
Staff in Post Headcount	6096	5939	5984	6006	6007	6060	6065	6096	6066	6068	6083	5981	5969	6009	-	-	
Staff in Post (FTE)	5305.80	5173.40	5213.40	5233.80	5233.90	5281.40	5281.10	5305.80	5274.40	5278.92	5293.67	5279.34	5202.11	5204.47	-	-	
Staff Movements																	
Turnover rate (%)	-	1.28%	0.86%	0.82%	0.88%	0.72%	0.73%	0.96%	1.15%	0.89%	2.24%	1.14%	1.04%	0.82%	-		
Executive Turnover (%)	-	0.00%	6.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	0.00%	0.00%	-		
Turnover rate (%) (Rolling 12m)	11.58%	13.04%	12.92%	12.54%	12.35%	11.90%	11.95%	11.58%	11.89%	12.00%	12.97%	13.13%	13.16%	12.75%	-	-	
Vacancies																	
Establishment (Position FTE)**	5603.00	5568.30	5597.54	5587.55	5598.85	5589.78	5587.99	5603.00	5738.96	5681.65	5674.21	5592.51	5607.08	5593.56	-	-	
Vacancies (FTE)**	305.58	376.35	402.49	355.07	355.20	299.59	292.53	305.58	434.53	393.09	380.54	374.98	400.11	341.47	-	-	
Vacancies (%)**	5.45%	6.76%	7.19%	6.35%	6.34%	5.36%	5.24%	5.45%	7.57%	6.92%	6.71%	6.71%	7.14%	6.10%	-	-	
Proportion of Temporary (Agency) Staff	-	4.03%	3.59%	2.89%	3.14%	3.69%	3.54%	4.34%	3.10%	3.97%	3.05%	3.79%	4.26%	*	-	-	
Agency Spend*	£23.44M	£1.87M	£1.78M	£1.47M	£1.55M	£1.95M	£1.68M	£1.85M	£1.36M	£1.14M	£1.41M	£1.47M	£1.24M	£1.22M	£7.84M	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	-	81.12%	83.35%	85.63%	85.77%	85.65%	84.68%	82.22%	85.31%	88.82%	84.56%	83.82%	83.59%	82.15%	-	100.00%	
Hard Truths Summary - Day Care Staff	-	102.80%	101.80%	104.46%	104.00%	103.32%	105.10%	106.89%	106.35%	105.91%	102.67%	102.48%	102.00%	101.54%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	-	88.38%	89.67%	92.01%	90.93%	91.92%	90.45%	88.25%	91.90%	95.96%	92.27%	92.54%	89.42%	90.01%	-	100.00%	
Hard Truths Summary - Night Care Staff	-	120.21%	123.61%	124.33%	123.36%	125.59%	133.04%	132.45%	116.05%	115.04%	113.60%	115.87%	118.81%	114.95%	-	100.00%	
FFT Staff																	
FFT Staff - Would you recommend us to your friends and family as a place to receive treatment? (Quarterly)	-	80% (Q2)	*			87% (Q4)			81% (Q1)					-	-		
FFT Staff - Would you recommend us to your friends and family as a place to work? (Quarterly)	-	61% (Q2)	*			63% (Q4)			63% (Q1)					-	-		
Mandatory Training (12m rolling)																	
Fire Safety (1 Year Refresher)	73.07%			69.58%	70.99%	68.52%	73.07%	74.66%	78.06%	79.13%	80.63%	80.63%	82.90%	84.06%	-	84.04%	95% planned position (95% at 31 March 2018)
Information Governance/Data Security Awareness (1 Year Refresher)	71.84%			70.55%	64.86%	60.29%	71.84%	74.57%	76.61%	77.24%	78.84%	78.84%	76.47%	78.02%	-	83.42%	95% planned position (95% at 31 March 2018)
Infection Control (1 Year Refresher)	73.28%			71.89%	68.94%	66.23%	73.28%	75.41%	77.19%	76.03%	76.14%	76.14%	77.03%	79.01%	-	84.14%	95% planned position (95% at 31 March 2018)
Manual Handling (2 Year Refresher)	91.00%	88.06%	87.71%	88.05%	88.49%	88.77%	89.25%	89.80%	91.00%	91.47%	90.47%	86.09%	84.50%	78.12%	-	93.00%	95% planned position (95% at 31 March 2018)
Safeguarding (3 Year Refresher)	84.68%	80.98%	80.70%	80.60%	80.73%	81.44%	82.07%	83.05%	84.68%	85.51%	85.04%	84.67%	85.69%	82.35%	-	89.84%	95% planned position (95% at 31 March 2018)
Appraisal																	
Appraisal (1 Year Refresher) (Year To Date)	96.57%	31.16%	52.94%	62.39%	71.49%	77.15%	82.94%	96.57%	0.81%	2.77%	6.80%	22.39%	42.10%	68.15%	-	84.80%	84.8% planned position 30 Sept 2017 (100% at 31 October 2017)
Appraisal (1 Year Refresher) (Rolling)	96.57%				77.23%	80.34%	83.91%	96.57%	92.17%	87.62%	82.28%	78.97%	79.10%	85.20%	-	100.00%	

*Data one month behind

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

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

Hard Truths: Safe Staffing Levels

	Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	82.77% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% -WARD 5B : 74.9% -WARD 6D : 72.2% -WARD 7BC : 53.6% - WARD 17: 69.5% - WARD 21: 69.4%	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 rates reported in September are attributed to a level of vacancy and teams not achieving their WFM. The low fill rate on 7b/c is due to bed reduction.
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	90.01 % of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% -WARD 7BC : 67.8% -WARD 8 : 66.7% -WARD 8AB : 65.4% -WARD 10 : 66.6%	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 rates reported in September are attributed to a level of vacancy and teams not achieving WFM. The low fill rate on 7b/c is due to bed reduction.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	102.88 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at day <75% -WARD 7BC : 58.8% - WARD 8AB: 62.6% - WARD LDRP : 60.7% - WARD 3ABCD : 61.2%	The low HCA fill rates in Sep tember are attributed to flucuating bed capacity and a level of HCA vacancy within the FSS division. This is managed on a daily basis against the acuity of the workload. Recruitment plans are in place for all vacant shifts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; realisation of supervisory time for band 7 registered nurses and for care staff supporting reduced fill rate of registered nurse hours.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	114.95 % of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% -WARD 7BC: 68.9%	The low HCA fill rates in September are attributed to flucuating bed capacity. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; realisation of supervisory time for band 7 registered nurses and for care staff supporting reduced fill rate of registered nurse hours.

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

		DAY						NIGHT						Care Hours Per Patient Day					
Ward	Main Specialty on Each Ward	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	Cdiff	MSSA Acquisitions	Pressure Ulcer (Month Behind)	Falls Moderate and Above
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual								
CRH MAU	GENERAL MEDICINE	1980	1742	1170	1281	88.0%	109.5%	1320	1390	990	909.5	105.3%	91.9%	17.3	16.8				10
HRI MAU	GENERAL MEDICINE	1980	1799	1170	1704	90.9%	145.6%	1320	1537	990	1287	116.4%	130.0%	9.5	11			1	2
WARD 2AB	GENERAL MEDICINE	1845	1488	1170	1613.5	80.7%	137.9%	1320	1305	660	902	98.9%	136.7%	6.2	6.6		1	3	2
HRI Ward 5 (previously ward 4)	GERIATRIC MEDICINE	1620	1334	1170	1471.5	82.3%	125.8%	990	960	990	1408	97.0%	142.2%	5.9	6.4			1	6
HRI Ward 11 (previously Ward 5)	CARDIOLOGY	2010	1630.76	975	997	81.1%	102.3%	1320	1253.5	660	704	95.0%	106.7%	5.6	5.2			1	6
WARD 5AD	GERIATRIC MEDICINE	2070	1586	1530	1825	76.6%	119.3%	1320	1177	1320	1272	89.2%	96.4%	6.9	6.5	1			3
WARD 5C	GENERAL MEDICINE	1035	1003	810	798.5	96.9%	98.6%	660	649	330	385	98.3%	116.7%	5.7	5.7			1	5
WARD 6	GENERAL MEDICINE	1620	1478.5	1170	1154	91.3%	98.6%	990	943	660	737	95.3%	111.7%	9.3	9				5
WARD 6BC	GENERAL MEDICINE	1620	1529	1170	1217.5	94.4%	104.1%	1320	1331	660	671	100.8%	101.7%	6.2	6.2				7
WARD 5B	GENERAL MEDICINE	1170	876	720	1277	74.9%	177.4%	660	638	660	1008	96.7%	152.7%	5.8	6.8				4
WARD 6A	GENERAL MEDICINE	945	757.5	945	770.5	80.2%	81.5%	660	660	330	605	100.0%	183.3%	5.9	5.7				8
WARD CCU	GENERAL MEDICINE	1620	1335	360	318	82.4%	88.3%	990	946	0	10	95.6%	-	11.3	9.9				3
WARD 6D	GENERAL MEDICINE	1620	1169.5	810	834	72.2%	103.0%	990	891	660	660	90.0%	100.0%	11.4	10			1	3
WARD 7AD	GENERAL MEDICINE	1620	1390.5	1530	1732.5	85.8%	113.2%	990	990	990	1034	100.0%	104.4%	6.9	7				3
WARD 7BC	GENERAL MEDICINE	1620	868	1530	899	53.6%	58.8%	990	671	990	385	67.8%	38.9%	14.7	8.1				2
WARD 8	GERIATRIC MEDICINE	1395	1093.3	1170	1908.1	78.4%	163.1%	990	660	990	1595	66.7%	161.1%	6.1	7.1			4	10
WARD 12	MEDICAL ONCOLOGY	1620	1267.5	810	813	78.2%	100.4%	990	770	330	528	77.8%	160.0%	5.8	5.3			1	2
WARD 17	GASTROENTEROLOGY	1980	1376.5	1170	1026	69.5%	87.7%	990	915	660	660	92.4%	100.0%	5.8	4.8				1
WARD 21	REHABILITATION	1170	811.4	945	1283	69.4%	135.8%	660	660	660	913	100.0%	138.3%	4.9	5.2				7
ICU	CRITICAL CARE	3770	3192	768.5	670	84.7%	87.2%	4140	3205.5	0	0	77.4%	-	49.6	40.4			1	
WARD 3	GENERAL SURGERY	915	877	727.5	641.5	95.8%	88.2%	690	690	345	345	100.0%	100.0%	6.3	6		1	2	9
WARD 8AB	TRAUMA & ORTHOPAEDICS	1026.5	830	922.5	577.5	80.9%	62.6%	931.5	609.5	241.5	391	65.4%	161.9%	9.6	7.4			1	2
WARD 8D	ENT	795	808.5	795	651	101.7%	81.9%	690	529	0	207	76.7%	-	8.8	8.4				1
WARD 10	GENERAL SURGERY	1260	1113	727.5	872	88.3%	119.9%	1035	689	345	701.5	66.6%	203.3%	5.8	5.8				1
WARD 15	GENERAL SURGERY	1513	1333.3	1210	1111	88.1%	91.8%	1035	793.5	345	790.5	76.7%	229.1%	5.4	5.3		1	2	
WARD 19	TRAUMA & ORTHOPAEDICS	1590	1219	1140	1298	76.7%	113.9%	1035	987	1035	1023.5	95.4%	98.9%	8.5	8.1			1	5
WARD 20	TRAUMA & ORTHOPAEDICS	1935	1473	1365	1415.5	76.1%	103.7%	1035	1023.5	1035	1035	98.9%	100.0%	6.8	6.2				8
WARD 22	UROLOGY	1140	1082	1140	1142	94.9%	100.2%	690	690	690	793	100.0%	114.9%	5.8	5.9			1	6
SAU HRI	GENERAL SURGERY	1586	1272.3	793.5	707.8	80.2%	89.2%	1288	1281	322	322	99.5%	100.0%	8.3	7.4	1		2	1
WARD LDRP	OBSTETRICS	4140	3511	915	555	84.8%	60.7%	4140	3530.5	690	575	85.3%	83.3%	19.4	16.1				
WARD NICU	PAEDIATRICS	2175	1909	900	748.5	87.8%	83.2%	2070	1759.5	690	563.5	85.0%	81.7%	14	11.9				
WARD 1D	OBSTETRICS	1192.5	1079	345	345	90.5%	100.0%	690	690	345	324.9	100.0%	94.2%	4.1	3.8				
WARD 3ABCD	PAEDIATRICS	2953.5	2282	1177.5	721	77.3%	61.2%	2369	2183.5	345	345.5	92.2%	100.1%	12.1	9.8				
WARD 4C	GYNAECOLOGY	690	678.5	450	375	98.3%	83.3%	690	690	345	299	100.0%	86.7%	7.5	7				3
WARD 9	OBSTETRICS	1035	962.5	345	306.3	93.0%	88.8%	690	690	345	345	100.0%	100.0%	5.2	5				
WARD 18	PAEDIATRICS	763.5	694.5	126	97.5	91.0%	77.4%	690	655.5	0	0	95.0%	-	24.3	22.3				
Trust		59020	48852.06	34173	35157.7	82.77%	102.88%	43378.5	39043.5	20648.5	23734.9	90.01%	114.95%	8.0	7.5				

Hard Truths: Safe Staffing Levels (3)

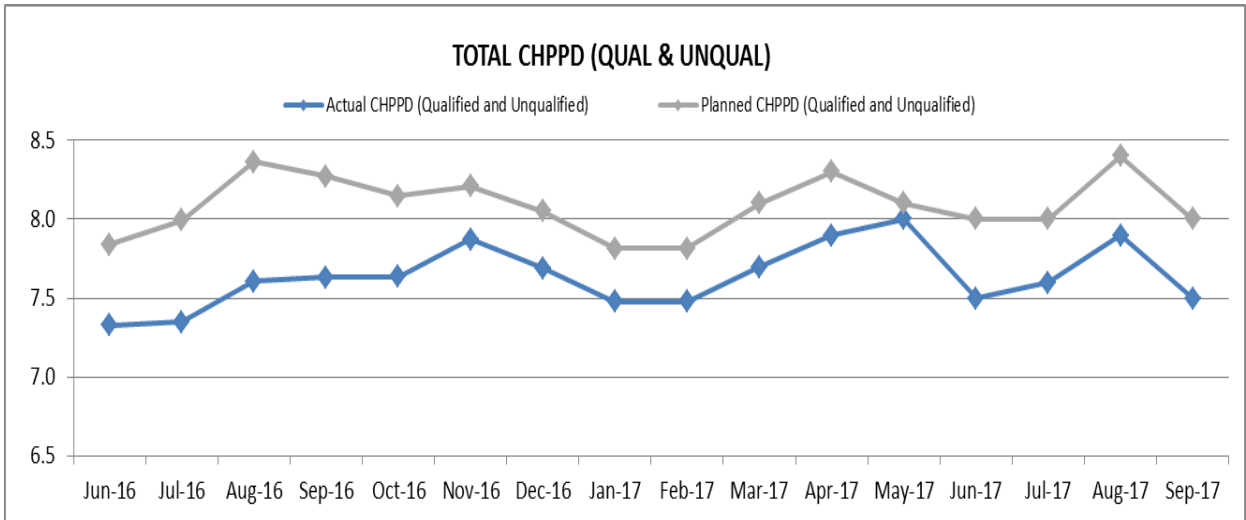
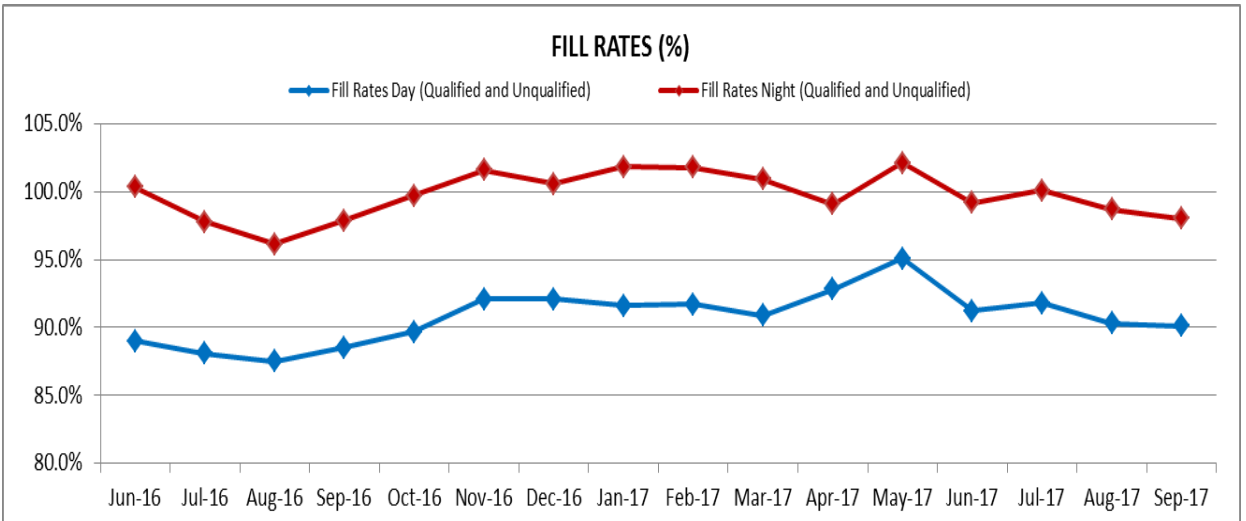
Care Hours per Patient Day

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

	Jul-17	Aug-17	Sep-17
Fill Rates Day (Qualified and Unqualified)	91.80%	90.30%	90.10%
Fill Rates Night (Qualified and Unqualified)	100.10%	98.70%	98.00%

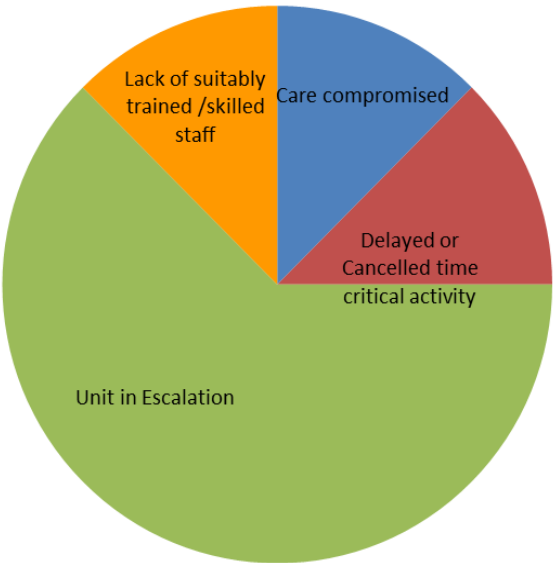
Planned CHPPD (Qualified and Unqualified)	8.0	8.4	8.0
Actual CHPPD (Qualified and Unqualified)	7.6	7.8	7.5

A review of September 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. 4 areas reported CHPPD as planned. 8 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.

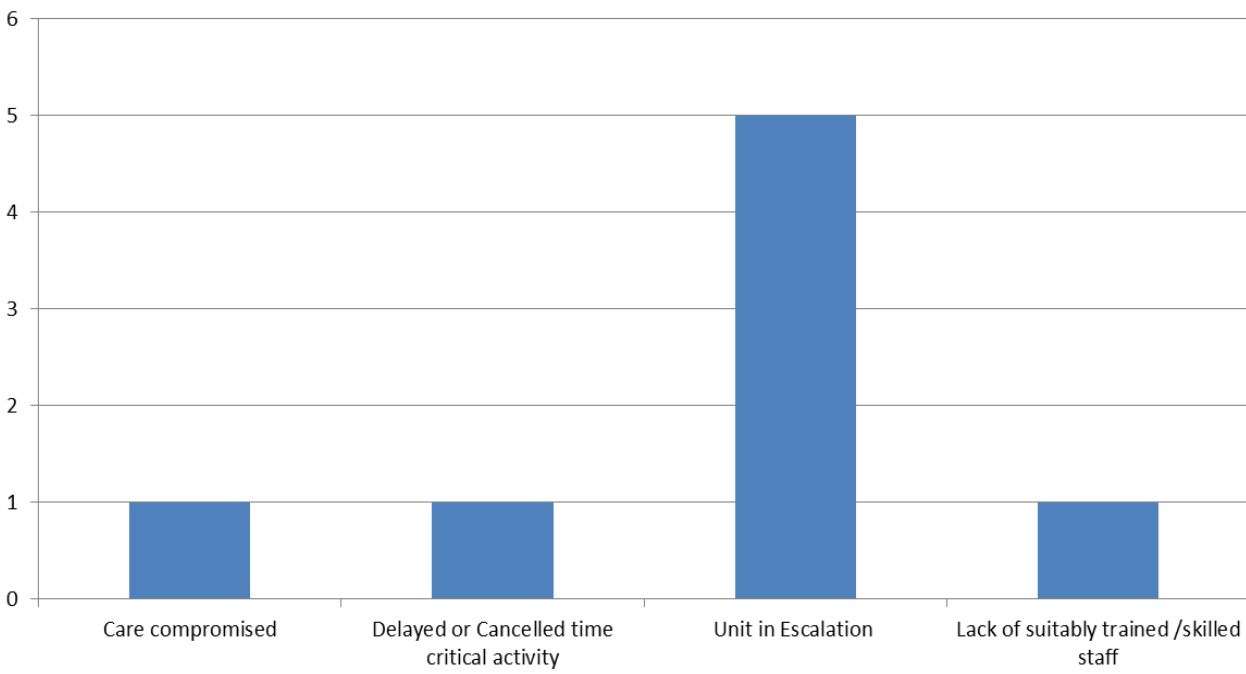


RED FLAG INCIDENTS

Incidents By Adverse Events September 2017



Incidents by Dept/Ward September 2017



A Red Flag Event occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level (NICE 2015). In total there were **8 Trust Wide Red shifts** declared in **September**. The Red flagged shifts were resolved within the Divisions and support for areas where staffing levels had fallen below planned levels was provided across the floor by the duty night sister/site co-ordinator. No harm was reported to patient.

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. Recruitment fairs are planned for October 2017 and March 2018.
2. Applications from international recruitment projects are progressing well and the first nurses are expected in the Trust October 2017.
3. 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 is being developed to up-scale the project in line with the national and regional workforce plans.
4. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce. This has been further enhanced by the development of a year long preceptorship programme to support and develop new starters.
5. 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.
6. 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 30th Sep 2017 - Month 6

KEY METRICS

	M6				YTD (SEP 2017)				Forecast 17/18				
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var		
	£m	£m	£m		£m	£m	£m		£m	£m	£m		
I&E: Surplus / (Deficit) Control Total basis	(£2.20)	(£2.22)	(£0.02)		(£13.29)	(£13.28)	£0.01		1	(£15.94)	(£15.94)	£0.00	
Agency Expenditure	(£1.28)	(£1.22)	£0.05		(£8.87)	(£7.84)	£1.03		1	(£16.86)	(£14.97)	£1.90	
Capital	£2.37	£0.61	£1.77		£11.42	£6.37	£5.05		1	£14.39	£14.39	£0.00	
Cash	£1.90	£3.18	£1.28		£1.90	£3.18	£1.28		2	£1.91	£1.90	(£0.01)	
Borrowing (Cumulative)	£82.12	£83.30	£1.17		£82.12	£83.30	£1.17		1	£87.62	£90.15	£2.53	
CIP	£1.24	£0.87	(£0.37)		£6.69	£4.74	(£1.94)		1	£20.00	£13.83	(£6.17)	
Use of Resource Metric	3	3			3	3			1	3	3		

- Reported year to date deficit position of £13.28m in line with agreed control total of £13.29m;
- Delivery of CIP is behind the planned level at £4.74m against a planned level of £6.69m;
- Capital expenditure is £5.05 below plan due to revised timescales;
- Cash position is £3.18m, above the planned level of £1.90m;
- A Use of Resources score of level 3, in line with the plan.

The Month 6 reported position is a deficit in line with the planned £13.28m on a control total basis. However, there is an underlying adverse variance from plan due to the loss of £0.23m Sustainability and Transformation funding (STF) based on Q1 A&E performance. The underlying financial position has continued to deteriorate with activity and income significantly below the planned level, developing cost pressures and underperformance on CIP starting to impact.

The underlying financial shortfall against the financial plan in the year to date is £9.3m. This is largely driven by the shortfall in activity, offset by the release of all of the Trust's contingency reserves for the year alongside a number of non-recurrent benefits.

M6 position prior to action: adverse variance to plan (£9.3m)

Non-recurrent benefits M2	£1.1m
Non-recurrent benefits M3	£1.5m
Non-recurrent benefits M4	£2.0m
Non-recurrent benefits M5	£0.8m
Non-recurrent benefits M6	£1.9m
Release of Contingency Reserves	£2.0m

Month 6 position to report: nil variance to plan £0.0m

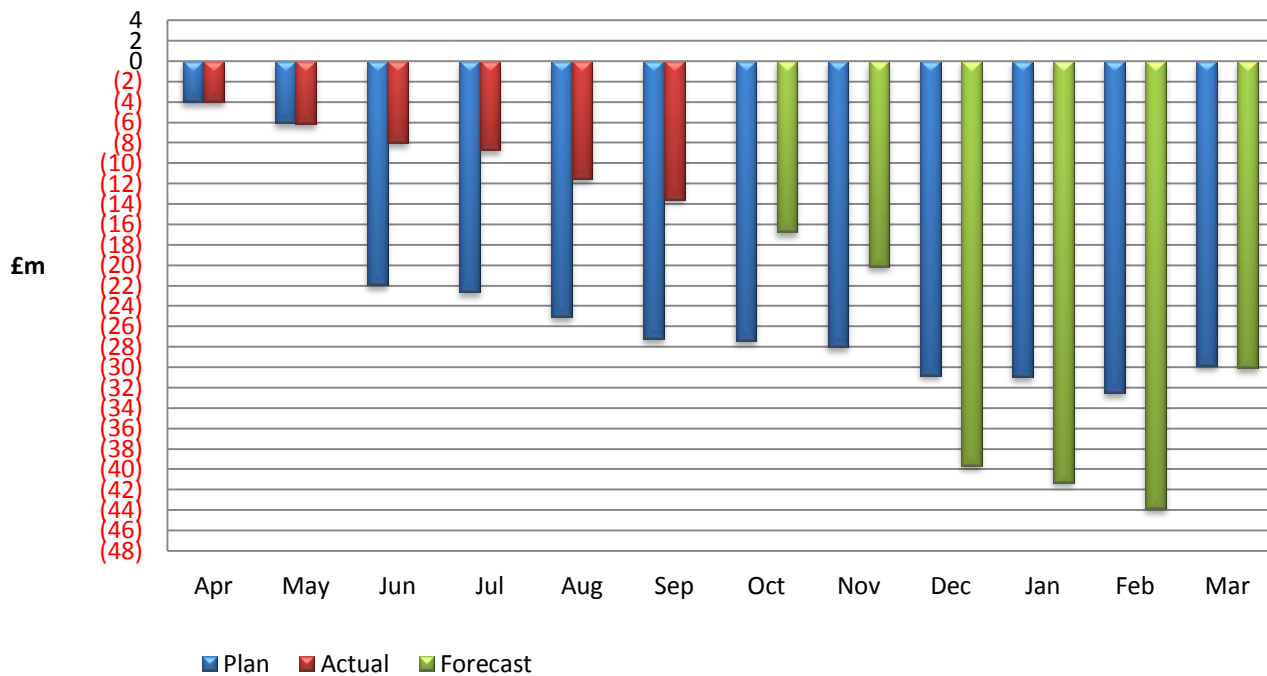
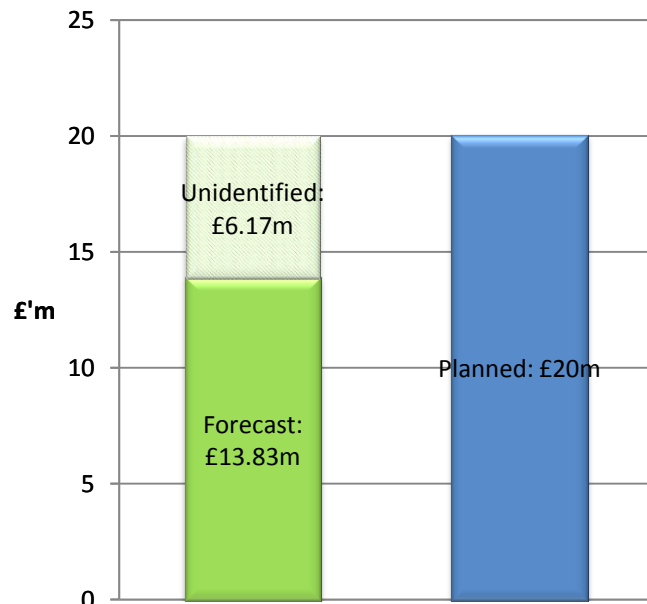
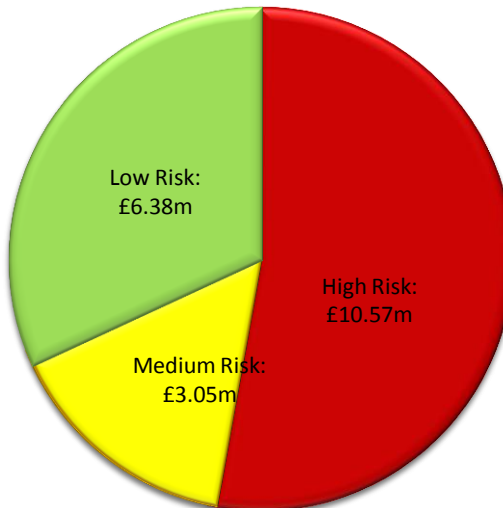
The Trust continues to forecast achievement of its Control Total and in so doing would secure the 70% of the STF allocation that is linked to financial performance. The forecast also assumes that the Q3 and Q4 A&E performance related STF funding is secured. However, revised Divisional forecasts show the underlying gap to the planned deficit increasing in the second half of the year. Further opportunities are being explored including: further recovery of activity and income levels, increased delivery of CIP and alternative financing opportunities. However, until full recovery plans are in place, the risk of failing to achieve the target deficit of £15.94m remains extremely high.

INCOME AND EXPENDITURE SUMMARY

	M6				YTD (SEP 2017)				Forecast 17/18			
	Plan	Actual	Var		Plan	Actual	Var		Plan	Forecast	Var	
	£m	£m	£m		£m	£m	£m		£m	£m	£m	
Total Income	£30.77	£30.30	(£0.47)	🟡	£185.70	£179.70	(£6.00)	🔴	£374.74	£364.64	(£10.09)	🔴
Pay	(£20.13)	(£19.96)	£0.17	🟢	(£122.78)	(£121.35)	£1.43	🟢	(£241.10)	(£238.82)	£2.28	🟢
Non Pay	(£10.73)	(£10.27)	£0.46	🟢	(£63.74)	(£59.27)	£4.47	🟢	(£124.55)	(£116.14)	£8.42	🟢
Total Expenditure	(£30.86)	(£30.22)	£0.63	🟢	(£186.53)	(£180.62)	£5.90	🟢	(£365.65)	(£354.96)	£10.69	🟢
EBITDA	(£0.08)	£0.08	£0.16	🔴	(£0.82)	(£0.92)	(£0.10)	🔴	£9.09	£9.69	£0.60	🟢
Non Operating Expenditure	(£2.11)	(£2.11)	(£0.00)	🟢	(£26.42)	(£12.64)	£13.78	🟢	(£38.93)	(£39.77)	(£0.83)	🔴
Surplus / (Deficit)	(£2.19)	(£2.03)	£0.16	🟢	(£27.24)	(£13.56)	£13.68	🟢	(£29.84)	(£30.08)	(£0.24)	🟡
Less: Items excluded from Control Total	(£0.01)	£0.01	£0.02	🟢	£13.95	£0.05	(£13.90)	🟢	£13.90	£13.91	£0.01	🟢
Less: Loss of STF funding	£0.00	(£0.20)	(£0.20)	🔴	£0.00	£0.23	£0.23	🔴	£0.00	£0.23	£0.23	🔴
Surplus / (Deficit) Control Total basis	(£2.20)	(£2.22)	(£0.02)	🟡	(£13.29)	(£13.28)	£0.01	🟢	(£15.94)	(£15.94)	£0.00	🟢

CLINICAL ACTIVITY

	M6			YTD (SEP 2017)			Forecast 17/18		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Elective	676	460	(215)	3,992	3,067	(925)	7,958	6,242	(1,716)
Non-Elective	4,125	4,759	634	25,063	27,456	2,393	50,873	55,724	4,851
Daycase	3,236	3,088	(147)	19,151	17,577	(1,574)	38,132	36,114	(2,019)
Outpatient	30,528	26,752	(3,777)	180,436	159,626	(20,810)	359,602	322,428	(37,174)
A&E	13,080	12,490	(590)	77,870	75,675	(2,195)	155,414	151,033	(4,381)
Other NHS Non-Tariff	136,883	140,731	3,849	805,630	830,675	25,044	1,622,193	1,680,221	58,028
Other NHS Tariff	11,210	9,693	(1,518)	66,642	60,748	(5,894)	133,242	121,685	(11,557)
Total	199,738	197,973	(1,764)	1,178,785	1,174,825	(3,960)	2,367,414	2,373,446	6,032

Trust Financial Overview as at 30th Sep 2017 - Month 6																															
INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT																															
YEAR TO DATE POSITION: M6				TRUST SURPLUS / (DEFICIT)				YEAR END 2017/18																							
CLINICAL ACTIVITY				TRUST SURPLUS / (DEFICIT)				CLINICAL ACTIVITY																							
	M6 Plan	M6 Actual	Var	<div>Cumulative Surplus / (Deficit)</div> 					Plan	Actual	Var																				
Elective	3,992	3,067	(925)					Elective	7,958	6,242	(1,716)																				
Non-Elective	25,063	27,456	2,393					Non-Elective	50,873	55,724	4,851																				
Daycase	19,151	17,577	(1,574)					Daycase	38,132	36,114	(2,019)																				
Outpatient	180,436	159,626	(20,810)					Outpatient	359,602	322,428	(37,174)																				
A&E	77,870	75,675	(2,195)					A&E	155,414	151,033	(4,381)																				
Other NHS Non-Tariff	805,630	830,675	25,044					Other NHS Non- Tariff	1,622,193	1,680,221	58,028																				
Other NHS Tariff	66,642	60,748	(5,894)					Other NHS Tariff	133,242	121,685	(11,557)																				
Total	1,178,785	1,174,825	(3,960)					Total	2,367,414	2,373,446	6,032																				
TRUST: INCOME AND EXPENDITURE				KEY METRICS				TRUST: INCOME AND EXPENDITURE																							
	M6 Plan	M6 Actual	Var						Plan	Actual	Var																				
	£m	£m	£m						£m	£m	£m																				
Elective	£11.22	£9.41	(£1.80)	<div>Year To Date</div> <table><tr><td></td><td>M6 Plan</td><td>M6 Actual</td><td>Var</td></tr><tr><td>I&E: Surplus / (Deficit)</td><td>(£13.29)</td><td>(£13.28)</td><td>£0.01</td></tr></table>					M6 Plan	M6 Actual	Var	I&E: Surplus / (Deficit)	(£13.29)	(£13.28)	£0.01	<div>Year End: Forecast</div> <table><tr><td></td><td>Plan</td><td>Forecast</td><td>Var</td></tr><tr><td>I&E: Surplus / (Deficit)</td><td>(£15.94)</td><td>(£15.94)</td><td>£0.01</td></tr></table>					Plan	Forecast	Var	I&E: Surplus / (Deficit)	(£15.94)	(£15.94)	£0.01	Elective	£22.36	£19.95	(£2.40)
	M6 Plan	M6 Actual	Var																												
I&E: Surplus / (Deficit)	(£13.29)	(£13.28)	£0.01																												
	Plan	Forecast	Var																												
I&E: Surplus / (Deficit)	(£15.94)	(£15.94)	£0.01																												
Non Elective	£47.39	£49.19	£1.79	Capital	£9.05	£5.76	£3.29	Non Elective	£95.53	£99.54	£4.01																				
Daycase	£13.31	£12.59	(£0.72)	Cash	£1.91	£1.92	£0.01	Daycase	£26.51	£25.57	(£0.94)																				
Outpatients	£20.99	£18.86	(£2.13)	Loans	£78.76	£79.97	£1.20	Outpatients	£41.84	£38.29	(£3.55)																				
A & E	£9.64	£8.91	(£0.73)	CIP	£6.69	£4.74	(£1.94)	A & E	£19.24	£17.85	(£1.38)																				
Other-NHS Clinical	£59.27	£56.69	(£2.58)	Use of Resource Metric	3	3		Other-NHS Clinical	£122.22	£115.94	(£6.28)																				
CQUIN	£3.50	£3.33	(£0.16)					CQUIN	£6.99	£6.74	(£0.25)																				
Other Income	£20.39	£20.72	£0.33					Other Income	£40.05	£40.76	£0.71																				
Total Income	£185.70	£179.70	(£6.00)					Total Income	£374.74	£364.64	(£10.09)																				
Pay	(£122.78)	(£121.35)	£1.43					Pay	(£241.10)	(£238.82)	£2.28																				
Drug Costs	(£17.33)	(£17.13)	£0.20					Drug Costs	(£35.34)	(£34.44)	£0.88																				
Clinical Support	(£16.38)	(£14.73)	£1.65					Clinical Support	(£32.76)	(£30.21)	£2.54																				
Other Costs	(£23.94)	(£21.32)	£2.62					Other Costs	(£44.27)	(£39.08)	£5.19																				
PFI Costs	(£6.10)	(£6.10)	£0.00					PFI Costs	(£12.19)	(£12.40)	(£0.21)																				
Total Expenditure	(£186.53)	(£180.62)	£5.90					Total Expenditure	(£365.65)	(£354.96)	£10.69																				
EBITDA	(£0.82)	(£0.92)	(£0.10)					EBITDA	£9.09	£9.69	£0.60																				
Non Operating Expenditure	(£26.42)	(£12.64)	£13.78					Non Operating Expenditure	(£38.93)	(£39.76)	(£0.83)																				
Surplus / (Deficit)	(£27.24)	(£13.56)	£13.68					Surplus / (Deficit)	(£29.84)	(£30.08)	(£0.23)																				
Less: Items excluded from Control Total	£13.95	£0.05	(£13.90)					Less: Items excluded from Control Total	£13.90	£13.91	£0.01																				
Less: Loss of STF funding	£0.00	£0.23	£0.23					Less: Loss of STF funding	£0.00	£0.23	£0.23																				
Surplus / (Deficit) Control Total basis	(£13.29)	(£13.28)	£0.01					Surplus / (Deficit) Control Total basis	(£15.94)	(£15.94)	£0.01																				
DIVISIONS: INCOME AND EXPENDITURE				COST IMPROVEMENT PROGRAMME (CIP)				DIVISIONS: INCOME AND EXPENDITURE																							
	M6 Plan	M6 Actual	Var						Plan	Forecast	Var																				
	£m	£m	£m						£m	£m	£m																				
Surgery & Anaesthetics	£9.88	£5.64	(£4.23)	<div>CIP - Forecast Position</div>  <div>CIP - Risk</div> 				Surgery & Anaesthetics	£21.20	£11.99	(£9.22)																				
Medical	£14.14	£13.64	(£0.50)					Medical	£28.75	£27.56	(£1.19)																				
Families & Specialist Services	(£1.15)	(£3.08)	(£1.93)					Families & Specialist Services	(£0.66)	(£5.02)	(£4.36)																				
Community	£1.24	£1.48	£0.24					Community	£2.36	£2.23	(£0.13)																				
Estates & Facilities	(£12.94)	(£13.31)	(£0.38)					Estates & Facilities	(£25.65)	(£26.63)	(£0.97)																				
Corporate	(£15.13)	(£14.56)	£0.57					Corporate	(£30.16)	(£30.68)	(£0.52)																				
THIS	(£0.12)	(£0.29)	(£0.17)					THIS	£0.03	(£0.37)	(£0.40)																				
PMU	£1.34	£1.32	(£0.03)					PMU	£2.75	£2.75	(£0.00)																				
Central Inc/Technical Accounts	(£23.39)	(£4.40)	£19.00					Central Inc/Technical Accounts	(£29.75)	(£25.26)	£4.50																				
Reserves	(£2.00)	£0.00	£2.00					Reserves	(£2.00)	£12.69	£14.69																				
Unallocated CIP	£0.89	£0.00	(£0.89)					Unallocated CIP	£3.30	£0.67	(£2.63)																				
Surplus / (Deficit)	(£27.24)	(£13.56)	£13.68					Surplus / (Deficit)	(£29.84)	(£30.08)	(£0.23)																				

Trust Financial Overview as at 30th Sep 2017 - Month 6																																																						
CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT																																																						
WORKING CAPITAL					BETTER PAYMENT PRACTICE CODE					CASH																																												
<table><tr><td></td><td>M6 Plan</td><td>M6 Actual</td><td>Var</td><td>M6</td></tr><tr><td></td><td>£m</td><td>£m</td><td>£m</td><td></td></tr><tr><td>Payables</td><td>(£47.62)</td><td>(£49.73)</td><td>£2.11</td><td>●</td></tr><tr><td>Receivables</td><td>£17.65</td><td>£21.30</td><td>(£3.65)</td><td>●</td></tr></table>						M6 Plan	M6 Actual	Var	M6		£m	£m	£m		Payables	(£47.62)	(£49.73)	£2.11	●	Receivables	£17.65	£21.30	(£3.65)	●	<div><div>% Number of Invoices Paid within 30 days</div></div>					<table><tr><td></td><td>M6 Plan</td><td>M6 Actual</td><td>Var</td><td>M6</td></tr><tr><td></td><td>£m</td><td>£m</td><td>£m</td><td></td></tr><tr><td>Cash</td><td>£1.90</td><td>£3.18</td><td>£1.28</td><td>●</td></tr><tr><td>Loans (Cumulative)</td><td>£82.12</td><td>£83.30</td><td>£1.17</td><td>●</td></tr></table>						M6 Plan	M6 Actual	Var	M6		£m	£m	£m		Cash	£1.90	£3.18	£1.28	●	Loans (Cumulative)	£82.12	£83.30	£1.17	●
	M6 Plan	M6 Actual	Var	M6																																																		
	£m	£m	£m																																																			
Payables	(£47.62)	(£49.73)	£2.11	●																																																		
Receivables	£17.65	£21.30	(£3.65)	●																																																		
	M6 Plan	M6 Actual	Var	M6																																																		
	£m	£m	£m																																																			
Cash	£1.90	£3.18	£1.28	●																																																		
Loans (Cumulative)	£82.12	£83.30	£1.17	●																																																		
<div><div>Payables</div></div>					<div><div>Loans</div></div>																																																	
<div><div>Receivables</div></div>					<div><div>CASH FLOW VARIANCE</div></div>																																																	
CAPITAL					CASH FLOW VARIANCE																																																	
<table><tr><td></td><td>M6 Plan</td><td>M6 Actual</td><td>Var</td><td>M6</td></tr><tr><td></td><td>£m</td><td>£m</td><td>£m</td><td></td></tr><tr><td>Capital</td><td>£11.42</td><td>£6.37</td><td>£5.05</td><td></td></tr></table>						M6 Plan	M6 Actual	Var	M6		£m	£m	£m		Capital	£11.42	£6.37	£5.05		<div><div>Capital Spend</div></div>																																		
	M6 Plan	M6 Actual	Var	M6																																																		
	£m	£m	£m																																																			
Capital	£11.42	£6.37	£5.05																																																			
SUMMARY YEAR TO DATE					NOTES																																																	
<ul style="list-style-type: none">• The year to date deficit is £13.56m versus a planned deficit of £27.24m. This £13.68m favourable variance includes £0.23m Loss of STF funding linked to Q1 A&E performance, offset by a £13.90m net benefit excluded for Control Total purposes: delayed £14m planned impairment and the I&E impact of Donated Assets (£0.10m).• The year to date position assumes receipt of Sustainability and Transformation Funding (STF) of £3.31m, £0.23m less than the planned £3.54m, due to A&E performance against the 4 hour target being below trajectory for Quarter 1.• Activity continued to be behind plan year to date, with lower than planned Outpatient, A&E, Daycase and Elective activity. In addition to this underlying underperformance, £1.25m of clinical income has been included as an estimate to reflect coding and capture issues linked to EPR implementation.• Capital expenditure year to date is behind plan at £6.37m against a planned £11.42m.• Cash balance is £3.18m, above the planned level of £1.90m due to the receipt of Quarter 1 STF cash payment.• Trust borrowing is above the planned level. Year to date the Trust has borrowed £16.813m to support the deficit and pending STF funding.• CIP schemes have delivered £4.74m, £1.94m less than the year to date target of £6.69m. The year to date plan includes £0.8m of the £3m stretch target required to bridge between £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 2 (planned as 1).					<ul style="list-style-type: none">• The Trust continues to report achievement of the planned year end Control Total deficit of £15.94m. This excludes loss of STF Funding of £0.23m, 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.• However the deteriorating position leaves the Trust with the requirement to deliver significant recovery plans, to cover the growing underlying gap between the planned deficit and operating position.• The forecast assumes receipt of the £9.87m STF Funding, £0.23m less than the planned value of £10.1m due to the loss of funding for Quarter 1 based on A&E four hour performance. Full receipt of STF funding for Quarters 2,3 & 4 is assumed in the forecast.• The forecast assumes recovery of £1.25m estimated clinical income and the delivery of recovery plans to increase productivity and clinical contract income and improve the current run rate over the final six months of the year.• The forecast assumes delivery of £17m of the full £20m CIP target, of which only £13.83 is currently forecast to deliver, leaving a gap of £3.17m to identify.• The Trust is exploring other options including alternative financing arrangements that might enable the remaining gap to be closed.• The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £33.33m in this financial year to support both Capital and Revenue plans. The total loan balance by year end is forecast to be £90.15m, £2.53m higher than planned based on forecast deficit and working capital requirements.• Capital expenditure is forecast for the full year as planned at £14.39m, supported by the final £8m instalment of an existing Capital Loan facility.																																																	
<div><div>RAG KEY:</div><div>(Excl: UOR)</div><div><div>●</div>Actual / Forecast is on plan or an improvement on plan</div><div><div>●</div>Actual / Forecast is worse than planned by <2%</div><div><div>●</div>Actual / Forecast is worse than planned by >2%</div></div> <div>NB. In addition to the above rules, if Capital expenditure <85% of that planned then Red, (per NHSI risk indicator).</div>					<div><div>RAG KEY: UOR</div><div><div>●</div>All UOR metrics are at the planned level</div><div><div>●</div>Overall UOR as planned, but one or more component metrics are worse than planned</div><div><div>●</div>Overall UOR worse than planned</div></div>																																																	

WORKFORCE

Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	38	61	69	141	33	341
Staff in post (WTE)	658	1,351	543	1,633	1,067	5,252
% Vacancies	5%	4%	11%	8%	3%	6%

Vacancies

At the end of Month 6 the Trust was carrying 341 vacancies, 6% of the total establishment. This is a reduction of 59 vacancies compared to Month 5. Medical vacancies increased slightly to 11%. Qualified Nursing vacancies have reduced and now stand at 8% of establishment.

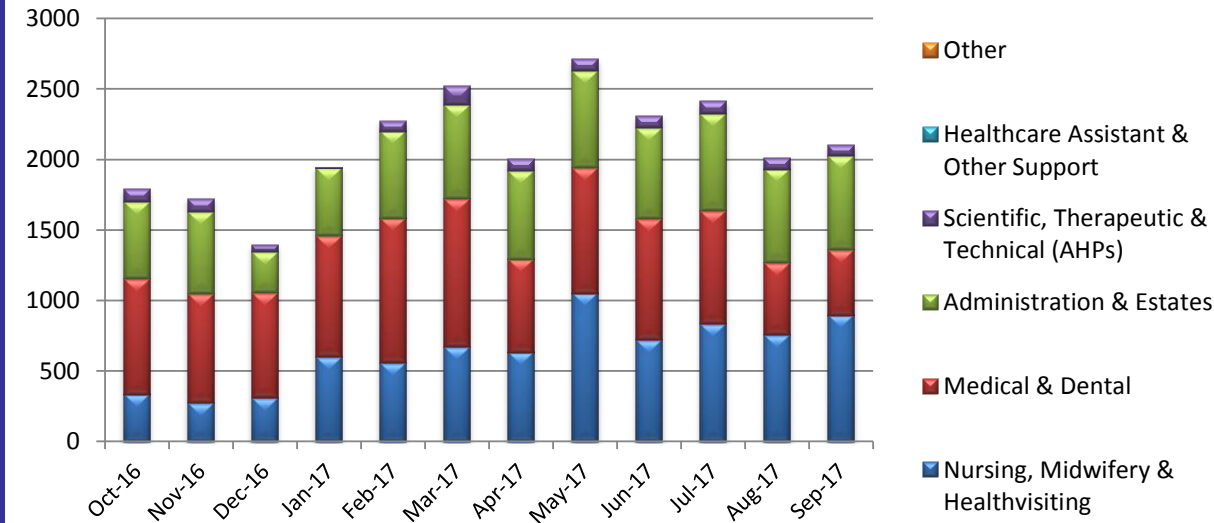
Agency rate cap

Overall Cap breaches were higher than those reported in Month 5, but equalled the 12 month average. Trends show that Nursing breaches have been consistently high over the last 6 months, whilst Medical Breaches have continued to reduce.

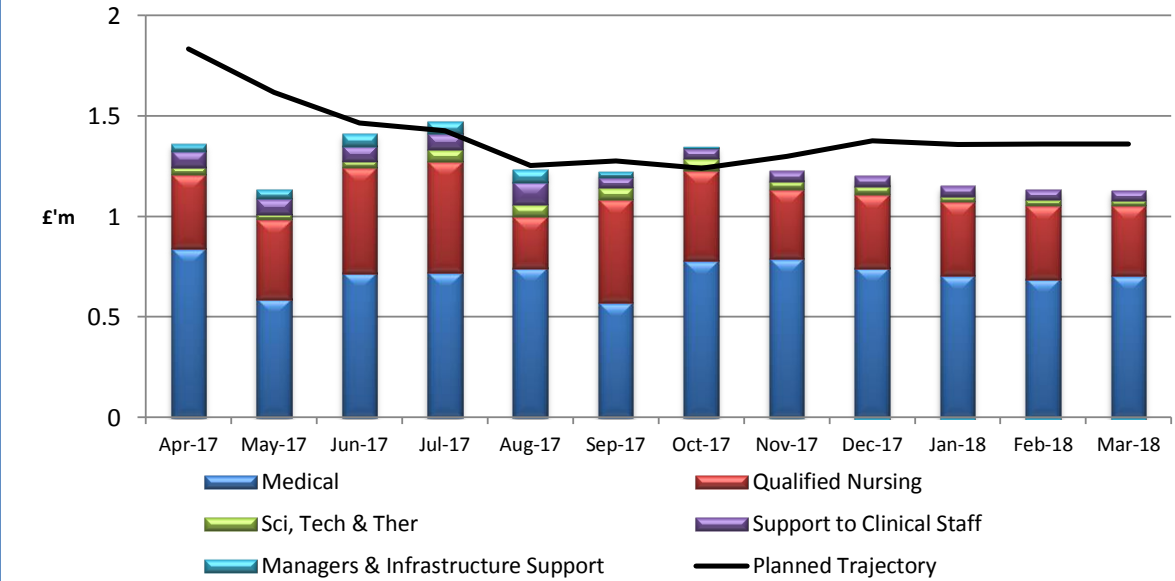
Agency ceiling

Total reported agency spend in month was £1.22m; £0.05m lower than the planned value and the NHS Improvement Agency Ceiling. This value excludes agency expenditure capitalised as part of EPR implementation costs. Year to date Agency expenditure is £1.03m lower than the ceiling. There has been some reduction in the underlying level of Agency expenditure compared to 16/17 levels linked to staff moving onto payroll and the filling of vacancies and Divisions are forecasting to achieve the £16.86m ceiling for the year. This does, however, remain a risk, as the plan did not assume a significant increase linked to winter pressures in the final months of the year.

Number of Shifts that breached Agency Cap (Monthly)



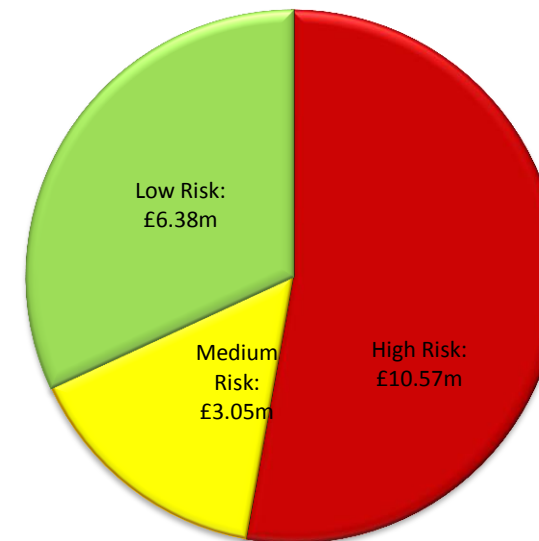
Agency spend - Actual/Forecast spend vs Revised Trajectory



COST IMPROVEMENT PROGRAMME

17/18 CIP					
Division	Plan	Forecast			
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m
Corporate Services	0.79	0.47	0.32	0.79	0.69
Health Informatics	0.55	0.55	0.00	0.55	0.66
Medicine	4.35	2.53	1.32	3.85	3.75
PMU	0.30	0.30	0.00	0.30	0.30
Surgery & Anaesthetics	4.88	3.58	0.14	3.72	4.41
Families & Specialist Services	4.36	2.22	0.68	2.91	2.89
Community	0.31	0.11	0.03	0.14	0.37
Estates & Facilities	1.16	0.71	0.20	0.90	1.09
Unallocated	3.30	0.10	0.58	0.68	0.29
Grand Total	20.00	10.57	3.26	13.83	14.44

CIP - Risk

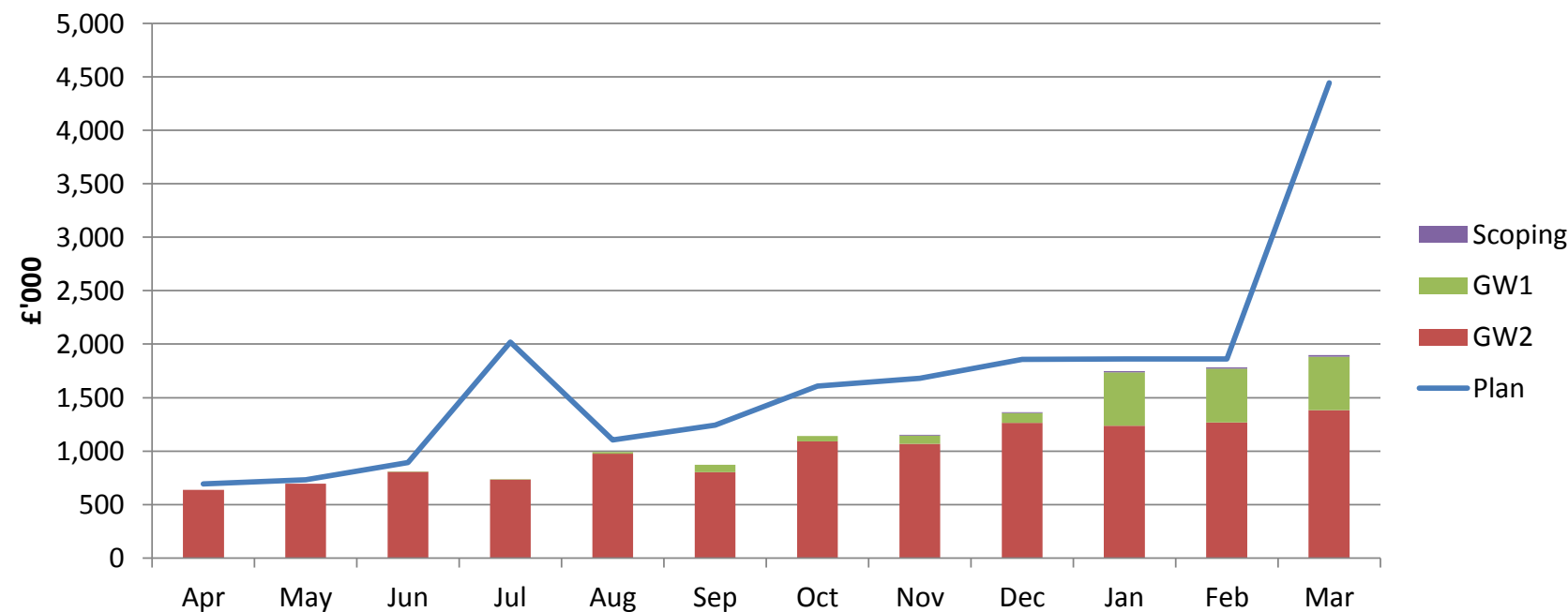


£4.74m of CIP has been delivered in the year to date against a plan of £6.69m, an under performance of £1.94m. This under performance has required the release of the full value (£2.00m) of the Trust's contingency reserves in order to achieve the Control Total.

Achieving the full year Control Total was predicated on the Trust delivering £20m of CIP. However, the current CIP forecast shows that £6.17m of this target CIP is not forecast to deliver (including both the £3m unidentified in plan and the forecast shortfall). Whilst the Trust has identified schemes at Gateway 1 or 2 that add up to £16.96m, a number of these schemes are now not forecasting to deliver as planned, creating an additional gap of £3.17mm that will need to be covered through new schemes. The total forecast against identified CIP schemes is £13.83m, with £11.97m of these forecast saving at Gateway 2. However, more than half of the £20m CIP target is flagged as high risk, (£4.40m of the forecast identified CIP plus the £6.17m unidentified).

Of the £20m CIP target, £10.57m 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 schemes that will be carried forward into 18/19 is £14.44m, (£10.57m in 17/18 and the remaining £3.87m in 18/19). The Non-Recurrent element is £3.26m. Whilst non recurrent savings will provide a benefit in this financial year, they are offsetting the full year effect of recurrent schemes and increase the size of the challenge carried forward into 18/19.

CIP Profile by Month



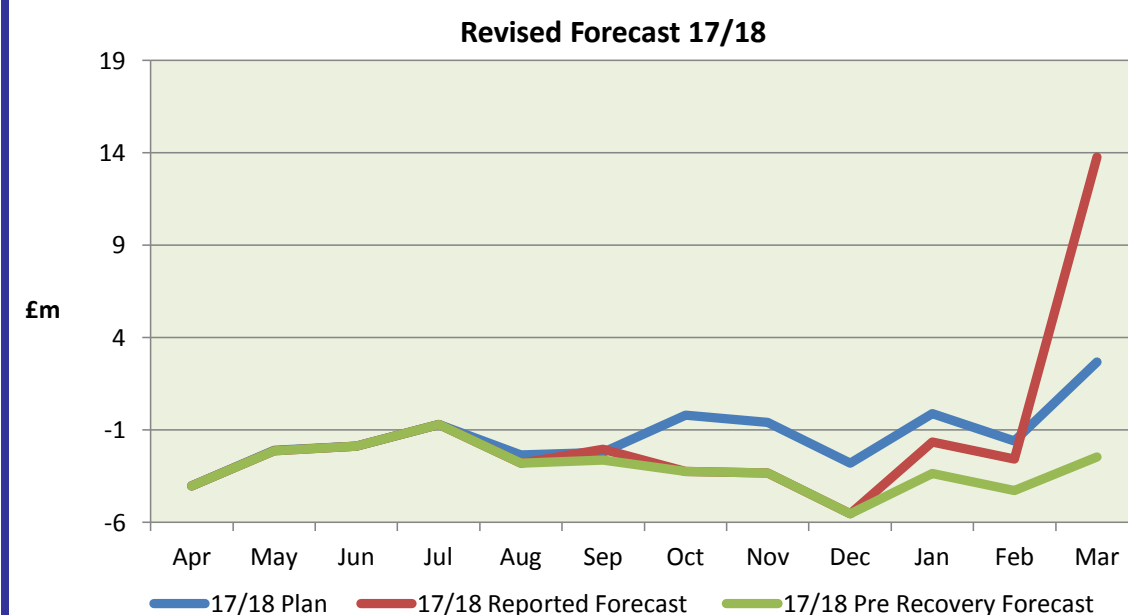
CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	693	732	894	2,021	1,104	1,242	1,610	1,679	1,858	1,862	1,860	4,446	20,000
GW2	638	696	808	734	977	801	1,089	1,069	1,266	1,236	1,269	1,383	11,967
GW1	-	-	4	2	15	69	52	77	89	499	501	501	1,808
Scoping	-	-	-	-	-	-	-	5	10	14	14	14	57
Unidentified	-	-	-	-	-	-	200	200	931	931	931	2,975	6,169
Total Forecast	638	696	811	736	992	870	1,342	1,351	2,296	2,680	2,715	4,873	20,000

FORECAST

YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£22.36	£19.95	(£2.40)	●
Non Elective	£95.53	£99.54	£4.01	●
Daycase	£26.51	£25.57	(£0.94)	●
Outpatients	£41.84	£38.29	(£3.55)	●
A & E	£19.24	£17.85	(£1.38)	●
Other-NHS Clinical	£122.22	£115.94	(£6.28)	●
CQUIN	£6.99	£6.74	(£0.25)	●
Other Income	£40.05	£40.76	£0.71	●
Total Income	£374.74	£364.64	(£10.09)	●
Pay	(£241.10)	(£238.82)	£2.28	●
Drug Costs	(£35.34)	(£34.44)	£0.88	●
Clinical Support	(£32.76)	(£30.21)	£2.54	●
Other Costs	(£44.27)	(£39.08)	£5.19	●
PFI Costs	(£12.19)	(£12.40)	(£0.21)	●
Total Expenditure	(£365.65)	(£354.96)	£10.69	●
EBITDA	£9.09	£9.69	£0.60	●
Non Operating Expenditure	(£38.93)	(£39.76)	(£0.83)	●
Surplus / (Deficit)	(£29.84)	(£30.08)	(£0.24)	●
Less: Items excluded from Control Total	£13.90	£13.91	£0.01	
Less: Loss of STF funding	£0.00	£0.23	£0.23	
Surplus / (Deficit) Control Total basis	(£15.94)	(£15.94)	£0.00	●

Revised Forecast



The forecast continues to assume that the Trust will achieve its Control Total and secure the Sustainability and Transformation Funding (STF) of £9.87m. However, the risk of failing to achieve our target deficit of £15.94m which was high from the outset, has continued to increase due to a combination of slower than expected recovery of clinical activity levels and therefore income following EPR implementation and a forecast CIP gap that currently stands at £6.17m. The deteriorating position leaves the Trust with the requirement to deliver recovery plans of the magnitude of £14m, to cover the growing underlying gap between the planned deficit and operating position. The size of this gap is unlikely to be resolved quickly enough to achieve the control total over the next 5 months and the Trust is now forecasting an adverse variance from plan during Months 7-11. The scale of the challenge is illustrated in the graph below that shows both the reported forecast position with recovery and the pre-recovery position. The Trust will be required to submit a formal recovery plan to NHS Improvement by mid-November.

The Control Total excludes: Impairments, Donated Asset Income and Donated Asset Depreciation. For the purposes of the STF calculation, loss of STF funding for Quarter 1 based on A&E performance is also excluded.

The forecast makes the following key assumptions:

- That the Trust is able to recover the £1.25m of estimated income in the year to date position.
- That the Trust is able to implement recovery plans of circa £14m to achieve the Control Total.
- That the EPR stabilisation plan is successful and the Trust is able to deliver recovery plans to increase productivity and clinical contract income and improve the current run rate over the final six months of the year.
- That the Trust will achieve cost improvement savings of at least £17m, of which £3.17m is currently unidentified.
- That the Trust is successful in securing the high value alternative financing opportunities that are currently being explored and that these result in cash payments within this financial year.
- That the Trust will secure £9.87m of the planned £10.1m Sustainability & Transformation Fund (STF) allocation by recovering the financial position back to Control Total by Month 12 and achieving the A&E performance element of the target in the final two quarters of the year.
- That a programme of additional budgetary grip and control is successfully implemented as planned.

Risks:

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

Clinical Activity does not recover as planned; or Commissioner QIPP plans are achieved in line with Contract values.

- **CQUIN:**

CQUIN targets are not met or the Risk Reserve element is not allocated to the Trust. The forecast assumes receipt of the full 2.5% of CQUIN including the STP and Risk Reserve elements, although £2m has been flagged as high risk. Management action is focussed on reducing this risk.

- **CIP risk:**

Only £13.83m of CIP is currently forecast to deliver and of this over £4m is described as high risk. The forecast £14m recovery requirement assumes that all this forecast CIP is delivered, so any further slippage on delivery would increase the scale of the required recovery.

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

Receipt of STF funding is contingent upon both achieving the financial Control Total and A&E performance. .

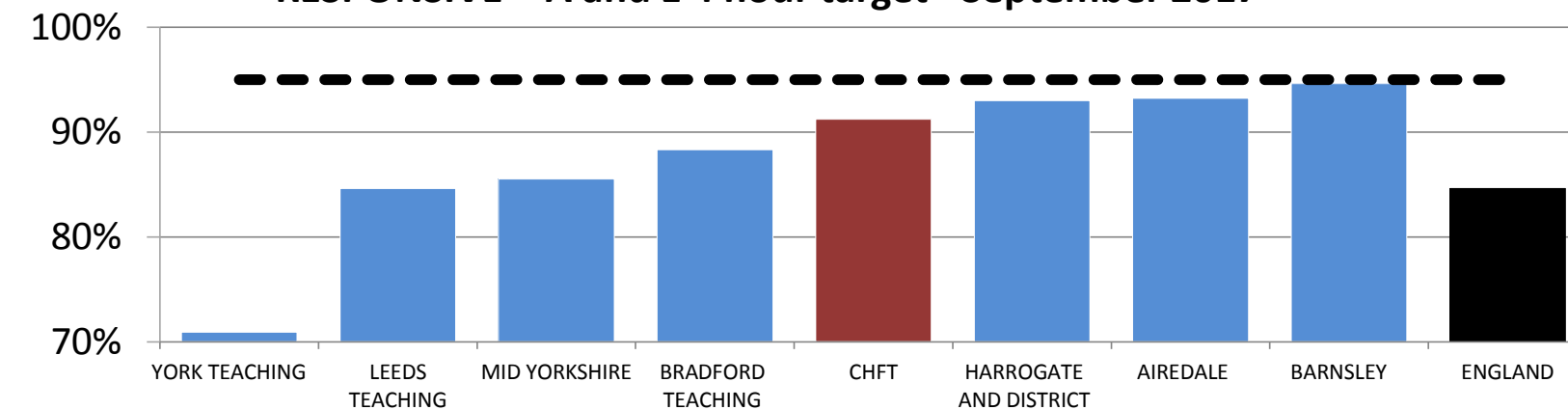
- **Apprentice Levy:**

Against payment of £1m Apprentice Levy, £0.9m was assumed to be recoverable. Plans are being put in place to increase to number of apprenticeships offered across the Trust and the amount recovered from the levy as a training provider, but there remains a risk of under-recovery of between £0.20 and £0.40m while these plans are implemented.

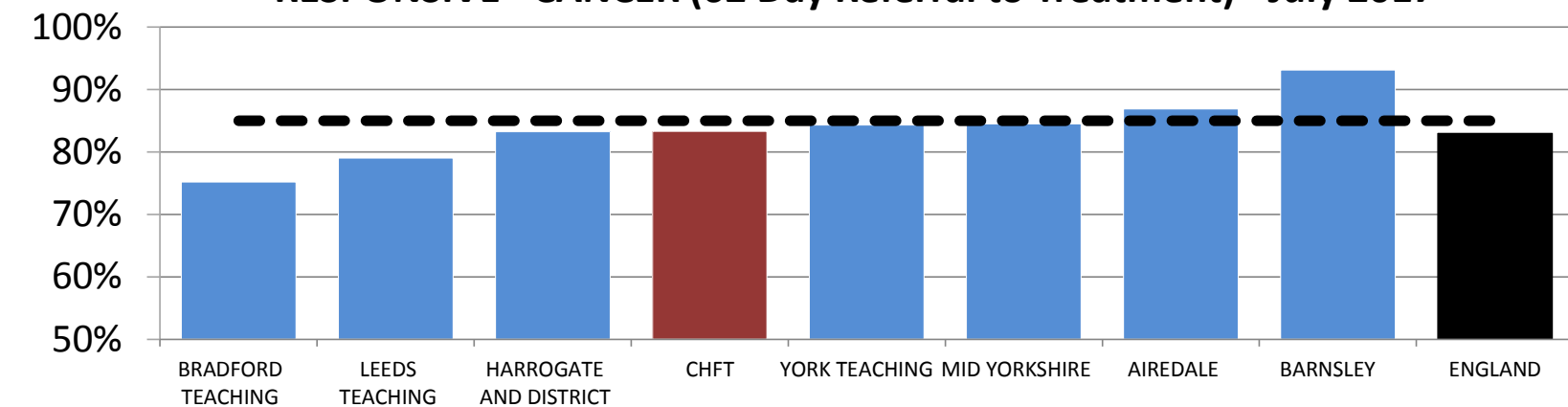
A total £2m of Contingency Reserves are in place for this financial year to offset any emerging risks. All of this Reserve has already been released to offset unidentified CIP and other pressures in the year to date position.

Benchmarking - Selected Measures

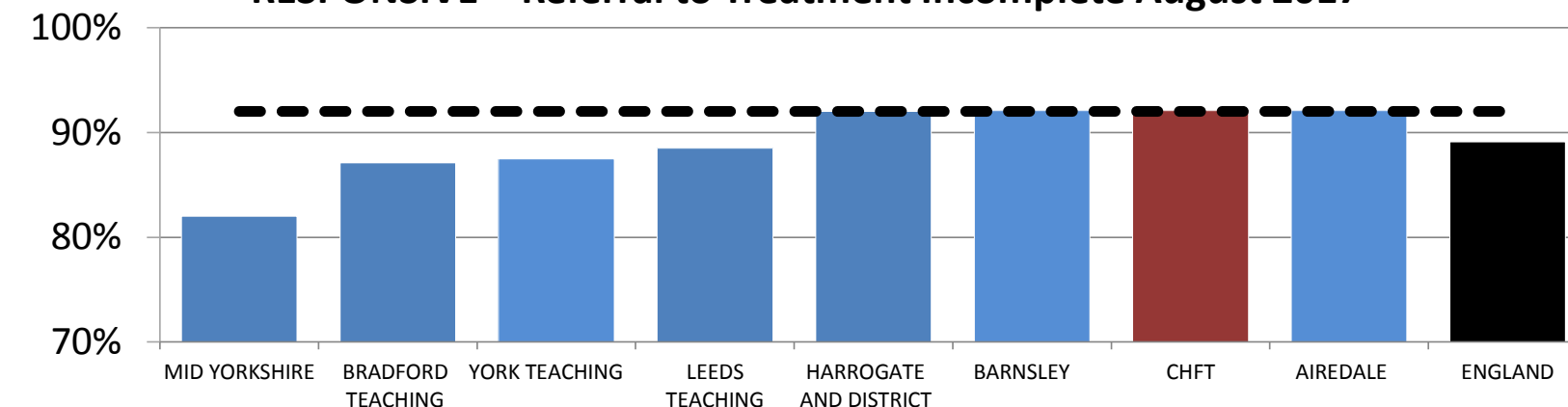
RESPONSIVE - A and E 4 hour target - September 2017



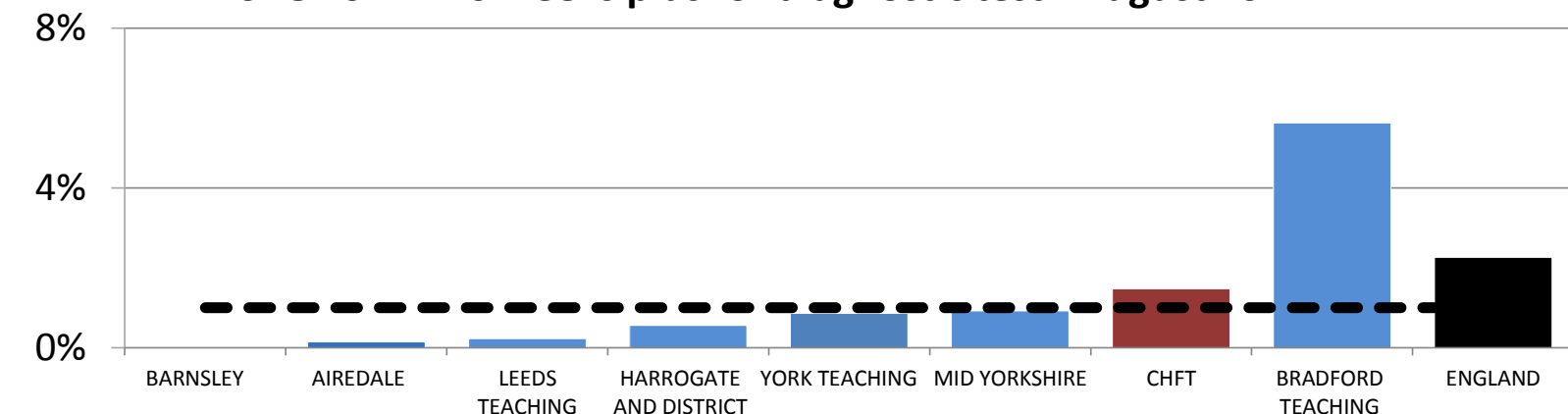
RESPONSIVE - CANCER (62 Day Referral to Treatment) - July 2017



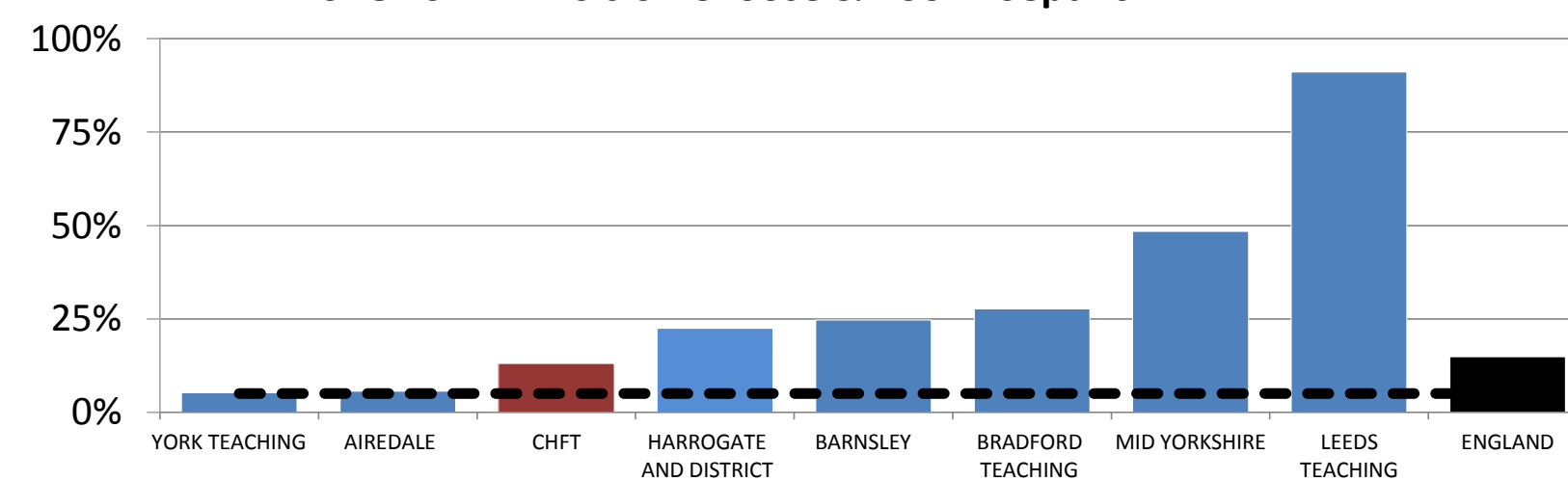
RESPONSIVE - Referral to Treatment Incomplete August 2017



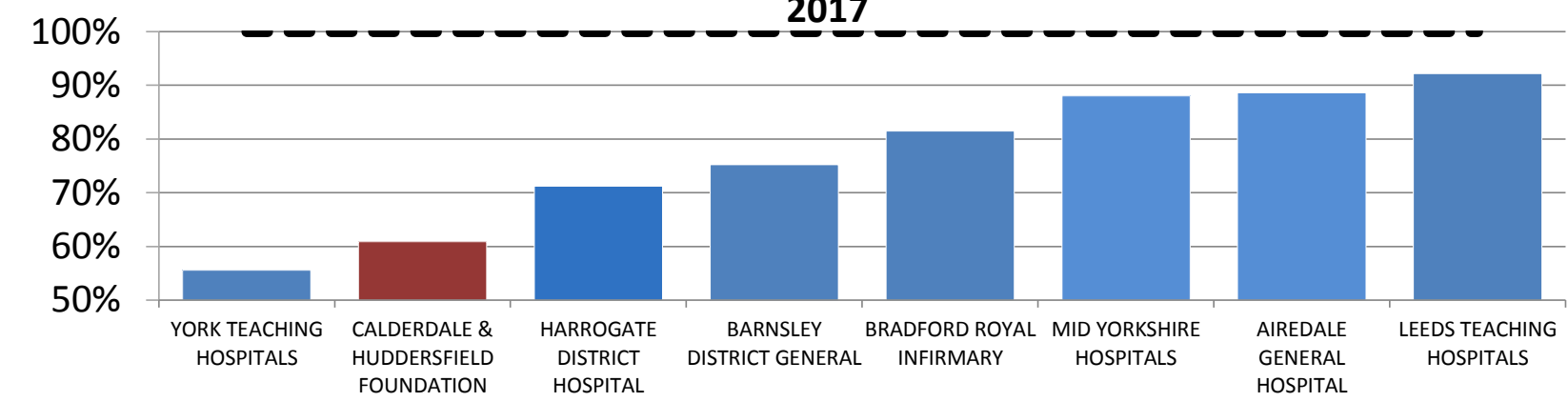
RESPONSIVE - 6 weeks plus for diagnostic test - August 2017



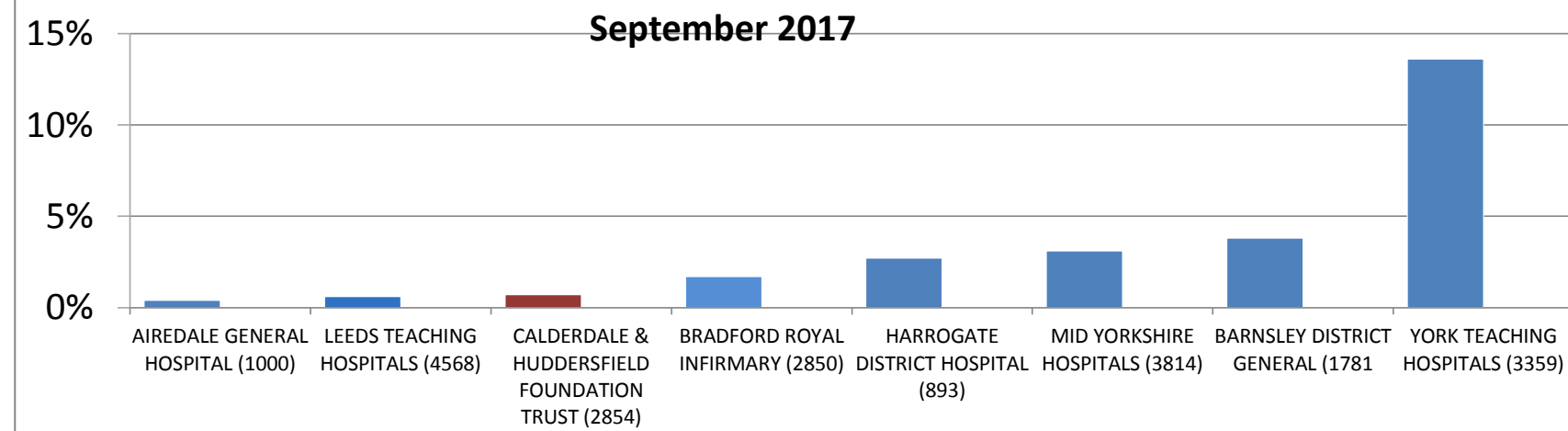
RESPONSIVE - ASIs on Choose & Book - Sept 2017



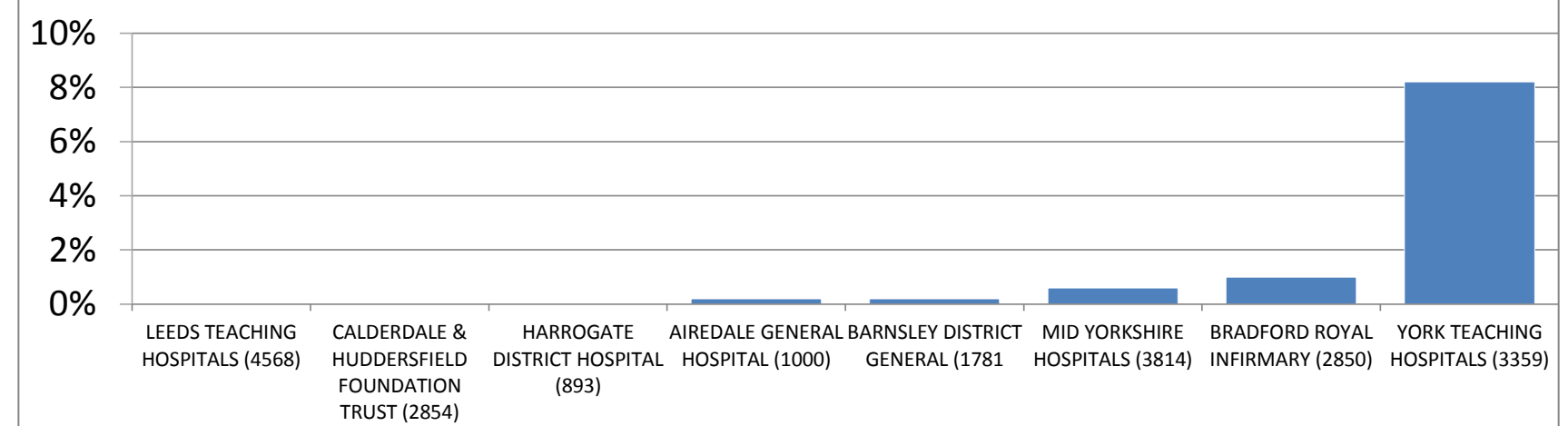
RESPONSIVE - YAS Ambulance handovers within 15 minutes September 2017



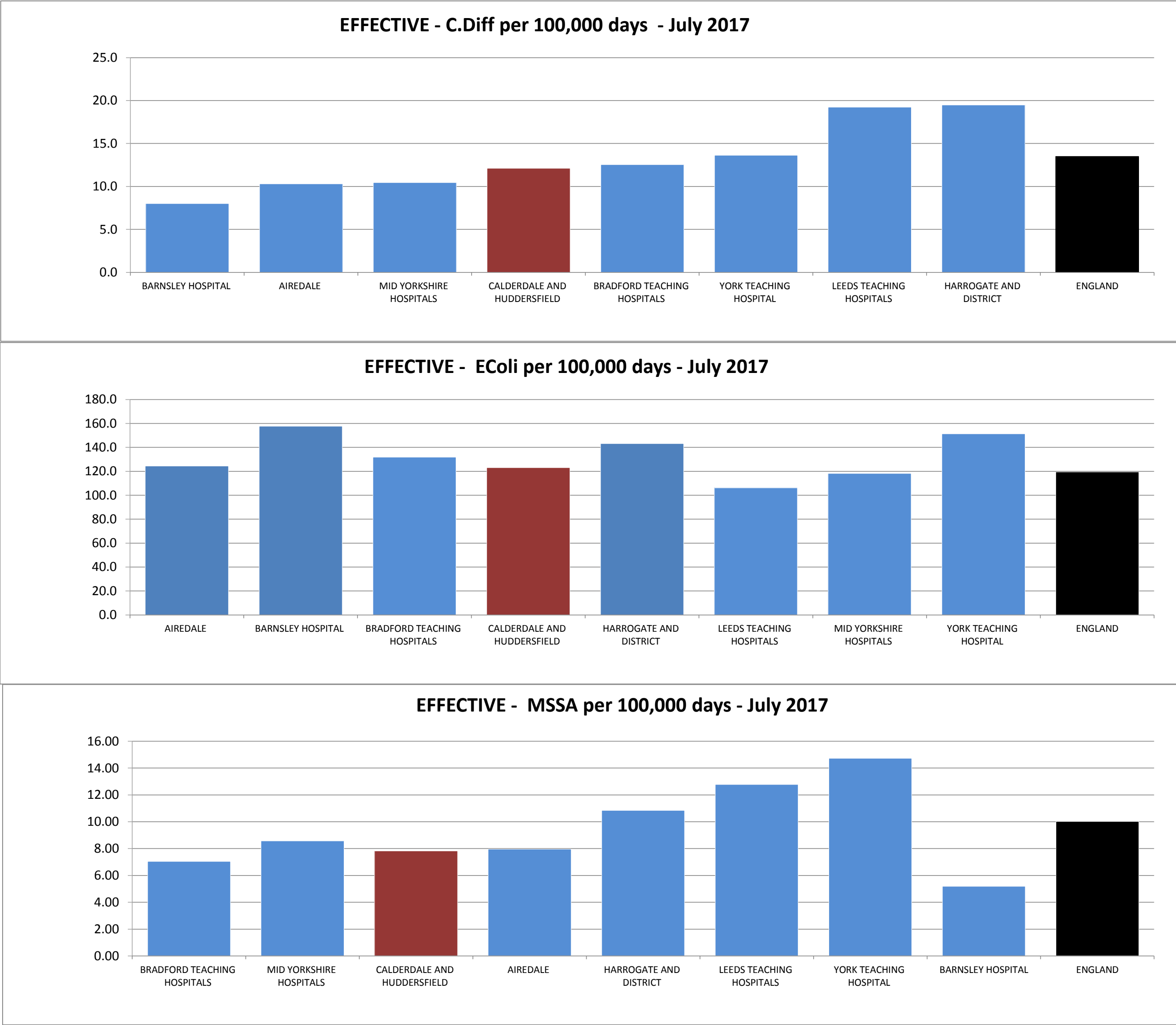
RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes September 2017



RESPONSIVE - YAS Ambulance handovers > 60 minutes - September 2017

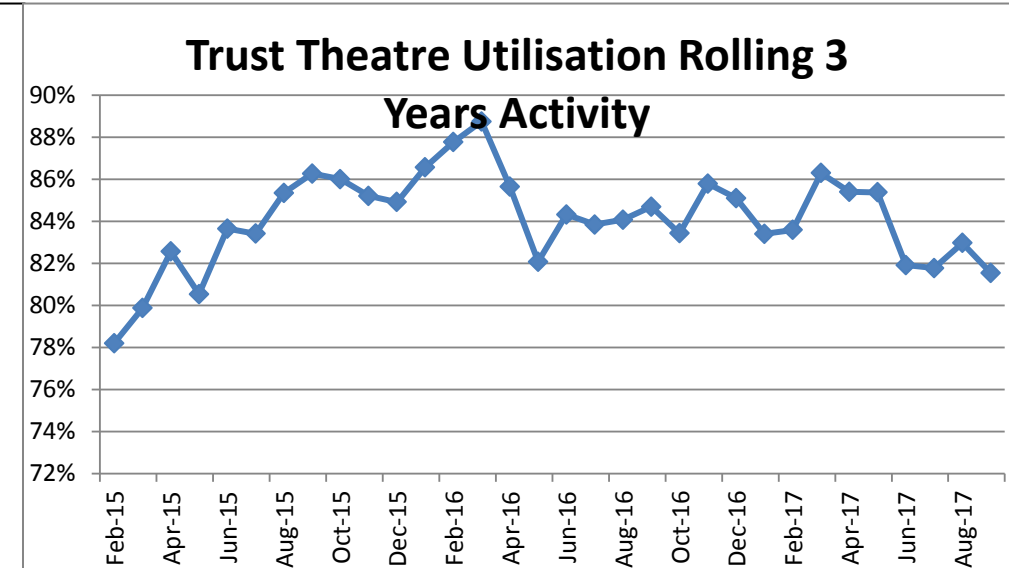
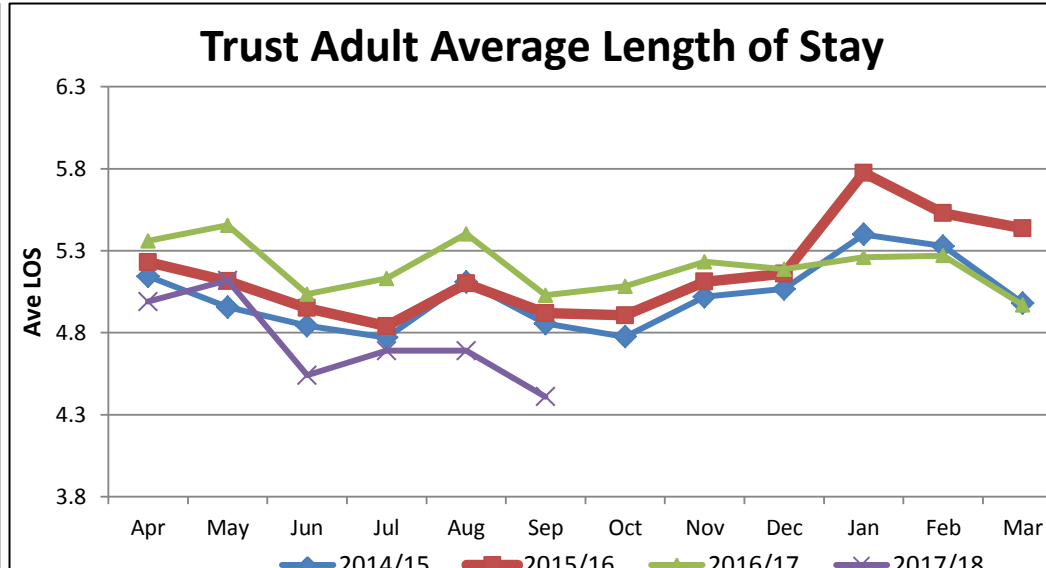
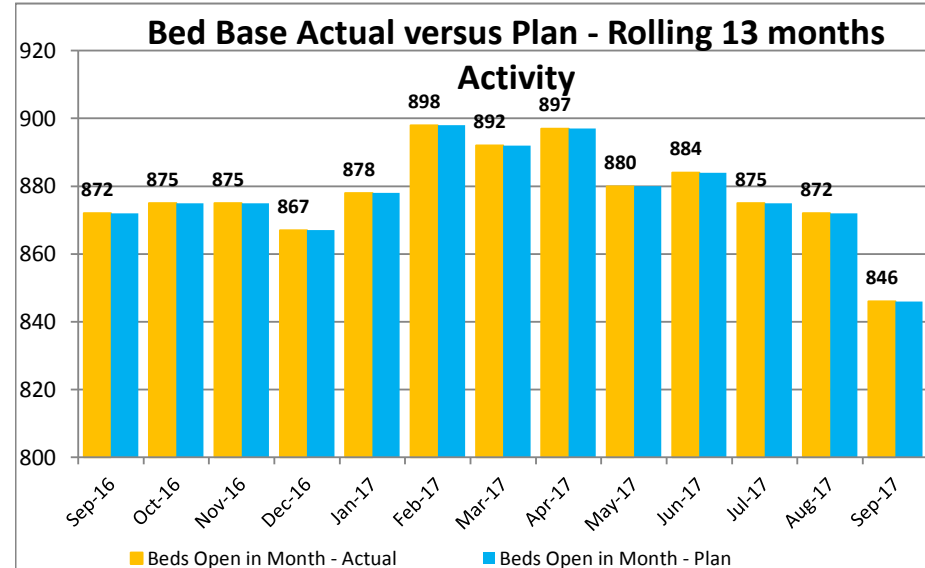


Benchmarking - Selected Measures



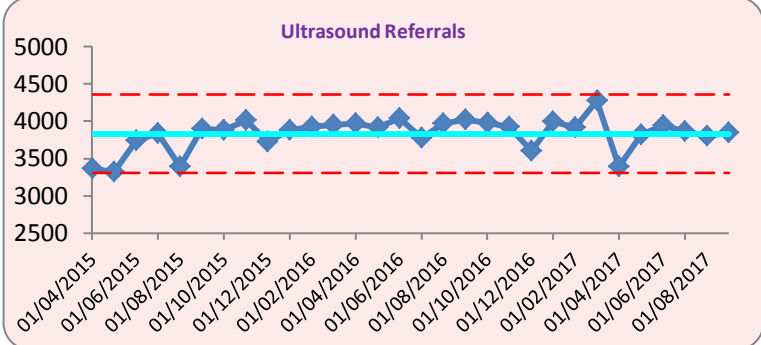
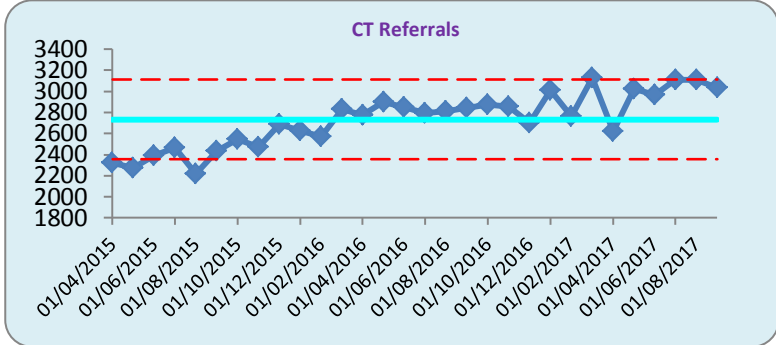
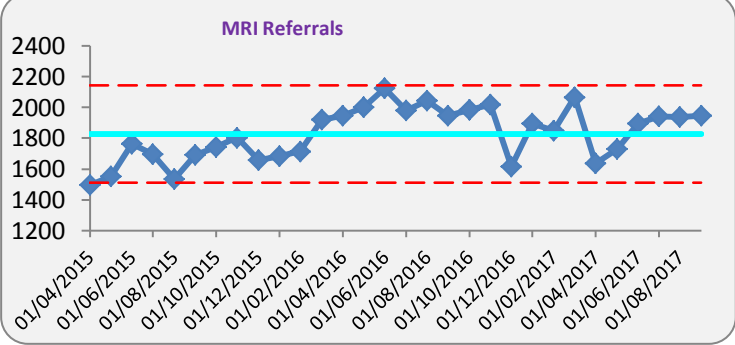
Efficiency & Finance - Key measures

		16/17	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	YTD	Target	Threshold/M onthly
Did Not Attend Rates																		
First DNA	6.33%	6.47%	5.76%	6.27%	6.70%	6.45%	5.91%	5.94%	6.83%	9.72%	8.75%	7.67%	7.75%	7.63%	8.02%	<=7%	7.00%	
Follow up DNA	6.49%	6.58%	6.46%	6.20%	6.38%	6.10%	6.04%	5.94%	5.98%	11.40%	7.69%	6.70%	6.93%	6.28%	7.52%	<=8%	8.00%	
Average length of stay																		
Average Length of Stay - Overall	5.19	5.01	5.09	5.23	5.19	5.26	5.27	4.99	5.12	4.54	4.69	4.69	4.41	4.57	4.65	<=5.17	5.17	
Average Length of Stay - Elective	2.55	2.48	2.58	2.58	2.57	2.32	2.38	2.53	2.57	3.03	3.27	3.11	3.21	2.87	3.02	<=2.85	2.85	
Average Length of Stay - Non Elective	5.74	5.59	5.61	5.87	5.65	5.84	5.90	5.54	5.59	4.75	4.88	4.93	4.57	4.79	4.89	<=5.63	5.63	
Day Cases																		
Day Case Rate	86.87%	86.20%	87.01%	87.32%	87.54%	87.00%	85.79%	85.58%	86.53%	86.51%	86.47%	86.04%	87.62%	88.48%	86.96%	>=85%	85.00%	
Failed Day Cases	1462	151	130	120	99	130	104	128	106	118	137	189	208	195	953	120	1440	
Elective Inpatients with zero LOS	1579	151	104	117	116	137	153	193	96	78	94	75	91	85	519	136	1632	
Beds																		
Beds Open in Month - Plan	875	866	866	861	875	882	875	875	824	824	824	803	803	803	803	Not applicable		
Beds Open in Month - Actual	897	875	875	867	878	898	892	897	880	884	875	872	846	852	852	Not applicable		
Hospital Bed Days per 1000 population - Adults	52.52	50.46	52.57	50.82	52.55	56.36	50.38	53.55	49.91	50.05	53.98	54.45	51.23	50.83	50.83	15/16 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	0.08	0.08	0.09	0.08	0.09	0.09	0.08	0.09	0.08	0.09	0.10	0.10	0.10	0.10	0.10	15/16 Baseline		
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	85.68%	83.78%	86.18%	86.08%	84.72%	82.33%	86.15%	85.48%	82.97%	82.30%	82.20%	83.23%	82.17%	83.20%	82.67%	>=90%	90.00%	
Theatre Utilisation (TT) - Main Theatre -HRI	92.40%	90.68%	92.21%	93.66%	91.18%	92.61%	97.86%	94.03%	96.06%	93.76%	90.51%	96.78%	87.45%	89.93%	92.47%	>=90%	90.00%	
Theatre Utilisation (TT) - HRI DSU	78.20%	76.83%	77.81%	75.86%	73.34%	75.62%	79.83%	80.67%	82.24%	69.47%	73.03%	68.93%	74.51%	76.83%	73.95%	>=88%	88.00%	
Theatre Utilisation (TT) - HRI SPU	80.98%	84.02%	80.95%	82.96%	81.10%	77.71%	77.76%	81.66%	77.64%	71.58%	72.64%	73.98%	77.40%	70.35%	73.76%	>=85%	85.00%	
Theatre Utilisation (TT) - Trust	84.50%	83.43%	85.80%	85.10%	83.40%	83.59%	86.30%	85.40%	85.38%	81.91%	81.77%	82.97%	81.55%	82.50%	82.63%	>=90%	90.00%	



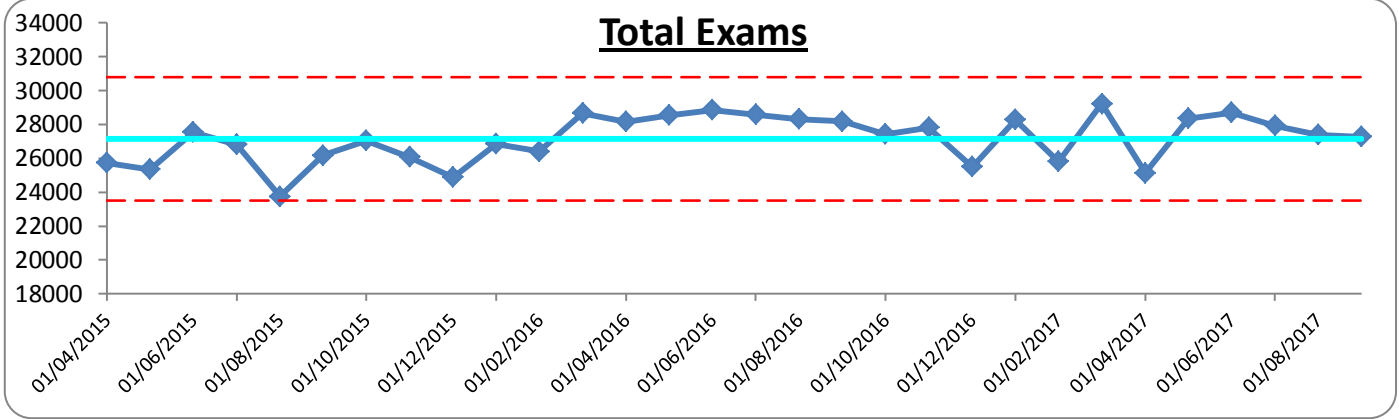
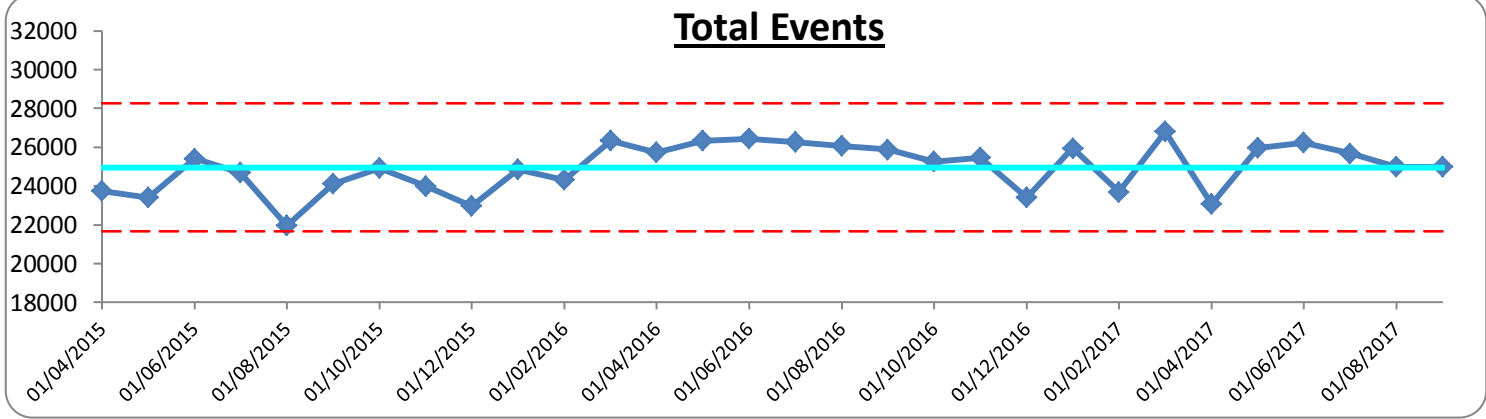
Radiology Summary of Activity of Key Modalities - September 2017

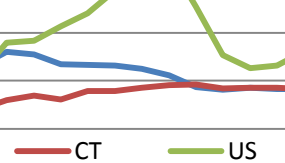
Referrals into Service																				
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD 17/18	YTD 16/17
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	11088	12055
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	3192	3034	17944	16975
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	2481	2340	2459	2401	14327	14416
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	16944	17282	101495	105894
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	3801	3847	22660	23691
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	28333	28512	167514	173031



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%

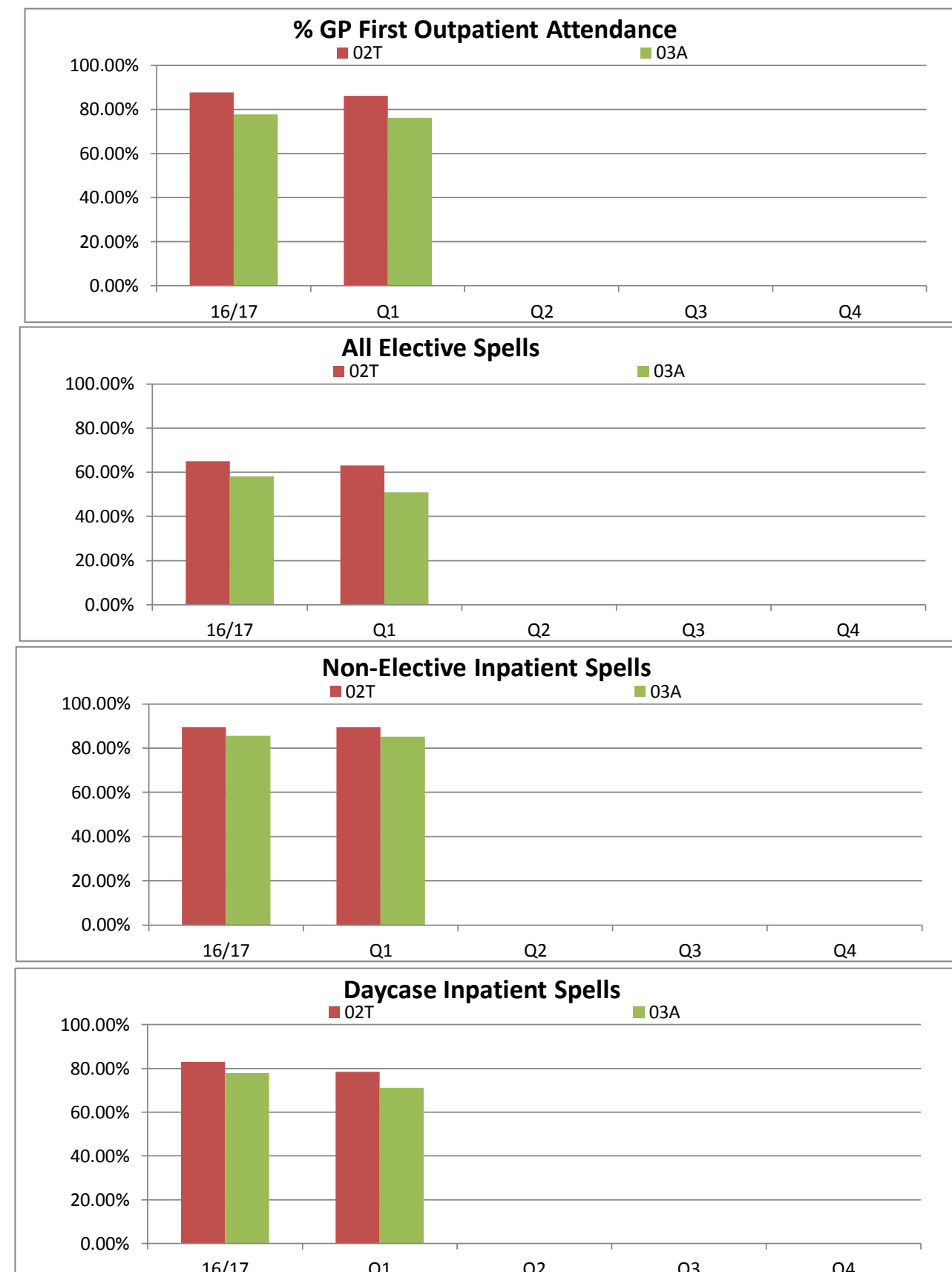
Activity																				
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD 17/18	YTD 16/17
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	26,223	25,674	24,989	24,986	150,899	156,672
MRI	1623	1749	1700	1881	1773	1718	1638	1745	1607	1674	1642	1851	1599	1692	1723	1692	1695	1734	10135	10444
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	620	649	3738	3825
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	483	474	2834	3356
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	0	0	3202
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	582	599	3497	0
CT	2611	2565	2622	2695	2640	2467	2520	2527	2486	2601	2438	2,746	2,308	2,605	2,587	2,779	2,722	2,589	15,590	15,600
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	91,376	96,142
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	13,473	13,756
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	20,325	20,730
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	164,765	170,656
MRI	1722	1835	1806	1970	1693	1828	1735	1854	1719	1768	1727	1966	1680	1762	1831	1786	1796	1817	10672	10854
HRI - MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	674	695	671	687	3983	4127
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	504	488	2955	3586
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	0	0	3078
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	3661	0
CT	3862	3675	3913	3926	3909	3639	3657	3764	3683	3890	3606	4022	3416	3874	3853	4038	4023	3859	23,063	22,924
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	95,104	100,232
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	13,494	13,806
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	22,432	22,840



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	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				
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928	842	853	858	823				
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539	1540	1259	1321	1617				
Number of Exams reported																						
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	18554	20116	21015	19793	116533	113757	2776	2%
Insourced (Extras)	680	1001	1221	1145	813	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	8072	6092	1980	33%
Locum Radiologist/Sonographer	2390	2394	1598	1345	1197	1047	935	1030	635	602	573	728	233	315	299	96	41	85	1069	9971	-8902	-89%
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	15687	17992	-2305	-13%
Outsourced	3305	2287	2512	2871	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	2775	2584	21401	16170	5231	32%
Total	28208	27705	27372	26152	27564	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	31598	26088	162762	163982	-1220	-1%
% Outsourced	12%	8%	9%	11%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	13%	10%	3%	
% Insourced/Outsourced	14%	12%	14%	15%	11%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	24%	14%	18%	14%	5%	

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%				86.24%	87.80%	-1.56%
% Market Share - 03A Greater Huddersfield	77.75%	76.20%				76.20%	77.75%	-1.55%
% Market Share - Other Contracted CCG's	1.47%	1.33%				1.33%	1.47%	-0.14%
Market Size - 02T Calderdale	45081	9947				9947	45081	
Market Size - 03A Greater Huddersfield	43244	9506				9506	43244	
Market Size - Other Contracted CCG's	456702	110984				110984	456702	
All Elective Spells								
% Market Share - 02T Calderdale	64.98%	63.13%				63.13%	64.98%	-1.85%
% Market Share - 03A Greater Huddersfield	58.26%	50.93%				50.93%	58.26%	-7.33%
% Market Share - Other Contracted CCG's	0.91%	0.83%				0.83%	0.91%	-0.08%
Market Size - 02T Calderdale	6041	1253				1253	6041	
Market Size - 03A Greater Huddersfield	6220	1286				1286	6220	
Market Size - Other Contracted CCG's	57991	14402				14402	57991	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	89.58%	89.54%				89.54%	89.58%	-0.04%
% Market Share - 03A Greater Huddersfield	85.51%	85.13%				85.13%	85.51%	-0.38%
% Market Share - Other Contracted CCG's	0.74%	0.76%				0.76%	0.74%	0.03%
Market Size - 02T Calderdale	23269	5939				5939	23269	
Market Size - 03A Greater Huddersfield	23129	5911				5911	23129	
Market Size - Other Contracted CCG's	251957	63346				63346	251957	
Daycase Spells								
% Market Share - 02T Calderdale	82.91%	78.43%				78.43%	82.91%	-4.48%
% Market Share - 03A Greater Huddersfield	77.74%	71.11%				71.11%	77.74%	-6.63%
% Market Share - Other Contracted CCG's	0.90%	0.66%				0.66%	0.90%	-0.24%
Market Size - 02T Calderdale	30987	5976				5976	30987	
Market Size - 03A Greater Huddersfield	31895	6449				6449	31895	
Market Size - Other Contracted CCG's	285313	69432				69432	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	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		YTD	YTD % Change
GP referrals to all outpatients																	
02T - NHS CALDERDALE CCG	44807	3783	3664	3697	3308	3897	3517	4115	2579	4361	4035	4211	4544	4495	24225	60.24%	
03A - NHS GREATER HUDDERSFIELD CCG	38428	3223	3123	3370	2878	3056	3079	3528	2119	3742	3325	3103	3285	3112	18686	43.34%	
03J - NHS NORTH KIRKLEES CCG	3625	312	333	327	264	312	261	301	223	399	376	273	284	320	1875	50.48%	
02R - NHS BRADFORD DISTRICTS CCG	2765	246	249	249	176	215	183	223	125	296	238	225	195	190	1269	28.44%	
03R - NHS WAKEFIELD CCG	711	46	66	59	69	57	47	69	48	101	78	81	83	125	516	107.23%	
02W - NHS BRADFORD CITY CCG	357	26	39	33	28	24	22	24	19	33	30	25	36	37	180	40.63%	
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	413	43	38	50	16	38	14	29	15	18	21	28	18	10	110	-30.38%	
03C - NHS LEEDS WEST CCG	116	12	14	11	8	11	11	9	9	18	14	7	11	7	66	106.25%	
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	45	1	2	1	4	3	3	3	4	5	9	2	5	6	31	34.78%	
03G - NHS LEEDS SOUTH AND EAST CCG	27	0	2	1	3	2	2	4	2	1	8	2	5	5	23	109.09%	
02V - NHS LEEDS NORTH CCG	25	4	3	4	3	1	0	3	1	1	0	2	1	1	6	50.00%	
Other	961	80	98	65	53	61	55	60	36	69	81	62	62	66	376	-6.70%	
Trust	92157	7776	7631	7867	6810	7677	7194	8368	5180	9044	8215	8021	8529	8374	47363	1.32%	
% Change on Previous year	4.2%	-0.88%	-2.67%	6.64%	5.70%	2.72%	-3.41%	6.93%	-34.01%	15.82%	-1.36%	8.10%	12.76%	7.68%	1.32%		
Activity																	
% of spells with > 5 ward movements (No Target)	0.09%	0.08%	0.09%	0.04%	0.12%	0.10%	0.13%	0.11%	0.10%	0.21%	0.38%	0.43%	0.42%	0.41%	0.33%	0.2%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	1793	3	118	271	616	221	36	-14	66	-153	-507	-529	-255	-148	-1525	
% Day Case Variance against Contract	4.9%	0.1%	3.8%	8.4%	24.7%	7.2%	1.2%	-0.4%	2.4%	-4.7%	-14.9%	-16.4%	-1.3%	-4.6%	-8.2%	
Elective Variance against Contract	-937	-75	-92	-87	-6	-64	-56	-65	-10	-108	-221	-190	-156	-215	-924	
% Elective Variance against Contract	-10.7%	-9.7%	-12.5%	-11.2%	-0.9%	-8.6%	-7.9%	-8.0%	-1.8%	-16.0%	-31.2%	-28.4%	-29.2%	-31.9%	-23.2%	
Non-elective Variance against Contract	-205	-10	87	-179	-95	53	53	101	74	312	430	244	591	566	2090	
% Non-elective Variance against Contract	-0.3%	0.2%	2.3%	-3.5%	-2.1%	0.6%	1.1%	2.2%	1.2%	6.2%	12.3%	6.5%	1.0%	15.4%	9.6%	
Outpatient Variance against Contract	13612	550	1513	2289	2656	2064	397	334	80	-2901	-5410	-823	-3715	-2851	-15620	
% Outpatient Variance against Contract	4.0%	1.9%	5.3%	7.7%	11.6%	7.3%	1.5%	1.1%	0.1%	-12.5%	-20.2%	-6.3%	-6.5%	-12.4%	-11.5%	
Accident and Emergency Variance against Contract	2778	726	285	204	553	-96	-633	-256	82	-494	-572	-286	-226	-590	-2086	
% Accident and Emergency Variance against Contract	1.9%	6.0%	2.3%	1.7%	4.5%	-0.8%	-5.3%	-1.9%	0.7%	0.0%	0.0%	-2.1%	-1.8%	-4.5%	-2.8%	

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

CQUINS - Key messages

Area	Reality	Response	Result
Sepsis	The Trust continues to perform below the 90% target level on the two sepsis indicators: Screening and Treatment with Antibiotics within an hour.	There is a newly established Sepsis Improvement Group in the Trust and divisions are receiving weekly updates to enable targeted work to be undertaken.	Improvements from November onwards. Accountable: ADNs and CDs
	EPR screening prompts are currently causing some confusion as to the correct way to document a screen has been undertaken but it appears from monthly audit work that they are being recognised and then treated appropriately however the evidence is not being captured in the correct part of EPR.	A clinical working group will be discussing the EPR algorithm and come back with some decisions on the correct processes to follow at the November Sepsis Group. Long term the divisions believe EPR will be a powerful tool to support sepsis management.	
Advice and Guidance	There are lower volumes of patients in the Surgical divisional compared to others, however performance is significantly worse. The reasons for this will become better understood once a piece of work with the specialty areas is completed.	There will be working this month to understand the numbers and the barriers to provide A&G in a timely way in each of the surgical specialities.	Improvement trajectory to be in place following fact finding exercise. Accountable: GMs

CQUIN - Key measures

Goal Reference	Provider Type	Indicator Name	Description	Baseline	Targets			
					Q1	Q2	Q3	Q4
1. Improving staff health and wellbeing								
1a.1	Acute & Community	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	24	N/A	N/A	N/A	29
1a.2			% Experienced MSK in the last 12 months as a result of work activities	26	N/A	N/A	N/A	21
1a.3			% Felt unwell in the last 12 months as a result of work related stress	42	N/A	N/A	N/A	37
1b.1	Acute & Community	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1b.2			Introduce new changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1c	Acute & Community	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	76.0%	N/A	N/A	70%	70%
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)								
2a.1	Acute	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	88.7%	90%	90%	90%	90%
2a.2			% Eligible patients screened for Sepsis in Inpatients (LOS >0)	28.7%	90%	90%	90%	90%
2b.1	Acute	Timely treatment of sepsis in emergency departments and acute inpatient settings	% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Emergency Admissions	76.9%	90%	90%	90%	90%
2b.2			% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)	67.8%	90%	90%	90%	90%
2c	Acute	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours	% of antibiotic prescriptions documented and reviewed within 72 hours	-	25%	50%	75%	90%
2d.1	Acute	Reduction in antibiotic consumption per 1,000 admissions	1% reduction in all antibiotics	TBC	Submit to PHE	Submit to PHE	Submit to PHE	Submit to PHE
2d.2			1% reduction in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	Submit to PHE
2d.3			1% reduction in Piperacillin-Taxobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	Submit to PHE
4. Improving services for people with mental health needs who present to A&E								
4	Acute	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	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)
7. NHS E-Referrals								
7.1	Acute	E-referrals	% Referrals to first OP able to be received through ERS	TBC	Submit Baseline	80%	90%	100%
7.1			% Appointment Slot Issues	TBC	33%	30%	25%	4%
8. Supporting proactive and safe discharge								
8a.1	Acute	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	% Non Elective patients discharged to usual place of residence within 7 days of admission (Pts >65, LOS >2)	38.0%	N/A	N/A	40.5%
8b.1	Community		Mapping existing discharge pathways	-	N/A	Written report for evidence	N/A	N/A
9. Preventing ill health by risky behaviours – alcohol and tobacco								
9a	Acute	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	No data required until 2018-19			
9b			% Smokers given brief advice					
9c			% Smokers referred and/or offered medication					
9d			% Patients screened for Alcohol usage					
9e			% Alcohol users given brief advice					
9a	Community	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	N/A			
9b			% Smokers given brief advice	100.0%	N/A			
9c			% Smokers referred and/or offered medication	0.0%	N/A			
9d			% Patients screened for Alcohol usage	4.0%	N/A			
9e			% Alcohol users given brief advice or medication	0.0%	N/A			
10. Improving the assessment of wounds								
10	Community	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	Personalised care and support planning	Patient activation assessments	-	N/A	Submit plan	Identify cohort	Training undertake & cohort pts assessed

ACTUAL PERFORMANCE															
Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4
Apr-17	May-17	Jun-17		Jul-17	Aug-17	Sep-17		Oct-17	Nov-17	Dec-17		Jan-18	Feb-18	Mar-18	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A								
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A								
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A								
N/A	N/A	N/A	N/A	Y	Y	Y	Y								
N/A	N/A	N/A	N/A	Y	Y	Y	Y								
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A								
84.0%	14.0%	28.0%	42.0%	16%	22%	-	19%								
34.0%	20.0%	28.0%	27.3%	6%	-	-	6%								
75.0%	85.7%	83.3%	82.5%	80%	85%	-	82%								
55.6%	75.0%	84.6%	73.3%	86%	-	-	86%								
Quarter Position Only			89%	Quarter Position Only			TBC								
Quarter Position Only			TBC	Quarter Position Only			TBC								
Quarter Position Only			TBC	Quarter Position Only			TBC								
Quarter Position Only			TBC	Quarter Position Only			TBC								
17 (Cumulative)	42 (Cumulative)	64 (Cumulative)	64	85 (Cumulative)	113 (Cumulative)	-	113								
48.6%	49.4%	41.0%	46.0%	47.02%	45.8%		46.4%								
Quarter Position Only			66.30%	69.2%	68.4%		68.8%								
30.5%	6.4%	11.9%	16.30%	16.4%	14.2%		15.30%								
N/A	N/A	N/A	N/A												
Y	-	-	Y	N/A	N/A	N/A	N/A								
39.1%	36.4%	36.0%	37.1%	37.8%	37.3%	-	37.6%								
N/A	N/A	N/A	N/A												
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												
N/A	N/A	N/A	N/A												

Appendices



Appendices

Appendix - Appointment Slot Issues

ASIs

As 16th October 2017 there were 1,458 referrals awaiting appointments of which 723 were e-Referrals.

This is a reduction of 174 since w/c 16th August.

The top specialties for ASIs backlog are:

Colorectal

Dermatology

General Surgery

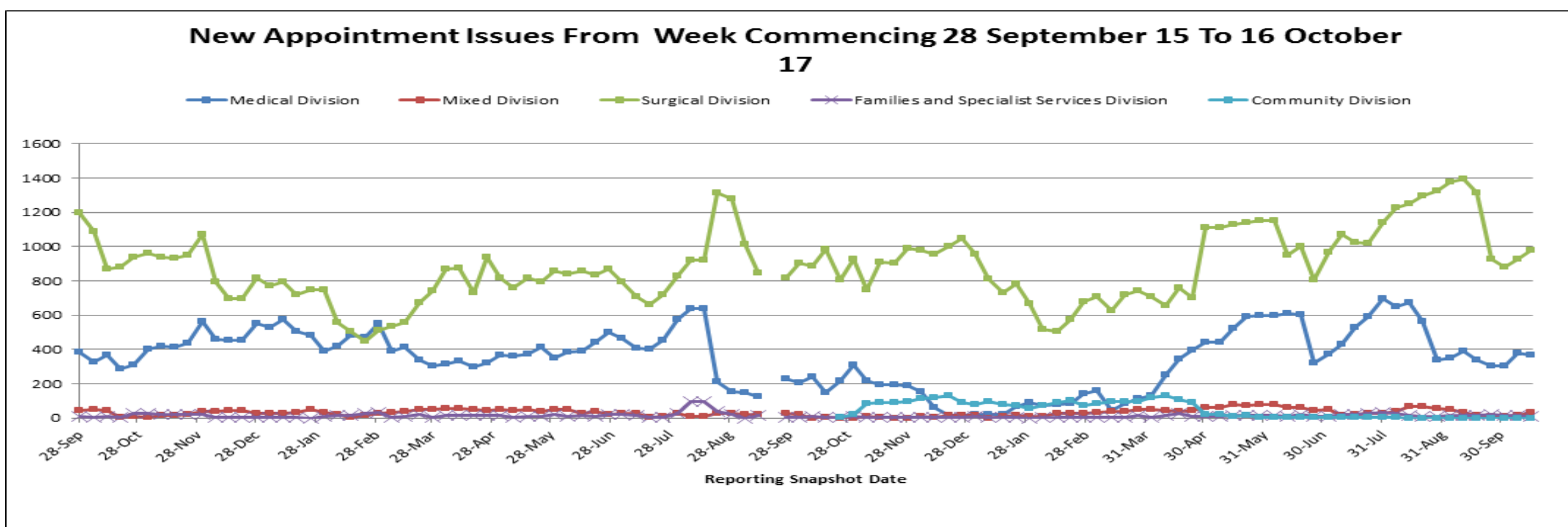
ENT

with smaller backlogs also in Urology and Vascular Surgery.

We continue to see a much improved position in Ophthalmology.

Week Commencing 16.10.17	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	33	9	42	38	38	27	30	22	14	80	35	18			388
Surgery	80	27	68	75	44	72	58	53	65	201	103	92	34	54	1,026
Colorectal	16	5	11	9	2	14	3	5	5	29	1	1			101
General Surg	44	7	20	26	13	20	11	15	15	56	47	74	15	32	395
Ophthal		3	2	1	1		2			1					10
Urology	2		6	8		2	2		8	36	10	8	9	1	92
Vascular	8		2	5		4	4			2	10	26	4	3	68
FSS	21	1	2	2	1	4	2			1	4	1	1		40
Totals	134	37	112	115	83	103	91	75	80	287	140	112	35	54	1458

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



Appendix - Referrals

GP Referrals up 10% in September 2017 compared with September 2016.

- In September 2017, there were 21 working days, whereas in September 2016 there were 22, so this could point to an expected in month decrease in referrals of 4.5%.
- The YTD position for GP Referrals growth is now 3.8% up on the same period last year. As there have been 3 less working days in comparison a decrease of 2.3% could be expected.
- NHS Calderdale GP referrals have seen an increase of 10.3% (2328) for the year to date principally due to Orthopaedics 41% (1792). The increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the 2846 referrals triaged YTD sees the overall Calderdale GP referral position seeing a decrease in referrals of 2.3% (518 referrals)

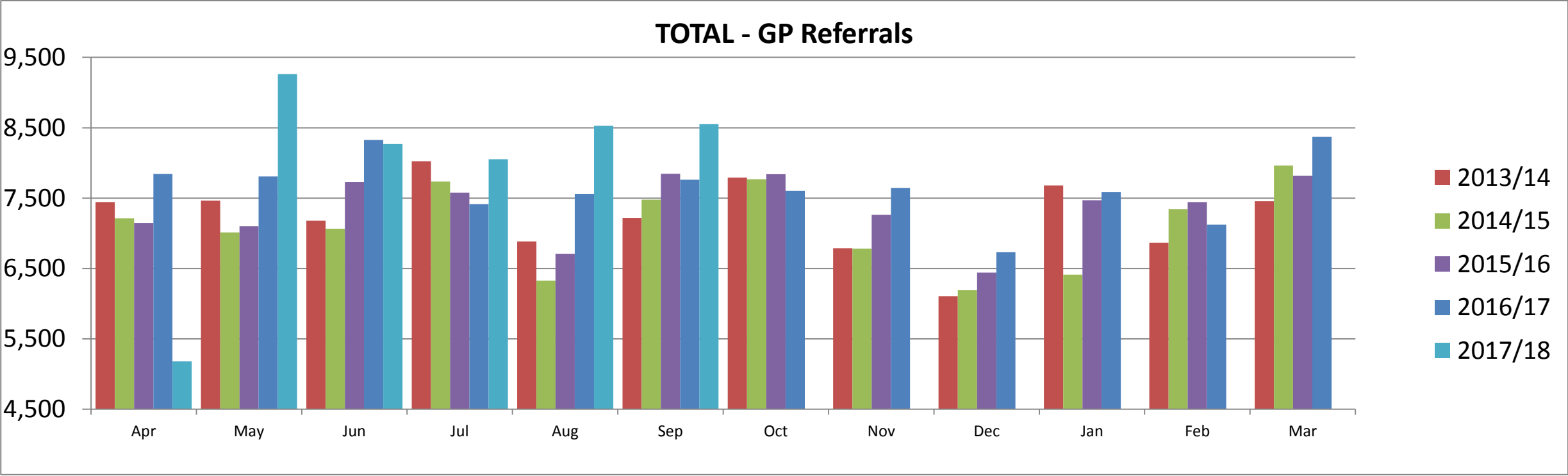
The work with the MSK service to fully understand the T and O GP referral datasets post EPR is now almost completed. It appears when triaged referrals are excluded. The overall Orthopaedic / MSK service referral demand has decreased 24% (1054 referrals)

Total referrals (non-triage) into the MSK service look to have decreased 26% (631 referrals)

Total referrals (non-triage) into the Orthopaedic and MSK service combined look to have decreased 24% (1054 referrals)

Total referrals (non-triage) into the Orthopaedic service alone look to have decreased 22% (423 referrals)

- NHS Greater Huddersfield GP referrals have seen a decrease of 3.5% (687) for the year to date principally due to Orthopaedics 45% (782, MSK service), Gynaecology 7% (120) and Pain Management 62% (130, MSK service). General medicine has decreased also but reduction is counterbalanced by referral increases captured against medical sub-specialties.
- For 2017/18 YTD there has been a GP referral increase for NHS Wakefield (49%, 170 referrals - of which relates to Gynaecology 240 referral, 900% increase) and Leeds West (21%, 12 referrals). NHS Heywood, Middleton and Rochdale CCG have seen a large decrease of 52% (120 referrals, Paediatrics and ENT key specialties with reductions).

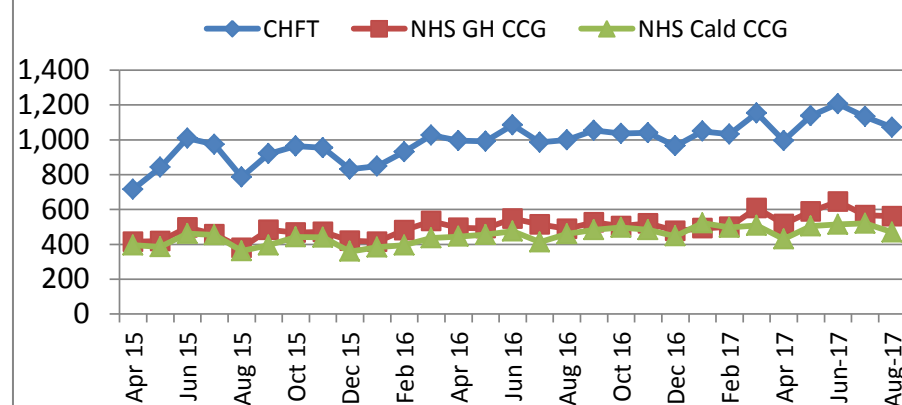


Activity - Key measures

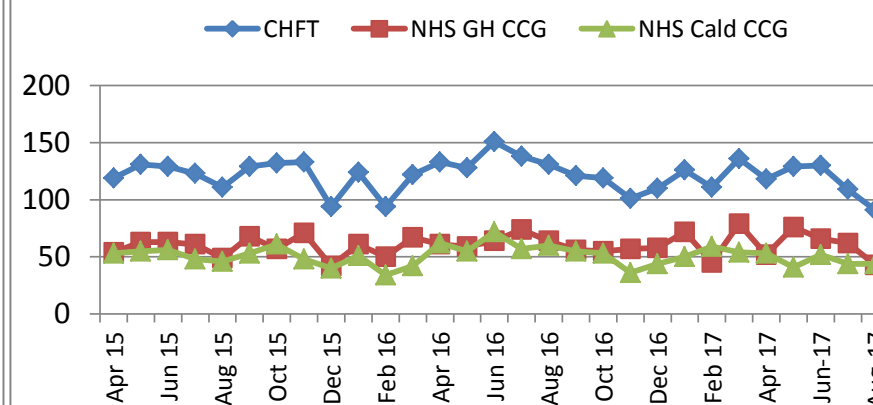
	16/17	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5730	412	460	483	496	483	447	522	497	509	430	504	514	521	2478	181.0%
NHS CALDERDALE CCG Conversions	658	57	60	55	53	36	44	50	59	54	53	41	52	44	244	
NHS CALDERDALE CCG Conversion Rate	11.7%	13.8%	13.0%	11.4%	10.7%	7.5%	9.8%	9.6%	11.9%	10.6%	12.3%	8.1%	10.1%	8.4%	9.8%	
NHS GREATER HUDDERSFIELD CCG Referrals	6214	514	489	527	505	521	477	492	501	608	517	588	645	567	2925	184.5%
NHS GREATER HUDDERSFIELD CCG Conversions	748	74	64	56	55	57	58	72	45	79	52	76	66	62	335	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	12.1%	14.4%	13.1%	10.6%	10.9%	10.9%	12.2%	14.6%	9.0%	13.0%	10.1%	12.9%	10.2%	10.9%	11.5%	
Other CCG Referrals	446	59	50	44	35	37	41	35	35	37	46	35	39	48	205	84.7%
Other CCG Conversions	81	7	7	10	11	8	8	4	7	3	6	4	4	0	17	
Other CCG Conversion Rate	18.2%	11.9%	14.0%	22.7%	31.4%	21.6%	19.5%	11.4%	20.0%	8.1%	13.0%	11.4%	10.3%	0.0%	8.3%	
CHFT Fast Track Referrals	12390	985	999	1054	1036	1041	965	1049	1033	1154	993	1127	1198	1136	5608	177.5%
CHFT Fast Track Conversions	1487	138	131	121	119	101	110	126	111	136	111	121	122	106	596	
CHFT Fast Track Conversion Rate	12.1%	14.0%	13.1%	11.5%	11.5%	9.7%	11.4%	12.0%	10.7%	11.8%	11.2%	10.7%	10.2%	9.3%	10.6%	
% Change on Previous year																

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

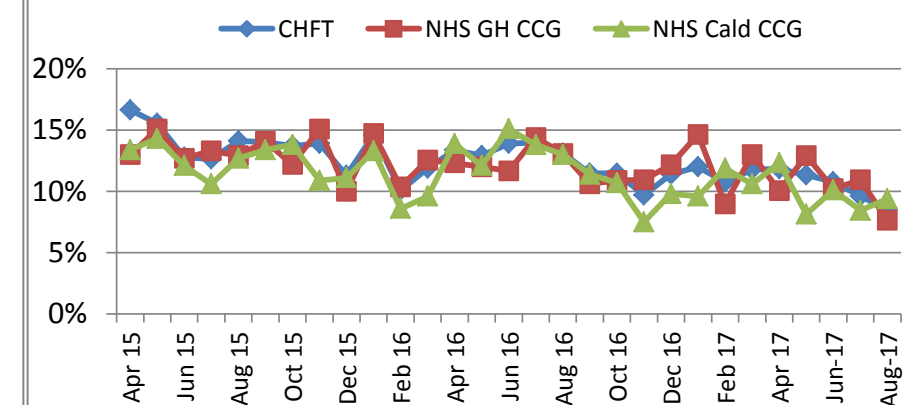
Fast Track Cancer Referrals



Fast Track Conversions



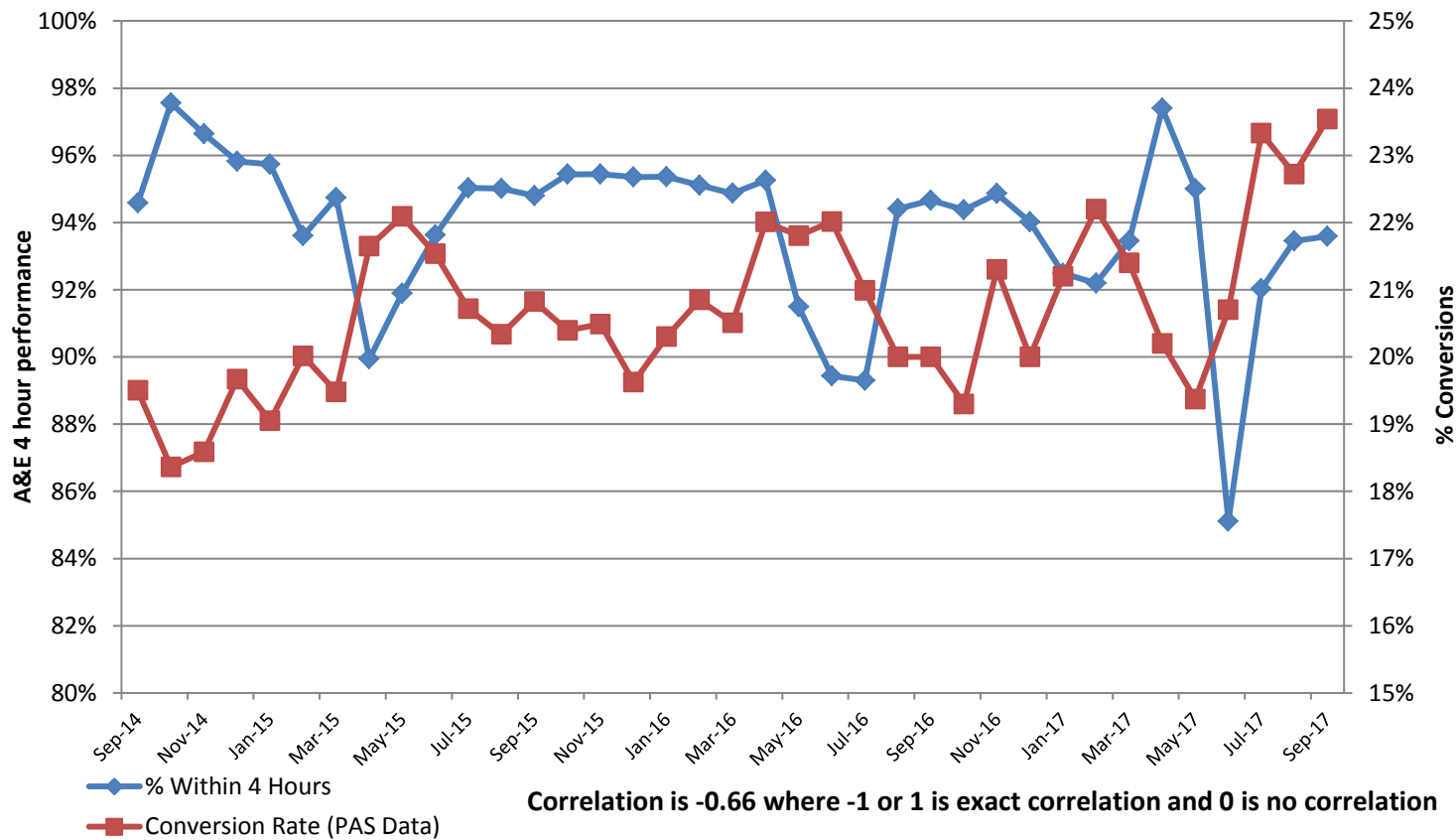
Fast Track Conversion Rate



Appendix - A and E Conversion rates and Delayed Transfers

	16/17	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	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	151,354	12,911	12,915	12,238	12,735	12,385	11,252	12,967	12,396	13,267	12,361	13,170	12,155	12,732	76,081	46.9%
A and E 4 hour Breaches	8,524	726	666	732	957	697	737	337	620	1,975	985	863	779	1,118	6,340	#DIV/0!
Emergency Care Standard 4 hours	94.2%	94.38%	94.86%	94.02%	92.49%	92.19%	93.45%	97.40%	95.00%	85.11%	92.03%	93.45%	93.59%	91.22%	91.66%	-2.9%
Admissions via Accident and Emergency	30,922	2,489	2,747	2,451	2,701	2,746	2,411	2,625	2,431	2,746	2,884	2,992	2,861	2,990	16,904	#DIV/0!
% A and E Attendances that convert to admissions	20.45%	19.30%	21.30%	20.00%	21.20%	22.20%	21.40%	20.20%	19.37%	20.70%	23.33%	22.72%	23.54%	23.47%	22.19%	11.0%

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



Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 19th October 2017	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	65	50	1	116
Awaiting Completion of Assessment	44	28	1	73
Awaiting Care package in own home	8	10		18
Awaiting Residential home placement	4	3		7
Disputes	2			2
Awaiting further non-acute NHS Care	1	1		2
Awaiting community equipment and adaptations		2		2
Awaiting nursing home placement	6	6		12
Patient or Family choice	0	0		0

Appendix - Cancer - By Tumour Group

16/17		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	YTD	Target	Threshold/ Monthly
62 Day Gp Referral to Treatment																	
Breast	99.24%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	100.00%	100.00%	98.65%	>=85%	85.00%
Gynaecology	71.40%	80.00%	100.00%	77.80%	75.00%	71.40%	100.00%	50.00%	100.00%	100.00%	83.33%	20.00%	85.71%	100.00%	82.35%	>=85%	85.00%
Haematology	89.23%	73.33%	100.00%	100.00%	100.00%	83.33%	100.00%	100.00%	50.00%	86.67%	100.00%	72.73%	100.00%	100.00%	84.00%	>=85%	85.00%
Head & Neck	89.41%	97.89%	83.64%	88.46%	91.89%	90.10%	82.98%	90.60%	85.26%	91.74%	88.24%	81.30%	89.32%	88.51%	87.42%	>=85%	85.00%
Lower GI	80.95%	100.00%	87.50%	54.55%	90.00%	66.67%	44.44%	90.91%	80.00%	71.43%	95.45%	69.23%	75.00%	88.89%	82.42%	>=85%	85.00%
Lung	91.52%	90.91%	88.89%	90.91%	95.83%	92.31%	92.31%	84.62%	66.67%	78.95%	81.82%	91.30%	88.89%	80.00%	82.57%	>=85%	85.00%
Sarcoma	85.71%	100.00%	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	none to report	50.00%	50.00%	>=85%	85.00%
Skin	0.9652	87.10%	93.33%	100.00%	100.00%	100.00%	100.00%	92.86%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	98.90%	>=85%	85.00%
Upper GI	79.72%	88.89%	62.50%	83.33%	88.89%	82.35%	86.67%	50.00%	50.00%	86.67%	66.67%	84.62%	85.71%	100.00%	79.49%	>=85%	85.00%
Urology	91.48%	97.06%	87.10%	93.75%	90.24%	91.89%	85.00%	93.10%	89.13%	95.45%	85.11%	79.25%	87.76%	80.65%	86.40%	>=85%	85.00%
Others	79.31%	none to report	100.00%	100.00%	none to report	50.00%	none to report	50.00%	66.67%	none to report	50.00%	100.00%	100.00%	100.00%	82.35%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	98.29%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	71.43%	100.00%	92.31%	100.00%	84.13%	>=93%	93.00%
Breast	98.75%	98.73%	99.29%	98.56%	99.44%	100.00%	99.30%	98.78%	96.18%	93.71%	89.89%	92.73%	95.89%	95.05%	93.81%	>=93%	93.00%
Childrens	98.37%	98.96%	98.97%	99.01%	97.37%	94.25%	97.94%	98.20%	98.85%	75.70%	66.38%	91.18%	92.80%	92.55%	85.69%	>=93%	93.00%
Gynaecology	98.30%	98.92%	98.97%	98.97%	97.10%	93.83%	97.85%	98.13%	98.78%	74.76%	65.18%	91.09%	92.50%	92.31%	85.17%	>=93%	93.00%
Haematology	97.67%	92.86%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	90.91%	66.67%	81.82%	100.00%	94.44%	100.00%	86.41%	>=93%	93.00%
Head & Neck	97.70%	97.98%	99.55%	98.14%	98.34%	95.31%	98.31%	98.76%	96.73%	88.54%	87.80%	92.96%	94.90%	94.09%	92.49%	>=93%	93.00%
Lower GI	97.93%	98.29%	100.00%	99.49%	98.49%	99.29%	97.46%	98.27%	97.31%	97.04%	85.71%	91.84%	98.17%	91.52%	93.84%	>=93%	93.00%
Lung	96.63%	89.19%	94.12%	100.00%	93.75%	94.59%	97.44%	100.00%	100.00%	97.67%	90.24%	90.00%	100.00%	89.19%	94.57%	>=93%	93.00%
Sarcoma	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	92.31%	100.00%	85.71%	100.00%	100.00%	94.12%	>=93%	93.00%
Skin	97.08%	97.37%	96.81%	92.55%	96.15%	97.50%	98.18%	96.86%	97.73%	74.83%	90.84%	90.65%	96.44%	96.70%	90.11%	>=93%	93.00%
Testicular	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	98.41%	>=93%	93.00%
Upper GI	96.94%	99.10%	98.02%	96.23%	94.40%	91.09%	97.22%	96.58%	97.06%	82.57%	78.30%	89.08%	81.75%	92.78%	86.57%	>=93%	93.00%
Urology	99.18%	100.00%	100.00%	99.15%	100.00%	93.88%	100.00%	100.00%	100.00%	94.69%	92.79%	95.12%	98.41%	95.00%	95.87%	>=93%	93.00%

Methodology for calculating the performance score

Standard KPIs and “Key” targets

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

Calculating Domain Scores

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

Calculating Trust Performance Scores

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

“Key” targets

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

Domain	Measure	Domain	Measure
Safe		Responsive	
Caring	<ul style="list-style-type: none"> Never events 		<ul style="list-style-type: none"> ECS 4 hour target
Effective	<ul style="list-style-type: none"> % Complaints closed within target timeframe Friends and family test (Would recommend and Response rate) 	Workforce	<ul style="list-style-type: none"> Stroke - % of patients admitted directly to the stroke unit within 4 hours RTT target for incomplete pathways Cancer standards
	<ul style="list-style-type: none"> MRSA Avoidable Clostridium difficile cases SHMI HSMR 	Finance	<ul style="list-style-type: none"> Sickness & Absence (%) YTD Mandatory Training
			<ul style="list-style-type: none"> I&E: Surplus / (Deficit) - Control Total basis

Glossary of acronyms and abbreviations

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